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

EXTENDED TO AUGUST 15, 2016

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at *www.irs.gov/form990.*

OMB No 1545-1150

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning and ending

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
THE SOCIETY FOR HUMAN RESOURCE MGMT OF NEW MEXICO STATE COUNCIL

Number and street (or P.O. box, if mail is not delivered to street address) | Room/suite
PO BOX 95493

City or town, state or province, country, and ZIP or foreign postal code
ALBUQUERQUE, NM 87199-5493

D Employer identification number
85-0373836

E Telephone number
505-205-8055

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: ▶ SHRMNM.ORG

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

K Form of organization: ☐ Corporation ☐ Trust ☒ Association ☐ Other

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, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 41,541.

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	14,430.
	2	Program service revenue including government fees and contracts	2	24,654.
	3	Membership dues and assessments	3	
	4	Investment income SEE SCHEDULE O	4	63.
	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 257.		
	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	257.
	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) SEE SCHEDULE O	8	2,137.
	9	**Total revenue** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	41,541.
Expenses	10	Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O	10	2,385.
	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	1,801.
	14	Occupancy, rent, utilities, and maintenance	14	150.
	15	Printing, publications, postage, and shipping	15	440.
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O	16	84,549.
	17	**Total expenses.** Add lines 10 through 16 ▶	17	89,325.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<47,784.>
	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	95,826.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	48,042.

RECEIVED
JUL 22 2016
OGDEN, UT
IRS-084-C

SCANNED AUG 11 2016

LHA **For Paperwork Reduction Act Notice, see the separate instructions.** Form **990-EZ** (2015)

GTO 10

532171
12-02-15

14430712 757901 7700000.001 2015.04000 THE SOCIETY FOR HUMAN RESOU 77000002

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	95,826.	22	48,042.
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	95,826.	25	48,042.
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)	95,826.	27	48,042.

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

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

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

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 SEE SCHEDULE O

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a 86,932.

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 86,932.

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
ALICE KILBORN DIRECTOR	0.50	0.	0.	0.
BARBARA MARCUS DIRECTOR	0.50	0.	0.	0.
LINDA STRAUSS DIRECTOR	0.50	0.	0.	0.
TOM SWENK DIRECTOR	0.50	0.	0.	0.
MARINA ATMA DIRECTOR	0.50	0.	0.	0.
LEAH BOETGER DIRECTOR	0.50	0.	0.	0.
SILAS PETERSON DIRECTOR	0.50	0.	0.	0.
VICKI LUSK DIRECTOR & PAST PRESIDENT	0.50	0.	0.	0.
ROBERT DANIEL TREASURER	3.00	0.	0.	0.
ILENE COLINA PRESIDENT	5.00	0.	0.	0.
MAGDALENA VIGIL-TULAR DIRECTOR	0.50	0.	0.	0.
MARK CHRISTENSEN DIRECTOR	0.50	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 Sch. O to respond to any question in this Part V [X]

			Yes	No
33	Did the organization engage in any significant 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	N/A	
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.	37b		X
b	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?	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), 501(c)(4), and 501(c)(29) 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	N/A	
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ N/A			
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 ▶ NM			
42a	The organization's books are in care of ▶ ROBERT DANIEL Telephone no. ▶ 505-338-1500 Located at ▶ 5921 JEFFERSON ST NE, ALBUQUERQUE, NM ZIP + 4 ▶ 87109			
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b		X
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 ▶ ☐ 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 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		

			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 Sch. 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	(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
N/A				

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." N/A

(a) Name and business address of each independent contractor	(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 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 Ilene K Colina Date 7/14/16

▶ ILENE COLINA, PRESIDENT 2015
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ROBERT A. DEPASQUALE	Robert A. DePasquale	07-12-16		P00446108

Firm's name ▶ PULAKOS CPAS, PC Firm's EIN ▶ 85-0219147

Firm's address ▶ 5921 JEFFERSON STREET NE ALBUQUERQUE, NM 87109 Phone no. (505)338-1500

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization: THE SOCIETY FOR HUMAN RESOURCE MGMT OF NEW MEXICO STATE COUNCIL

Employer identification number: 85-0373836

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST FROM CHECKING	63.

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
JOB POSTINGS	2,137.

FORM 990-EZ, PART I, LINE 10, PAYMENTS TO AFFILIATES:

AFFILIATE NAME: SHRM FOUNDATION

AMOUNT OF PAYMENT: 2,385.

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

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
GIFTS	2,136.
INSURANCE	799.
MEALS	179.
MISCELLANEOUS	1,443.
TRAVEL	1,597.
WEBSITE DEVELOPMENT	318.
QUARTERLY MEETING EXPENSE	9,943.
COUNCIL INITIATIVES	5,633.
STATE CONFERENCE ADVERTISING	134.
STATE CONFERENCE SPEAKER FEES	2,500.
STATE CONFERENCE REGISTRATION SYSTEM	6,642.
STATE CONFERENCE MEALS	2,475.

