



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 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

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

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

C Name of organization
UTAH HUMAN RESOURCES STATE COUNCIL

D Employer identification number
87-0579957

Number and street (or P O box, if mail is not delivered to street address)Room/suite
PO BOX 2621

ETelephone number
(801) 532-4000

City or town, state or province, country, and ZIP or foreign postal code
SALT LAKE CITY, UT 84101

FGroup 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: UTAHSHRM.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. \$ 83,685

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	10,373	
	2	Program service revenue including government fees and contracts					2	68,667	
	3	Membership dues and assessments					3		
	4	Investment income					4	319	
	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			
Expenses	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	4,326	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					9	83,685	
	10	Grants and similar amounts paid (list in Schedule O)					10	2,422	
	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	525	
	14	Occupancy, rent, utilities, and maintenance					14		
	15	Printing, publications, postage, and shipping					15		
	16	Other expenses (describe in Schedule O)					16	68,628	
	17	Total expenses. Add lines 10 through 16					17	71,575	
	Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)					18	12,110
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	150,356	
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	162,466	

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	150,356	22	162,466
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	150,356	25	162,466
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)	150,356	27	162,466

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?

TO PROMOTE THE EDUCATIONAL AND OTHER NON-PROFIT PURPOSES OF THE SOCIETY FOR HUMAN RESOURCES ("SHRM") BY PROVIDING A STRUCTURE FOR SHRM MEMBERS IN THE STATE OF UTAH (THE STATE") TO CONSULT TOGETHER CONCERNING THE AFFAIRS, ACTIVITIES, NEEDS AND PROBLEMS OF SHRM IN THE STATE AND TO ADOPT PROGRAMS WHICH WILL PROMOTE THE PROGRESS AND WELFARE OF SHRM IN THE HUMAN RESOURCE PROFESSION AS A WHOLE

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

HELD A STATE CONFERENCE FOR HUMAN RESOURCE PROFESSIONALS, VISITED LOCAL CHAPTERS TO PROVIDE SUPPORT AND PREPARED QUARTERLY NEWSLETTERS
(Grants \$ 2,422) If this amount includes foreign grants, check here

28a

55,307

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

55,307

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
SHAWN CHOATE DIRECTOR	0 00	0	0	0
SUMMER PALMER DIRECTOR ELECT/MEMBERSHIP	0 00	0	0	0
JAYDEE BLACKBURN CERTIFICATION	0 00	0	0	0
DEBBIE STONE CERTIFICATION	0 00	0	0	0
DANA SOWBY COLLEGE RELATIONS	0 00	0	0	0
JEANINE WILSON CONFERENCE DIRECTOR	0 00	0	0	0
ROGER TSAI DIVERSITY	0 00	0	0	0
BRENDA YAMAGATA DIVERSITY	0 00	0	0	0
RANDY RASMUSSEN FOUNDATION	0 00	0	0	0
JEANINE WILSON LEADERSHIP & RECOGNITION	0 00	0	0	0
MIKE O'BRIEN LEGISLATIVE AFFAIRS	0 00	0	0	0
JAMIE ANDRUS SECRETARY/PR	0 00	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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		No
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)		No
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)?		No
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		
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		No
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		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?		
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?		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations Enter 39a		
a	Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities		
39b	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), 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	40b		
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 ☐ _____		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		No
40e	40e		No
41	List the states with which a copy of this return is filed ☐ UT		
42a	The organization's books are in care of ☐ DEBBIE PETERSEN Telephone no ☐ (801) 565-4318 Located at ☐ PO BOX 2621 SALT LAKE CITY, UT ZIP + 4 ☐ 84101		
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)	Yes	No
42b	42b		No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ☐ _____		No
42c	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		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
44a	44a		No
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		No
44b	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?		No
44c	44c		No
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	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
45a	45a		No
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)		
45b	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	No

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	(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 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		2016-06-06 Date				
	DEBBIE PETERSEN TREASURER Type or print name and title						
Paid Preparer Use Only	Print/Type preparer's name MICHAEL R CRIDDLE CPA		Preparer's signature		Date 2016-06-02	Check ☐ if self-employed	PTIN P00355202
	Firm's name  EIDE BAILLY LLP					Firm's EIN  45-0250958	
	Firm's address  5 TRIAD CENTER STE 600 SALT LAKE CITY, UT 841801128					Phone no (801) 532-2200	
May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No							

**TY 2015 Transfers Personal Benefits
Contracts Declaration**

Name: UTAH HUMAN RESOURCES STATE COUNCIL

EIN: 87-0579957

Declaration: 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.

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 UTAH HUMAN RESOURCES STATE COUNCIL	Employer identification number 87-0579957
--	--

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST INCOME AMOUNT 319
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION OTHER INCOME AMOUNT 4,326
FORM 990-EZ, PART I, LINE 10 - PAYMENTS TO AFFILIATES	AFFILIATE NAME SHRM FOUNDATION AMOUNT OF PAYMENT 2,422
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION ADVERTISING AMOUNT 104 DESCRIPTION CONFERENCES, CONVENTIONS, AND MEETINGS AMOUNT 46,066 DESCRIPTION LEADERSHIP TRAINING AMOUNT 4,764 DESCRIPTION MEALS AND GIFTS AMOUNT 596 DESCRIPTION OFFICE EXPENSES AMOUNT 233 DESCRIPTION STATE COUNCIL MEETINGS AMOUNT 1,355 DESCRIPTION LICENSES & PERMITS AMOUNT 10 DESCRIPTION CHAPTER PROFIT SHARING AMOUNT 14,500 DESCRIPTION DIVERSITY AMOUNT 1,000 TOTAL TO FORM 990-EZ, LINE 16 68,628