

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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 black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 2009

Open to Public Inspection

	FOI U	te 2009 Calen	uar year,	or lax year b	eginning		, 2009, and endi	ng			,		
В	Check	f applicable	l <u>.</u> .	C					D Emplo	yer ider	ntification Num	ber	
	□ Ac	idress change	Please use IRS label	HIGH PLA	AINS ENVIE	RONMENTAL C	CENTER		84-	158	1875		
	H <sub>N</sub>	ame change	or print or type.	1854 PI	NEY RIVER	DRIVE			E Teleph				
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	⊢l^r	mended return	<u> </u>	ł				<del>,</del>	G Gross			<u> 275,8</u>	
	L Ar	plication pending	1	and address of pr		OE KNOPINS		H(a) Is this			ffiliates?	Yes	X No
_			4144 ]	LOST CAYO	ON DRIVE I	OVELAND, C	O 80538	H(b) Are all	affiliates inc attach a list		netructions)	Yes	No
<u>1</u>	Tax	-exempt_statu	us X 501	(c) (3	) ◄ (insert no.	) 4947(a	)(1) or 527	] "140,	allaura list	. (See 11	isu ucuoris)		
J	Wel	bsite: ► ww	w.subu	rbitat.o	rg	· · · · · · · · · · · · · · · · · · ·		H(c) Group	exemption n	umber	<b>&gt;</b>		
K		of organization	X Corpora		Association	Other ►	L Year of Forma	<del> </del>			legal domicile	CO	
	art I	Summa		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1_1_0	1 - 100, 0, 10, 11, 11, 11	20011 2001		Julie o.	regar dominent		
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Activities & Governance		PUBLIC.											
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ತ							art VI, line 1b)		•••	4			9
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9		Contributions					••	٠	144,3			16,4	
en.		Program serv						٠ ــــــــــ	81,3	<u> 105.</u>		<u> 252,7</u>	13.
} Revenue					nn (A), lines 3,			٠,					
⊉ "		<ul> <li>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</li> <li>Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)</li> </ul>							1,573.				540.
200 — 200 —									227,0	<u>)59.</u>		275,8	122.
<b>19</b>						(A), lines 1-3) .		·					
- -	14	Benefits paid	to or for	members (Pa	irt IX, column (	A), line 4).							
	15	Salaries, other	er comper	isation, empl	oxee benefits (	Part IX, column	(A), lines 5-10)		114,7	748.			
JUL mses	16a	Professional	Und Galan	New Part	IX column (A).	line 11e) .							
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<u>)</u> 4				P a	<u></u> ⊾ ∤1	· · · · · · · · · · · · · · · · · · ·							
븰	17	Other expens	BRAL SU	x, zgupni (A	ارکاines ۱۱a-۱۱رکا	d, 11f-24f)			180,8			<u>156,0</u>	
ş	18	Total expense	es Add Iir	nes 13-17 (🙀	equal Part	IX, column (A),	line 25)	·	295,6			<u>156,0</u>	<u> 190.</u>
	19	Revenuell <del>ess</del>	ехрепас	s. Subtract li	18 from line	12			-68,5	<u>575.</u>	:	119,7	32.
	1			14, UI	_			Beain	ning of Y	ear	End	of Year	. –
Asset (C)	20	Total assets (	Part X, Iir	ne 16)					, 282, 0			101,8	
80	21	Total liabilities	s (Part X,	line 26)					<del>/</del>	0.		<del></del>	0.
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11.5	21 6 38'-			•			<del>.</del>						
		Under penalties true, correct, as	s of perjury, I	declare that I ha	ve examined this re- eparer (other than o	turn, including accom fficer) is based on all	panying schedules and sta information of which prep	tements, and arer has any l	to the best o	of my kn	nowledge and b	elief, it is	
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On	ıly	employed), address, and			senhower E	TAG.		Eil			325369		
		ZIP + 4		ELAND, CO				Ph	one no	(97		1070	
May	the If	RS discuss thi	is return v	vith the prepa	arer shown abo	ve? (see instruc	tions).				X Yes		No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 12/29/09

orm 990 (2009) HIGH PLAINS ENVIRONMENTAL CENTER	84-1581875	P
Part III Statement of Program Service Accomplishments		
1 Briefly describe the organization's mission:		
See Schedule 0		
		. <b>_</b> _
2 Did the organization undertake any significant program services during the	ne year which were not listed on the prior	
Form 990 or 990-EZ?	Yes 🔀	
If 'Yes,' describe these new services on Schedule O.		
3 Did the organization cease conducting, or make significant changes in ho	ow it conducts, any program services?	
If 'Yes,' describe these changes on Schedule O.		
4 Describe the exempt purpose achievements for each of the organization's and 501(c)(4) organizations and section 4947(a)(1) trusts are required to expenses, and revenue, if any, for each program service reported.	s three largest program services by expenses. Section 5010 report the amount of grants and allocations to others, the	(c)(3 total
4a (Code: \$ 155,565. including grants	s of \$	•
NUMEROUS EDUCATIONAL PROGRAMS, EVENTS AND EXH		
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4b (Code:) (Expenses \$ including grants	of \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
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rorr	m 990 (2009) HIGH PLAINS ENVIRONMENTAL CENTER 84-158187	5		age:
Pa	rt IV Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete	1	х	
2	Schedule A	2		X
	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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors 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		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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
	Did the organization report an amount in Part X, line 21; 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		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	х	
	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			. 4
•	Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		· · ·	- A Mar
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX			-
	<ul> <li>Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.</li> <li>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? If 'Yes,' complete Schedule D, Part X</li> </ul>		,	
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		Х
12/	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional		-	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		х
	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	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		х
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		х

20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

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Form 990 (2009)

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X

X

X

Form 990 (2009) HIGH PLAINS ENVIRONMENTAL CENTER 84-1581875 Part IV Checklist of Required Schedules (continued) Yes No 21 X X 22 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 employees? *If 'Yes,' complete* 23 X Schedule J. 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 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? . . . . 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25 a 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 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III . X 27 28 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions); a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a X **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV. . . X 28b 28c X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M . . . . . . 29 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N. Part I. . . . X 31 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 

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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 

Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R,

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 . . . . .

