

COMMITTEE ON NATURAL RESOURCES
113th Congress Disclosure Form
As required by and provided for in House Rule XI, clause 2(g) and
the Rules of the Committee on Natural Resources

Subcommittee on Public Lands and Environmental Regulation
Legislative Hearing on **H.R. 445 (Dent)**, the “*National Heritage Area Act of 2013*”
July 29, 2014

For Individuals:

1. Name:

2. Address:

3. Email Address:

4. Phone Number:

* * * * *

For Witnesses Representing Organizations:

1. Name: Allen Sachse, Chair

2. Name of Organization(s) You are Representing at the Hearing:
Alliance of National Heritage Areas – 501(c)6 –
ANHA is membership organization to serve the National Heritage Areas.

3. Business Address:

4. Business Email Address:

5. Business Phone Number:

For all Witnesses

Name/Organization: Allen C. Sachse/Alliance of National Heritage Areas

Title/Date of Hearing Subcommittee on Public Lands and Environmental Regulation, Legislative Hearing on **H.R. 445 (Dent)**, the “*National Heritage Area Act of 2013*”

July 29, 2014

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

None

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

None

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

I have been involved with the heritage preservation movement since the late 1980's. First, an employee of the Commonwealth of PA involved with designing and implementing a PA Heritage Areas program. I was President/Executive Director of the Delaware & Lehigh NHC from October 1999 till January 2012. I have been a part time advisor/consultant to the D&L since my retirement in 2012.

d. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior or United States Department of Agriculture that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

I have no contracts with the Department of Interior. Prior to retirement, I was responsible for the management of the NPS Heritage Partnership grant the D&L would receive yearly.

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

None

f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

None

g. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

None

Witnesses Representing Organizations

Name/Organization: Allen C. Sachse/Alliance of National Heritage Areas

Title/Date of Hearing Subcommittee on Public Lands and Environmental Regulation, Legislative Hearing on **H.R. 445 (Dent)**, the “*National Heritage Area Act of 2013*”

July 29, 2014

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

Elected Chair of the Board of Directors for the Alliance of National Heritage Areas

i. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior or United States Department of Agriculture that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

none

j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

none

k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

none

l. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

2010/2011/2012 forms will be included in submission.



Department of the Treasury
Internal Revenue Service
Ogden UT 84201

For assistance, call:
1-877-829-5500
FAX 801-620-5670

Notice Number: CP211A
Date: September 23, 2013

Taxpayer Identification Number:
31-1778708
Tax Form: 990
Tax Period: December 31, 2012

078005.224364.0277.005 1 SP 0.480 373

ALLIANCE OF NATIONAL HERITAGE AREAS
% SIHC
C/O RSHC 623 EAST 8TH AVENUE
HOMESTEAD PA 15120

078005

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is **November 15, 2013**.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning **and ending**

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
ALLIANCE OF NATIONAL HERITAGE AREAS
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
1701 PENNSYLVANIA AVENUE, N.W. 300
 City or town, state or country, and ZIP + 4
WASHINGTON, DC 20006

D Employer identification number
31-1778708

E Telephone number
412-464-4417

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ **WWW.NATIONALHERITAGEAREAS.COM**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (**6**) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **102,445.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	100,750.
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O) SEE SCHEDULE O	8	1,695.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	102,445.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	58,830.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	4,831.
	16 Other expenses (describe in Schedule O) SEE SCHEDULE O	16	23,162.
17 Total expenses. Add lines 10 through 16	17	86,823.	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	15,622.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	126,074.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	141,696.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	125,124.	141,746.
23 Land and buildings		
24 Other assets (describe in Schedule O) <u>SEE SCHEDULE O</u>	1,000.	0.
25 Total assets	126,124.	141,746.
26 Total liabilities (describe in Schedule O) <u>SEE SCHEDULE O</u>	50.	50.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	126,074.	141,696.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 <u>SEE SCHEDULE O</u>	28a	21,500.
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
29	29a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
30	30a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
31 Other program services (describe in Schedule O)	31a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
32 Total program service expenses (add lines 28a through 31a)	32	21,500.

