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Form **990-EZ**

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Sponsoring organizations of donor advised funds 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

Α	For th	e 2009 calendar year, or tax year beginning and endin	ig		
В	Check if applicab	Please C Name of organization		D Employer	identification number
Г	Addres	S USS RIS WITMAN DECOTTORS ASSOCIATION			
Ē	Name change		ļ	82-0	375907
ř	Initial	Number and street (or P.O. box if mail is not delivered to street address)	om/suite	E Telephon	
_	lretum lretum				3) 331-1880
F	lated Amen			F Group Ex	
F	returr Applica pendin			-	•
ᆜ				Number	
	• Sec			_	: X Cash Accrual
_		Schedule A (Form 990 or 990-EZ).		specify)	
ı					the organization is not
<u>J</u>	Tax-ex				dule B (Form 990, 990-EZ, or 990-PF)
K	Check	▶ Infithe organization is not a section 509(a)(3) supporting organization and its gross receipts are no	ormally not	more than \$	325,000. A return is not
	require	d, but if the organization chooses to file a return, be sure to file a complete return.			
Ĺ	Add lin	es 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form	990-EZ	• •	
F	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (Se	e the instru	ictions for P	art I.)
_	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	44,584.
	3	Membership dues and assessments		3	13,350.
%	4	Investment income		4	
		Gross amount from sale of assets other than inventory 5a			
S	5a	Less: cost or other basis and sales expenses 5b		_	
⇔	l b	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		— ₅₀	
es ,	C		aale bara		
₩ 2	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, che	eck liele	<u>'</u>	
SCANNED APR Revenue	a	Gross revenue (not including \$ of contributions			
Hæ	-	reported on line 1) 6a			
2	b	Less: direct expenses other than fundraising expenses 6b			
Z	C	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
\ll	7a	Gross sales of inventory, less returns and allowances 7a			
\mathbb{Q}	b	Less: cost of goods sold 7b			
\mathbb{Q}	C	Gross profit or (loss) from sales of inventory Subratility In the Im line (a)		7с	
	8	Other revenue (describe MWB. Total revenue. Add lines 1, 2, 3, 4, 56 6c, 7g,/apd & Q 2010) <u>8</u>	307.
	9_			▶ 9	58,241.
	10	Grants and similar amounts paid (attach schedule)		10	
	11	Benefits paid to or for members		11	
တ္	12	Salaries, other compensation, and employed to the Salaries N , U I		12	5,482.
penses	13	Professional fees and other payments to independent contractors		13	905.
ē.	14	Occupancy, rent, utilities, and maintenance		14	
ũ	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe SEE STATE)	MENT	1) 16	52,889.
	17	Total expenses. Add lines 10 through 16		▶ 17	59,276.
_	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-1,035.
ş	19	Net assets or fund balances at beginning of year (from line 27, column (A))			
SSE	13	(must agree with end-of-year figure reported on prior year's return)		19	42,848.
Net Assets		Other changes in net assets or fund balances (attach explanation)		20	12/0101
Ž	20	· · · · · · · · · · · · · · · · · · ·			41,813.
г	21	Net assets or fund balances at end of year. Combine lines 18 through 20	natand of C	<u>▶ 21</u>	
L	Part II				(B) End of year
			Beginning o		
		sh, savings, and investments	42,	848.2	
2		nd and buildings		2	
2	24 Oth	ner assets (describe		2	
2		tal assets	42,	848.2	
2		tal liabilities (describe 🚩)		0.2	
		t assets or fund balances (line 27 of column (B) must agree with line 21)	42,	848.2	41,813.
9	32171 7-17-09	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.			Form 990-EZ (2009)