301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I ....

**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* 

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Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable . . . 1 a b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X 1 c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 32 X **b** If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O . . . . . 3Ь 4a 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)? . . . 4a X **b** 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. X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?. 5b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5с 6a 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? . . . X 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6h 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7 a X **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с X . . . . . . d If 'Yes,' indicate the number of Forms 8282 filed during the year. . . e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ... 7e X . . . . . . . . 7f X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . 7g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . 8 9 Sponsoring organizations maintaining donor advised funds. \*\* a Did the organization make any taxable distributions under section 4966? . . . . . . 9a **b** Did the organization make any distribution to a donor, donor advisor, or related person?...... 9h 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 . . . . **b** Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from other members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? .... 12 a

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Form **990** (2009)

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Part VI

Se	ction A.	Governing Body and Management				
			1		Yes	No
1		e number of voting members of the governing body	1a 9	4 1	i i	
	<b>b</b> Enter the	e number of voting members that are independent	1b <u>9</u>	4		
2	Did any officer, d	officer, director, trustee, or key employee have a family relationship or a business re irector, trustee or key employee?	lationship with any other	2		X
3	Did the o	organization delegate control over management duties customarily performed by or use, directors or trustees, or key employees to a management company or other person	inder the direct supervision	3		Х
		organization make any significant changes to its organizational documents	,,,,	4		X
		prior Form 990 was filed?		$\vdash$		
5		rganization become aware during the year of a material diversion of the organization	n's assets?	5	i l	X
6		organization have members or stockholders?		6		X
7	a Does the	organization have members, stockholders, or other persons who may elect one or rg body?	nore members of the	7a		х
	-	decisions of the governing body subject to approval by members, stockholders, or ot	her persons?	7b		X
8	Did the o	rganization contemporaneously document the meetings held or written actions unde ving:	rtaken during the year by			
		rning body?		8a	х	
	_	nmittee with authority to act on behalf of the governing body?		8ь	_	
9		any officer, director or trustee, or key employee listed in Part VII, Section A, who cai tion's mailing address? If 'Yes,' provide the names and addresses in Schedule O	nnot be reached at the	9		х
		Policies (This Section B requests information about policies not r				
	renue Code	,	equired by the interna-	I		
10.	criac coac	y		$\overline{}$	Yes	No
10	a Does the	organization have local chapters, branches, or affiliates?		10a	163	X
			 fanah abaataan affiliataa	100		
	and bran	does the organization have written policies and procedures governing the activities o ches to ensure their operations are consistent with those of the organization?	f such chapters, affiliates,	10ь	.	
		organization provided a copy of this Form 990 to all members of its governing body to		11	Х	
		in Schedule O the process, if any, used by the organization to review this Form 990	_			
		organization have a written conflict of interest policy? If 'No,' go to line 13.		12a	Х	
	<b>b</b> Are office	ers, directors or trustees, and key employees required to disclose annually interests	that could give rise			
	to conflic	ts?		12b	$\longrightarrow$	<u>X</u>
	c Does the Schedule	organization regularly and consistently monitor and enforce compliance with the policy of the state of the st	licy? If 'Yes,' describe in	12c		X
13	Does the	organization have a written whistleblower policy?		13		X
14	Does the	organization have a written document retention and destruction policy?		14		X
15	Did the p	rocess for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and dec	approval by independent			
		nization's CEO, Executive Director, or top management official See Schedule		15a	X	
		cers of key employees of the organization		15 Ь		Х
		line 15a or 15b, describe the process in Schedule O. (See instructions.)				
16	a Did the o	rganization invest in, contribute assets to, or participate in a joint venture or similar ing the year?	arrangement with a taxable	16a		X
		as the organization adopted a written policy or procedure requiring the organization	to ovolvoto do mortionatica	<del></del>		
	in joint ve	enture arrangements under applicable federal tax law, and taken steps to safeguard.	the organization's exempt			
_	status wit	h respect to such arrangements?	·	16 b		
		Disclosures				
17	List the s	tates with which a copy of this Form 990 is required to be filed $ ightharpoonup$ None				
18	Section 6	104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, ar 1. Indicate how you make these available. Check all that apply.	nd 990-T (501(c)(3)s only) a	vailable	e for p	ublic
	لبينا	website Another's website X Upon request				
19	Describe statemen	in Schedule O whether (and if so, how) the organization makes its governing docum ts available to the public. See Schedule 0	ents, conflict of interest pol	icy, an	id fina	ncıal
20	State the	name, physical address, and telephone number of the person who possesses the bookstrup 1854 PINEY RIVER DRIVE LOVELAND CO 80538 970	ooks and records of the org			

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

#### 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 organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of 'key employees.'
- 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.

X Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B) Average	(c) Position (check all that apply)					ilv)	(D)	(E)	(F)
Name and Title	hours per week	or director	Institutional trustee		Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
JOE KNOPINSKI										
Chairman	5	X		X			_	0.	0.	0.
GREG JONES										
Secretary	2	Х		X				0.	0.	0.
KIM PERRY										-
Vice Chair	2	Х		X				0.	0.	0.
ANAITA COMER		!					Г			
Trustee	2	X						0.	0.	0.
JUDY DORSEY										
Trustee	2	X						0.	0.	0.
JEFF DOVE										
Trustee	2	Х						0.	0.	0.
LINDA HOFFMANN										
Trustee	2	X						0.	0.	0.
DAMAN HOLLAND										
Trustee	2	Х					ļ	0.	0.	0.
ELDON WARD										
Trustee	2	X						0.	0.	0.
										·
										<del></del>

、 <b>(A)</b> Name and Title	(B) Average				c)			(D)	(E)	(F)
		or director		Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
1 b Total	<u></u> .						<b>•</b>	0.	0.	0
2 Total number of individuals (including but not limite from the organization ► 0								<del></del>		Yes No
<ul> <li>3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such if</li> <li>4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater the individual</li></ul>	<i>ndıvıdua</i> portable nan \$15	1.	_	nsat If 'Y	ion es'		oth plet		· · · · · · · · · · · · · · · · · · ·	3 X
5 Did any person listed on line 1a receive or accrue c rendered to the organization? If 'Yes,' complete Sch	ompens nedule J	atıor <i>for</i>	n fro	m a h pe	ny Irsoi	unre 1.		d organization for		5 X
Section B. Independent Contractors										
Complete this table for your five highest compensate compensation from the organization.	ed indej	oenc	lent 	соп	trac	tors	tha	t received more th	nan \$100,000 of	
Name and business address	s							Description o	f Services	(C) Compensation
						_				
			_							
2 Total number of independent contractors (including \$100,000 in compensation from the organization ▶		lımıt	ed 1	to th	ose	liste	l ed a	bove) who receive	ed more than	

Ра	. Statement of Revenue	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	Revenue excluded from tax under sections
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1a Federated campaigns     1a       b Membership dues     1b       c Fundraising events     1c       d Related organizations     1d       e Government grants (contributions)     1e	- -	revenue		512, 513, or 514
CONTRIBUTE AND OTHER	f All other contributions, gifts, grants, and similar amounts not included above	16,469.			
Ä	Business Code			, <u>419.</u>	
EVE	2a LAND MANAGEMENT PROGRAM	251,463.			251,463.
<u> </u>	b PROGRAM FEES	1,250.			1,250.
Z.	C				
SEF	d				
AM	e				
SGR	f All other program service revenue .				
_ <u>R</u>	g Total. Add lines 2a-2f	252,713.			
	<ul> <li>Investment income (including dividends, interest and other similar amounts)</li> <li>Income from investment of tax-exempt bond proceeds</li> <li>Royalties</li> </ul>	······································			
	(i) Real (II) Personal				
	<b>6a</b> Gross Rents . <b>6,640</b> .				
	b Less. rental expenses				
	c Rental income or (loss) 6,640.			5.	
	d Net rental income or (loss)	6,640.			6,640.
	7 a Gross amount from sales of assets other than inventory. (i) Securities (ii) Other	0,040.			0,040.
	b Less: cost or other basis and sales expenses	5( )			y 1
	c Gain or (loss)				<u> </u>
	d Net gain or (loss).				
OTHER REVENUE	8a Gross income from fundraising events (not including \$				
<u> </u>	of contributions reported on line 1c).		, û	, , .	
8	See Part IV, line 18 a				
Ĕ	<b>b</b> Less: direct expenses <b>b</b>				
_	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities. See Part IV, line 19 a	· · ·			
	b Less: direct expenses b	***			المس من من من من
	C Net income of (loss) from gaining activities.			·	
	10 a Gross sales of inventory, less returns and allowances a  b Less cost of goods sold b	,		<i>*</i> *	,
			a mile in the day of day to the same	-	<u> </u>
}	e net meetre of (1033) norm sales of inventory	,		· · · · · · · · · · · · · · · · · · ·	
}	Miscellaneous Revenue Business Code	<u> </u>			<u> </u>
	11a				
	b		<del></del>		
	C	<del></del>			ļ
	d All other revenue	<del></del>			
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	275,822.	0.	0.	259,353.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.4	0.	0.
7	Other salaries and wages [				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	ı Management [				
Ŀ	Legal				
C	: Accounting	525.		525.	
d	Lobbying .				
е	Prof fundraising svcs. See Part IV, In 17				
f	Investment management fees				
Q	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				· . ·
15	Royalties				
16	Occupancy				
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization.	71,375.	71,375.		
	Insurance	·			
24	Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				,
а	LAND MANAGEMENT	62,665.	62,665.		
b	DONATED SERVICES	21,175.	21,175.	·	
С	COMMUNITY ENGAGEMENTS & EVENTS	350.	350.		
d					
е					
f	All other expenses				
	Total functional expenses. Add lines 1 through 24f	156,090.	155,565.	525.	0.
26	Joint costs. Check here   ☐ If following  SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

•		(A) Beginning of year		<b>(B)</b> End of year
1	Cash non-interest-bearing	21,786.	1	29,409
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	16,037.	3	36,604
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
	and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
7 8	Notes and loans receivable, net	19,222.	7	182,139
8	Inventories for sale or use		8	
s 9	Prepaid expenses and deferred charges		9	
10 a	Land, buildings, and equipment: cost or other basis. 10a 1, 302, 471.			
	Complete Part VI of Schedule D			
j b	Less: accumulated depreciation	1,225,026.	10 c	1,153,651
11	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		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,282,071.	16	1,401,803
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	· · · · · · · · · · · · · · · · · · ·
•	- · · · · · · · · · · · · · · · · · · ·			
[	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. Complete Part X of Schedule D		25	······································
26	Total liabilities. Add lines 17 through 25	0.	26	0
	Organizations that follow SFAS 117, check here ► X and complete lines			,
¥	27 through 29 and lines 33 and 34.			
27	Unrestricted net assets	1,266,034.	27	1,400,570
28	Temporarily restricted net assets	16,037.	28	1,233
28	Permanently restricted net assets	20,0011	29	
2	Organizations that do not follow SFAS 117, check here ► and complete	· · · · · · · · · · · · · · · · · · ·		, .
1	lines 30 through 34.			
30	Capital stock or trust principal, or current funds	<del></del>	30	
	Paid-in or capital surplus, or land, building, and equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	· · · · · · · · · · · · · · · · · · ·	1,282,071.	33	1,401,803
31 32 33 34	<b>F</b>			
AA	Total liabilities and net assets/fund balances	1,282,071.	34	1,401,803 Form <b>990</b> (2009

