See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

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)

► 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.*

OMB No 1545-1150

2012

Open to Public Inspection

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
SHRM NM STATE COUNCIL
PO BOX 95493
ALBUQUERQUE, NM 87199-5493

D Employer identification number
85-0373836

E Telephone number
575-525-5975

F Group Exemption Number ►

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ►

I Website: ► SHRMNM.ORG

J Tax-exempt status (check only one) – ☐ 501(c)(3) ☒ 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 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 ► $ 132,565.

SCANNED OCT 23 2013

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 ☒

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	2,526.
	2	Program service revenue including government fees and contracts		2	129,851.
	3	Membership dues and assessments		3	
	4	Investment income		4	188.
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	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)	6b		
	c	Less direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less. cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	►	9	132,565.
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)		10	2,714.
	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	1,548.
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	10,172.
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O		16	109,698.
	17	**Total expenses.** Add lines 10 through 16	►	17	124,132.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	8,433.
	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	137,116.
	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	145,549.

RECEIVED
SEP 20 2013
OGDEN, UT
75 IRS-OSC

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

TEEA0803L 12/07/12

H

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	137,116.	22	145,549.
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	137,116.	25	145,549.
26	**Total liabilities** (describe in Schedule O)	0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	137,116.	27	145,549.

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	SEE SCHEDULE O (Grants $) If this amount includes foreign grants, check here ► ☐	28a	
29	(Grants $) If this amount includes foreign grants, check here ► ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here ► ☐	30a	
31	Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here ► ☐	31a	
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
SEE SCHEDULE O		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 ☐

			Yes	No
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	33		X
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)	34		X
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)?	35a		X
b	If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35b		
c	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	35c		X
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		X
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		X
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?	38a		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on line 9 39a N/A			
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 ► N/A , section 4912 ► N/A , section 4955 ► N/A			
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 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	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 ► 0.			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► 0.			
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		X
41	List the states with which a copy of this return is filed ► NONE			

42a The organization's books are in care of ► VICKIE LUSK Telephone no ► 575 525-5975

Located at ► 845 N MOTEL BLVD LAS CRUCES NM ZIP + 4 ► 88007-8100

			Yes	No
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 ►	42b		X
	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.? If 'Yes,' enter the name of the foreign country ►	42c		X

43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here ► ☐ N/A and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*	44d		
45a	Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45a		X
b	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)	45b		X

		Yes	No
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	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 ☐

		Yes	No
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	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If 'Yes,' was the related organization a section 527 organization?	49b		

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

▶ Wendy Shannon SPHR
Signature of officer Date

▶ WENDY SHANNON, SPHR PAST DIRECTOR/President 9/1/13
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KEITH D. BALKCOM	Keith Balkcom	8/15/13		P00014990

Firm's name ► BALKCOM, PEARSALL & PARRISH CPAS, P.A.
Firm's address ► 1201 EUBANK NE, SUITE 4
ALBUQUERQUE, NM 87112
Firm's EIN ► 85-0218454
Phone no (505) 293-0173

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.**

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

SHRM NM STATE COUNCIL

Employer identification number

85-0373836

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO PROMOTE THE MISSION OF THE SOCIETY FOR HUMAN RESOURCES MANAGEMENT (SHRM), TO SERVE THE NEEDS OF HUMAN RESOURCES PROFESSIONALS AND ADVANCE THE HUMAN RESOURCES PROFESSION. WE AIM TO CONNECT HUMAN RESOURCE PROFESSIONALS THROUGHOUT NEW MEXICO, TO PROVIDE SUPPORT TO AFFILIATE SHRM CHAPTERS IN OUR STATE, AND TO ACT AS A CONDUIT IN THE COMMUNICATION NETWORK BETWEEN NATIONAL SHRM AND LOCAL CHAPTERS. WE ARE VOLUNTEER LEADERS DEDICATED TO THE HUMAN RESOURCES PROFESSION.

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

1. IN 2012 SHRM NM HELD THE STATE'S BIGGEST HUMAN RESOURCES CONFERENCE ON MARCH 26 AND 27, 2012. WE WERE ABLE TO GATHER SPONSORS WHICH RESULTED IN 80 VENDORS AND OVER 375 ATTENDEES.

