Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2017 Open to Public Inspection

<u>A</u>	For the 2017 of	alendar year, or tax year beginning , and ending			
В	Check if applicable:	C Name of organization		D Employer	identification number
Ш	Address change	Poudre Heritage Alliance	*****		
П	Name change	Doing business as			507550
一	Initial return	Number and street (or P.O. box if mail is not delivered to street address) 3745 E Prospect	Room/suite	E Telephone	95-4851
H	Final return/	City or town, state or province, country, and ZIP or foreign postal code	I	7/0))]-40JI
ᆜ	terminated	Fort Collins CO 80525		G Gross rece	ipts\$ 335,694
Ш	Amended return	F Name and address of principal officer:		G GIUSS IEUE	
П	Application pending	Kathleen Benedict	H(a) Is this a gr	oup return for su	ubordinates? Yes X No
		3745 E Prospect	H(b) Are all sul	bordinates inclu	ided? Yes No
		Fort Collins CO 80525			(see instructions)
	Tax-exempt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			
J		ww.poudreheritage.org	H(c) Group exe	emotion number	•
ĸ	Form of organization:		Year of formation: 2	······	M State of legal domicile: CC
		ımmary			III Godo of legal dofficiale,
		escribe the organization's mission or most significant activities:			
ø	P13 7-	ouild a deeper understanding of the Cache la Poudre		nationa	al
ů	sign	ificance in influencing water development, law, an			
Governance	inte	rpretative and educational programming and media.			•••••••••••••••
Š	2 Check th	is box ▶ if the organization discontinued its operations or disposed of more than 2	!5% of its net as	sets.	
න	3 Number of	of voting members of the governing body (Part VI, line 1a)			12
	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	12
/iţi	5 Total nun	nber of individuals employed in calendar year 2017 (Part V, line 2a)		5	2
Activities	6 Total nun	nber of volunteers (estimate if necessary)		1 . 1	30
⋖		elated business revenue from Part VIII, column (C), line 12			0
		ated business taxable income from Form 990-T, line 34			0
			Prior Ye	ar	Current Year
Φ	8 Contributi	ions and grants (Part VIII, line 1h)		2,879	334,619
Revenue	9 Program	service revenue (Part VIII, line 2g)		8,759	0
ě	10 Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		29	75
œ	11 Other rev	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,318	1,000
	12 Total reve	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,985	335,694
	13 Grants ar	nd similar amounts paid (Part IX, column (A), lines 1-3)	2	8,700	108,321
	14 Benefits	paid to or for members (Part IX, column (A), line 4)			0
en.	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)	7	3,921	148,010
Expenses	16a Professio	nal fundraising fees (Part IX, column (A), line 11e)			0
g	b Total fund	draising expenses (Part IX, column (D), line 25) ▶ 31,724			
ш	I I Other ext	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,210	128,150
	18 Total exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		3,831	384,481
		less expenses. Subtract line 18 from line 12		6,154	-48,787
Net Assets or	S		Beginning of Cu		End of Year
SSet	20 lotalass	ets (Part X, line 16)	10	5,800	140,115
늏	21 lotal lab	ilities (Part X, line 26)	10	<u> </u>	10,853
		ts or fund balances. Subtract line 21 from line 20	10	5,800	129,262
-		gnature Block			
		perjury, I declare that I have examined this return, including accompanying schedules and statem complete. Declaration of preparer (other than officer) is based on all information of which preparer			owledge and belief, it is
	.			,	
e:	nn s	ignature of officer		Date	
Sig	9'' [tive Di:		
He		ype or print name and title	CTAC DT.	TECTOT	
		preparer's name Preparer's signature	Date	Charl	if PTIN
Pai	.			Check	L
	D.A.Idii	Holmberg, CPA	· · · · · · · · · · · · · · · · · · ·	/18 self-emp	
	e Only	5801 W 11th St Ste 300	F	irm's EIN ▶	84-1016028
	- 1	Gman1 GO 00624		Brane	970-352-7990
Mar	Firm's ad	st this return with the preparer shown above? (see instructions)		Phone no.	
, vici	y are no discus	and recent that the property enough above; (see metadolone)			Yes No

