

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



Form **990-EZ**

Short Form

OMB No 1545-1150

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other org. anizations with gross receipts less than \$1,000,000 and total assets
less than \$2,500,000 at the end of the year may use this form

Open to Public

| Inter | nal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements | | Inspection | |
|--|--|--------------------------------|--------------------------|--|
| A | For the 2008 calendar year, or tax year beginning Oct 1 , 2008, and ending Sep 30 | | , 2009 | |
| | | Employer identification number | | |
| | Address change Please use IRS Treasure Valley Partnership 8 | 32-0 | 510922 | |
| | Name shares Jahel Or | elephone | | |
| | initial return type. P.O. P.O.Y. 1134 | ເລດຊາ | 761-6395 | |
| H | Specific City or town, state or country, and ZIP + 4 | | | |
| | Amended return linear l | iroup E Iumber | xemption | |
| Ш | | _ | Cash Accrual | |
| | Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting meth Other (specify) ▶ | _ | Cash Accrual | |
| | | | ganization is not | |
| 1 | Website: ► www.treasurevalleypartners.org required to attack | h Sche | dule B (Form 990, | |
| J | Organization type (check only one) — X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527 990-EZ, or 990-F | 'F) | • | |
| | Check ► If the organization is not a section 509(a)(3) supporting organization and its gross receipts are norm | nally n | ot more than | |
| | \$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return | | | |
| L | Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 | | | |
| | instead of Form 990-EZ | <u>▶</u> \$ | 101,297. | |
| <u> Pa</u> | rt I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the Insti | <u>ructio</u> | | |
| | 1 Contributions, gifts, grants, and similar amounts received | 1 | 33,500. | |
| | 2 Program service revenue including government fees and contracts | 2 | 67.707 | |
| | Membership dues and assessments | 3 | 67,797. | |
| | 4 Investment income | 4 | | |
| | 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses 5b | - | | |
| D | | 5c | | |
| (C) | c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) (att sch) 6 Special events and activities (complete applicable parts of Schedule 6). If any amount is from gaming, check here | 30 | | |
| 2010! zm <m< th=""><td></td><td></td><td></td></m<> | | | | |
| ဓာပ္ခ် | a Gross revenue (not including \$ | | | |
| ⊜ໍ່ | reported on line 1) b Less: direct expenses other than fundraising expenses 6b | - | | |
| | b Less' direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6 c | | |
| FEB | 7a Gross sales of inventory, less returns and allowances 7a | - 00 | | |
| | b Less: cost of goods sold 7b | - | | |
| | c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | | |
| Z | 8 Other revenue (describe > | 8 | | |
| SCANNED | 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) | 9 | 101,297. | |
| 3 | 10 Grants and similar amounts paid (attach schedule) | 10 | 105,105. | |
| Š | 11 Benefits paid to or for members | 11 | 103,103. | |
| E | 12 Salaries, other compensation, and employee benefits | 12 | | |
| P E | 13 Professional fees and other payments to independent contractors | 13 | 22,290. | |
| N S | 14 Occupancy, rent, utilities, and maintenance | 14 | 1,518. | |
| E | 15 Printing, publications and shipping | 15 | 585. | |
| s | 16 Other expenses (describe ► See Other Expenses Statement) | 16 | 2,271. | |
| | 17 Total expenses (add lines 10 through 16) | 17 | 131,769. | |
| | 18 Excess or (defice) tor the Negr (Subspect line 17 from line 9) | 18 | -30,472. | |
| A | [] [] [] [] [] [] [] [] [] [] | | | |
| N S E S T E | 19 Net lasset s or fund balances at beginining of year (from line 27, column (A)) (must agree with end-of-year figure repetition peter year) stretum. | 19 | 54,475. | |
| | 20 Other changes in that assets or fund balances (attach explanation) | 20 | | |
| S | 21 Net assets or fund balances at end of year Combine lines 18 through 20 | 21 | 24,003. | |
| Pa | irt II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 inste | ad of f | Form 990-EZ | |
| | (See the instructions for Part II) (A) Beginning of year | ear | (B) End of year | |
| 22 | Cash, savings, and investments 54,475 | 5. 22 | 24,003. | |
| 23 | Land and buildings | 0. 23 | 0. | |
| 24 | | 0. 24 | 0. | |
| 25 | Total assets 54,475 | | 24,003. | |
| 26 | | 0. 26 | 0. | |
| 27 | Net assets or fund balances (line 27 of column (B) must agree with line 21) 54, 475 | 5. 27 | 24,003. | |

