

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/form990ez.

OMB No 1545-1150
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

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

C Name of organization: CHATTANOOGA HUMAN RESOURCES ASSOC DBA SOCIETY OF HUMAN RESOURCE MANAGEMENT
Number and street (or P O box, if mail is not delivered to street address): PO BOX 6062
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: CHATTANOOGA, TN 374016062

D Employer identification number: 31-1539737
E Telephone number: (423) 443-8476
F Group Exemption Number:

G Accounting Method: [x] Cash [] Accrual Other (specify)
I Website: WWW.SHRMCHATTANOOGA.ORG
J Tax-exempt status (check only one): [] 501(c)(3) [x] 501(c)(6) (insert no) [] 4947(a)(1) or [] 527

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

K Form of organization: [] Corporation [] Trust [x] 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. \$ 41,451

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 [x]

Table with 21 rows and 2 columns. Rows 1-9: Revenue (Total revenue: 41,451). Rows 10-17: Expenses (Total expenses: 59,759). Rows 18-21: Net Assets (Total net assets: 211,604).

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	229,912	22 211,604
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	229,912	25 211,604
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)	229,912	27 211,604

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? NETWORKING, INFORMATION, PROFESSIONAL DEVELOPMENT AND CONTINUED SUPPORT OF EXCELLENCE IN THE HUMAN RESOURCE PROFESSION	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)
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 Additional Data Table	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
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 (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	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
JOHN STEELE	1 00	0	0	0
PAST PRESIDENT				
JENNIFER SHIELDS	2 00	0	0	0
PRESIDENT				
FRANCES FLOWERS	1 00	0	0	0
WORKFORCE READINESS DIRECT				
JANET LEAMON	1 00	0	0	0
TREASURER				
JOHN-PAUL MORGANTE	1 00	0	0	0
VP PROGRAMS				
JENNIFER ELLIS	1 00	0	0	0
COMMUNICATIONS DIRECTOR				
NATALIE BREWER	1 00	0	0	0
COLLEGE RELATIONS DIRECTOR				
KEN JORDAN	1 00	0	0	0
DIVERSITY DIRECTOR				
JOHN BODE	1 00	0	0	0
LEGISLATIVE DIRECTOR				
JIM PUGH	1 00	0	0	0
SECRETARY				
TONI GRANT	1 00	0	0	0
WEBSITE ADMINISTRATOR				
MERRI MAI WILLIAMSON	1 00	0	0	0
PRESIDENT-ELECT				

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

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

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

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

Table with 5 columns: (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 "

Table with 3 columns: (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 2018-05-01 Date
JANET LEAMON TREASURER Type or print name and title

Paid Preparer Use Only Print/Type preparer's name REBECCA C FINGERLE Preparer's signature Date 2018-05-01 Check if self-employed PTIN P00971894
Firm's name MAULDIN & JENKINS Firm's EIN 58-0692043
Firm's address 537 MARKET STREET SUITE 300 CHATTANOOGA, TN 374021239 Phone no (423) 756-6133

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

Additional Data

Software ID:

Software Version:

EIN: 31-1539737

Name: CHATTANOOGA HUMAN RESOURCES ASSOC
DBA SOCIETY OF HUMAN RESOURCE MANAGEMENT

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.)	
<p>28 PROVIDED NETWORKING, PROFESSIONAL DEVELOPMENT AND SUPPORT OF EXCELLENCE IN THE HUMAN RESOURCE PROFESSION (Grants \$ 0)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	0

TY 2017 Transfers Personal Benefits Contracts Declaration

Name: CHATTANOOGA HUMAN RESOURCES ASSOC
DBA SOCIETY OF HUMAN RESOURCE MANAGEMENT

EIN: 31-1539737

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 ServiceName of the organization
CHATTANOOGA HUMAN RESOURCES ASSOC
DBA SOCIETY OF HUMAN RESOURCE MANAGEMENT**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

2017**Open to Public
Inspection****Employer identification number**

31-1539737

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST INCOME AMOUNT 576

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION TRAVEL EXPENSES AMOUNT 9,361 DESCRIPTION BOARD MEETING EXPENSES AMOUNT 1,741 DESCRIPTION OTHER ADMINISTRATIVE EXPENSES AMOUNT 2,358 DESCRIPTION INFORMATION TECHNOLOGY AMOUNT 1,780 DESCRIPTION MEETINGS AND CONFERENCES AMOUNT 27,936 DESCRIPTION COLLEGE AND COMMUNITY OUTREACH AMOUNT 8,297 TOTAL TO FORM 990-EZ, LINE 16 51,473