D-	<u> 1990 (2017) Poudre Herita</u>		36-4507550	Page 2
T C		Service Accomplishments		<u></u>
,	Check if Schedule O co	ntains a response or note to ar	ny line in this Part III	<u></u>
1	Briefly describe the organization's miss	ion:		
T	To build a deeper un	derstanding of the	Cache la Poudre Riv	er's national
S	significance in influ	lencing water devel	opment, law, and ma	nagement, through
i	interpretative and ed	ducational programm	ing and media	
		and the second s	Tilg alla maara.	
	Did the second state of th	26		
2	Did the organization undertake any sign	illicant program services during the ye	ar which were not listed on the	
				Yes X No
	If "Yes," describe these new services of	n Schedule O.		
3	Did the organization cease conducting,	or make significant changes in how it	conducts, any program	
	services?			Yes X No
	If "Yes," describe these changes on Sc			·····
4	Describe the organization's program se		three largest program services, as mea	sured by
•	expenses. Section 501(c)(3) and 501(c)			•
	the total expenses, and revenue, if any		t the amount of grants and anocations t	o oniers,
	the total expenses, and revenue, if any	, for each program service reported.		
	(Code:) (Expenses \$	251,553 including grants	of \$ 108,321) (Reve	
E	EDUCATION - Various p	projects and grants	to enhance learnin	g about the
h	nistory of the Cache	la Poudre River ar	d the unique featur	es in each
	natural area that pe	whoin to the Motion	al Wardtaga Area in	11.13. L
1.3	iacurar area chac pe.	really co che Nacion	iai neritaye Area ii	cruorud
1	Interpretive signs ar	nd educational foru	ms, field trips, fi	lms and tours.
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			.,,.,,,,.,,,,,,,,,,,,,,,,,,,,,,,,,,	
	* * * * * * * * * * * * * * * * * * * *			
	***************************************	• • • • • • • • • • • • • • • • • • • •		
4b	(Code:) (Expenses \$	including grants	of \$) (Reve	enue \$)
				7117717717171717171717171717171717171717
		· · · · · · · · · · · · · · · · · · ·		

	* ///			
	· · · · · · · · · · · · · · · · · · ·			
4c	(Code:) (Expenses \$	including grants	of \$) (Reve	enue \$
4c	(Code:) (Expenses \$	including grants	of \$) (Reve	enue \$
4c	(Code:) (Expenses \$	including grants	of \$) (Reve	enue \$
4c	(Code:) (Expenses \$	including grants	of \$) (Reve	enue \$)
4c	(Code:) (Expenses \$	including grants	of \$) (Reve	enue \$)
4c	(Code:) (Expenses \$	including grants	of \$) (Reve	enue \$)
4c	(Code:) (Expenses \$	including grants	of \$) (Reve	enue \$
4c	(Code:) (Expenses \$	including grants	of \$) (Reve	enue \$
4c	(Code:) (Expenses \$	including grants	of \$) (Reve	enue \$
4c	(Code:) (Expenses \$	including grants	of \$) (Reve	enue \$
4c	(Code:) (Expenses \$	including grants	of\$)(Reve	enue \$
4c	(Code:) (Expenses \$	including grants	of \$) (Reve	enue \$
4c	(Code:) (Expenses \$	including grants	of \$) (Reve	enue \$
4c	(Code:) (Expenses \$	including grants	of \$) (Reve	enue \$
			of \$) (Reve	enue \$
	Other program services (Describe in Sc	hedule O.)		enue \$
4d			of \$) (Reve	nue \$

		***************************************	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		The state of the s	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		<u> </u>
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	the state of the s	х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	and the second		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	TS:00.000.000	<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	44-		v
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11a		<u>X</u>
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	110		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		İ	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	li	Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV			v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		<u>X</u>
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>x</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			77
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	 ''-		42
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	***************************************	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			·····
	If "Yes," complete Schedule G, Part III	19		X
		·	m 990	***************************************

