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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)
Sponsonng 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

OMB No 1545-1150 2009

Open to Public Inspection

For the 2009 calendar vest, or tax year beginning 07/01/09 and ending 06/30/10 Chook displaced Repair Companies of the Compa	Depart	tment o	of the Treasury enue Service 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 requirer	nents		Inspection		
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Administration Market Action Market Acti	_			Empl	oyer identification number			
Name change Indust return Service Agency Foundation So-3/29			change use IRS		•			
Inhala return Type Number and steet (or P 0 box, final a not delivered to street address) Room/kull E Telephone number (605-886-0123) Amended return Special inform See	N	lame ch	songo I I Himan Service Adency Folindation	36	-3287529			
Application pending Pe	_ In	ntial ret	turn type. Number and street (or P O box, if mail is not delivered to street address) Room/su	nte E	E Telephone number			
Amended relumination into the control of the contr	Ц т	emina			60	5-886 <u>-0123</u>		
■ Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-E2). Website:	A	mende	d return Instruc- City or town, state or country, and ZIP + 4	F	Grou	p Exemption		
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Form 990-E2 or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return								
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)						ore triair \$25,000. A		
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1			· · · · · · · · · · · · · · · · · · ·	ipioto io		496,154		
1 Contributions, gifts, grains, and similar amounts received 2 Program service revenue including government fees and contracts 3 4 12,918 3 4 12,918 5 473,884 12,918 5 473,884 5 474,990 4				nstruct	_ <u></u>			
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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009) Huma	an Service Agency Foundati	ion _ 30	5-3287529			Page 2
Part III Statement o	f Program Service Accomplishments (See the instruct	ions for Part III		Ex	penses
What is the organization's primar	y exempt purpose?				(Required	for section
See Statement 4		501(c)(3) and 501(c)(4)				
Describe what was achieved in c	arrying out the organization's exempt purposes. In a	a clear and concise			organizatio	ons and section
manner, describe the services pr	ovided, the number of persons benefited, or other re	elevant information for	or		4947(a)(1)	trusts; optional
each program title					for others)
28 Charitable and educate	ational purposes, including making			1		
distributions to other	her Section 501(c)(3) organizations.					
_				,,		
(Grants \$ 4	, 000) If this amount includes foreign grants, ch	neck here		<u> </u>	28a	4,000
29	•			1		
				. ا بیم		
(Grants \$) If this amount includes foreign grants, ch	neck here			29a	
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31 Other program services (atta	•		_	. ا <u>.</u>	_	
(Grants \$) If this amount includes foreign grants, ch	neck here		'	31a	4 000
	enses (add lines 28a through 31a)				32	4,000
Part IV List of Officers,	Directors, Trustees, and Key Employees. List ea	(b) Title and average	(c) Compensation		ontributions to	(e) Expense
	(a) Name and address	hours per week	(If not paid,	employe	e benefit plans &	account and
		devoted to position	enter -0)	deterred	d compensation	other allowances
Prudy Calvin	Watertown	Chair				
PO Box 1030	SD 57201	1.00				0
J. Douglas Austin	Watertown	Vice Chair		ľ		
PO Box 1030	SD 57201	1.00				0
Jon McAreavey, M.D.	Watertown	Director				0
PO Box 1030 Dennis Evenson	SD 57201	1.00	0	<u> </u>	0	
	Watertown	1.00	٥		٥	0
PO Box 1030	SD 57201	Director				
Tammy Rieber PO Box 1030	Watertown SD 57201	1.00	٥		0	
Charles Sherman	Watertown	Director				
PO Box 1030	SD 57201	1.00	,		٥	0
Cathy Jutting	Watertown	Director		<u> </u>		<u>-</u>
PO Box 1030	SD 57201	1.00	٥		0	0
Jerry Miller	Watertown	Director				
PO Box 1030	SD 57201	1.00	٥		٥	0
Dan Engebretson	Watertown	Director				
PO Box 1030	SD 57201	1.00	٥		o	0
						
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DAA					Fo	m 990-EZ (2009)