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Form 990 (2009) HIGH PLAINS ENVIRONMENTAL CENTER	84-1581875	P	age 12
Part XI Financial Statements and Reporting			
		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?	2	a	X
<b>b</b> Were the organization's financial statements audited by an independent accountant?		:b	X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh review, or compilation of its financial statements and selection of an independent accountant?		2c	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were consolidated basis, separate basis, or both:	issued on a		
Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?		a	x
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	required audit	ь	

#### **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.

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

	H PLAINS ENVIR	ראושבאוייא רבאויים	סי					1	58187		
Part			ı <b>s</b> (All organizations	must /	comple	te this	nart '				
			use it is: (For lines 1 thro					7 000 1	i isti uct	10113	
1	ř ·		ociation of churches des	•		-	•				
2			A)(ii). (Attach Schedule		. 500	,	· // ·//	,.			
3	<b>—</b>		e organization described		ion 170(	ьхтуах	iii).				
4		•	ed in conjunction with a f		•			′0(ЬҰ1Ұ/	A <b>Y</b> iii). Er	nter the hospita	al's
•	name, city, and sta	=						-1-11-11	-,(,. <u>-</u> .	по по посрещ	•
5		erated for the benefit	of a college or universit	y owned	or oper	ated by	a gove	rnmenta	l unit de	scribed in sect	ion
6			governmental unit descr								
7	in section 170(b)(1)(A)(vi). (Complete Part II )										
8	_		<b>170(b)(1)(A)(vi).</b> (Comple								
9	9 X An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)										
10	An organization or	ganized and operated	exclusively to test for pi	ublic saf	ety. See	section	1 509(a)	(4).			
11											
	a Type I b Type II c Type III – Functionally integrated d Type III – Other										
е											
f		received a written def	termination from the IRS	that is a	a Type I	. Type II	or Typ	e III sup	portina (	organization.	
g	check this box .			••				· · · · ·	• • • • • •	•	Ц
_	-	· -	,			-			•	Ye	s No
	(i) a person who	directly or indirectly	controls, either alone or upported organization?.	together	r with pe	ersons d	escribe	d ın (ıı) a		11 g (i)	
	_	nber of a person desc	· · · -	•	•	•		• •		11 g (ii)	<del> </del>
			n described in (i) or (ii) a	hove?		• •	• •	• •	•	11 g (iii)	<del></del>
h	* *	<del>-</del> ·	the supported organization			•				119 ()	
<del></del>	(i) Name of Supported	(ii) EIN	(iii) Type of organization		ls the	(A) Did A	ou notify	(4)	s the	(vii) Amount of S	Support
	Organization	(1) 2.11	(described on lines 1-9 above or IRC section (see instructions))	(i) listed	Is the tion in col d in your erning ment?	the organ	nzation in (i) of	organizat	ion in col	(My Pariount of C	лирроге
				Yes	No	Yes	No	Yes	No		
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	····			<del> </del>	-						
Total								j			

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year (a) 2005 (c) 2007 (b) 2006 (d) 2008 (e) 2009 (f) Total beginning in) Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')... Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge Total. Add lines 1-through 3. 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) ... Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form sımılar sources Net income from unrelated business activities, whether or not the business is regularly carried on . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 . . . . . . 11 Gross receipts from related activities, etc. (see instructions). 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 % Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. . . . . b 33-1/3 support test - 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization....... 17a 10%-facts-and-circumstances test - 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. **b 10%-facts-and-circumstances test – 2008.** 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you che	cked the box on l	ne 9 of Part I.)								
Sec	tion A. Public Support										
Caler	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	<b>(d)</b> 2008	<b>(e)</b> 2009	(f) Total				
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	84,794.	171,226.	1,329,587.	144,351.	16,459.	1,746,417.				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose				81,105.	252,713.	333,818.				
3	Gross receipts from activities that are not an unrelated trade or business under section 513				,	,	0.				
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.				
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.				
	Total. Add lines 1 through 5	84,794.	171,226.	1,329,587.	225,456.	269,172.	2,080,235.				
7a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.				
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the										
	year	0.	0.	0.	0.	0.	0.				
	Add lines 7a and 7b .	U.	0.	0.	0.	0.	0.				
8	Public support (Subtract line						0 000 005				
Sac	7c from line 6) .	2				· · · · · · · · · · · · · · · · · · ·	2,080,235.				
	Section B. Total Support										
	ndar year (or fiscal yr beginning in)  Amounts from line 6	(a) 2005 84,794.	(b) 2006 171, 226.	(c) 2007 1,329,587.	(d) 2008 225, 456.	(e) 2009 269,172.	(f) Total 2,080,235.				
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	04,734.	171,220.	1,329,307.	223,430.	209,172.	0.				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.				
	Add lines 10a and 10b	0.	0.	0.	0.	0.	0.				
11	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						0.				
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). See Part IV	840.	205.		467.	6,640.	8,152.				
	Total support. (add ins 9, 10c, 11, and 12)				,,	-	2,088,387.				
	First five years. If the Form 990 organization, check this box and			nd, third, fourth, c	or fifth tax year as	a section 501(c)	(3)				
	tion C. Computation of Pul			- 12 (2)		1	00 67				
	Public support percentage for 20	· ·	•	ie 13, column (f))	••	15	99.6%				
	Public support percentage from 2			<del></del>		16	99.9%				
	tion D. Computation of Inv	<del></del>					0.00				
	Investment income percentage for investment income percentage for		* *	-	TIN (T))	17	0.0%				
	<b>33-1/3 support tests</b> – <b>2009.</b> If the comore than 33-1/3%, check this b	organization did not	check the box on i	ine 14, and line 15 i	s more than 33-1/39	%, and line 17 is no	0.0% ot ► X				
b	33-1/3 support tests - 2008. If this not more than 33-1/3%, check										
	Private foundation. If the organiz						<b>—</b>				