Form 990 (2017) Poudre Heritage Alliance Part IV Checklist of Required Schedules (contin Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			[
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			ĺ
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	400000000000000000000000000000000000000	X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," complete	200	<u> </u>	
~	Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		-23.
٠	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	20-		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		X
		29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			.
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	

Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? X За If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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 X If "Yes." enter the name of the foreign country: See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 а Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b Section 501(c)(12) organizations. Enter: Gross income from members or shareholders а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? X 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for a	"No"	age c
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se			ns.
	Check if Schedule O contains a response or note to any line in this Part VI	. ,		X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	_X	<u></u>
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	de.)		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	100100 100000 1000	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	AAA		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			ĺ
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	50000000000	X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		<u> </u>
þ	Other officers or key employees of the organization	15b	and Control	X
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
*-	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
<u>~</u>	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20 ~-	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	athleen Benedict 3745 E Prospect		- 4	.
F,C	ort Collins CO 80525 970	-39!	<u> </u>	<u> 151</u>

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)			C)	20011 60	(D)	(E)	(F)
Name and Title	Average hours per	(0)	Position (do not check more than one			than one	Reportable compensation	Reportable compensation from	Estimated amount of
	week		box, unless person is both an			from	related	other	
	(list any hours for		fficer and a director/trustee)			the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	Individual trustee or director	nstit	Officer	Key	Highest employe	(W-2/1099-MISC)	,,	organization
	organizations below dotted	director	tion	74	emp	st c			and related organizations
	line)	Ī	a r		employee	druo			333323333
		tee	Institutional trustee			Highest compensated employee			
(1) Kathleen Benedic	I								
	40.00							_	
Executive Director	0.00	X					89,874	0	0
(2) Gary Buffington	1.00								
Board Member	0.00	X					o	Α.	
(3) Sean Conway	0.00						0	0	0
(3) Dean Conway	1.00								
Board Member	0.00	X					ol	0	0
(4) Nick Haws	0.00	122						<u> </u>	U
(4) = 1 = 1 = 1 = 1 = 1 = 1	1.00								
Board Member	0.00	X					o	0	0
(5) Dan Perry									
	1.00								
Board Member	0.00	X					0	0	0
(6) Andy Pineda	Address of the second								
	1.00								
Board Member	0.00	X					0	0.	0
(7) Ray Tschillard									
	1.00								
Board Member	0.00	X					0	0	0
(8) Jim Wurz									
	1.00								_
Board Member	0.00	X					0	0	0
(9) Wade Willis	2 00								
	2.00	4.							_
Vice Chair	0.00	X		X		 	0	0	0
(10) Karen Scopel	2 00								
	2.00			7.7				_	•
Treasurer	0.00	X		X			0	0	0
(11) Robert Overbeck	2.00								
Chair	0.00	x		х			o		^
CHATT	0.00	ΙΛ.		Λ		<u> </u>		0	0

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	es, a	and Highest Compensated	d Employees (continued)	
	(A) Name and title	(B) Average hours per week (list any hours for	bo off	x, unle icer a	Pos check ess pe	rson i directo	than o	ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(12	2) Dan Biwer	2 00									
Sec	cretary	2.00 0.00	х		х				0	0	0
		.,,.,,									
,			**************************************								
		, ,	Annual 1111								
		,									
1b c	Sub-total Total from continuation shee							A	89,874	41.574.44	
<u>d</u> 2	Total (add lines 1b and 1c)							>	89,874	\$400.000 f	
	Total number of individuals (in- reportable compensation from				uios	e 1151	ieu a	DOV	e) who received more than	\$100,000 of	
3 4	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organ	complete Schede 1a, is the sum dizations greater	<i>lule</i> of re than	J for eport 1 \$15	<i>suc</i> able 50,00	h ind com 10? It	dividu npens f "Ye	<i>ial</i> satio s," c	on and other compensation complete Schedule J for su	from the	
5	individual Did any person listed on line 1 for services rendered to the or	la receive or acc ganization? If "Y	rue	com	pens	atior	n fror	n ar	ny unrelated organization or	r individual	5 X
Sect 1	ion B. Independent Contracto Complete this table for your fix	e highest comp	ensa	ted i	nder	end	ent c	contr	ractors that received more	than \$100.000 of	
	compensation from the organiz	zation. Report co (A) business address	mpe	nsat	ìon f	or th	e ca	lend	lar year ending with or with	tin the organization's tax you (B) tion of services	ear. (C) Compensation
			***************************************	***************************************		•					Omponoted