STATE CONFERENCE MISCELLANEOUS EXPENSES	807.
NM LEADERSHIP CONFERENCE PER DIEM	668.
NM LEADERSHIP CONFERENCE MEALS	6,564.
NM LEADERSHIP CONFERENCE SPEAKER	500.
SHRM CONFERENCES	12,881.
NM LEGISLATIVE CONFERENCE REGISTRATION	1,738.
NM LEGISLATIVE CONFERENCE SPEAKER	1,124.
NM LEGISLATIVE CONFERENCE	14,763.
NM LEGISLATIVE CONFERENCE AV	2,902.
NM LEGISLATIVE CONFERENCE MOBILE	4,850.
NM LEGISLATIVE CONFERENCE MEETING	3,953.
TOTAL TO FORM 990-EZ, LINE 16	84,549.

FORM 990-EZ, PART III, 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, PROGRAM SERVICE ACCOMPLISHMENTS:

1. SHRM NM HELD A STATE LEADERSHIP CONFERENCE ON JANUARY 31, 2015 FOR APPROXIMATELY 60 HR PROFESSIONALS FROM ACROSS THE STATE. THE PURPOSE OF THIS CONFERENCE WAS TO PREPARE

VOLUNTEER LEADERS FOR THEIR ROLES WITHIN THE SHRM NM STATE COUNCIL AND LOCAL SHRM CHAPTERS.

2. ON FEBRUARY 28, 2015, SHRM NM HOSTED THE 2015 EMPLOYMENT LEGISLATIVE AND LEGAL UPDATE SEMINAR FOR 200 HR PROFESSIONALS, SPEAKERS AND VENDORS. THIS EDUCATIONAL EVENT PROVIDED RECERTIFICATION CREDIT FOR HR AND LEGAL PROFESSIONALS. CONTENT INCLUDED TIMELY INFORMATION ON EMPLOYMENT LEGISLATION.

3. SHRM NM INCREASED AWARENESS OF SHRM NATIONAL, SHRM NM AND LOCAL CHAPTERS THROUGHOUT THE YEAR. WE HELD A MEMBERSHIP NETWORKING EVENT AT THE SHRM NATIONAL CONFERENCE TO DISCUSS THE BENEFITS OF MEMBERSHIP.

4. SHRM NM PROMOTED DISABILITY AWARENESS WITHIN THE STATE OF NEW MEXICO BY ACTIVELY PARTICIPATING IN DISABILITY AWARENESS ACTIVITIES. THE DIVERSITY DIRECTOR MET WITH CHAPTER REPRESENTATIVE DURING THE STATE LEADERSHIP CONFERENCE TO DISCUSS AND PROMOTE IDEAS FOR ENHANCED DIVERSITY TRAINING THROUGH CHAPTER AND STATE LEVEL SPEAKERS.

5. SHRM NM PROMOTED PROFESSIONAL DEVELOPMENT AND THE NEW SHRM CERTIFICATION PROGRAM. SHRM NM SUPPORTED CHAPTER INITIATIVES TO DRIVE AN INCREASE IN HR CERTIFICATION AT THE CHAPTER LEVEL.

6. SHRM NM PROVIDED LEGISLATIVE UPDATES TO LOCAL NM CHAPTERS. THE STATE LEGISLATIVE CO-DIRECTOR SPOKE AT THREE LOCAL CHAPTERS. THE STATE LEGISLATIVE CO-DIRECTORS ALSO PROVIDED LEGISLATIVE UPDATES TO THE SHRM NM STATE COUNCIL. THE STATE LEGISLATIVE CO-DIRECTOR ALSO ATTENDED THE SHRM NATIONAL LEGISLATIVE CONFERENCE IN WASHINGTON, DC.

7. THE STATE COUNCIL PRESIDENT ATTENDED THE SHRM NATIONAL CONFERENCE IN JUNE 2015 AND REPORTED BACK KEY INFORMATION AND TRENDS TO THE SHRM STATE COUNCIL IN JULY 2015.

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2015
Open to Public Inspection

Name of the organization: THE SOCIETY FOR HUMAN RESOURCE MGMT OF NEW MEXICO STATE COUNCIL

Employer identification number: 85-0373836

8. THE PRESIDENT AND PRESIDENT ELECT ATTENDED THE SHRM LEADERSHIP CONFERENCE IN NOVEMBER 2015 IN WASHINGTON DC. THE PURPOSE OF THIS CONFERENCE WAS TO PREPARE THE DIRECTOR ELECT TO ASSUME THE ROLE OF PRESIDENT IN JANUARY 2016.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Name of the organization THE SOCIETY FOR HUMAN RESOURCE MGMT OF NEW MEXICO STATE COUNCIL

Employer identification number 85-0373836

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 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
REBECCA RIGNEY DIRECTOR	0.50	0.	0.	0.
DANNY JARRETT DIRECTOR	0.50	0.	0.	0.
JAMIE WAGONER DIRECTOR	0.50	0.	0.	0.
RENE HATFIELD DIRECTOR	0.50	0.	0.	0.
MIKE BROWN DIRECTOR	0.50	0.	0.	0.
ESTELLA GAMBOA DIRECTOR	0.50	0.	0.	0.
BRIAN STONE DIRECTOR	0.50	0.	0.	0.
MELISSA DEL FERRARO DIRECTOR	0.50	0.	0.	0.
NICOLE SWEET DIRECTOR	0.50	0.	0.	0.
DENISE MONTOYA PRESIDENT ELECT	0.50	0.	0.	0.
NAOMI SERNA OLANDER SECRETARY	0.50	0.	0.	0.