Schedule /	A (Form	990 or 9	90-EZ)	2009	HIGH	PLAI	NS :	ENVI	RONM	ENTAL	CENT:	ER	8	<u>4-158</u>	1875	F	age 4
Part IV	Supp	olement	al Info	ormati	on. Co	mplete	thi	s pai	rt to p	rovide le any	the ex	planations additional	s requir	red by f	Part II, li	ne 10;	
<u>.</u>	· uit	11, 11110	174 01	175,					10110	ic dily	Other C	- Cartional				20(10113	<u> </u>
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Schedule A (Form 990 or 990-EZ) 2009 HIGH PLAINS ENVIRONMENTAL CENTER

84-1581875

### SCHEDULĖ D (Form 990)

**Supplemental Financial Statements** 

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HIGH PLAINS ENVIRONMENTAL CENTER

4 1501035

Employer Identification number

						-1581875		
Pa	rt I	<b>Organizations Maintaining Donor</b>	Advised Funds or Oth	er Similar Funds	or Accour	nts Complete	ıf	
		the organization answered 'Yes' to	Form 990, Part IV, line	e 6.				
			(a) Donor advised	funds	(b) Fund	s and other acco	ounts	
1	Tota	al number at end of year						
2	Agg	regate contributions to (during year) .						
3	Agg	regate grants from (during year)						
4		regate value at end of year.						
	۳. ۳					-		_
5	func	the organization inform all donors and dono ls are the organization's property, subject t	or advisors in writing that the o the organization's exclusive	e assets neid in donc e legal control? .	or advised	Tyes		No
6		the organization inform all grantees, donor	-	•	may be	🗀	ب	
U	use	d only for charitable purposes and not for the	ne benefit of the donor or do	nor advisor or for an	y other		_	
	pur	oose conferring impermissible private benef	fit??			Yes		No
Pa	t II	<b>Conservation Easements</b> Comple	te if the organization ar	nswered 'Yes' to	Form 990,	Part IV, line	7.	
1	Pur	pose(s) of conservation easements held by	the organization (check all t	hat apply).		•		
	$\Box$	Preservation of land for public use (e.g., re	creation or pleasure)	Preservation of a	n historically	important land a	area	
	П	Protection of natural habitat		Preservation of c	ertified histor	ic structure		
	П	Preservation of open space						
2	Con	nplete lines 2a through 2d if the organizatio	n held a qualified conservati	on contribution in the	e form of a co	nservation ease	ment	on the
		day of the tax year.	•					
					He	ld at the End of	the Y	ear
ā	Tota	I number of conservation easements			2a			
ı	<b>T</b> ota	Il acreage restricted by conservation easem	nents		2b			
•	: Nun	iber of conservation easements on a certifi	ed historic structure included	in (a)	2c			
•	l Nun	iber of conservation easements included in	(c) acquired after 8/17/06.		2d			
3	Nun	iber of conservation easements modified, t	ransferred, released, extingu	iished, or terminated	by the organ	zation during th	e tax	
	yea	· •						
4	Nun	nber of states where property subject to cor	nservation easement is locate	ed <b>&gt;</b>				
5	Doe and	s the organization have a written policy reg enforcement of the conservation easement	arding the periodic monitoring the holds?	ng, inspection, handl		ns, . Yes		No
6		f and volunteer hours devoted to monitoring ng the year ►	g, inspecting, and enforcing	conservation easeme	ents			
7	Amo duri	ount of expenses incurred in monitoring, insing the year	specting, and enforcing cons	ervation easements	\$		_	
8	Doe 170	s each conservation easement reported on (h)(4)(B)(i) and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the re	equirements of section	on 	Yes		No
9	ınclı	art XIV, describe how the organization reports ide, if applicable, the text of the footnote to servation easements.	conservation easements in its the organization's financial	revenue and expense statements that des	statement, and cribes the org	l balance sheet, a anization's acco	and unting	g for
Pai	t III	Organizations Maintaining Collec	tions of Art. Historical	Treasures, or O	ther Simila	r Assets		
		Complete if the organization answ	ered 'Yes' to Form 990	, Part IV, line 8.				
1 a	trea	e organization elected, as permitted under sures, or other similar assets held for publi- text of the footnote to its financial statemer	c exhibition, education, or re	search in furtherance	and balance e of public ser	sheet works of a	art, hi Part	storical XIV,
t	trea	e organization elected, as permitted under sures, or other similar assets held for publi unts relating to these items:	SFAS 116, to report in its re c exhibition, education, or re	venue statement and search in furtherance	d balance she e of public ser	et works of art, l rvice, provide the	histori e follo	cal wing
		Revenues included in Form 990, Part VIII, I				<b>►</b> \$		
		Assets included in Form 990, Part X $\dots$ .				<b>►</b> \$		
2	if th	e organization received or held works of art unts required to be reported under SFAS 1	, historical treasures, or othe 16 relating to these items:	er simılar assets for t	financial gain,	provide the foll	owing	
a	Rev	enues included in Form 990, Part VIII, line	1			►\$		
t	Ass	ets included in Form 990, Part X				. <b>&gt;</b> \$		

