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## 990-EZ

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

OMB No 1545-1150

2009

Open to Public Inspection

A F	or the	2009 calend	l <u>ar year,</u>	or tax year beginning	September 1	, 2009,	and ending	Au	gust 3	31 ,	20 10
B C	eck if ap	plicable	Please	C Name of organization				D Emplo	yer ıd	lentification nu	mber
==	ddress ch	-	use IRS label or	Idaho Weed Control Associ					8	2-0428278	
=	ame cha	-	print or	Number and street (or P O box,	if mail is not delivered to street	et address)	Room/suite	E Telepi	none n	umber	
_	itial retur erminated		type See	55 SW 5th Ave			100		20	8-888-0988	
╡ᇪ	mended	eturn	Specific Instruc-	City or town, state or country, ar	nd ZIP + 4			F Grou	p Exe	mption	
=		pending	tions	Meridian, ID 83642				Num	ber 🕨	<b>▶</b>	
	Sect	on 501(c)(3	) organiz	zations and 4947(a)(1) nonex	empt charitable trusts m	ust attach	G Acco	unting Me	thod	☑ Cash [	Accrual
			a cor	npleted Schedule A (Form 9	90 or 990-EZ).			(specify)			
							H Chec	k ▶ 🗹 i	f the c	organization is	not
ı W	ebsite	e:▶					requi	red to atta	ach S	chedule B (Fo	rm 990,
J Ta	x-exe	mpt status	(check o	nly one) — 🗸 501(c) ( 6 ) ◀	(insert no ) 🔲 4947(a)(1	l) or 🔲 52	27 990-6	EZ, or 990	)-PF)		
<b>K</b> C	heck 🕨	□ ıf th	ne organi	zation is not a section 509(a)(3)	supporting organization a	and its gross	s receipts are	normally i	not m	ore than \$25,0	000 A
F	orm 99	0-EZ or Fore	m 990 re	turn is not required, but if the	organization chooses to f	ile a return,	be sure to file	a compl	ete re	turn	
L A	d lines			e 9 to determine gross receipts,					\$		5081
Pa	irt I	Revenu	ie, Exp	enses, and Changes ir	Net Assets or Fund	d Balanc	es (See the	instruc	ctions	s for Part I	)
	1	Contributi	ons, aif	ts, grants, and similar amoi	unts received	•			1		
-	2		_	revenue including governm				[	2		
	3	•		s and assessments					3		
j	4	Investmen	•				•	·	4		236
	ъ 5а			m sale of assets other than	inventory	.   5a	ı	· ·	$\dashv$		
	b			er basis and sales expense	•	. <u>5u</u>			-		
				•			L		5c		
<u>o</u>	C			n sale of assets other than tivities (complete applicable parts				⊾ ri t	30		
<u> </u>	6						illig, check hele				
Revenue	а			ot including \$	of contributio	1	ı	40000			
œ				). SEE. STATEM				49398			
	b			nses other than fundraising			ļ	24238	_		
	C			ss) from special events and		e 6b from	line 6a)		6c		25160
	7a	Gross sale	es of inv	entory, less returns and all	owances	7a					
	b	Less: cost	-			. <u>7b</u>				ĺ	
	С			ss) from sales of inventory		line 7a) .			7c_		
	8	Other reve	enue (de	escribe shirts and hats	for promotion			)	8		118
	9	Total reve	enue. A	dd lines 1, 2, 3, 4, 5c, 6c, 7	'c, and 8	<u> </u>		. ▶	9		2657
	10	Grants an	d sımıla	r amounts paid (attach sch	edule)			[	10		
	11	Benefits p	aid to d	or for members		SEN/E	<u> </u>	[	11		
S	12	Salaries, o	other co	mpensation, and employee	e benefits REU	CEIVE	ן ע	. [	12		1596
Expenses	13	Profession	nal fees	and other payments to ind	ependent contractors		10 10	. [	13		
B	14			utilities, and maintenance	احما	· 2·7·20	ın löl	. [	14		
ŭ	15		-	ons, postage, and shipping	, A DEC	D 1 20	88	. ]	15		96
	16			describe ► SEE STATEM			1 ≝	, 1	16		1633
	17			Add lines 10 through 16 .	OG	DEN, I	JT	/	17		3326
	18			) for the year (Subtract line			<del></del>		18		(6686
Net Assets	19			nd balances at beginning of		· olumn (A)	· · · · · · · · · · · · · · · · · · ·	e with		-	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SS				e reported on prior year's re			-		19		3857
¥.	00	-	-						20		3037
Se	20		•	net assets or fund balance				·	-	<del>                                     </del>	3188
	21			d balances at end of year.			mara fila Fa		21	od of Form (	
P	art II	Balanc	e Snee	ets. If Total assets on line 2		50,000 or				T -	
				(See the instructions for	Pan II)		(A) B6	ginning of		(B) End o	
22		_		rvestments			·	3	8574	<del></del>	3188
23		nd and bui	•				·			23	
24	Ot	her assets	(describ				)			24	
25	To	tal assets						3	8574	<del></del>	3188
26		tal liabiliti					)			26	
27	Ne	t accate a	r fund l	halances (line 27 of column	(R) must scree with li	ne 21)		3	8574	27	3188