	, ,				•	•
	HUMAN RESOURCES ASSOCIATION	ON				
For	m 990-EZ (2009) OF TREASURE VALLEY			82-	03759	07 Page 2
P	art III Statement of Program Service Accomplishmen	its (See the instructions for I	Part III.)		Ex	penses
Wh	at is the organization's primary exempt purpose? SEE STATEMENT	3				section 501(c)(3)
	scribe what was achieved in carrying out the organization's exempt purp		se manner, descri	be		organizations and (a)(1) trusts, optional
	services provided, the number of persons benefited, and other relevant				for others)	(ex i) irusis, optional
28	TO PROMOTE PROFESSIONAL EXCELLENCE	IN THE DEVELO	PMENT AND	Ī		
	MANAGEMENT OF HUMAN RESOURCES, INTE					
	INDIVIDUAL AND COMMUNITY INTEREST.	<u> </u>				
	(Grants \$) If this amount includes foreign gi	rants, check here	>		28a	
29	/ It also divided to rough g	arrio, or or or root				
				-		
				—		
	(Grants \$) If this amount includes foreign gi	rante chack hara			29a	
30) it this amount includes foreign g	iants, check here		 -	200	
30				-		
				— 1		
	(Grants \$) If this amount includes foreign g	ranta abadi bara		\neg	30a	
24	<u>, , , , , , , , , , , , , , , , , , , </u>	iams, check here		_	30a	
31	Other program services (attach schedule)		_	-l		
	(Grants \$) If this amount includes foreign g	rants, check here		<u> </u>	31a	
32 D	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E	mployees			32	
	art ly List of Officers, Directors, Trustees, and Rey Li	List each one ev	en if not compensated (ntributions i	or Part IV)
		(b) Title and average hours	(c) Compensation		nployee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		it plans &	account and
		position	-0)		ferred	other allowances
_	700			comp	ensation	
_		PRESIDENT			_	
	FREET, BOISE, ID 83702	0.00	0.		0.	0.
_		VICE PRESIDEN			_	
	D BOX 7408, BOISE, ID 83707	0.00	0.		0.	0.
		TREASURER				
	D BOX 27, BOISE, ID 83707	0.00	0.		0.	0.
		SECRETARY				
	00, NAMPA, ID 83687	0.00	0.		0.	0.
<u>L2</u>		CHAPTER ADMIN	ISTRATOR			
	RIVE, BOISE, ID 83702	10.00	5,482.		0.	0.
DI	ENISE METCALF, 157 RIVER VISTA	VICE PRESIDEN	T			
PI	LACE, TWIN FALLS, ID 83301	0.00	0.		0.	0.
PI	ENNI ALLEN	BOARD OF DIRE	CTORS			
P	D BOX 73, BOISE, ID 83729	0.00	0.	,	0.	0.
M	ICHELE OUELLETTE, 12301 W EXPLORER,	BOARD OF DIRE	CTORS			
	JITE 270, BOISE, ID 83713	0.00	0.		0.	0.
		BOARD OF DIRE				
	DISE, ID 83709	0.00	0.		0.	0.
		BOARD OF DIRE				
	DISE, ID 83725	0.00	0.		0.	0.
		VICE PRESIDEN				
	OURT, BOISE, ID 83709	0.00	0.		0.	0.
		BOARD OF DIRE			<u> </u>	
	AY, STE 101, MERIDIAN, ID 83642	0.00	0.		0.	0.
		BOARD OF DIRE		 	<u> </u>	
			CTORS 0.		0.	0
_		0.00		 	<u> </u>	0.
		BOARD OF DIRE			^	^
	010 CAPITOL STE 104, BOISE, ID 83702		0.	ļ	0.	0.
_		BOARD OF DIRE			_	_
	RIVE, MERIDIAN, ID 83680	0.00	0.	1	0.	0.
		BOARD OF DIRE			_	
<u>P</u> (O BOX 8291, BOISE, ID 83707	0.00	0.	<u> </u>	0.	0.

Form **990-EZ** (2009)

932172 07-17-09

Ра	TY Other Information (Note the statement requirements in the instructions for Part VI)			
	r		Yes	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		<u> </u>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			l
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			İ
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			ł
	and proxy tax requirements?	35a		<u>X</u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	<u>A</u>
36	Did the organization undergo a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete			
	applicable parts of Sch. N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.			
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	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?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			ĺ
a	Initiation fees and capital contributions included on line 9 39a N/A	- 1		Ì
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A	1		ĺ
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	ĺ		ĺ
	section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A			ĺ
D	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the	İ		ĺ
	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	40.	NT /	
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/	<u>~</u> —
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			ĺ
	or disqualified persons during the year under sections 4912, 4955, and 4958 N/A Section 501(a)(3) and 501(a)(4) assessmentations. Fater empirity flavors line 40a reimburged by the	1		
u	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization N/A			
	organization N/A All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			1
-	transaction? If "Yes," complete Form 8886-T	40e		х
41	List the states with which a copy of this return is filed. ID	406 [
	The organization's books are in care of ► LAURIE NOWIERSKI Telephone no. ► (208)	331	_ 93	5.8
72 a	Located at ▶ 932 HEARTHSTONE DRIVE ZIP+4 ▶ 8			50
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority	<u> </u>		
Ū	over a financial account in a foreign country (such as a bank account, securities account, or other financial	[Yes	No
	account)?	42b		Х
	If "Yes," enter the name of the foreign country:		-	_ <u></u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			1
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		х
J	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		>	
		N/A	•	
		[Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		х
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	45		X
			90-EZ	(2009)
		-	_	. ,