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated. (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
C. ALLEN SACHSE CHAIRMAN	7.00	0.	0.	0.
ANNIE C. HARRIS VICE CHAIR	4.00	0.	0.	0.
CHARLES FLYNN TREASURER	3.00	0.	0.	0.
MARILYN BLACK SECRETARY	4.00	0.	0.	0.
MERA CARDENAS (TERM STARTED 2/5/2013) DIRECTOR	3.00	0.	0.	0.
DAYTON SHERROUSE DIRECTOR	3.00	0.	0.	0.
ANGIE CHANDLER DIRECTOR	3.00	0.	0.	0.
CYNTHIA SUTTON DIRECTOR	3.00	0.	0.	0.
BETH SCIUMECA DIRECTOR	3.00	0.	0.	0.
CATE MAGENNIS WYATT DIRECTOR	3.00	0.	0.	0.
NATALIE GELB DIRECTOR	3.00	0.	0.	0.
TINA SHUMATE DIRECTOR	3.00	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V [X]

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
section 4911; section 4912; section 4955
40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
42c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

	Yes	No
46		X

If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
-----	--	--

b If "Yes," was the related organization a section 527 organization?

49b		
-----	--	--

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
N/A		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt

charitable trusts must attach a completed Schedule A

Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: Marilyn Black Date: 11/15/13

Type or print name and title: MARILYN BLACK, SECRETARY

Paid Preparer Use Only

Print/Type preparer's name: ELIZABETH E. KRISHER Preparer's signature: [Signature] Date: 11/8/2013 Check if self-employed PTIN: P01275616

Firm's name: MAHER DUESSEL, CPA'S Firm's EIN: 25-1622758

Firm's address: 503 MARTINDALE STREET, SUITE 600 PITTSBURGH, PA 15212 Phone no: 412-471-5500

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

ALLIANCE OF NATIONAL HERITAGE AREAS

Employer identification number

31-1778708

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:

AMOUNT:

MISCELLANEOUS

1,695.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:

AMOUNT:

CONFERENCES, CONVENTIONS, AND MEETINGS

18,240.

BANK/CREDIT CARD FEES

870.

INSURANCE

994.

MISCELLANEOUS

260.

PROMOTION AND MARKETING

2,798.

TOTAL TO FORM 990-EZ, LINE 16

23,162.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION

BEG. OF YEAR

END OF YEAR

ACCOUNTS RECEIVABLE

1,000.

0.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION

BEG. OF YEAR

END OF YEAR

ACCOUNTS PAYABLE AND ACCRUED EXPENSES

50.

50.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE PURPOSE IS TO

ADVOCATE, FACILITATE, AND CELEBRATE INITIATIVES WHICH ENHANCE THE

QUALITY OF LIFE FOR CITIZENS AND THEIR COMMUNITIES; ATTRACT VISITORS TO

THOSE COMMUNITIES; AND PROVIDE EXAMPLES OF SUSTAINABLE DESTINATION

DEVELOPMENT FOR THE UNITED STATES.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

Name of the organization

ALLIANCE OF NATIONAL HERITAGE AREAS

Employer identification number

31-1778708

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

THE ALLIANCE HELPED TO ESTABLISH AND PROMOTE THE IDENTITY

OF ITS MEMBERS DURING THE YEAR BY CREATING AND ENHANCING

STRATEGIC LINKS AMONG THE NATIONAL HERITAGE AREAS,

EDUCATING CONSTITUENCIES ABOUT THE SUCCESSES AND OPPORTUNITIES

ASSOCIATED WITH NATIONAL HERITAGE AREAS AND CREATING A NATIONAL

PLATFORM FOR NATIONAL HERITAGE AREAS UPON WHICH BOTH COLLECTIVE AND

INDIVIDUAL ISSUES ARE ARTICULATED.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.



