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Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2009

Open to Public Inspection

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

A For the **2009** calendar year, or tax year beginning **and ending**

B Check if applicable	Please use IRS label or print or type See Specific Instructions	C Name of organization PITTSBURGH HUMAN RESOURCES ASSOCIATION	D Employer identification number 25-1010845
<input type="checkbox"/> Address change		Number and street (or P.O. box, if mail is not delivered to street address)	E Telephone number
<input type="checkbox"/> Name change		425 6TH AVENUE	412-261-5537
<input type="checkbox"/> Initial return		Room/suite	F Group Exemption Number ▶
<input type="checkbox"/> Terminated		1650	
<input type="checkbox"/> Amended return		City or town, state or country, and ZIP + 4 PITTSBURGH, PA 15219-1850	
<input type="checkbox"/> Application pending			

• 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 method: Cash Accrual
Other (specify) ▶

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

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

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

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

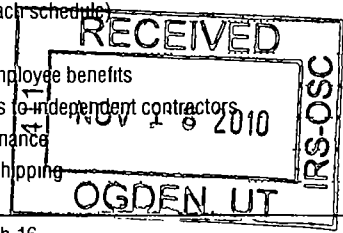
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **311,207.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			
	1 Contributions, gifts, grants, and similar amounts received	1	48,740.
	2 Program service revenue including government fees and contracts	2	148,516.
	3 Membership dues and assessments	3	94,345.
	4 Investment income	4	2,179.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b Less: direct expenses other than fundraising expenses	6b	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe ▶ MISCELLANEOUS INCOME)	8	17,427.
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	311,207.
Expenses	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	40,457.
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance SEE STATEMENT 5	14	44,043.
	15 Printing, publications, postage, and shipping	15	23,012.
	16 Other expenses (describe ▶ OGDEN UT) SEE STATEMENT 1	16	274,788.
	17 Total expenses. Add lines 10 through 16	17	382,300.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<71,093.>
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	92,705.
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4	20	18,750.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	40,362.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.
(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22 Cash, savings, and investments		156,165.	22	123,506.
23 Land and buildings			23	
24 Other assets (describe ▶ SEE STATEMENT 2)		15,001.	24	10,148.
25 Total assets		171,166.	25	133,654.
26 Total liabilities (describe ▶ SEE STATEMENT 3)		78,461.	26	93,292.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		92,705.	27	40,362.

SCANNED DEC 10 2010 Revenue



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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		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 why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved ▶ 38b N/A		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 ▶ 39a N/A		
b	Gross receipts, included on line 9, for public use of club facilities ▶ 39b N/A		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		N/A
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ N/A		
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		X
41	List the states with which a copy of this return is filed. ▶ PA		
42a	The organization's books are in care of ▶ MICHELE FEDER Telephone no. ▶ 412-261-5538 Located at ▶ 425 SIXTH AVENUE, SUITE 1650, PITTSBURGH, PA ZIP + 4 ▶ 15219-1850		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	If "Yes," enter the name of the foreign country: ▶		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		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 ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	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		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

- 46 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		
47		
48		
49a		
49b		

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

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

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

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

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

Signature of officer: Michelle L Feder Date: 11-13-10

MICHELLE FEDER, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: ROBERT J. MCKOWN, CPA Date: 11/08/10 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: GOFF BACKA ALFERA & COMPANY, LLC
3325 SAW MILL RUN BLVD., SUITE 200
PITTSBURGH, PA 15227-2736

Preparer's identifying number (See instr): EIN
Phone no.: (412) 885-5045

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

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
<u>DESCRIPTION</u>		<u>AMOUNT</u>	
PERSONNEL EXPENSES			104,387.
NON-PERSONNEL EXPENSES			69,951.
BUSINESS EXPENSES			50,086.
MISCELLANEOUS EXPENSES			37,327.
TRAVEL & MEETINGS			5,835.
GRANT AND CONTRACT EXPENSES			500.
EMPLOYEE BENEFITS			3,295.
PAYROLL TAXES			3,084.
WORKERS COMPENSATION			323.
TOTAL TO FORM 990-EZ, LINE 16			274,788.

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>	
ACCOUNTS RECEIVABLE	12,185.	4,219.	
PREPAID EXPENSES	1,526.	5,297.	
OTHER DEPRECIABLE ASSETS	1,290.	632.	
TOTAL TO FORM 990-EZ, LINE 24	15,001.	10,148.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>	
ACCRUED LIABILITIES	7,641.	6,950.	
ACCOUNTS PAYABLE	10,430.	1,690.	
DEFERRED REVENUE	60,390.	84,652.	
TOTAL TO FORM 990-EZ, LINE 26	78,461.	93,292.	

FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	18,750.
TOTAL TO FORM 990-EZ, LINE 20	18,750.