orm 990-E	<u> </u>			82-03759	07 Page 4
Part VI	Section 501(c)(3) organizations and section organizations and section 4947(a)(1) nonexempt charitable and 51.				
6 Did th	e organization engage in direct or indirect political campaign activities	s on behalf of or in opposition to o	candidates for public		Yes No
	If "Yes," complete Schedule C, Part I				46
7 Did th	e organization engage in lobbying activities? If "Yes," complete Sc	chedule C, Part II		<u> </u>	47
	organization a school as described in section 170(b)(1)(A)(ii)? If "Yo			<u></u>	48
	e organization make any transfers to an exempt non-charitable relate	d organization?		├	19a
	," was the related organization a section 527 organization?			<u></u>	19b
	lete this table for the organization's five highest compensated employ 100,000 of compensation from the organization. If there is none, ent		s, trustees and key e	mployees) who ead	n received more
	(a) Name and address of each employee paid more than \$100,000 N/A	(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
					-
					!
51 Comp	number of other employees paid over \$100,000 lete this table for the organization's five highest compensated indepensation. If there is none, enter "None." N/A	endent contractors who each recei	ved more than \$100	0,000 of compensat	ion from the
	(a) Name and address of each independent contractor paid mo	re than \$100,000	(b) Type of se	rvice (c)	Compensation
			-		
				-	
d Total	number of other independent contractors each receiving over \$100,0	000	>	L	
Sign Here	Under penalties of perjury, I declare that I have examined this return, including correct, and complete Declaration of preparer (other than officer) is based on a full full full full full full full fu	accompanying schedules and statemer all information of which preparer has any	nts, and to the best of n knowledge	ny knowledge and belie 3 · 2 3 · 1 Date	
Paid	Type or print name and title Preparer's signature	1 1		parer's identifying nur	
Preparer's Use Only	Firm's name (or yours CHIGBROW, RYAN & COMP	1.12	ployed ► X EIN	P002E415- ► 62-03969	•
	rt setf-emptoyed), address, and ZIP+4 PO. BOX 7807 BOISE, ID 83707-1807		Pho no.	ne ▶ (208)3	84-1040
May the IR	S discuss this return with the preparer shown above? See instruction	ns			Yes No
				99	0-EZ Form (2009

SCHEDULF A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

HUMAN RESOURCES ASSOCIATION 82-0375907 OF TREASURE VALLEY Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c ____ Type III - Functionally integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (vii) Amount of organization organizátion in col. n col. (i) listed in your organization in col. organization support (i) organized in the U.S.? (described on lines 1-9 (i) of your support? governing document? above or IRC section (see instructions)) Yes No Yes No Yes LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2009

art II Support Schedu	ne ioi Organizatioi	12 Described III	Sections 170	(D)(I)(A)(IV) all	d 170(b)(1)(A)(v	(1)
(Complete only if you	checked the box on line	5, 7, or 8 of Part I.)		_		
ection A. Public Support						
lendar year (or fiscal year beginn	ing in) (a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Gifts, grants, contributions, a	nd					
membership fees received. (E	Oo not					
ınclude any "unusual grants ')					
Tax revenues levied for the o	rgan-			ł		
ızatıon's benefit and either pa	ud to				1	
or expended on its behalf						
The value of services or facility	ties		:			
furnished by a governmental	unit to					
the organization without char	ge					
Total. Add lines 1 through 3						
The portion of total contribute						
by each person (other than a	l l			1		
governmental unit or publicly	ŀ					
supported organization) inclu	i					
on line 1 that exceeds 2% of	the					
amount shown on line 11,						
column (f)						
Public support. Subtract line 5 frection B. Total Support	om line 4	1	<u> </u>	<u> </u>	<u> </u>	
lendar year (or fiscal year beginn	(-) 0005	(h) 0000	(-) 0007	/-n 0000	4-3,0000	(0 T-1-1
ilendar year (or liscal year begilli) ' Amounts from line 4	ing in) (a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Gross income from interest,		- -				
dividends, payments received	don					
securities loans, rents, royalti	l l					
and income from similar sour	1					
Net income from unrelated bi						
activities, whether or not the						
business is regularly carried of	on					
Other income Do not include						
or loss from the sale of capita	al					
assets (Explain in Part IV.)						
Total support. Add lines 7 thro	ough 10					
Gross receipts from related a	ctivities, etc. (see instru	ctions)			12	
First five years. If the Form 9	990 is for the organizatio	n's first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
organization, check this box						▶□
ection C. Computation of	of Public Support F	Percentage			· · · · · · · · · · · · · · · · · · ·	
Public support percentage for	or 2009 (line 6, column (f	divided by line 11,	column (f))		14	
Public support percentage fr	om 2008 Schedule A, Pa	art II, line 14			15	
ia 33 1/3% support test - 2009	.If the organization did	not check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
stop here. The organization	qualifies as a publicly su	pported organizatioi	า			▶∟
b 33 1/3% support test - 2008	3.If the organization did	not check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	ıs box
and stop here. The organiza	tion qualifies as a public	ly supported organiz	ation		-	▶L
a 10% -facts-and-circumstar		=				
	the "facts-and-circumst	anacal toot about t	التنافي المستمانينا	C		