•							
Schedule D (Form 990) 2009 HIGH	PLAINS	ENVIRONMENTAL (	CENTER		84-158	81875	Page 2
Part III Organizations Mainta				res, or (			
3 Using the organization's acquisit items (check all that apply):	ion accessioi	n and other records, ch	eck any of the fol	lowing th	at are a significant u	se of its collec	ction
a Public exhibition		<b>d</b> Loai	n or exchange pro	grams			
<b>b</b> Scholarly research		e Oth		•			
c Preservation for future gener	ations	_					
4 Provide a description of the organ Part XIV.	nızatıon's co	llections and explain h	ow they further th	e organız	ation's exempt purpo	ose in	
5 During the year, did the organiza assets to be sold to raise funds in	tion solicit of ather than to	r receive donations of a be maintained as par	art, historical treat t of the organizati	sures, or on's colle	other similar ection?	Yes	No
Part IV Escrow and Custodia 9, or reported an amo	I Arranger unt on For	ments Complete if m 990, Part X, line	organization a	nswere	d 'Yes' to Form 9	90, Part IV	, line
1a Is the organization an agent, trus included on Form 990, Part X?.	stee, custodia	an, or other intermedia	ry for contribution	s or othe	r assets not	Yes	No
b If 'Yes,' explain the arrangement							
		•	J			Amount	
c Beginning balance					1c		
d Additions during the year					1 d		
e Distributions during the year .					1 e		
					1f		
2a Did the organization include an a						Yes	No
<b>b</b> If 'Yes,' explain the arrangement							
Part V Endowment Funds Co			red 'Yes' to Fo	rm 990	. Part IV. line 10		
	(a) Curren			ears back	(d) Three years back		ars back
1 a Beginning of year balance.	3-7	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(3),		(4) 111100 )04110 24011	(5) - 52	The same of the sa
<b>b</b> Contributions						<del> </del>	
a Nat Investment comment				· · · · · · · · · · · · · · · · · · ·			
c Net Investment earnings, gains, and losses							<del></del>
d Grants or scholarships							
Other expenditures for facilities and programs							· · · · · · · · · · · · · · · · · · ·
f Administrative expenses							
<b>g</b> End of year balance							
<ol><li>Provide the estimated percentage</li></ol>	e of the year	end balance held as:					
a Board designated or quasi-endow	rment ►	<b>%</b>					
<b>b</b> Permanent endowment ▶	8						
c Term endowment ►	<b>%</b>						
3a Are there endowment funds not a organization by:	n the posses	sion of the organizatio	n that are held an	d adminis	stered for the	Yes	No
<b>2</b>						3a(i)	+ 110
(ii) related organizations			•• • • •	•••		3a(ii)	+-
<b>b</b> If 'Yes' to 3a(ıı), are the related of		listed as required on 9	Chedule R?	• •		3b	
4 Describe in Part XIV the intended	_	•				_ JU	
Part VI Investments—Land, B				art Y I	ine 10		
Description of investment		(a) Cost or other basis (investment)	<del>,                                      </del>	her	(c) Accumulated Depreciation	(d) Book \	√alue
<b>1a</b> Land		(macament)	Dasis (other	<del>'  </del>	Dehieciation ,		
<b>b</b> Buildings	• ••				<u></u>		
c Leasehold improvements			1,271,	200.	130,234.	1,140	966.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) )
BAA

**d** Equipment . . . . . .

1,153,651. Schedule **D** (Form 990) 2009

12,685.

18,586.

31,271.

Part VII	Investments—Other Securities See Fo	<u>orm 990, Part X, line</u>	e 12. N/A	
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year manager	uation arket value
Financial of	derivatives			
Closely-he	eld equity interests			
Other				
				<del></del>
				······································
				10
	mn (b) must equal Form 990 Part X, col. (B) line 12.)		10: /-	
Part VIII	Investments-Program Related (See			
	(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	ation arket value
			Cost of Cita of year file	arret value
				<del></del>
Total. (Colum	nn (b) must equal Form 990, Part X, Col. (B) line 13.)			<u>*</u>
Part IX	Other Assets (See Form 990, Part X,	Ine 15) N/A		
	<b>(a)</b> De	scription		(b) Book value
				<u></u>
				<u> </u>
				<del></del>
	· · · · · · · · · · · · · · · · · · ·			<del></del>
	···		<del> </del>	
<del></del>		·		-
Total (Co	olumn (b) must equal Form 990, Part X, col.(B), I	une 15)		<del></del>
Part X	Other Liabilities (See Form 990, Part		·	<u> </u>
I WICK	(a) Description of Liability	<b>(b)</b> Amount		
Federal Inc	come Taxes	(b) Amount		
r cacrar iii	come ruxes			/
				, Jan
				^ , * * * * * * * * * * * * * * * * * *
				- A 1 4
				,
·				
	<del></del>			, , , , , , , , , , , , , , , , , , , ,
				~ <sup>1</sup> / <sub>2</sub> / J
			· ·	, , ,
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 25)			<i>,</i>
	Footnote In Part XIV, provide the text of the foot	note to the organization'	e financial statements that reports th	o organization's liability