DAA

Pa	Other information (Note the statement requirements in the instructions for Part V.)	Tv	No
	The state of the s	Yes	NO
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed	,	х
	description of each activity	' 	
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes	.	x
	the changes		-
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. See Statement 5		
		1 '	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 and proxy tax requirements?	.	x
	5055(c) Holloc, reporting, and proxy tax requirements.		
b	Tres, has trilled a tax retain on verification years		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	,	X
27-	during the year in res, complete applicable parts or conceder it		
37a		h	x
b	Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		
38a	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	a Ì	x
L	If "Yes," complete Schedule L, Part II and enter the total amount involved	-	
30 D			
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 39a		l
a b	Gross receipts, included on line 9, for public use of club facilities 39b		İ
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under		
4Va	section 4911 > ; section 4912 ; section 4955 >		
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	1	
	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	ь	X
С	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		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c		•
	reimbursed by the organization		
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter		<u> </u>
	transaction? If "Yes," complete Form 8886-T	e	X
41	List the states with which a copy of this return is filed None		
42a	The organization's books are in care of ▶ Michelle Spies 123 19th Street NE Telephone no. ▶ 605-8	186-C	123
	Located at ▶ Watertown, SD ZIP+4 ▶ 5720:	L	
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	Yes	No
	account)?	b	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?	c	<u> </u>
	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		
		<u> </u>	Τ
		Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		v
	10111 930-22	4	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	_	x
	res, 1 only 990 mast be completed instead or 1 only 666 EE	<u>5 </u>	
	Form	JJU-E4	- (2009)

36-3287529

Form 990-EZ (2009)

Form 990-EZ (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

➤ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Human Service Agency Foundation

Employer Identification number 36-3287529

		*****		e rigericy rounce									
P	art i	Reas	on for Public Charity	Status (All organizations	<u>must c</u>	omplete	this p	art.) S	ee ins	struction	ns.		
he	orga	nization is not	a private foundation because	it is (For lines 1 through 11, ch	neck only o	one box)							
1		A church, cor	nvention of churches, or asso	ciation of churches described in	section '	170(b)(1)(A)(i).						
2	П	A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	\Box	A hospital or	a cooperative hospital service	e organization described in sec	tion 170(b)(1)(A)(iii)).						
4	П			in conjunction with a hospital d)(A)(iii).	Enter t	he hospita	al's name,		
		city, and state	=	•									
5				a college or university owned o	or operate	d by a gov	ernment	tal unit d	escnbe	d ın			
•	ш		b)(1)(A)(iv). (Complete Part II			,							
6				·, vernmental unit described in s e	ction 170	(h)/1\(A)/\	٨						
	\vdash			ubstantial part of its support fro				m the a	eneral n	ublic			
7	Ш				ili a goven	initeritar u	01 110	iii ale gi	JiiÇiai p	dono			
_			section 170(b)(1)(A)(vi). (Col		11.3								
8		-		0(b)(1)(A)(vi). (Complete Part I				hambin.	foon or	nd aross			
9	Ш			more than 33 1/3 % of its supp									
				t functions—subject to certain									
		• •	_	I unrelated business taxable inc			i i tax) i	rom bus	inesses	>			
		-	=	, 1975 See section 509(a)(2).									
10				xclusively to test for public safe					4.41				
11	X	-	-	xclusively for the benefit of, to p						. 41			
				d organizations described in se						ction			
		509(a)(3). Ch		e type of supporting organization			s 11e tn	_					
		a Type		c X Type III–Function			d		e III–Ot	her			
8	X			nization is not controlled directl									
		persons other	r than foundation managers a	nd other than one or more pub	licly suppo	rted orgai	nizations	describ	ed in se	ection			
			section 509(a)(2)										
f		If the organization	ation received a written deter	mination from the IRS that it is	a Type I, T	ype II, or	Type III :	supporti	ng				_
		organization,	check this box										
g		Since August	17, 2006, has the organization	on accepted any gift or contribu	ition from a	any of the							
		following per	sons?										
		(i) A persor	n who directly or indirectly cor	itrols, either alone or together v	vith persor	ns describ	ed ın (ıı)					Yes	No
		and (III) l	below, the governing body of	the supported organization?							11g(i)		<u> </u>
		(ii) A family	member of a person describe	ed in (i) above?							11g(ii)		X
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?							11g(iii	<u>. </u>	X
h			following information about th										
	Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did y	ou notify	(vi)	is the	(vii) Am	ount of	
٠,		anization	, ,	(described on lines 1-9		isted in your		nization in		tion in col	sup	ort	
				above or IRC section	governing	document?		of your port?		ized in the S?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
Li	ıth	erans C	utdoors in SD	Inc.	-	<u> </u>					-		
			46-0320561	1		x	x		X			4.	000
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