2. SHRM NM PUT ON A LEADERSHIP CONFERENCE FOR THE STATE IN JANUARY 2012 AND HAD OVER 45 ATTENDEES STATE WIDE.

3. TO ACTIVELY ENCOURAGE STUDENT CHAPTER MEMBERS TO PARTICIPATE IN THE SHRM NM ACTIVITIES AND EVENTS, TO GAIN HUMAN RESOURCE KNOWLEDGE AND NETWORK WITH HUMAN RESOURCE PROFESSIONALS, WE OFFERED A REDUCED RATE FOR STUDENTS TO ATTEND THE NEW MEXICO SHRM STATE CONFERENCE ON MARCH 26-27, 2012 AND PROVIDED ASSISTANCE FOR STUDENTS TO PARTICIPATE IN THE REGION'S SHRM STUDENT CONFERENCE IN COLORADO ON MARCH 30-31, 2012.

4. TO PROMOTE WORKFORCE READINESS IN THE STATE, MEMBERS OF THE NM SHRM STATE COUNCIL SERVED ON BOARDS TO PROMOTE WORKFORCE READINESS INCLUDING THE NEW MEXICO BUSINESS ROUNDTABLE, EXECUTIVE COMMITTEE WHICH OVERSEES JOBS FOR AMERICA'S GRADUATES PROGRAM, THE P-20 EDUCATION COMMITTEE AND THE ECONOMIC GROWTH COMMITTEE. MEMBERS WERE ALSO ASSOCIATED WITH THE ASSOCIATION OF COMMERCE AND INDUSTRY SERVING AS CHAIR OF THE JOBS AGENDA COMMITTEE, AS EXECUTIVE COMMITTEE MEMBER AND AS CHAIR OF THE FEDERAL COMMITTEE.

Name of the organization: SHRM NM STATE COUNCIL

Employer identification number: 85-0373836

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

5. THE STATE COUNCIL ACTIVELY PARTICIPATED IN THE JUNIOR ACHIEVEMENT CLASSROOM FOR 2012. BARBARA MARCUS, STATE COUNCIL MEMBER BEGAN TEACHING AT ELDORADO HS FOR JUNIOR ACHIEVEMENT ON MARCH 5, 2012. SHE TAUGHT THREE OTHER CLASSES DURING MARCH AND APRIL 2012.

6. THE NEW MEXICO SHRM COUNCIL ASSISTED NEW MEXICO AND/OR LOCAL SHRM CHAPTERS IN DEVELOPING ESGR MEMTORSHIP PROGRAMS. MENTORSHIP PROGRAMS MAY INCLUDE PROVIDING INTERVIEWING SKILLS, RESUME WRITING, REEDUCATING RETUNING NATIONAL GUARD/RESERVE MEMBERS REGARDING MILITARY/CIVILIAN WORK, ETC. THE MENTORSHIP WAS AVAILABLE TO ALL NATIONAL GUARD/RESERVE MEMBERS AND THEIR IMMEDIATE FAMILY MEMBERS. TWENTY NATIONAL GUARD/RESERVE MEMBERS WERE CONTACTED REGARDING THE TRAINING AND TWO SIGNED UP FOR THE TRAINING. SHRM NM ESHR VOLUNTEERS ATTENDED THE VETERANS JOB FAIR ON AUGUST 30, 2012 IN ALBUQUERQUE AND A ESGR SOUTHWEST NEW MEXICO GUARD/RESERVE JOB FAIR ON SEPTEMBER 13, 2012 IN LAS CRUCES.

SHRM NM STATE COUNCIL 85-0373836

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION	$ 11,100.
CONFERENCE MATERIALS	1,245.
CONFERENCE VENUE	52,562.
CONFERENCES, CONVENTIONS, AND MEETINGS	1,975.
GIFTS	4,212.
INSURANCE	960.
MEALS	4,539.
MISCELLANEOUS	1,653.
OFFICE EXPENSES	1,620.
PER DIEM	4,511.
SPEAKER SERVICES	1,284.
TRAVEL	24,037.
TOTAL	$ 109,698.

FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	AVERAGE HOURS PER WEEK DEVOTED	COMPEN-SATION	HEALTH BENEFITS & CONTRIB-BUTION TO EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES
WENDY SHANNON PAST PRESIDENT	3	$ 0.	$ 0.	$ 0.
DENNELL SANDOVAL-NEWHALL TREASURER	3	0.	0.	0.
ALICE KILBORN DIRECTOR	0.5	0.	0.	0.
BARBARA MARCUS DIRECTOR	0.5	0.	0.	0.
EVA NEWMAN DIRECTOR	0.5	0.	0.	0.
ROSEANNE SWOBODA PRESIDENT ELECT	0.5	0.	0.	0.
VICKI LUSK PRESIDENT	5	0.	0.	0.
RENE HATFIELD DIRECTOR	0.5	0.	0.	0.
MELISSA FLEMING HAID DIRECTOR	0.5	0.	0.	0.
MARY RUTLAND DIRECTOR	0.5	0.	0.	0.

SHRM NM STATE COUNCIL 85-0373836

FORM 990-EZ, PART IV (CONTINUED)
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	AVERAGE HOURS PER WEEK DEVOTED	COMPEN-SATION	HEALTH BENEFITS & CONTRIB-BUTION TO EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES
SHEILA NUNEZ DIRECTOR	0.5	$ 0.	$ 0.	$ 0.
KAREN MICKOOL DIRECTOR	0.5	0.	0.	0.
GAIL ESTELL DIRECTOR	0.5	0.	0.	0.
TIARE ROMERO DIRECTOR	0.5	0.	0.	0.
MACKENZIE BINGHAM DIRECTOR	0.5	0.	0.	0.
NAOMI SERNA-OLANDER SECRETARY	0.5	0.	0.	0.
RUTH GIRON DIRECTOR	0.5	0.	0.	0.
JEFF KELLERMAN DIRECTOR	0.5	0.	0.	0.
BOB DANIELS DIRECTOR	0.5	0.	0.	0.
DEBBIE CHILDRESS DIRECTOR	0.5	0.	0.	0.
MIKE SCHMORLEITZ DIRECTOR	0.5	0.	0.	0.
	TOTAL	$ 0.	$ 0.	$ 0.

Form **8868**
(Rev January 2013)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

OMB No 1545 1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ► [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extention on a previously filed Form 8868

Electronic filing *(e-file).* You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit *www.irs gov/efile* and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ► [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

Type or print

File by the due date for filing your return See instructions

Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
SHRM NM STATE COUNCIL	85-0373836
Number, street, and room or suite number If a P O box, see instructions	Social security number (SSN)
PO BOX 95493	
City, town or post office, state, and ZIP code For a foreign address, see instructions	
ALBUQUERQUE, NM 87199-5493	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► VICKIE LUSK

Telephone No ► 575 525-5975 FAX No ►

- If the organization does not have an office or place of business in the United States, check this box ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ► [ ] If it is for part of the group, check this box ► [ ] and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 13, to file the exempt organization return for the organization named above
The extension is for the organization's return for
► [X] calendar year 20 12 or
► [ ] tax year beginning _____, 20 ___, and ending _____, 20 ___

2 If the tax year entered in line 1 is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	**3a**	$ 0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	**3b**	$ 0.
c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	**3c**	$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ► [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print

File by the extended due date for filing your return See instructions

Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
SHRM NM STATE COUNCIL	85-0373836
Number, street, and room or suite number If a P O box, see instructions	Social security number (SSN)
BALKCOM, PEARSALL & PARRISH CPAS, P.A. 1201 EUBANK NE, SUITE 4	
City, town or post office, state, and ZIP code For a foreign address, see instructions	
ALBUQUERQUE, NM 87112	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of ► VICKIE LUSK
  Telephone No ► 575 525-5975 FAX No ►
- If the organization does not have an office or place of business in the United States, check this box ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► ☐ If it is for part of the group, check this box ► ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 11/15, 20 13

5 For calendar year 2012, or other tax year beginning , 20 , and ending , 20

6 If the tax year entered in line 5 is for less than 12 months, check reason ☐ Initial return ☐ Final return
☐ Change in accounting period

7 State in detail why you need the extension THE TAXPAYER IS IN THE PROCESS OF ACCUMULATING RECORDS IN ORDER TO FILE AN ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	**8a**	$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	**8b**	$
c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	**8c**	$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► Kim Balkcom Title ► CPA Date ► 8/14/13