Department of the Treasury
Internal Revenue Service
Ogden UT 84201

For assistance, call:
1-877-829-5500

Notice Number: CP211A
Date: September 24, 2012

Taxpayer Identification Number:
31-1778708
Tax Form: 990
Tax Period: December 31, 2011

097799.110475.0360.009 1 SP 0.450 373



ALLIANCE OF NATIONAL HERITAGE AREAS
% SIHC
C/O RSHC 623 EAST 8TH AVENUE
HOMESTEAD PA 15120

097799

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is **November 15, 2012**.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2011

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public
Inspection

A For the 2011 calendar year, or tax year beginning _____ and ending _____

B Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization ALLIANCE OF NATIONAL HERITAGE AREAS	D Employer identification number 31-1778708
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite C/O RSHC 623 EAST 8TH AVENUE	E Telephone number 412-464-4417
City or town, state or country, and ZIP + 4 HOMESTEAD, PA 15120	F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) **▶** _____

I Website: **▶ WWW.NATIONALHERITAGEAREAS.COM**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (**6**) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **▶** \$ **108,160.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	106,500.
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O) SEE SCHEDULE O	8	1,660.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	108,160.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	46,838.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	2,831.
	16 Other expenses (describe in Schedule O) SEE SCHEDULE O	16	19,497.
	17 Total expenses. Add lines 10 through 16 ▶	17	69,166.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	38,994.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	87,080.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	126,074.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2011)

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	HERITAGE DEVELOPMENT PARTNERSHIP, INC.	<input checked="" type="checkbox"/> 20-2807552
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	C/O RSHC 623 EAST 8TH AVENUE	<input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	HOMESTEAD, PA 15120	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

DOUGLAS HARTMAN

• The books are in the care of **THE BOST BLDG., 623 EAST 8TH AVE - HOMESTEAD, PA 15120**
Telephone No. **412-464-4417** FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2012.**

5 For calendar year **2011**, or other tax year beginning _____, and ending _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO FINALIZE THE AUDITED FINANCIAL STATEMENTS TO BE REFLECTED IN THE RETURN AND TO ALLOW FOR BOARD REVIEW OF THE FORM 990 PRIOR TO FILING.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *Douglas Hartman* Title **CPA** Date **8.13.12**

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II. X

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	87,700.	125,124.
23 Land and buildings		
24 Other assets (describe in Schedule O) SEE SCHEDULE O	0.	1,000.
25 Total assets	87,700.	126,124.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	620.	50.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	87,080.	126,074.

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III. X

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 SEE SCHEDULE O		
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a
29		
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	29a
30		
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)		32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV. X

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MICHELLE MCCOLLUM, 623 EAST 8TH AVENUE, HOMESTEAD, PA 15120	PRESIDENT	7.00	0.	0.
C. ALLEN SACHSE, 623 EAST 8TH AVENUE, HOMESTEAD, PA 15120	VICE PRESIDENT	4.00	0.	0.
ANNIE HARRIS, 623 EAST 8TH AVENUE, HOMESTEAD, PA 15120	TREASURER	3.00	0.	0.
MARILYN BLACK, 623 EAST 8TH AVENUE, HOMESTEAD, PA 15120	SECRETARY	4.00	0.	0.
DAYTON SHERROUSE, 623 EAST 8TH AVENUE, HOMESTEAD, PA 15120	DIRECTOR	3.00	0.	0.
CHARLIE FLYNN, 623 EAST 8TH AVENUE, HOMESTEAD, PA 15120	DIRECTOR	3.00	0.	0.
NATALIE SOLFANELLI GELB, 623 EAST 8TH AVENUE, HOMESTEAD, PA 15120	DIRECTOR	3.00	0.	0.
CHRISTIE BAILEY, 623 EAST 8TH AVENUE, HOMESTEAD, PA 15120	DIRECTOR	3.00	0.	0.
DAN RICE, 623 EAST 8TH AVENUE, HOMESTEAD, PA 15120	DIRECTOR	3.00	0.	0.
KURT ZWIKL, 623 EAST 8TH AVENUE, HOMESTEAD, PA 15120	DIRECTOR	3.00	0.	0.
HYDIE FRIEND (THRU 1/31/11), 623 EAST 8TH AVENUE, HOMESTEAD, PA 15120	DIRECTOR	3.00	0.	0.
DEBRA CREDEUR, 623 EAST 8TH AVENUE, HOMESTEAD, PA 15120	DIRECTOR	3.00	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed.
42a The organization's books are in care of
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
42c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? Yes No
 If "Yes," complete Schedule C, Part I 46 X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II Yes No
 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 47 48
 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
 b If "Yes," was the related organization a section 527 organization? 49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: _____ Date: _____
MARILYN A.W. BLACK, SECRETARY
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: ELIZABETH E. KRISHER
 Preparer's signature: *Elizabeth E. Krisher* Date: 8/10/12
 Check if self-employed PTIN: P01275616
 Firm's name: MAHER DUESSEL, CPA'S Firm's EIN: 25-1622758
 Firm's address: 503 MARTINDALE STREET, SUITE 600 PITTTSBURGH, PA 15212 Phone no. 412-471-5500