Schedule A (Form 990 or 990-EZ) 2009

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

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

82-0375907 Page 3

Schedule A (Form 990 or 990-EZ) 2009 OF TREASURE VALLEY

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.)

Se	ction A. Public Support				T T (CONTIDIONS CINY)	Tyou chooked the be	on thine o of t art i.
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")	14,052.	20,464.	8,667.	27,160.	13,350.	83,693.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	28,196.	34,096.	34,073.	66,320.	44 584	207,269.
2	· ' ' '	20,190.	34,030.	34,073.	00,320.	44,304.	201,203.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
	ızation's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	42,248.	54,560.	42,740.	93,480.	57,934.	290,962.
78	a Amounts included on lines 1, 2, and	İ					
	3 received from disqualified persons						0.
t	O Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6)						290,962.
	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·	•				
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	42,248.	54,560.	42,740.	93,480.	57,934.	290,962.
10	g Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,056.	255.	1,198.	708.	307.	3,524.
ı	unrelated business taxable income			-			
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is	1,056.	255.	1,198.	708.	307.	3,524.
12	regularly carried on Other income. Do not include gain	14,052.	6,412.	8,667.	27,160.	13,350.	69,641.
	or loss from the sale of capital assets (Explain in Part IV)						
	Total support (Add lines 9, 10c, 11, and 12)	57,356.	61,227.	52,605.		71,591.	
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	zation,
	check this box and stop here	•			· · · ·		<u> </u>
<u>Se</u>	ction C. Computation of Publ	ic Support Per	centage				
15	Public support percentage for 2009 (I	ıne 8, column (f) dı	vided by line 13, c	olumn (f))		15	79.91 %
16						16	<u>78.61 %</u>
<u>Se</u>	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	09 (line 10c, colum	nn (f) divided by lin	ie 13, column (f))		17	.97 %
18	Investment income percentage from 2	2008 Schedule A, F	Part III, line 17			18	<u> </u>
19	a 33 1/3% support tests - 2009. If the	organization did ne	ot check the box o	on line 14, and line	e 15 is more than 3	3 1/3%, and line	
	more than 33 1/3%, check this box as	nd stop here. The o	organization qualif	fies as a publicly s	supported organiza	ition	. ▶ X
- 1	b 33 1/3% support tests - 2008. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che		-	· ·		-	▶Щ
<u>20</u>	Private foundation. If the organization	n did not check a l	box on line 14, 19	a, or 19b, check th			DO or 990-EZ) 2009
					301	Cauca A (i Oi iii 35	

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

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

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

Name of organization HITMAN T				
Name of organization HUMAN F	RESOURCES ASSOCIA	TION	Empi	loyer identification number
	ASURE VALLEY			82-0375907
Part I-A Complete if the or	ganization is exempt und	ler section 501(c	or is a section 527 o	rganization.
1 Provide a description of the organi	zation's direct and indirect politic	al campaign activities	in Part IV.	
2 Political expenditures	·	, 5	▶\$	3
3 Volunteer hours	• •			
			•	*
Part I-B Complete if the or	ganization is exempt und	ler section 501(c)(3).	
1 Enter the amount of any excise tax	k incurred by the organization und	der section 4955	▶ \$	
2 Enter the amount of any excise tax	k incurred by organization manage	ers under section 495	5 ▶\$	<u> </u>
3 If the organization incurred a section	on 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV				
Part I-C Complete if the or	ganization is exempt und	ler section 501(c	, except section 501	(c)(3).
1 Enter the amount directly expende	ed by the filing organization for se	ction 527 exempt fun	ction activities	8
2 Enter the amount of the filing orga	nization's funds contributed to ot	her organizations for s	section 527	
exempt function activities			▶ \$	3
3 Total of direct and indirect exempt	function expenditures Add lines	1 and 2 Enter here a	nd on	
Form 1120-POL, line 17b			▶\$	8
4 Did the filing organization file Form	n 1120-POL for this year?			Yes No
5 State the names, addresses and e	employer identification number (El	N) of all section 527 p	olitical organizations to which	ch payments were made
For each organization listed, enter				• •
that were promptly and directly de	elivered to a separate political orga	anization, such as a s	eparate segregated fund or	a political action committee
(PAC) If additional space is neede	ed, provide information in Part IV.			
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
(2)	(3)	(0,	filing organization's	contributions received and
		i	funds If none, enter 0.	
			· · · · · · · · · · · · · · · · · · ·	
	İ		,	delivered to a separate
				delivered to a separate political organization
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Schedule C (Form 990 or 990-EZ) 2009

