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Short Form Return of Organization Exempt From Income Tax

2012

**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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

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Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning _____, **2012, and ending** _____

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

C Name of organization
BOULDER AREA HUMAN RESOURCE ASSOCIATION
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
PO BOX 18496
 City or town, state or country, and ZIP + 4
BOULDER CO 80308

D Employer identification number
84-0939330

E Telephone number
(720) 565-6025

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶ _____

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

I Website: ▶ **N/A**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (6) ◀(insert no.) 4947(a)(1) or 527

K Check ▶ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

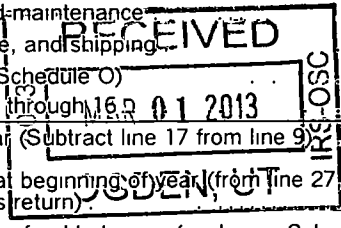
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **44,594.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

1 Contributions, gifts, grants, and similar amounts received	1		
2 Program service revenue including government fees and contracts.	2	44,558.	
3 Membership dues and assessments	3		
4 Investment income	4	36.	
5a Gross amount from sale of assets other than inventory	5 a		
b Less: cost or other basis and sales expenses	5 b		
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c		
6 Gaming and fundraising events			
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6 a		
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6 b		
c Less: direct expenses from gaming and fundraising events	6 c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).	6 d		
7a Gross sales of inventory, less returns and allowances	7 a		
b Less: cost of goods sold	7 b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.	9	44,594.	
10 Grants and similar amounts paid (list in Schedule O)	10		
11 Benefits paid to or for members.	11		
12 Salaries, other compensation, and employee benefits	12		
13 Professional fees and other payments to independent contractors	13	475.	
14 Occupancy, rent, utilities, and maintenance	14		
15 Printing, publications, postage, and shipping	15	424.	
16 Other expenses (describe in Schedule O) See Form 990 EZ, Part I, Line 16 Other Expenses	16	46,030.	
17 Total expenses. Add lines 10 through 16.	17	46,929.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2,335.	
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	33,971.	
20 Other changes in net assets or fund balances (explain in Schedule O)	20		
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	31,636.	

BAA For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2012)

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Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	33,852.	31,636.
23 Land and buildings	0.	0.
24 Other assets (describe in Schedule O)	119.	0.
25 Total assets	33,971.	31,636.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	33,971.	31,636.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses

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

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 <u>SEE SCHEDULE O</u>		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	
29 <u>SEE SCHEDULE O</u>		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30 <u>SEE SCHEDULE O</u>		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CATHI HIGHT PRESIDENT		0.	0.	0.
APRIL DUFFY PAST PRESIDENT		0.	0.	0.
JEANNE THROWER RESOURCE DEVELOPMENT		0.	0.	0.
AARON WEBB V. P. - PROGRAMMING		0.	0.	0.
MARTA PONDER V. P. - TREASURER		0.	0.	0.
KELLY JOHNSON ALTMAN DIRECTOR-MEMBERSHIP		0.	0.	0.
NANCY BEATTIE DIRECTOR-RESERVATIONS		0.	0.	0.
NINA PETERSON SECRETARY		0.	0.	0.
JENNIFER SEBASTIAN DIRECTOR-CERTIFICATION		0.	0.	0.
KRISSY KAPLAN DIRECTOR-COLLEGE RELATIONS		0.	0.	0.
LAURA PRATT DIRECTOR-PUBLIC RELATIONS		0.	0.	0.
CINDY SCHLAGER DIRECTOR-WORKFORCE READINESS		0.	0.	0.
GALEN GAARDER DIRECTOR-TECHNOLOGY		0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III.
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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 tax year covered by this return?
38b If 'Yes,' complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9.
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911; section 4912, section 4955
40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I
40c 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
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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
41 List the states with which a copy of this return is filed

42a The organization's books are in care of MARTA PONDER Telephone no. (720) 565-6058
Located at PO BOX 18496 BOULDER CO ZIP + 4 80308

42b 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)?
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.
42c 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:

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

44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If 'Yes,' was the related organization a section 527 organization?

49b		
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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 title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes No

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

Sign Here
 Signature of officer: Marta Ponder Date: 2/12/13
 Type or print name and title: MARTA PONDER TREASURER

Paid Preparer Use Only
 Print/Type preparer's name: John M. Wheeler Preparer's signature: John M. Wheeler Date: 02/09/13 Check if self-employed PTIN: P01044774
 Firm's name: John M Wheeler CPA
 Firm's address: 255 Weaver Park Road #201 Longmont CO 80501 Firm's EIN: 44-8565488
 Phone no: (303) 651-0771

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

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Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Department of the Treasury
Internal Revenue Service

Name of the organization

BOULDER AREA HUMAN RESOURCE ASSOCIATION

Employer identification number

84-0939330

EXEMPT PURPOSE The Association's objective is to improve the competence
of human resource professionals by providing a forum
for exchange of ideas and methods relating to the
administrative, technical, scientific, educational,
and fundamental concepts of human resource management.

28.) Monthly Meetings - The purpose of the monthly meetings
is to present educational information to the members
with the members providing input regarding the subject
matter to be discussed. This effects all members who
choose to participate.

29.) Annual Legal Updates & Workshops - The purpose of this
service is to provide information regarding legal
developments as they relate to the human resource
profession. Included are annual updates concerning
economics, sustainability and diversity initiatives.

30.) Certification Study Groups - The BAHRA certification
Director coordinates study grous for the members who want
to prepare for certification as a professional
as defined by the Certificaton Institute of the Society
for Human Resource Management (SHRM).

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

Depreciation	120.
CREDIT CARD FEES	3,694.
BANK SERVICE CHARGES	21.
DUES & SUBSCRIPTIONS	405.
BOARD OF DIRECTOR'S EXPENSE	3,286.
MONTHLY LUNCHEON EVENT	20,829.
SCHOLARSHIPS	5,301.
HOLIDAY LUNCHEON EVENT	9,239.
OFFICE EXPENSE	29.
SHRM DUES & CONFERENCES	1,605.
SHRM FOUNDATION	1,501.
Total	<u>46,030.</u>

Supporting Statement of:

Form 990-EZ/Line 2

Description	Amount
	15,298.
	15,182.
	10,493.
	3,585.
Total	<u>44,558.</u>

Supporting Statement of:

Form 990-EZ/Line 4

Description	Amount
SAVINGS BANK ACCOUNT INTEREST	36.
Total	<u>36.</u>

Supporting Statement of:

Form 990-EZ/Line 13

Description	Amount
ACCOUNTING	475.
Total	<u>475.</u>

Supporting Statement of:

Form 990-EZ/Line 15

Description	Amount
POSTAGE	386.
PRINTING & REPRODUCTION	38.
Total	<u>424.</u>