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

| Form 990-EZ (2008) Treasure | | | | | -051 | L0922 Page 2 |
|---|----------------|--|--|--|-------------|---|
| Part III Statement of Pro | gram Se | rvice Accomplishments | s (See the instruction | ons.) | | Expenses |
| What is the organization's primary exempt purple bescribe what was achieved in carridescribe the services provided, the | | | | icise manner, | ànd 4947 | uired for 501(c)(3) (4) organizations and (a)(1) trusts, optional |
| program title 28 Monthly training of e | elected o | officials for better i | management of reg | nonal growth | _ | thers) |
| | | | | | | |
| (Grants \$ | 0.) If th | is amount includes foreign gr | ants, check here | • | 28 a | 2,253. |
| 29 Ozone Public Infor | <u>mation</u> | Campaign | . | | | |
| | | | | | | |
| (Grants \$ | | is amount includes foreign gr | | | 29 a | 36,000. |
| 30 Fund wages for U. | <u>S. Atto</u> | orney to prosecute | gang members | | | |
| (Grants \$ 68,7 | 750.) If th | | ants, check here | | 30 a | 68,750. |
| 31 Other program services (attack | | | , | | | |
| (Grants \$ | | is amount includes foreign gr | ants, check here | <u> </u> | 31 a | |
| 32 Total program service expen Part IV List of Officers, I | | nes 28a through 31a) , Trustees, and Key Em | unlovoos (liekeeskee | | 32 | 107,003. |
| Part IV List of Officers, L | Directors | (b) Title and average hours | , | (d) Contributions | | (e) Expense account |
| (a) Name and address | | per week devoted to position | not paid, enter -0) | employee benefit plan deferred compensa | ns and | and other allowances |
| Mayor Tom Dale | | Ola - : | | | | |
| City of Nampa, 411 3rd Nampa ID | | Chairman 2.00 | 0. | | 0. | 0. |
| Mayor Tammy DeWeerd | 03031 | 2.00 | <u> </u> | | 0. | 0. |
| City of Meridian, 33 E I | daho Av | Vice-chair | | | | |
| | | 2.00 | 0. | | 0. | 0. |
| Mayor Margie Watson | | | | | | |
| City of Parma, P O Box | | Sec/treas | _ | | | _ |
| Parma ID | 83660 | 2.00 | 0. | | 0. | 0. |
| | | | | | | |
| | · | | | | | |
| | | | | | | |
| | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | | |
| | - - | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | - | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | . - | | | | | |
| | | | | | | |
| | | | | | | |
| | . | | | | | |
| | | | | | | |
| BAA | _ | TEEA0812 0 | 1/14/09 | | | Form 990-EZ (2008) |

| | | | Yes | No |
|-----------|--|---------------|--------|-----------------------------|
| 33 | 3 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity | 33 | | Х |
| 34 | The state of the s | 34 | | X |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T | . h | | |
| | a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? | 35 a | | _X_ |
| | b If 'Yes,' has it filed a tax return on Form 990-T for this year? | 35 b | | |
| 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N | 36 | | х |
| 37 | 7a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year? | 37 b | - | X. |
| 38 | Ba Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? | 38 a | | X |
| | b If 'Yes,' complete Schedule L, Part II and enter the total amount involved | ž. | ì | , |
| 39 | 9 501(c)(7) organizations Enter | 1 (%) | " | , ⁶ ⁶ |
| | a Initiation fees and capital contributions included on line 9 | <u> </u> | | |
| | b Gross receipts, included on line 9, for public use of club facilities | _ : | | |
| 40 | Da 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under | | | |
| | section 4911 ►; section 4912 ►, section 4955 ► | 1000 | * ^\v. | × } |
| | b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I | 40 ь | | х |
| | c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | * | % | 4,** |
| | d Enter amount of tax on line 40c reimbursed by the organization | | | |
| | e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T | 40 e | | X |
| 41 | List the states with which a copy of this return is filed ► Idaho | | | |
| | | | | |
| 40 | T-limber 5 (200) | 7.61 | C 2 0 | _ |
| 42 | 2a The books are in care of ► <u>William Larsen</u> Telephone no ► <u>(208)</u> Located at ► P O Box 1124 Meridian ID ZIP+4 ► 83642 | | 639 | |
| | LOCARRI AL P D BOX 1124 MELICIAN 10 20 42 | | | |
| | b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a | İ | Yes | No |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country.' | 42b | | X |
| | | | , | ٠, |
| | | <u> </u> ~. |] | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S? | 42c | , | X |
| | If 'Yes,' enter the name of the foreign country ► | | | |
| | | | | |
| | | · | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year | | | |
| | | | Yes | No |
| 44 | Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead | | | |
| | of Form 990-EZ | 44 | | _X_ |
| ЛΘ | | | | |
| 43 R A | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ | 45 orm 990 | | X |