Part	III Statement of Program Service Accomp	olishments (See the instru	uctions for Part II	.)		Expenses
	is the organization's primary exempt purpose?		•			ired for section
	ribe what was achieved in carrying out the organization					)(3) and 501(c)(4) izations and section
manr	er, describe the services provided, the number of	f persons benefited, and o	ther relevant infoi	mation for		a)(1) trusts, optional
each	program title.				for otl	
28	Idaho Weed Conference - Distribution of information	related to the many hazardo	us weeds and their			
	metertial impact to Idaha					
	(Grants \$ ) If this amount	includes foreign grants, che	ock horo	▶ □	28a	
	IWCC - A Committee designed to report the prevention			· • u	200	
23	11100 - A Committee designed to report the prevente	or mazardods weeds in the	in dica of idano.			
	/O - 1- A				00-	
	(Grants \$ ) If this amount	includes foreign grants, che	eck nere .		29a	
30						
	· · · · · · · · · · · · · · · · · · ·	includes foreign grants, che	eck here	. ▶ ⊔	30a	
	Other program services (attach schedule)					
	(Grants \$ ) If this amount			. ▶ ⊔	31a	
	Total program service expenses (add lines 28a t				32	
Par	List of Officers, Directors, Trustees, and Key					
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit	ns to plans &	(e) Expense account and
		devoted to position	enter -0-)	deferred comper	sation	other allowances
Rich	ard C Waitley	Exec Dir 15 hrs				
Meri	dian, ID 83642		15965		_	
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Part	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	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
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.			
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?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	<u> </u>	1
36	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	36		<b>√</b>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a N/A			
b	Did the organization file Form 1120-POL for this year?	37ь		✓.
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		<b>✓</b>
þ	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39 a	Section 501(c)(7) organizations Enter: Initiation fees and capital contributions included on line 9			
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 ▶			
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	40b	N	IA
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 transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed ▶	•		
42a	The organization's books are in care of ▶ Idaho Weed Control Association Telephone no. ▶ 2	208-88	8-098	8
	Located at ► 55 SW 5th Ave, Suite 100, Meridian, ID ZIP + 4 ►	83	642	
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)?	42b		<b>/</b>
	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.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country ▶	42c	<u></u>	<b>✓</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	•		▶ □
	,	·		
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		1
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		1
			\ F-7	(0000

Firm's name (or yours if self-employed), address, and ZIP + 4

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

**Use Only** 

rait	_ {	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	section 4947(a)(1 47(a)(1) nonexemp nd 51.	) nonexen ot charitab	npt charitab le trusts mus	ole trusts only. A stransfer answer question	II sec ns 4	tion 6–491	b
		e organization engage in direct or indirect		activities o	n behalf of or	in opposition to		Yes	No
	candid	dates for public office? If "Yes," complete	Schedule C, Part I		•	•	46		<u> </u>
		e organization engage in lobbying activitie					47		<u> </u>
		organization a school as described in section					48		<u> </u>
		e organization make any transfers to an ex	•	e related or	ganization? .		49a		L.,
		s," was the related organization a section 5					49b		✓
		lete this table for the organization's five hi							
	emplo	yees) who each received more than \$100,	(b) Title and avera		Compensation.	(d) Contributions to			
	(a) Nan	ne and address of each employee paid more than \$100,000	hours per week devoted to positi		Compensation	employee benefit plans & deferred compensation	ac	Expent a count a rallowa	and
	•••••								
	Total -	number of other employees paid over \$100	0.000			<u> </u>			
		000 of compensation from the organizatio			<del>-  </del> -	pe of service	(c) Co	mpensa	ation
				<u>-</u>					
d	Total	number of other independent contractors	each receiving over	\$100,000	▶				
	l	Under penalties of perjury, I declare that I have examin and belief, it is true, correct, and complete Declaration	ned this return, including a	ccompanying	schedules and sta d on all information	atements, and to the bear	any kn	y knowl owledg	ledge je
Sign		Luhal Wux			1	12/21/	20	10	7
Here		Signature of officer Richard Waitley, Executive Director	1			Date			
	J	Type or print name and title							
Paid	.   s	Preparer's signature		Date	Check if self- employed ▶	Preparer's identifying nui	nber (Se	e instruc	ctions)
Prepare	ers   a	irm's name (or			· · · · · · · · · · · · · · · · · · ·				