Schedule D (Form 990) 2009 HIGH PLAINS ENVIRONMENTAL CENTER

84-1581875

Page 3

		4-158	31875	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		N/A	
1	Total revenue (Form 990, Part VIII,column (A), line 12)			
2	Total expenses (Form 990, Part iX, column (A), line 25).			
3	Excess or (deficit) for the year. Subtract line 2 from line 1			
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV)			
9	Total adjustments (net). Add lines 4 through 8			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9.		<u>.                                    </u>	
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per F		N/A	
	Total revenue, gains, and other support per audited financial statements	. 1		
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	Net unrealized gains on investments	_		
	Donated services and use of facilities	_  '		
	Recoveries of prior year grants	_  :		
	Other (Describe in Part XIV).	<b>_</b>		
	Add lines 2a through 2d	2e		
_	Subtract line 2e from line 1	3		
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investments expenses not included on Form 990, Part VIII, line 7b	4		
	Other (Describe in Part XIV)			
_	Add lines 4a and 4b	4c		
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5 Dot-	37./3	
	t XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses per	1 -	Irn N/A	
	Total expenses and losses per audited financial statements.	1		
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	Donated services and use of facilities	-  `		
	Prior year adjustments	-		
	Other losses	-		
	Add to a On the collection	2e		
	Cultivation & Court of	3		
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1		
	Investments expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV)	1 1		
	Add lines <b>4a</b> and <b>4b</b>	4c		
	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	5		
	t XIV   Supplemental Information	, •		<del></del>
line 4	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II, lines 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this pration.	V, lines part to p	1b and 2b; provide any a	Part V, additional
	·			
				. – – – –
		<b></b>		

Schedule D (Form 990) 2009 HIGH PLAINS ENVIRONMENTAL CENTER  Part XIV   Supplemental Information (continued)	84-1581875	Page 5
Part XIV   Supplemental Information (continued)		
· 		
		- <b></b>
	· = = = <b>= = </b>	

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

HIGH PLAINS ENVIRONMENTAL CENTER

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 Attach to Form 990. P See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Employer Identification number 84-1581875

Schedule R (Form 990) (2009) (F)
Direct controlling
entity (F)
Direct controlling
entity Identification of Related Tax-Exempt Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) N/A (f) Public charity status (if section 501(c)(3)) **(E)** End-of-year assets Type II 11, Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.) (D) Exempt Code section (**D)** Total income 501(c)(3) TEEA5001L 02/05/10 (C)
Legal domicile (state or foreign country) (C)
Legal domicile (state or foreign country) ප ENVIRONMENTAL BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (B) Primary activity (B) Primary activity SUPPORT CENTER (A) Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity HIGH PLAINS FOUNDATION 1854 PINEY RIVER DRIVE LOVELAND, CO 80538 84-1581860 Part II

Schedule R (Form 990) 2009 HIGH PLAINS ENVIRONMENTAL CENTER

Part III

Page 2

84-1581875

(J) General or managing partner? Ŷ Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Yes Code V.UBI
amount in box
20 of Schedule
(For (H)
Disproportionate
allocations? ŝ Yes Share of total income Share of end-of-year assets (E)
Predominant
income (related,
unrelated, excluded
from tax under
sections 512-514) (D) Direct controlling entity (C)
Legal
domicile
(state or
foreign (B) Primary Activity (A)
Name, address, and EIN of related organization

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	Faxable as a Coled organizations	poration or Trust (Cortreated as a corporation	mplete if the organion or trust during the	zation answered 'Ye	ss' to Form 990, Pa	art IV,
(A) Name, address, and EIN of related organization	(B) Primary Activity	Activity Legal domicile Direct Type of entity (State or foreign controlling entity (C corp, S corp, country)  (C)	the Type of entity (C corp, S corp or trust)	Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
			· · · · · · · · · · · · · · · · · · ·			
ВАА		TEEA5002L 02/05/10			Schedule <b>R</b> (Form 990) (2009)	990) (2009)

84-1581875

Schedule R (Form 990) 2009 HIGH PLAINS ENVIRONMENTAL CENTER

Part V Transactions With Related Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.		×	Yes	Š
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:	<i>::</i>		1	
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	:	1.0	_	×
		L		×
· · · · · · · · · · · · · · · · · · ·		,	1	: ×
		2 7		: >
d Loans or loan guarantees to or for other organization(s)	:	ᆚ	1	<u>،</u>
e Loans or loan guarantees by other organization(s)		e 	~	×
			_	
f Sale of assets to other organization(s).		-	_	×
a Purchase of assets from other organization(s).		70		×
				: >
Exclaring of deserts	:		7	: >
i Lease of facilities, equipment, or other assets to other organization(s)	: : : : : : : : : : : : : : : : : : : :	; <b>-</b>	7	×
j Lease of facilities, equipment, or other assets from other organization(s)		-	_	×
for other or		¥		×
		=		>
Character of services of method salp of tendraling solutional of outer organization(s)		1	+	(۱
m Sharing of facilities, equipment, mailing lists, of other assets		_	<b>\</b>	
n Sharing of paid employees	:	=	$\prec$	ſ
			+	
o Reimbursement paid to other organization for expenses	: : : : : : : : : : : : : : : : : : : :	10	^	$\times$
p Reimbursement paid by other organization for expenses		1p	_	×
<b>q</b> Other transfer of cash or property to other organization(s)	:	1g	×	
r Other transfer of cash or property from other organization(s)	•	=	_	×
2 if the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships	s and transaction thresholds	splo		
(A)	(B)	<u> </u>		
Name of other organization	Transaction type (a-r)	Amount involved	volved	_
(1) HIGH PLAINS FOUNDATION	ь	ī	162.917	
(2)				1
(3)				
(4)				
(5)				
(9)				
BAA TEEA5003L 02/05/10	Schedule	Schedule R (Form 990) (2009)	30 (20	6

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Schedule R (Form 990) 2009 HIGH PLAINS ENVIRONMENTAL CENTER