| 000 | EZ(2008) Treasure Valley Par | tnorabin | | 82-05109 | 222 | Page 4 |
|------------------------------|---|--|--------------------------------------|---|--|-----------|
| Part VI | Section 501(c)(3) organization: | | 501(c)(3) organiza | | | |
| 1 411 11 | and complete the tables for line | es 50 and 51. | 50 / (5) (5) 5. gu | anono maot anono qu | | - /• |
| 46 Did | the organization engage in direct or indirec | t political campaign act | vuties on hehalf of or | in opposition to candidates | Y | es No |
| for p | public office? If 'Yes,' complete Schedule C | , Part I | ivities on benait of of | in opposition to candidates | 46 | X |
| 47 Did 1 | the organization engage in lobbying activiti | es? If 'Yes,' complete S | Schedule C, Part II | | 47 | X |
| | e organization operating a school as descr | * * * * | | olete Schedule E | 48 | X |
| | the organization make any transfers to an | | elated organization? | | 49 a | - X |
| b If 'Ye | es,' was the related organization(s) a section | on 527 organization? | | | 49b | |
| 50 Com | plete this table for the five highest comperived more than \$100,000 of compensation | nsated employees (other | r than officers, directo | rs, trustees and key employe 'None ' | ees) who e | ach |
| | a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expe account other allow | and |
| None | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | ļ | | |
| Total numbe | r of other employees paid over \$100,000 | | | <u> </u> | | |
| 51 Com | plete this table for the five highest comper | nsated independent cont | tractors who each rece | eived more than \$100,000 of | f compensa | tion |
| from | the organization. If there is none, enter 'N | lone ' | aradions who dadn root | on the more than \$100,000 c. | | |
| | (a) Name and address of each independent contr | actor paid more than \$100,000 | | (b) Type of service | (c) Compen | sation |
| None | | | | | | |
| _ | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | _ | |
| | | | | | | |
| | | | | | _ | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total num | ber of other independent contractors receiv | | | | | |
| Total num | ber of other independent contractors received Under penalties of perjury, I declare that I have examined true, correct, and complete Declaration of preparer (| ined this return, including acco | mpanying schedules and sta | tements, and to the best of my knowl arer has any knowledge | ledge and belie | ıf, ıt ıs |
| | Under penalties of perjury. I declare that I have exam | ined this return, including acco | mpanying schedules and sta | tements, and to the best of my knowl arer has any knowledge | ledge and belie | ıf, ıt ıs |
| Sign | Under penalties of perjury, I declare that I have exam true, correct, and complete Declaration of preparer (| ined this return, including acco | mpanying schedules and sta | arer has any knowledge | ledge and belie | ıf, ıt ıs |
| | Under penalties of perjury, I declare that I have exam true, correct, and complete Declaration of preparer (| ined this return, including acco other than officer) is based on a | mpanying schedules and sta | tements, and to the best of my knowledge | ledge and belie | if, it is |
| Sign | Under penalties of perjury, I declare that I have exam true, correct, and complete Declaration of preparer (| ined this return, including acco | mpanying schedules and sta | arer has any knowledge | ledge and belie | of, it is |
| Sign Here | Under penalties of perjury, I declare that I have exam true, correct, and complete Declaration of prepare (Signature of officer Type or print name and title | ined this return, including acco other than officer) is based on a | mpanying schedules and sta | Date | | |
| Sign Here | Under penalties of perjury, I declare that I have examine, correct, and complete Declaration of preparer (constitution) Signature of officer EXECUTIVE DIR | ined this return, including acco other than officer) is based on a | all information of which prepa | Date Check if CSee CSee CSEE | ledge and believed arer's Identifying instructions; and the control of the contro | g Number |
| Sign Here Paid Pre- | Under penalties of perjury, I declare that I have examinatine, correct, and complete Declaration of preparer (construction) Signature of officer Exacutive Type or print name and title Preparer's signature Firm's name (or GENEVA A TRENT) | ined this return, including according to the return officer) is based on a section of the return officer. EETOR | all information of which preparation | Date Check if Self- | arer's Identifyir | g Number |
| Sign Here | Under penalties of perjury, I declare that I have examined true, correct, and complete Declaration of preparer (see Signature of officer Type or print name and title Preparer's signature Annual Complete Declaration of preparer (see Signature) Type or print name and title | ined this return, including according to the return officer) is based on a section of the return officer. EETOR | all information of which preparation | Date Check if Self- | arer's Identifyir | g Number |