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Phone no 🕨

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	FEDERAL ST	<b>TATEMENT</b>	S		PAGE 1
IDA	HO WEED CONT	ROL ASSOC	IATION		82-0428278
STATEMENT 1 FORM 990-EZ, PART 1, LINE 6 NET INCOME (LOSS) FROM SP	ECIAL EVENTS				
SPECIAL EVENTS A) Annual Meeting B) IWCC C) Other					
SPECIAL EVENTS	A	В	С	OTHER	TOTAL
GROSS RECEIPTS LESS CONTRIBUTIONS	\$ 40,998	8,400 0	0	0	\$ 49,398
GROSS REVENUE LESS. DIRECT EXPENSES	40,998	8,400 8,582	0	0	49,398
NET INCOME (LOSS)	\$ 25,342	(182)			\$ 25,160
STATEMENT 2 FORM 990-EZ PART I, LINE 16					
FORM 990-EZ PART I, LINE 16 OTHER EXPENSES					
FORM 990-EZ PART I, LINE 16 OTHER EXPENSES  Affiliate Memberships			1,406		
FORM 990-EZ PART I, LINE 16 OTHER EXPENSES  Affiliate Memberships ANRI-PAC			2,000		
FORM 990-EZ PART I, LINE 16 OTHER EXPENSES  Affiliate Memberships ANRI-PAC Awards			2,000 326		
FORM 990-EZ PART I, LINE 16 OTHER EXPENSES  Affiliate Memberships ANRI-PAC Awards Bank Charges			2,000 326 496		
FORM 990-EZ PART I, LINE 16 OTHER EXPENSES  Affiliate Memberships ANRI-PAC Awards Bank Charges Board Expense			2,000 326 496 684		
FORM 990-EZ PART I, LINE 16 OTHER EXPENSES  Affiliate Memberships ANRI-PAC Awards Bank Charges Board Expense Computer Service			2,000 326 496		
FORM 990-EZ PART I, LINE 16 OTHER EXPENSES  Affiliate Memberships ANRI-PAC Awards Bank Charges Board Expense Computer Service Director Expenses.			2,000 326 496 684 364		
FORM 990-EZ PART I, LINE 16 OTHER EXPENSES  Affiliate Memberships ANRI-PAC Awards Bank Charges Board Expense Computer Service Director Expenses Display			2,000 326 496 684 364 453		
FORM 990-EZ PART I, LINE 16 OTHER EXPENSES  Affiliate Memberships ANRI-PAC Awards Bank Charges Board Expense Computer Service Director Expenses. Display Industry Relations	· · · · · · · · · · · · · · · · · · ·		2,000 326 496 684 364 453 120		
FORM 990-EZ PART I, LINE 16 OTHER EXPENSES  Affiliate Memberships ANRI-PAC Awards Bank Charges Board Expense Computer Service Director Expenses Display Industry Relations Legislative Expense			2,000 326 496 684 364 453 120 6,130		
Affiliate Memberships ANRI-PAC Awards Bank Charges Board Expense Computer Service Director Expenses. Display Industry Relations Legislative Expense Newsletter			2,000 326 496 684 364 453 120 6,130 693		
FORM 990-EZ PART I, LINE 16 OTHER EXPENSES  Affiliate Memberships ANRI-PAC Awards Bank Charges Board Expense Computer Service Director Expenses Display Industry Relations Legislative Expense			2,000 326 496 684 364 453 120 6,130 693		
FORM 990-EZ PART I, LINE 16 OTHER EXPENSES  Affiliate Memberships ANRI-PAC Awards Bank Charges Board Expense Computer Service Director Expenses Display Industry Relations Legislative Expense Newsletter Office Supplies			2,000 326 496 684 364 453 120 6,130 693 11 68		
FORM 990-EZ PART I, LINE 16 OTHER EXPENSES  Affiliate Memberships ANRI-PAC Awards Bank Charges Board Expense Computer Service Director Expenses. Display Industry Relations Legislative Expense Newsletter Office Supplies Promotional Items			2,000 326 496 684 364 453 120 6,130 693 11 68 1,552		
FORM 990-EZ PART I, LINE 16 OTHER EXPENSES  Affiliate Memberships ANRI-PAC Awards Bank Charges Board Expense Computer Service Director Expenses Display Industry Relations Legislative Expense Newsletter Office Supplies Promotional Items Scholarships			2,000 326 496 684 364 453 120 6,130 693 11 68 1,552 1,158		
FORM 990-EZ PART I, LINE 16 OTHER EXPENSES  Affiliate Memberships ANRI-PAC Awards Bank Charges Board Expense Computer Service Director Expenses. Display Industry Relations Legislative Expense Newsletter Office Supplies Promotional Items Scholarships Storage			2,000 326 496 684 364 453 120 6,130 693 11 68 1,552 1,158 121		

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