May the IRS discuss this return with the preparer shown above? See instructions X Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

ALLIANCE OF NATIONAL HERITAGE AREAS

Employer identification number

31-1778708

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
MISCELLANEOUS	1,660.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
CONFERENCES, CONVENTIONS, AND MEETINGS	12,842.
BANK/CREDIT CARD FEES	644.
INSURANCE	931.
MISCELLANEOUS	270.
PROMOTION AND MARKETING	4,810.
TOTAL TO FORM 990-EZ, LINE 16	19,497.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	0.	1,000.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	620.	50.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE PURPOSE IS TO
ADVOCATE, FACILITATE, AND CELEBRATE INITIATIVES WHICH ENHANCE THE
QUALITY OF LIFE FOR CITIZENS AND THEIR COMMUNITIES; ATTRACT VISITORS TO
THOSE COMMUNITIES; AND PROVIDE EXAMPLES OF SUSTAINABLE DESTINATION
DEVELOPMENT FOR THE UNITED STATES.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

ALLIANCE OF NATIONAL HERITAGE AREAS

Employer identification number

31-1778708

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

THE ALLIANCE HELPED TO ESTABLISH AND PROMOTE THE IDENTITY

OF ITS MEMBERS DURING THE YEAR BY CREATING AND ENHANCING

STRATEGIC LINKS AMONG THE NATIONAL HERITAGE AREAS,

EDUCATING CONSTITUENCIES ABOUT THE SUCCESSES AND OPPORTUNITIES

ASSOCIATED WITH NATIONAL HERITAGE AREAS AND CREATING A NATIONAL

PLATFORM FOR NATIONAL HERITAGE AREAS UPON WHICH BOTH COLLECTIVE AND

INDIVIDUAL ISSUES ARE ARTICULATED.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.



Department of the Treasury
Internal Revenue Service
Ogden UT 84201

For assistance, call:
1-877-829-5500

Notice Number: CP211A
Date: September 12, 2011

Taxpayer Identification Number:
31-1778708
Tax Form: 990
Tax Period: December 31, 2010

108015.890913.0373.008 1 AB 0.368 375



ALLIANCE OF NATIONAL HERITAGE AREAS
% SIHC
623 E 8TH AVE
HOMESTEAD PA 15120-1985233

108015

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is **November 15, 2011**.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning

and ending

B Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization

ALLIANCE OF NATIONAL HERITAGE AREAS

Number and street (or P.O. box, if mail is not delivered to street address)

C/O SIHC 623 EAST 8TH AVENUE

City or town, state or country, and ZIP + 4

HOMESTEAD, PA 15120

D Employer identification number

31-1778708

E Telephone number

412-464-4417

F Group Exemption Number

▶

G Accounting Method: Cash Accrual Other (specify) ▶

I Website: ▶ **WWW.NATIONALHERITAGEAREAS.COM**

J Tax-exempt status (check only one) — 501(c)(3) 501(c)(6) ◀ (insert no.) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B

(Form 990, 990-EZ, or 990-PF).

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

▶ \$ **120,000.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	0.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	120,000.
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	120,000.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	95,066.
	14	Occupancy, rent, utilities, and maintenance	14	2,010.
	15	Printing, publications, postage, and shipping	15	3,334.
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O	16	17,680.
17	Total expenses. Add lines 10 through 16	17	118,090.	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,910.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	85,170.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	87,080.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	84,949.	87,700.
23 Land and buildings		
24 Other assets (describe in Schedule O) SEE SCHEDULE O	558.	0.
25 Total assets	85,507.	87,700.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	337.	620.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	85,170.	87,080.