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

► Yes No Form **990-EZ** (2008)

BAA

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

Open to Public Inspection

| Name (| ame of the organization Employer identification number | | | | | | | | | | | |
|--------|--|--|--|--|---|------------|-------------------|-----------------------------|----------------------|-------------------------------|------------------------------------|-----------------|
| Tre | ası | ire Valley Pa | rtnership | | | | | | 82-05 | 510922 | 2 | _ |
| Par | I | Reason for Pul | blic Charity Statu | s (All organizations | must o | omple | te this | part.) | (see | instruc | tions) | |
| The c | rga | nization is not a priv | ate foundation because | se it is (Please check on | ly one o | ganızat | ion) | | | | | |
| 1 | \Box | A church, convention | on of churches or asso | ciation of churches desc | ribed in s | section | 1 70(b) (1 |)(A)(i). | | | | |
| 2 | П | A school described | in section 170(b)(1)(A | (Attach Schedule E |) | | | | | | | |
| 3 | Ħ | | | organization described i | | n 170(b) | (1)(A)(ii | i). (Atta | ch Sche | dule H) | | |
| 4 | H | | ch organization operated in conjunction with a hospital described in section 170(bX1XAXiii) Enter the hospital's | | | | | | | | | |
| • | | name, city, and star | - ' | | | | | | -/(-/(-// | (, | • | |
| 5 | | An organization operated for the benefit of a college or university owned or operated by a governmental unit described insection 170(b)(1)(A)(iv). (Complete Part II) | | | | | | | | | | |
| 6 7 | X | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) | | | | | | | | | | |
| 8 | | A community trust of | described in section 1 | 70(b)(1)(A)(vi). (Complete | e Part II |) | | | | | | |
| 9 | | from activities related investment income | ed to its exempt funct | more than 33-1/3 % of lons — subject to certain ss taxable income (less somplete Part III) | exception | ns, and | (2) no r | nore tha | an 33-1/3 | 3 % of it | ts support from | gross |
| 10 | | An organization org | anized and operated | exclusively to test for put | olic safet | y Sees | ection 5 | 509(a)(4) |). (see i | instructio | ons) | |
| 11 | | more publicly suppo | orted organizations di | exclusively for the benefi escribed in section 509(a ation and complete lines |)(1) or s | ection 5 | 09(a)(2) | tions of, See s e | or carry ection 5 | y out the 09(a)(3). | purposes of o Check the bo | ne or k that |
| | | a Type I | b ∏Type II | <u> </u> | l – Fund | - | | ed | | d \square | Type III- Oth | er |
| е | | By checking this bo | x, I certify that the org nagers and other than | ganization is not controlled one or more publicly su | ed direct | v or ind | rectly b | v one o | more o | disqualifi ion 509(| ed persons otl a)(1) or section | ner |
| f | | If the organization r check this box | received a written dete | ermination from the IRS t | hat is a | Type I, | Type II o | or Type | III suppo | orting or | ganızatıon, | |
| g | | Since August 17, 20 | 006, has the organizat | tion accepted any gift or | contribu | ition froi | n any o | f the foll | owing p | ersons? | Ye | s No |
| | | (i) a person who below, the government | directly or indirectly overning body of the su | controls, either alone or to apported organization? | ogether | with per | sons des | scribed | ın (ıı) ar | nd (III) | 11 g (i) | 3 110 |
| | | (ii) a family mem | ber of a person descri | ribed in (i) above? | | | | | | | 11g (ii) | |
| | | (iii) a 35% control | lled entity of a person | described in (i) or (ii) ab | ove? | | | | | | 11g (iii) | |
| h | | Provide the following | information about the | ne organizations the orga | nization | support | s | | | | | |
| | (ı |) Name of Supported Organization | (II) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) Issted in your governing governing document? (v) Did you notify (vi) Is the organization in col (i) organization in col (i) organized in the US? | | | | (vii) Amount of | Support | | |
| | | | | | Yes | No | Yes | No | Yes | No | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| T-4-1 | | | | | | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2008