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

HUMAN RESOURCES ASSOCIATION

Schedule C (Form 990 or 990-EZ) 2009 Part II-A Complete if the org	OF TREASUR	E VALLEY	on 501/o\/2\ that file	82-1	0375907 Page 2
(election under sec		mpt under section		a Form 5700	
		Data dansus			
. —	tion belongs to an affi	- ·	avaione anni.		
B Check Lifthe filing organization	tion checked box A a	nd "limited control" pr	ovisions apply.	(=) Films	(h) Affiliated group
	ts on Lobbying Expe litures" means amou	nditures unts paid or incurred	.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ience public opinion ((grass roots lobbying)			
b Total lobbying expenditures to influ	jence a legislative bo	dy (direct lobbying)	Ĺ		
c Total lobbying expenditures (add li	nes 1a and 1b)		. [
d Other exempt purpose expenditure	es		. [
e Total exempt purpose expenditure	s (add lines 1c and 1c	d)			
f Lobbying nontaxable amount. Enter	er the amount from th	e following table in bo	th columns.		
If the amount on line 1e, column (a) o	r (b) is: The lob	bying nontaxable an	nount is:		
Not over \$500,000	20% of	the amount on line 1e) .		
Over \$500,000 but not over \$1,000	0,000 \$100,00	00 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000 \$175,00	00 plus 10% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000 \$225,00	00 plus 5% of the exc	ess over \$1,500,000.		
Over \$17,000,000	\$1,000,	,000			
	<u>.</u>				
g Grassroots nontaxable amount (en	iter 25% of line 1f)	•			
h Subtract line 1g from line 1a. If zer	o or less, enter -0-				
i Subtract line 1f from line 1c. If zero	or less, enter -0-				
j If there is an amount other than ze	ro on either line 1h or	line 1i, did the organi	zation file Form 4720		
reporting section 4911 tax for this	year?				Yes No
		eraging Period Unde			
			on do not have to comp les 2a through 2f on pag		
			ear Averaging Period	<u> </u>	
	Loobying Expe	Tuitules During 4- 16	Averaging Ferrou		
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures			1		
d Crescrets per touchle amount					
d Grassroots non-taxable amount			+		
e Grassroots ceiling amount (150% of line 2d, column (e))					
(15578 Of line 2d, Coldini (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990 EZ) 2009 OF TREASURE VALLEY 82-0375907 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Were substantially all (90% or more) dues received nondeductible by members? 1		(a	1)	(b	<u>) </u>
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers? b Pad staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Malings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Ralibes, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV j Total. Add lines 1c through 11 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? bif "Yes," enter the amount of any tax incurred under section 4912 c if "Yes," enter the amount of any tax incurred by organization managers under section 4912 d if the filing organization incurred a section 4912 fax, did if file Form 4720 for this year? art IIII-A] Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes In It Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? 4 Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 In thotices were sent and the amount o		Yes	No	Amo	ount
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a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV j Total. Add lines 1c through 11 2a Dd the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization agnet or carryover lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carryover lobbying and political expenditures from the pnor year? 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization agree to carryover lobbying and political expenditures from the pnor year? 3 and till—B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2 exceeds the amount on line 3,	local legislation, including any attempt to influence public opinion on a legislative matter				
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FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
MEETINGS & EVENTS ADMIN EXPENSES SEMINARS RECOGNITION EXPENSES INTERNET CONFERENCES BANK & CREDIT CARD FEES		27,868. 4,619. 15,977. 769. 525. 3,108. 23.
TOTAL TO FORM 990-EZ, LINE 16		52,889.

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		S	TATE	MENT	2
DIRECTLY OF	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, R INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL NTRACT?	[]	YES	[X]	NO
	GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.	. []	YES	[X]	NO

990-EZ PG 2

STATEMENT

3

TO PROMOTE PROFESSIONAL EXCELLENCE IN THE DEVELOPMENT AND MANAGEMENT OF HU-MAN RESOURCES, INTEGRATING ORGANIZATIONAL, INDIVIDUAL AND COMMUNITY INTEREST