	dule A (Form 990 or 990-EZ) 2009 Hun	nan Service	escribed in Se	ctions 170(h)		5-3287529 170(b)(1)(A)(vi)	Page 2
1 6	(Complete only if you che						
Sec	tion A. Public Support	331.00	<u> </u>				
	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")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	<u>. </u>					
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					<u> </u>	
Sec	tion B. Total Support					,	
Cal	lendar year (or fiscal year beginning in) 🕨 👚	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						· · · · · · · · · · · · · · · · · · ·
9	Net income from unrelated business activities, whether or not the business is regularly carried on		,				
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10				<u> </u>		
12	Gross receipts from related activities, etc.	•				12	
13	First five years. If the Form 990 is for the	organization's first,	second, third, four	th, or fifth tax year	as a section 501(c)(3)	
	organization, check this box and stop here						
Sec	tion C. Computation of Public Su	'''			-		
14	Public support percentage for 2009 (line 6,			(f))		14	%
15	Public support percentage from 2008 Sche						%
16a	33 1/3 % support test—2009. If the organi			3, and line 14 is 33	3 1/3 % or more, ch	neck this box	_ □
	and stop here. The organization qualifies						
b	33 1/3 % support test—2008. If the organi				o is 33 1/3 % or mo	re, check this	▶ 「
	box and stop here. The organization quali			•		4 4004	▶ [
17a							
	more, and if the organization meets the "fa	cts-and-circumstar	ices" test, check th	is box and stop h e	ere. Explain in Part	IV how the	_

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the

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

Schedule A (Form 990 or 990-EZ) 2009

18

Schedule A (Form 990 or 990-EZ) 2009 Human Service Agency Foundation Page 3 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 Calendar year (or fiscal year beginning in) ▶ (d) 2008 (e) 2009 (a) 2005 (b) 2006 (c) 2007 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 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 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 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Add lines 7a and 7b Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (f) Total (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (Add lines 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 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) Public support percentage from 2008 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 Investment income percentage from 2008 Schedule A, Part III, line 17 18 33 1/3 % support tests—2009. 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—2008. If the organization did not check a box on line 14 or line 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

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009 Human Service Agency Foundation 36-3287529

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Federal Statements

36-3287529

Statement 1 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Securities

	Gain / Loss	37,549	37,549
	Depreciation	S	\$ 0
	Cost & Expense	431,394 \$	431,394 \$
	Sale Price	468,943 \$	468,943 \$
	Date Sold	Various \$	O,
	Date Acquired	Various	
Description	Whom Sold	- Various Funds	
	How Received	Wells Fargo Act - Various Funds Donation	Total

Statement 2 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Other

	Gain / Loss	4,941	4,941
		S	ဟု
	Depreciation		0
	1	· · ·	°\$ ○
	Cost & Expense		
	i	1 \$	다. 장.
	Sale Price	4,94	4,94
		ഗ	ς,
	Date Sold		
	Date Acquired		
Description	Whom Sold	tion	
	How Received	Cap Gain Distribution	Total

36-3287529

Federal Statements

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Gala Event Advertising	\$ 660
Expenses Fair booth fees Supplies Investment fees	418 599 6,342
Total	\$ 8,019

36-3287529

Federal Statements

Statement 4 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

The Foundation is organized for charitable and educational purposes, including making distributions to organizations organized and operated exclusively for charitable, religious educational, or scientific purposes as shall at the time qualify as an exempt organziation under Section 501(c)(3).