










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Form 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)	OMB No 1545-1150 2009
	<p>▶ 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.</p> <p>▶ <i>The organization may have to use a copy of this return to satisfy state reporting requirements.</i></p>	Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 , and ending 12-31-2009				
B Check if applicable <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization NORTH DAKOTA SOCIETY FOR HUMAN RESOURCE MANAGEMENT COUNCIL		D Employer identification number 45-0432273
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 1072 Parkway Lane		E Telephone number (701) 205-6831
		City or town, state or country, and ZIP + 4 West Fargo, ND 58078		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 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶	
I Website: ▶ <u>nd.shrm.org</u>		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
J Tax-Exempt status (check only one)— <input checked="" type="checkbox"/> 501(c)(6) ◀(insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Check <input checked="" type="checkbox"/> 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. ▶ \$ 5,908			

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	2,500
	2	Program service revenue including government fees and contracts						2	0
	3	Membership dues and assessments						3	0
	4	Investment income						4	0
	5a	Gross amount from sale of assets other than inventory				5a	0	5c	0
	b	Less cost or other basis and sales expenses				5b	0		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)								
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here 						6c	0
	a	Gross revenue (not including \$ 0 of contributions reported on line 1)				6a	0		
	b	Less direct expenses other than fundraising expenses				6b	0		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)									
Expenses	7a	Gross sales of inventory, less returns and allowances				7a	0	7c	0
	b	Less cost of goods sold				7b	0		
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)								
	8	Other revenue (describe )						8	3,408
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 						9	5,908
	10	Grants and similar amounts paid (attach schedule)						10	0
	11	Benefits paid to or for members						11	0
	12	Salaries, other compensation, and employee benefits						12	0
Net Assets	13	Professional fees and other payments to independent contractors						13	0
	14	Occupancy, rent, utilities, and maintenance						14	0
	15	Printing, publications, postage, and shipping						15	55
	16	Other expenses (describe )						16	22,295
	17	Total expenses. Add lines 10 through 16 						17	22,350
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)						18	-16,442
	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	29,246
	20	Other changes in net assets or fund balances (attach explanation)						20	0
21	Net assets or fund balances at end of year Combine lines 18 through 20 						21	12,804	

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	29,246	22 12,804
23 Land and buildings	0	23 0
24 Other assets (describe _____)	0	24 0
25 Total assets	29,246	25 12,804
26 Total liabilities (describe _____)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) .	29,246	27 12,804

Part III Statement of Program Service Accomplishments (See the instructions for 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? NDSHRM exists to provide a forum for chapters to discuss common issues, problems, concerns, and to share ideas and successes, to facilitate information from chapters and the State Council to the Area and National Boards and from the Area and National boards to the State Council and Chapters, to represent SHRM by visiting Chapters and promoting and sharing with individual members the services and benefits offered by SHRM, to assess needs of members and Chapters and meet those needs by securing and/or providing information, to adopt programs that will promote the progress, visibility, and welfare of SHRM and its members in the human resources profession, and to coordinate state and national legislative initiatives			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28 In 2009, over 250 human resource professionals attended a state human resources conference, enhancing their professional development and advancing the human resources profession (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		28a	0
29 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		29a	
30 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a)		32	0

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Part VOther 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	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
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		
a	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	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	0
b	Did the organization file Form 1120-POL for this year?	37b	No
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 period covered by this return? . . .	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved .	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under 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 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	
c	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 ▶		
e	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	No
41	List the states with which a copy of this return is filed ▶ ND		
42a	The organization's books are in care of ▶ Sharon Connell-Rick Telephone no ▶ (701) 205-6831 1072 Parkway Lane Located at ▶ West Fargo, ND ZIP + 4 ▶ 58078		
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)? 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.	42b	No
c	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	No
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 . . . ▶	43	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
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	No

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.

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

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

50(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

51(d) Total number of other independent contractors each receiving over \$100,000 ▶

Please Sign Here	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		2010-05-17 Date	
Paid Preparer's Use Only	Sharon Connell-Rick State Director Type or print name and title			
	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 <input type="checkbox"/> Yes <input type="checkbox"/> No				

Additional Data

Software ID:
Software Version:
EIN: 45-0432273
Name: NORTH DAKOTA SOCIETY FOR HUMAN RESOURCE
MANAGEMENT COUNCIL

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Sharon Connell-Rick 1072 Parkway Lane West Fargo, ND 58078	State Director 10	0	0	0
Lynn Burgard 1072 Parkway Lane West Fargo, ND 58078	Past State Director 1	0	0	0
John Friend 1072 Parkway Lane West Fargo, ND 58078	State Director-Elect 2	0	0	0
Danny Miles 1072 Parkway Lane West Fargo, ND 58078	Secretary 1	0	0	0
Marti Jensen 1072 Parkway Lane West Fargo, ND 58078	Treasurer 1	0	0	0
Rachel Nachatilo 1072 Parkway Lane West Fargo, ND 58078	Public Relations Director 1	0	0	0
Nicol Winkelman 1072 Parkway Lane West Fargo, ND 58078	Legislative Director 1	0	0	0
Shelia Marquart 1072 Parkway Lane West Fargo, ND 58078	Professional Development Director 1	0	0	0
Paula Graner 1072 Parkway Lane West Fargo, ND 58078	Workforce Readiness Director 1	0	0	0
Lindsie Schoenack 1072 Parkway Lane West Fargo, ND 58078	College Relations Director 2	0	0	0
Melissa Arnold 1072 Parkway Lane West Fargo, ND 58078	Diversity Director 1	0	0	0
Gwen Olson 1072 Parkway Lane West Fargo, ND 58078	Technology Director 1	0	0	0
Ryan Erckenbrack 1072 Parkway Lane West Fargo, ND 58078	Certification Director 1	0	0	0
Jocelyn Bertsch 1072 Parkway Lane West Fargo, ND 58078	Membership/Member-At-Large Director 1	0	0	0

TY 2009 General Explanation Attachment

Name: NORTH DAKOTA SOCIETY FOR HUMAN RESOURCE MANAGEMENT
COUNCIL

EIN: 45-0432273

Software ID: 09000073

Software Version: v1.00

Identifier	Return Reference	Explanation
F99Z_P05_S00_L35	Form 990-EZ, Part V, Line 35	

TY 2009 Other Expenses Schedule

Name: NORTH DAKOTA SOCIETY FOR HUMAN RESOURCE MANAGEMENT
COUNCIL

EIN: 45-0432273

Software ID: 09000073

Software Version: v1.00

Description	Amount
Conferences	5,854
General	6,257
State Conference Expenses	10,184

TY 2009 Other Revenues Schedule

Name: NORTH DAKOTA SOCIETY FOR HUMAN RESOURCE MANAGEMENT
COUNCIL

EIN: 45-0432273

Software ID: 09000073

Software Version: v1.00

Description	Amount
State Conference	3,408