

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	211,604	22	216,899
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	211,604	25	216,899
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)	211,604	27	216,899

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) <input type="checkbox"/>	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 3 columns: Question ID, Question Text, Yes, No. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of JANET LEAMON TREASURER Telephone no (423) 634-3530 Located at PO BOX 6062 CHATTANOOGA, TN ZIP + 4 37401

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 42b, 42c.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 44a, 44b, 44c, 44d, 45a, 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	2019-07-09 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 2019-07-09	Check <input type="checkbox"/> 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 2018 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)

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Name of the organization

CHATTANOOGA HUMAN RESOURCES ASSOC
DBA SOCIETY OF HUMAN RESOURCE MANAGEMENT

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 1,044

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 525

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION TRAVEL EXPENSES AMOUNT 9,645 DESCRIPTION BOARD MEETING EXPENSES AMOUNT 1,251 DESCRIPTION OTHER ADMINISTRATIVE EXPENSES AMOUNT 3,675 DESCRIPTION INFORMATION TECHNOLOGY AMOUNT 1,200 DESCRIPTION MEETINGS AND CONFERENCES AMOUNT 49,161 DESCRIPTION COLLEGE AND COMMUNITY OUTREACH AMOUNT 26,938 TOTAL TO FORM 990-EZ, LINE 16 91,870