Part VI Unrelated Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

(B) Name, address, and EIN of entity  Primary activity (B) Country)  Country)  (B) Country)  Country)  (B) Country)  Country)  Country)  Country)  Country)	(B) Primary activity	(C) Legal domicile (state or foreign country)	Are all partners section 501(c)(3) organizations?	(E) Share of end-of-year assets	Disproportionate	Code V-UBl amount in box 20 of Schedule K-1 Form (1063)	(H) Genera manag partne	al or ging er?
			Yes No		Yes No	(200.)	Yes	2
								1
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		į						
					· - <u>-</u> -			
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	_							
								1
			-					
						-		
					-		-	
ВАА		TEEA5004L 02/05/10				Schedule R (Form 990) (2009)	2) (066 (	(6002

#### SCHEDULĘ O (Form 990)

## **Supplemental Information to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

HI	GH PLAINS ENVIRONMENTAL CENTER  84-1581875	
	Form 990, Part III, Line 1 - Organization Mission	_
	TO ENGAGE DEVELOPERS, BUILDERS, BUSINESSES AND RESIDENTS IN MAKING THEIR COMMUNITY A	_
	"LIVING LABORATORY" THAT PROVIDES INTEGRATED EXAMPLES OF COMMUNITY DESIGN, LAND	_
	STEWARDSHIP, ECO-LITERACY AND SUSTAINABLE LIVING THAT ARE GROUNDED IN REALITY AND	_
	REPLICABLE.	_
	Form 990, Part VI, Line 11 - Form 990 Review Process	_
	PRIOR TO THE BOARD MEETING, THE BOARD OF DIRECTORS RECEIVE THE FORM 990 AND THEY ARE	_
	ENCOURAGED TO REVIEW THE DOCUMENT AND BE PREPARED TO ASK QUESTIONS AT THE BOARD	_
	MEETING.	_
	Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, Exec. Dir., or Top Mgtment	_
	THE BOARD CONDUCTED AN INDEPENDENT SURVEY TO BENCHMARK THE SALARIES OFFERED BY OTHER	_
	CHARITIES WITH SIMILAR POSITION. THE CURRENT COMPENSATION OF THE EXECUTIVE DIRECTOR	
	WAS AT THE 50% RANGE WHEN COMPARED TO ALL REPORTED, FROM THE HIGHEST TO THE LOWEST.	_
	Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	_
	UPON REQUEST ANY AND ALL DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE COPIED AND	_
	GIVEN TO THE INDIVIDUAL WITHIN ONE BUSINESS DAY.	_
		_
		_
		_
		_
		_
		-
		_
		-

Schedule <b>O</b> (Form 990) 2009	Page 2
Name of the organization	Employer identification number
HIGH PLAINS ENVIRONMENTAL CENTER	84-1581875
	. <b></b>
· ·	
	·
	<del>_</del> _ <del>_</del> _ <del>_</del>

009	Schedule	A, Part	IV -	Supple	me	ntal I	nfo	rmat	tion	Page 5 84-1581875 03:28PM  2005 840. 840.
ient HI300	ı	HIGH PLAIN	S EN\	/IRONMEI	NTA	L CENT	ER			84-15818
08/10						•				 
Part III, Line 12 - Oth	ner Income									
Nature and Source	ce	2009		2008		2007		2	006	 2005
ROOM RENT	Total \$	6,640. 6,640.	\$	467. 467.	\$		0.	\$	205. 205.	\$ 840. 840.

2009 `	Federal Worksheets	Page <sup>2</sup>
Client HI300	HIGH PLAINS ENVIRONMENTAL CENTER	84-158187
5/08/10		03:28P
Rental Income Works	heet	
BUILDING FACILITIE Gross Rental	Income\$	6,640.
Total Expenses	s \$	0.
	Net Rental Income or Loss §	6,640.

12/31/09		20	09 Fe	dera	Boo	k Dep	2009 Federal Book Depreciation Schedule	on Sc	hedu	<u> </u>					Page 1
Client HI300			I	IGH PL	AINS E	NVIRON	HIGH PLAINS ENVIRONMENTAL CENTER	CENTE	· e					, <b>2</b>	<del></del> . 84.1581875
5/08/10														5	03:28PM
No. Description	Date Acquired	Date Sold	Cost/ Basis	Bus.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ So. Depr.	Prior Dec. Bal. Denr.	Salvage /Basis Reductn	Depr. Basis	Prior Denr	Method Life Rate	<u></u>	Rate	Current
Form 990/990-PF							İ	•							
Auto / Transport Equipment															
3 2004 FORD F350	2/11/08	•	23,500		! 			j		23,500	4,700	200DB HY	ro.	.32000	7,520
Total Auto / Transport Equipment			23,500	_	0	0	0	0	0	23,500	4,700			1	7,520
Improvements															
4 KIOSK SIGN 5 HOUTS & EQUALIZER TRAILS	10/23/03		3,460 1,267,740							3,460	3,460	200DB HY S/L HY	S 2	.05000	0 63,387
Total Improvements		•	1,271,200		0			0	0	1,271,200	66,847			1	63,387
Machinery and Equipment															
1 COMPUTER EQUIPMENT 2 TOPOGRAPHICAL MADS DAMAN	12/31/01		2,521	-						2,521	2,521	200DB HY			0
	#0 / IS / 7I	•	)c7'c							5,250	3,377	200DB HY	^	.08920	468
Total Machinery and Equipment			177,7		0	0	0	0	0	177.7	5,898				468
Total Depreciation			1,302,471			0	0			1,302,471	77,445			1	71,375
Grand Total Depreciation		"	1,302,471			0	0	0		1,302,471	77,445			I	71,375