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 SEE SCHEDULE O

(Grants \$) If this amount includes foreign grants, check here

(Grants \$) If this amount includes foreign grants, check here

(Grants \$) If this amount includes foreign grants, check here

(Grants \$) If this amount includes foreign grants, check here

32 Total program service expenses (add lines 28a through 31a)

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DAYTON SHERROUSE, 623 EAST 8TH AVENUE, HOMESTEAD, PA 15120	DIRECTOR 3.00	0.	0.	0.
ANNIE HARRIS, 623 EAST 8TH AVENUE, HOMESTEAD, PA 15120	TREASURER 3.00	0.	0.	0.
MICHELLE MCCOLLUM, 623 EAST 8TH AVENUE, HOMESTEAD, PA 15120	PRESIDENT 7.00	0.	0.	0.
MARILYN BLACK, 623 EAST 8TH AVENUE, HOMESTEAD, PA 15120	SECRETARY 4.00	0.	0.	0.
ALLEN SACHSE, 623 EAST 8TH AVENUE, HOMESTEAD, PA 15120	VICE PRESIDENT 4.00	0.	0.	0.
CHARLIE FLYNN, 623 EAST 8TH AVENUE, HOMESTEAD, PA 15120	DIRECTOR 3.00	0.	0.	0.
NATALIE SOLFANELLI GELB, 623 EAST 8TH AVENUE, HOMESTEAD, PA 15120	DIRECTOR 3.00	0.	0.	0.
CHRISTIE BAILEY, 623 EAST 8TH AVENUE, HOMESTEAD, PA 15120	DIRECTOR 3.00	0.	0.	0.
DAN RICE, 623 EAST 8TH AVENUE, HOMESTEAD, PA 15120	DIRECTOR 3.00	0.	0.	0.
KURT ZWIKL, 623 EAST 8TH AVENUE, HOMESTEAD, PA 15120	DIRECTOR 3.00	0.	0.	0.
HYDIE FRIEND, 623 EAST 8TH AVENUE, HOMESTEAD, PA 15120	DIRECTOR 3.00	0.	0.	0.
DEBRA CREDEUR, 623 EAST 8TH AVENUE, HOMESTEAD, PA 15120	DIRECTOR 3.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

X

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?
b If "Yes," has it filed a tax return on Form 990-T for this year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on line 9
b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed.
42a The organization's books are in care of
Located at
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
If "Yes," enter the name of the foreign country:
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
If "Yes," enter the name of the foreign country:
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
c Did the organization receive any payments for indoor tanning services during the year?
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ		X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule D to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Date

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check if self-employed PTIN

Elizabeth E. Krisher

Elizabeth E. Krisher

10/15/2011

Firm's name MAHER DUESSEL, CPA'S

Firm's EIN

Firm's address THREE GATEWAY CENTER, SIX WEST PITTSBURGH, PA 15222

Phone no. 412-471-5500

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

ALLIANCE OF NATIONAL HERITAGE AREAS

Employer identification number
31-1778708

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
CONFERENCES, CONVENTIONS, AND MEETINGS	5,723.
BANK/CREDIT CARD FEES	542.
INSURANCE	887.
PROMOTION AND MARKETING	10,528.
TOTAL TO FORM 990-EZ, LINE 16	17,680.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
SECURITY DEPOSITS	558.	0.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	337.	620.

**FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE PURPOSE IS TO
ADVOCATE, FACILITATE, AND CELEBRATE INITIATIVES WHICH ENHANCE THE
QUALITY OF LIFE FOR CITIZENS AND THEIR COMMUNITIES; ATTRACT VISITORS TO
THOSE COMMUNITIES; AND PROVIDE EXAMPLES OF SUSTAINABLE DESTINATION
DEVELOPMENT FOR THE UNITED STATES.**

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

**THE ALLIANCE HELPED TO ESTABLISH AND PROMOTE THE IDENTITY
OF ITS MEMBERS DURING THE YEAR BY CREATING AND ENHANCING**

STRATEGIC LINKS AMONG THE NATIONAL HERITAGE AREAS,

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

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Inspection

Name of the organization

ALLIANCE OF NATIONAL HERITAGE AREAS

Employer identification number

31-1778708

EDUCATING CONSTITUENCIES ABOUT THE SUCCESSES AND OPPORTUNITIES
ASSOCIATED WITH NATIONAL HERITAGE AREAS AND CREATING A NATIONAL
PLATFORM FOR NATIONAL HERITAGE AREAS UPON WHICH BOTH COLLECTIVE AND
INDIVIDUAL ISSUES ARE ARTICULATED.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