2	Total number of independent or received more than \$100,000								se listed above) who	0	
DAA											Form 990 (2017)

Pa	rt V	Check if Schedule		e response	or note to any line	in this Part VIII		
				<u> </u>	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
its:	1a	Federated campaigns	1a					VIA 231
irai our	b	Membership dues			1			
s, (Am	С	Fundraising events	1c]			
ait	d	Related organizations						
s, mi	е	Government grants (contributions)		331,001				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants,						
ibut		and similar amounts not included above	1f	3,618				
a tr	g	Noncash contributions included in fines						
<u>a 0</u>	h	Total. Add lines 1a-1f		>	334,619			
Program Service Revenue				Busn. Code				
Seve.	2a	·						
Se F	b	*						
ervik	C				V			
Š	d			1				
gran	t.	All other program service rev		1				
Pro		Total. Add lines 2a-2f					-	
	3	Investment income (including						
		1 (1) (2) (3) (3) (4) (4)	=		75	75		
	4	Income from investment of to	· · · · · · · · · · · · · · · · · · ·					
	5	Royalties		•				
		(i) Real) Personal				
	6a	Gross rents						
	b	Less: rental exps.						
	С	Rental inc. or (loss)						
	_d	72 Cross amount from						
	/a	sales of assets (i) Securities	es	(ii) Other				
		other than inventory						
	b	Less: cost or other						
		basis & sales exps.			-			
		Gain or (loss)			_			
		Net gain or (loss)		<u></u>				
e e	вa	Gross income from fundraising e	vents					
e l		(not including \$	1					
Se		of contributions reported on line 1						
Other Revenue	h	See Part IV, line 18 Less: direct expenses	a		1			
퓝		Net income or (loss) from full						
		Gross income from gaming activi		•				
	J.4	See Part IV, line 19	i					
	b	Less: direct expenses						
		Net income or (loss) from ga		>				
		Gross sales of inventory, les						
		returns and allowances	а					
	b	Less: cost of goods sold						
	С	Net income or (loss) from sa	les of inventory	<u></u>				
		Miscellaneous Revenu	e	Busn. Code				
	11a	ANHA Advocacy			1,000	1,000		
	b	* * * * * * * * * * * * * * * * * * * *		***************************************				
ļ	C	6.1. diameter and						
	d	All other revenue			1,000			
		***	nne		335,694	1,075	0	0
	12	Total revenue. See instructi	VIII	· · · · · · · · · · · · · · · · · · ·	1 222,034	1,0/3	ı U	U

Secti	on 501(c)(3) and 501(c)(4) organizations must cor Check if Schedule O contains a respor	mplete all columns. All othe		nplete column (A).	X
	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	100 201	100 201		
_	and domestic governments. See Part IV, line 21	108,321	108,321		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				<u> </u>
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	***			
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	26 255	00 005	a a 00m	···
	trustees, and key employees	36,955	20,325	11,087	5,543
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	***************************************			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	61,997	34,098	18,599	9,300
8	Pension plan accruals and contributions (include			_	
	section 401(k) and 403(b) employer contributions)	7,315	4,023	2,195 3,236	1,097 1,618
9	Other employee benefits	10,785	5,931	3,236	1,618
10	Payroll taxes	30,958	17,027	9,287	4,644
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting	7,285		7,285	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		1		
	Other. (If line 11g amount exceeds 10% of line 25, column		ŀ		
	(A) amount, list line 11g expenses on Schedule O.)	67,116	35,924	31,192	
12	Advertising and promotion	2,526	1,389	758	379
13	Office expenses	8,606	4,733	2,582	1,291
14	Information technology	3,911	2,151	1,173	587
15	Royalties				
16	Occupancy	13,819	7,600	4,146	2,073
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	14,655	8,060	4,397	2,198
20	Interest	94		94	······································
21	Payments to affiliates			· · · · · · · · · · · · · · · · · · ·	
22	Depreciation, depletion, and amortization				
23	Insurance	937		937	
24	Other expenses. Itemize expenses not covered		i		
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Meals and entertainment	3,584	1,971	1,075	538
b	Memberships	2,985	_,_,_	2,985	
C	Fundraising	2,456			2,456
d	Miscellaneous	97		97	2730
e	All allers symposos	79		79	
	Total functional expenses. Add lines 1 through 24e	384,481	251,553	101,204	31,724
25 26	Joint costs. Complete this line only if the	551,151			J.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
20	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here ► if				
DAA	following SOP 98-2 (ASC 958-720)				Eggm 990 (2017)