| Pa | rt II Support Schedule for | | | | (b)(1)(A)(iv) an | id 170(b)(1)(A)(| vi) | |
|------|--|---------------------|---|----------------------|--------------------------|---|---------------------|--|
| Sec | (Complete only if you check ction A. Public Support | ed the box on line | 5, 7, or 8 of Part | 1.) | | | | |
| Cale | endar year (or fiscal year inning in) > | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total | |
| 1 | Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') | | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | | | |
| 3 | 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 | | | | | | | |
| 4 | Total. Add lines 1-3 | | | | | | | |
| 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 | | * | | | * | | |
| Sec | ction B. Total Support | <u></u> | | 3 35 | <u>%</u> | | . | |
| Cale | ndar year (or fiscal year inning in) ► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total | |
| 7 | Amounts from line 4 | | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources | | | | | | | |
| 9 | Net income form unrelated business activities, whether or not the business is regularly carried on | | | | | | | |
| 10 | Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV.) | | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | . * | | . | \$ 1 × 1 × 1 × 1 | | |
| 12 | Gross receipts from related activ | ities, etc (see ins | tructions) | | | 12 | | |
| 13 | First five years. If the Form 990 organization, check this box and | | tion's first, second | d, third, fourth, or | fifth tax year as | a section 501(c)(3) | ▶ □ | |
| | tion C. Computation of Pu | | | | | | <u> </u> | |
| | Public support percentage for 20 | • • | `` | e 11, column (f) | | 14 | <u>%</u> | |
| 15 | Public support percentage for 20 | 07 Schedule A, Pa | art IV-A, line 26f | | | 15 | % | |
| _ | 16a 33-1/3 support test − 2008. 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 − 2007. 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 publ | licly supported org | ganization. | | | ▶ ⊔ | |
| 17 a | a 10%-facts-and-circumstances te or more, and if the organization i the organization meets the 'facts | meets the 'facts-ai | nď-circumstances' | test, check this b | ox and stop here. | Explain in Part IV | | |
| t | 10%-facts-and-circumstances te or more, and if the organization i organization meets the 'facts-and | meets the 'facts-ar | nd-circumstances' | test, check this b | ox and stop here. | Explain in Part IV | 5 is 10% how the | |
| 18 | Private foundation. If the organiz | | • | • | | - | uctions > | |
| BAA | | | | | | hedule A (Form 99 | | |

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

(Complete only if you checked the box on line 9 of Part I) Section A. Public Support (a) 2004 Calendar year (or fiscal yr beginning in) **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.') 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-5 7a Amounts included on lines 1. 2, 3 received from disqualified **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b Public support (Subtract line 7c from line 6.) 44 Wary, Car Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2004 **(b)** 2005 (c) 2006(d) 2007 (e) 2008 (f) Total 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form sımılar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of čapital assets (Explain in Part IV) 13 Total support. (add ins 9, 10c, 11, and 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 15 % 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h % 19a 33-1/3 support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests - 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

| Part IV | Supplement Part II, line | tal Informat 17a or 17b; | ion. Comple or Part III, I | te this part ine 12. Prov | to provide the | e explanation r er additional inf | equired by Part ormation. (see | II, line 10; instructions) |
|------------|--------------------------|-----------------------------|-------------------------------|---------------------------|----------------|--------------------------------------|--------------------------------|-------------------------------|
| | | . | . | | | | | |
| | · - | _ - | | · - | · - | | | |
| | | | | · - | - | | | - |
| | | | - | | · | | | |
| | . | | . | · | . | | | · |
| | | | | | | | | |
| | | . - - - | | | | | | |
| | | _ | | · | | | | - |
| | | · | | · | | | - | |
| | | · - - - | | · | · | | | |
| | | . | | | | | | |
| | - | · | | | | | | - |
| | | | | - | - - | | | |
| | | | | · | | | | - |
| | | · | | . | | | | · |
| | · - | . | - | . _ _ _ | - - | | | - |
| - - | · - | | . | | | | | |
| | · - | - | | | | | | |
| | · | | | | · - | | | · - - - |
| | | | | | · - | | | · |
| | | · | | · | | | | |
| | | | - | | | | | |
| | | | | | - | | | |

| Treasure Valley Partnership | 82-0510922 | | 1 |
|---|------------|--------|---|
| Form 990-EZ, Part I, Line 16 Other Expenses Statement | | | |
| Other expenses (describe) Meetings & Conferences | | 2,253. | |
| Miscellaneous | | 18. | |
| Total | | 2,271. | |