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# 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.

**2009**

**Open to Public Inspection**

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

- B** Check if applicable:
- ☐ Address change
  - ☐ Name change
  - ☐ Initial return
  - ☐ Terminated
  - ☐ Amended return
  - ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C Name of organization**  
**NORTHERN COLORADO HUMAN RESOURCES ASSOCIATION**

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
**1112 OAKRIDGE DRIVE, PMB 207 104**

City, town, or country State ZIP + 4  
**FORT COLLINS CO 80525**

**D Employer identification number**  
**84-1181904**

**E Telephone number**  
**(970) 224-3811**

**F Group Exemption Number** ▶

- **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:** ▶ N/A

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

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

**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** ▶ \$ **20,363**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	18,813
	2	Program service revenue including government fees and contracts . . . . .	2	822
	3	Membership dues and assessments . . . . .	3	
	4	Investment income . . . . .	4	728
	5a	Gross amount from sale of assets other than inventory . . . . .	5a	0
	5b	Less cost or other basis and sales expenses . . . . .	5b	0
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	0
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ <input type="checkbox"/>		
	6a	Gross revenue (not including \$ 0 of contributions reported on line 4) . . . . .	6a	0
Expenses	6b	Less direct expenses other than fundraising expenses . . . . .	6b	0
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c	0
	7a	Gross sales of inventory less returns and allowances . . . . .	7a	
	7b	Less cost of goods sold . . . . .	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	0
	8	Other revenue (describe ▶ See Attached Statement ) . . . . .	8	0
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	9	20,363
	10	Grants and similar amounts paid (attach schedule) . . . . .	10	0
	11	Benefits paid to or for members . . . . .	11	
Net Assets	12	Salaries, other compensation, and employee benefits . . . . .	12	
	13	Professional fees and other payments to independent contractors . . . . .	13	465
	14	Occupancy, rent, utilities, and maintenance . . . . .	14	
	15	Printing, publications, postage, and shipping . . . . .	15	
	16	Other expenses (describe ▶ See Attached Statement ) . . . . .	16	23,697
	17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	17	24,162
	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	-3,799
	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	21,446
	20	Other changes in net assets or fund balances (attach explanation) . . . . .	20	0
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . .	21	17,647

**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 . . . . .	21,150	22 17,647
23 Land and buildings . . . . .		23
24 Other assets (describe ▶ OTHER DEPRECIABLE ASSETS ) . . . . .	296	24 0
25 <b>Total assets</b> . . . . .	21,446	25 17,647
26 <b>Total liabilities</b> (describe ▶ ) . . . . .	0	26 0
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	21,446	27 17,647

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

## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

28	PROVIDE MEMBERS WITH INDUSTRY TRAINING THROUGH SPEAKERS AND SEMINARS		
	(Grants \$ 0 ) If this amount includes foreign grants, check here	28a	0
29	PROVIDE SCHOLARSHIPS FOR STUDENTS		
	(Grants \$ 0 ) If this amount includes foreign grants, check here	29a	0
30			
	(Grants \$ 0 ) If this amount includes foreign grants, check here	30a	0
31	Other program services (attach schedule)		
	(Grants \$ 0 ) If this amount includes foreign grants, check here	31a	0
32	Total program service expenses. (add lines 28a through 31a)	32	0

(a) Name and address

(b) Title and average hours per week devoted to position
<p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p> <p>9. _____</p> <p>10. _____</p> <p>11. _____</p> <p>12. _____</p> <p>13. _____</p> <p>14. _____</p> <p>15. _____</p> <p>16. _____</p> <p>17. _____</p> <p>18. _____</p> <p>19. _____</p> <p>20. _____</p>

(c) Compensation  
(If not paid,  
enter -0-.)

(d) Contributions to employee benefit plans & deferred compensation

(e) Expense account and other allowances

[illegible]

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

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
<b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		
<b>35</b> 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.		
<b>a</b> 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>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?		
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. <b>37a</b>		
<b>b</b> Did the organization file Form 1120-POL for this year?		
<b>38 a</b> 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?		
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved. <b>38b</b> 0		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9. <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities. <b>39b</b>		
<b>40 a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <b>40a</b> ; section 4912 <b>40a</b> ; section 4955 <b>40a</b>		
<b>b</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. <b>40b</b>		
<b>c</b> 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 <b>40c</b>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <b>40d</b>		
<b>e</b> 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. <b>40e</b>		
<b>41</b> List the states with which a copy of this return is filed. <b>41</b>		
<b>42 a</b> The organization's books are in care of <b>42a</b> ORGANIZATION Telephone no. <b>42a</b> (970) 224-3811 Located at <b>42a</b> 1112 OAKRIDGE DRIVE #104 City FORT COLLINS ST CO ZIP + 4 <b>42a</b> 80525		
<b>b</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)? <b>42b</b>		X
If "Yes," enter the name of the foreign country: <b>42b</b> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? <b>42c</b> If "Yes," enter the name of the foreign country: <b>42c</b>		X
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <b>43</b> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b> N/A		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ <b>44</b>		X
<b>45</b> 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 <b>45</b>		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.

	Yes	No
<b>46</b> 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.	<b>46</b>	
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	<b>47</b>	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	<b>48</b>	
<b>49 a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	
<b>b</b> If "Yes," was the related organization a section 527 organization?	<b>49b</b>	

**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."

(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
Name <b>None</b> Str City ST ZIP	Title Hr/WK	.00	0	0
Name Str City ST ZIP	Title Hr/WK	.00	0	0
Name Str City ST ZIP	Title Hr/WK	.00	0	0
Name Str City ST ZIP	Title Hr/WK	.00	0	0
Name Str City ST ZIP	Title Hr/WK	.00	0	0

**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
Name <b>None</b> Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

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

<b>Sign Here</b>	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 <i>Jodi Smith</i>		Date 7/29/2010	
<b>Paid Preparer's Use Only</b>	Type or print name and title Jodi Smith / Treasurer			
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no	

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

**Part I, Line 16 (990-EZ) - Other Expenses**

23,697

1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	456
6	Depreciation	6	99
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	135
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	BOARD EXPENSE	13	445
14	CREDIT CARD FEES	14	1,369
15	SURVEY	15	200
16	FACILITY EXPENSE	16	5,830
17	INSURANCE	17	1,371
18	PROGRAM EXPENSE	18	3,127
19	SCHOLARSHIPS	19	116
20	SHRM FOUNDATION	20	6,979
21	WEBSITE	21	3,450
22	PRINTING & POSTAGE	22	120
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	
29		29	

Part II, Line 24 (990-EZ) - Other Assets		296	0
	Description	Beginning	End
1	OTHER DEPRECIABLE ASSETS	296	
2			
3			
4			
5			
6			
7			
8			
9			
10			