	art)	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year	•	(B) End of year
	1	Cash—non-interest bearing	105,800	1	76,661
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	, , , , , , , , , , , , , , , , , , ,	3	
	4	Accounts receivable, net		4	63,454
	5	Loans and other receivables from current and former officers, directors.			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
(D		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	-	Land, buildings, and equipment: cost or		3	
	100				
	h	other basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 10b		40-	
	11			10c	
		Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	***************************************
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	705 000	15	140 115
	16	Total assets. Add lines 1 through 15 (must equal line 34)	105,800	16	140,115
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	***************************************
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
de l		disqualified persons. Complete Part il of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	10,853
	26	Total liabilities. Add lines 17 through 25	0	26	10,853
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Balances		complete lines 27 through 29, and lines 33 and 34.			
au	27	Unrestricted net assets	105,800	27	129,262
Ba	28	Temporarily restricted net assets		28	
Fund	29	Permanently restricted net assets		29	
Ī		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and			
ŏ		complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
۷	33	Total net assets or fund balances	105,800	33	129,262
-	34	Total liabilities and net assets/fund balances	105,800	34	140,115

orm	990 (2017) Poudre Heritage Alliance 36-4507550			Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				90 1
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		35,	694
2	Total expenses (must equal Part IX, column (A), line 25)	2		34,	
3	Revenue less expenses. Subtract line 2 from line 1	3			787
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			800
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		32,	937
9	Other changes in net assets or fund balances (explain in Schedule O)	9			688
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1:	29,	262
Pa	rt XII Financial Statements and Reporting		***		
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	194511111111111111111111111111111111111
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			SV	
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				10000000000
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in		7		100000000000000000000000000000000000000
	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		,,	The second secon	· · · · · · · · · · · · · · · · · ·
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3h		

Form **990** (2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2017

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization ► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