FORM 990-EZ OCCUPANCY, RENT, UTILITIES AND MAINTENANCE STATEMENT 5

DESCRIPTION	AMOUNT
DEPRECIATION	658.
OTHER EXPENSES	43,385.
TOTAL TO FORM 990-EZ, LINE 14	44,043.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 6

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE		
			BEN CONTRIB	PLAN EXPENSE	ACCOUNT
MICHELLE FEDER, 425 6TH AVENUE, SUITE 1650, PITTSBURGH, PA 15219	EXECUTIVE DIRECTOR 40.00	0.	0.	0.	0.
FAITH STIPANOVICH, 425 6TH AVENUE, SUITE 1650, PITTSBURGH, PA 15219	PAST PRESIDENT 0.00	0.	0.	0.	0.
LAURA BUCK, 425 6TH AVENUE, SUITE 1650, PITTSBURGH, PA 15219	PRESIDENT 0.00	0.	0.	0.	0.
RENEE MACK, 425 6TH AVENUE, SUITE 1650, PITTSBURGH, PA 15219	PRESIDENT ELECT 0.00	0.	0.	0.	0.
STEVE KORBEL, 425 6TH AVENUE, SUITE 1650, PITTSBURGH, PA 15219	TREASURER 0.00	0.	0.	0.	0.
NANCY SIMPRONIO, 425 6TH AVENUE, SUITE 1650, PITTSBURGH, PA 15219	VICE PRESIDENT 0.00	0.	0.	0.	0.
JENNIFER CICCONE, 425 6TH AVENUE, SUITE 1650, PITTSBURGH, PA 15219	SECRETARY 0.00	0.	0.	0.	0.
MARLA BRADFORD, 425 6TH AVENUE, SUITE 1650, PITTSBURGH, PA 15219	VICE PRESIDENT 0.00	0.	0.	0.	0.
RICHARD A. ALEXANDER, 425 6TH AVENUE, SUITE 1650, PITTSBURGH, PA	DIRECTOR 0.00	0.	0.	0.	0.
SHEYDA Y. BELLI, 425 6TH AVENUE, SUITE 1650, PITTSBURGH, PA 15219	DIRECTOR 0.00	0.	0.	0.	0.
KAREN BOLDEN, 425 6TH AVENUE, SUITE 1650, PITTSBURGH, PA 15219	DIRECTOR 0.00	0.	0.	0.	0.
CRAIG BROOKS, 425 6TH AVENUE, SUITE 1650, PITTSBURGH, PA 15219	DIRECTOR 0.00	0.	0.	0.	0.
JAY DUFFY, 425 6TH AVENUE, SUITE 1650, PITTSBURGH, PA 15219	DIRECTOR 0.00	0.	0.	0.	0.
NOAH FARBEROW, 425 6TH AVENUE, SUITE 1650, PITTSBURGH, PA 15219	DIRECTOR 0.00	0.	0.	0.	0.

PITTSBURGH HUMAN RESOURCES ASSOCIATION

25-1010845

BRIAN KELLY, 425 6TH AVENUE, SUITE 1650, PITTSBURGH, PA 15219	DIRECTOR 0.00	0.	0.	0.
MARY KOHLER, 425 6TH AVENUE, SUITE 1650, PITTSBURGH, PA 15219	DIRECTOR 0.00	0.	0.	0.
DONNA KORENICH, 425 6TH AVENUE, SUITE 1650, PITTSBURGH, PA 15219	DIRECTOR 0.00	0.	0.	0.
TODD OWENS, 425 6TH AVENUE, SUITE 1650, PITTSBURGH, PA 15219	DIRECTOR 0.00	0.	0.	0.
SHANNON PALIOTTA, 425 6TH AVENUE, SUITE 1650, PITTSBURGH, PA 15219	DIRECTOR 0.00	0.	0.	0.
ADAM PRIMI, 425 6TH AVENUE, SUITE 1650, PITTSBURGH, PA 15219	DIRECTOR 0.00	0.	0.	0.
SUSAN RENDA, 425 6TH AVENUE, SUITE 1650, PITTSBURGH, PA 15219	DIRECTOR 0.00	0.	0.	0.
MEREDITH STEPHENSON, 425 6TH AVENUE, SUITE 1650, PITTSBURGH, PA 15219	DIRECTOR 0.00	0.	0.	0.
RACHEL UNTERBRINK, 425 6TH AVENUE, SUITE 1650, PITTSBURGH, PA 15219	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		0.	0.	0.

TO PROVIDE EDUCATIONAL AND NETWORK OPPORTUNITIES TO ITS MEMBERS.

Depreciation and Amortization 990-EZ
 (Including Information on Listed Property)

OMB No 1545-0172

2009
 Attachment
 Sequence No 67

▶ See separate instructions. ▶ Attach to your tax return.

PITTSBURGH HUMAN RESOURCES ASSOCIATION FORM 990-EZ PAGE 1 25-1010845

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	658.

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	/		27.5 yrs	MM	S/L	
	/		27.5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs		S/L	
c	40-year	/	40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr	22	658.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year					
43 Amortization of costs that began before your 2009 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

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

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

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

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).		
Type or print	Name of Exempt Organization	Employer identification number
	PITTSBURGH HUMAN RESOURCES ASSOCIATION	25-1010845
File by the extended due date for filing the return See instructions	Number, street, and room or suite no. If a P O. box, see instructions.	For IRS use only
	425 6TH AVENUE, NO. 1650	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	PITTSBURGH, PA 15219-1850	

Check type of return to be filed (File a separate application for each return):

- Form 990
- Form 990-EZ
- Form 990-T (sec. 401(a) or 408(a) trust)
- Form 1041-A
- Form 5227
- Form 8870
- Form 990-BL
- Form 990-PF
- Form 990-T (trust other than above)
- Form 4720
- Form 6069

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

MICHELE FEDER

The books are in the care of ▶ 425 SIXTH AVENUE, SUITE 1650 - PITTSBURGH, PA 15219-1850

Telephone No ▶ 412-261-5538 FAX No. ▶ 412-261-0773

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

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

- 4 I request an additional 3-month extension of time until NOVEMBER 15, 2010.
- 5 For calendar year 2009 , or other tax year beginning _____ , and ending _____ .
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension _____

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

Signature and Verification

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

Signature ▶ [Signature] Title ▶ CPA Date ▶ 8/10/10