on. Inspection
Employer identification number

		_	Poudre Herit	age Alliance			36-450	7550					
Pa	ırt I	Reas	on for Public Charity	Status (All organizations	must c	omplete	this part.) See instruction	ns.					
The o	orga	· · · · · · · · · · · · · · · · · · ·		e it is: (For lines 1 through 12,			***************************************						
1		A church, co	onvention of churches, or ass	ociation of churches described	in sectio	n 170(b)(1	I)(A)(i).						
2		A school des	scribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Forr	n 990 or	990-EZ).)							
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
4	П			d in conjunction with a hospital			•	nospital's name.					
		city, and stat		•			· · · · · · · ·	•					
5	П	An organizat	ion operated for the benefit of	of a college or university owned	or operat	ed by a g	overnmental unit described in	. * * * * * * * * * * * * * * * * * * *					
	_		(b)(1)(A)(iv). (Complete Part		•	, ,							
6	П			povernmental unit described in	section 1	70(b)(1)(A)(v).						
7	X	An organizat	ion that normally receives a	substantial part of its support fr	om a gov	ernmental	unit or from the general publi	C					
		described in	section 170(b)(1)(A)(vi). (C	omplete Part II.)	-								
8		A community	trust described in section	170(b)(1)(A)(vi). (Complete Par	t IL)								
9		An agricultur	al research organization des	cribed in section 170(b)(1)(A)((ix) operat	ed in conj	unction with a land-grant colle	ge					
		or university	or a non-land grant college of	of agriculture (see instructions).	Enter the	name, cit	y, and state of the college or						
	_	university:					*************************						
10	Ш) more than 33 1/3% of its sup				oss					
				npt functions—subject to certain nd unrelated business taxable in									
				0, 1975. See section 509(a)(2)									
11	$\overline{}$			exclusively to test for public saf									
12	_	-	- · ·	exclusively for the benefit of, to			. ,, ,	nses					
	ш			zations described in section 50									
		Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.											
	а	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving											
				ver to regularly appoint or elect		of the dir	ectors or trustees of the						
		_ ``		omplete Part IV, Sections A a									
	b			pervised or controlled in conne									
			_	ting organization vested in the	same per	sons that o	control or manage the support	red					
			tion(s). You must complete				le e u ve	w					
	С			supporting organization operated structions). You must complete				/m,					
	d	· ·	Ŧ ,,,	I. A supporting organization ope			• •	on(e)					
	~			e organization generally must s									
				nust complete Part IV, Section									
	е	Check th	is box if the organization rec	eived a written determination fro	om the IR	S that it is	a Type I, Type II, Type III						
				n-functionally integrated suppor	rting organ	nization.							
	f		mber of supported organizati										
	g			ne supported organization(s).	1								
(i)		e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of					
	ury	arrzanori		above (see instructions))		ment?	instructions)	other support (see instructions)					
					Yes	No		, '					
(A)													
` '													
(B)													
(C)								***************************************					
` '													
(D)				***************************************									
. 7													
(E)		······································											
. ,													

Total					1								

Schedule A (Form 990 or 990-EZ) 2017 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support					<u> </u>		
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	210,947	265,937	299,135	192,879	334,619	1,303,517	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				10 Mi.		772/132	
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	210,947	265,937	299,135	192,879	334,619	1,303,517	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4.						1,303,517	
	tion B. Total Support		,					
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
7	Amounts from line 4	210,947	265,937	299,135	192,879	334,619	1,303,517	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	157	55	43	29	75	359	
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						1,303,876	
12	Gross receipts from related activities, etc.	(see instructions)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12	1,075	
13	First five years. If the Form 990 is for the	organization's first	t, second, third, for	urth, or fifth tax yea	ar as a section 501	I(c)(3)		
	organization, check this box and stop her			<u> </u>				
Sec	tion C. Computation of Public Su							
14	Public support percentage for 2017 (line 6	, column (f) divided	I by line 11, colum	ın (f))		14	99.97%	
15	Public support percentage from 2016 Sche	edule A, Part II, line	e 14			15	99.96%	
16a	33 1/3% support test—2017. If the organ				33 1/3% or more, c	check this		
	box and stop here. The organization quali						▶ X	
þ	33 1/3% support test—2016. If the organ				5 is 33 1/3% or m	ore, check		
	this box and stop here . The organization		-				> [_]	
17a	10%-facts-and-circumstances test—201							
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported							
	organization						., b	
b	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line							
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.							
	Explain in Part VI how the organization me			_	•	•		
	supported organization						> [
18	Private foundation. If the organization did						. —	
	instructions						▶ ∐	

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

▶ Go to www.irs.gov/Form990 for the latest information.

Employer identification number

Poudre Heritage Alliance 36-4507550 Organization type (check one): Filers of: Section: **X** 501(c)(Form 990 or 990-EZ 3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts | and || For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filling requirements of Schedule B (Form 990. 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Page 1 of 1

age 2

Name of organization
Poudre Heritage Alliance

Employer identification number 36-4507550

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Department of the Interior National Park Service 1201 Eye Street NW 6th Floor Washington DC 20005	\$ 281,352	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	National Park Foundation Active Trails 1201 Eye Street NW 6th Floor Washtington DC 20005	\$ 23,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Colorado Tourism Office 1625 Broadway Suite 2700 Denver CO 80203	\$ 11,420	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	State Historical Fund History Colorado 1200 Broadway Denver CO 80525	\$ 9,086	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements
► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number Poudre Heritage Alliance 36-4507550 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value (investment) (other) depreciation 1a Land **b** Buildings c Leasehold improvements d Equipment Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11b. See Form 990. Part X. line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
(1) Financial	derivatives		
	eld equity interests		
	· · · · · · · · · · · · · · · · · · ·		4.44.44.44.44.44.44.44.44.44.44.44.44.4
(E)			
(F)			
(G) (H)			
	an (b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII	Investments—Program Related.		
1 41, 911	Complete if the organization answered "Yes" on	Form 990 Part IV line	11c See Form 990 Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
(1)			
(2)	***************************************		
(3)			
(4)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(5)			
(6)			
(7)			
(8)			
(9)			
	nn (b) must equal Form 990, Part X, col. (B) line 13.) ▶		
Part IX	Other Assets.	m	44.1.0
	Complete if the organization answered "Yes" on	Form 990, Paπ IV, line	
/4\	(a) Description		(b) Book value
(1) (2)			
(3)			
(4)			
(5)			
(6)	7,000		
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 15.)		>
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X,
	line 25.		
1.	(a) Description of liability	(b) Book value	
	income taxes		
	ued Salary Expense	10,688	
	it cards	165	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	n (b) must equal Form 990, Part X, col. (B) line 25.) ▶	10,853	
TOTAL (COMMIN	ir (b) must oquar omi 200, r art A, cor. (b) iiile 20.) 🚩	1 20,000	

Sched	dule D (Form 990) 2017 Poudre Heritage Alliance	36	-4507550	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta		ue per Return.	
	Complete if the organization answered "Yes" on Form 99			
1	Total revenue, gains, and other support per audited financial statements	*************************	1	335,694
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
	Add lines 2a through 2d		2e	335 604
3	Subtract line 2e from line 1			335,694
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		4c 5	225 604
\$ 100 miles 100	rt XII Reconciliation of Expenses per Audited Financial St			335,694
Га	Complete if the organization answered "Yes" on Form 9		nses per Keturn.	
1	Total amongon and losses per audited francial etatements		1	384,481
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			301,401
	Donated services and use of facilities	2a		
	Prior year adjustments Other losses	1 - 1		
d	***************************************			
	Other (Describe in Part XIII.)		20	
е 3	Add lines 2a through 2d		2e 3	384,481
	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1;			JOT, 401
		10		
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			384,481
***************************************	Tital expenses. And lines 3 and 4c. (This must equal Form 990, Fair I, line 10.)		<u> </u>	304,401
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV lines 1b and 2b; Pa	art V line 4: Part Y line	
	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p			
_,	it for, in the data and the part to p	orial and and	(du), (.	
*				

		,	************************	*****
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury Internal Revenue Service Name of the organization

Poudre Heritage Alliance

Part | General Information on Grants and Assistance

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Do 990, Part IV, line 21, for any recipient	omestic Organ	izations	and Domestic Go	overnments. Con n be duplicated if	nplete if the org additional spac	aniza e is
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) none
(1) Poudre Learning Center 8313 W. F. St.						
Greeley CO 80631	81-0723214		10,000			
(2) Fulfill Our Wish Statue 501 Ash St.						
Windsor CO 80550	84-1106623		23,000	-		
(3) Harris Bilingual Elementary P.O. Box 388						***************************************
Fort Collins CO 80522	26-4087080		5,767			
(4) Community Foundation of Northern C 1033 Campus Delivery						***************************************
Fort Collins CO 80523	84-0699243	***************************************	7,500	****		<u> </u>
(5) Historic Denver 1420 Ogden St. Ste 202						
Denver CO 80218	84-0605731		7,000			
(6)						
	######################################					
(7)	***					
						1
(8)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(9)						
2 Enter total number of section 501(c)(3) and government		in the line	1 table			

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SCHEDULE 0 (Form 990 or 990-EZ)

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

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for the latest information.

Poudre Heritage Alliance **-***7550 Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 A review was conducted by the executive director of the Alliance. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Documents available to the public upon request. Form 990, Part IX, Line 11g - Other Fees for Services Description Program Service Mgt & General Consultants Other Fees for Service 1,348 Total \$ 31,192 Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation Prior Period Adjustment