



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



A For the 2009 calendar year, or tax year beginning 01-01-2009 , and ending 12-31-2009				
B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization SOCIETY FOR HUMAN RESOURCE MANAGEMENT		D Employer identification number 48-1030765
Address change		Number and street (or P O box, if mail is not delivered to street address) Room/suite PO Box 1276		E Telephone number (316) 771-4903
Name change				
Initial return		City or town, state or country, and ZIP + 4 Wichita, KS 67201		F Group Exemption Number
Terminated				
Amended return				
Application pending				

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: <input type="checkbox"/> www.wichitashrm.org		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-Exempt status (check only one)— <input checked="" type="checkbox"/> 501(c)(6) <input type="checkbox"/> (insert no.) 4947(a)(1) or <input type="checkbox"/> 527		

K Check ☒ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ	\$	53,108
--	-----------	--------

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)										
Revenue	1	Contributions, gifts, grants, and similar amounts received							1	0
	2	Program service revenue including government fees and contracts							2	36,506
	3	Membership dues and assessments							3	15,855
	4	Investment income							4	747
	5a	Gross amount from sale of assets other than inventory					5a	0		
	b	Less cost or other basis and sales expenses					5b	0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)							5c	0
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here								
	a	Gross revenue (not including \$ 0 of contributions reported on line 1)					6a	0		
	b	Less direct expenses other than fundraising expenses					6b	0		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)					6c	0		
	7a	Gross sales of inventory, less returns and allowances					7a	0		
	b	Less cost of goods sold					7b	0		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)							7c	0	
8	Other revenue (describe _____)							8	0	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8							9	53,108	
Expenses	10	Grants and similar amounts paid (attach schedule)							10	30,896
	11	Benefits paid to or for members							11	0
	12	Salaries, other compensation, and employee benefits							12	0
	13	Professional fees and other payments to independent contractors							13	34,886
	14	Occupancy, rent, utilities, and maintenance							14	0
	15	Printing, publications, postage, and shipping							15	26
	16	Other expenses (describe _____)							16	229
	17	Total expenses. Add lines 10 through 16							17	66,037
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)							18	-12,929
	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	71,163
	20	Other changes in net assets or fund balances (attach explanation)							20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20							21	58,234

Part II Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	71,163	22 58,234
23	Land and buildings	0	23 0
24	Other assets (describe _____)	0	24 0
25	Total assets	71,163	25 58,234
26	Total liabilities (describe _____)	0	26 0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	71,163	27 58,234

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
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	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?	37b	No
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 period covered by this return? . . .	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved .	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	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) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's 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 . . . ▶		
d	Section 501(c)(3) and 501(c)(4) 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	40e	No
41	List the states with which a copy of this return is filed ▶ KS		
42a	The organization's books are in care of ▶ Dan Hamel Telephone no ▶ (316) 771-4903 3025 May Avenue Located at ▶ Wichita, KS ZIP + 4 ▶ 67213		
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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	No
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	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	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45	No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

50(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

51(d) Total number of other independent contractors each receiving over \$100,000 ▶

Please Sign Here	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.			
	Signature of officer		2010-07-10 Date	
Paid Preparer's Use Only	Dan Hamel Treasurer Type or print name and title			
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
				Phone no
May the IRS discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No				

Additional Data

Software ID:

Software Version:

EIN: 48-1030765

Name: SOCIETY FOR HUMAN RESOURCE MANAGEMENT

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
David Cox 105 S Broadway Suite 200 Wichita, KS 67202	Vice President Membership 2	0		
Jon Tiger 8409 Overbrook Wichita, KS 67206	President Elect 2	0		
Phillip Hayes 530 S Topeka Wichita, KS 67202	Board Member 3	0		
Jena Lysen 301 N Main Suite 1700 Wichita, KS 67202	Board Member 3	0		
Dan Hamel 7807 Westlawn Wichita, KS 67212	Treasurer 4	0		
Kara Hunt 15315 Hendryx Goddard, KS 67052	President 5	0		
Mary Troy 620 Tippecanoe Wichita, KS 67209	Secretary 3	0		
Lonna Black 4415 N St James Bel Aire, KS 67226	Board Member 2	0		
Trinidad Galdean 8301 E 21st St N Ste 370 Wichita, KS 67206	Board Member 3	0		
Shari Rains 1624 S Cranbrook Wichita, KS 67207	Board Member 2	0		
Kristy Laufer P O Box 1276 Wichita, KS 67201	Board Member 4	0		
Mary Legge 7331 W 33rd St N Suite 10 Wichita, KS 67205	Board Member 4	0		
Amy Buhrman 301 N Main Suite1700 Wichita, KS 67202	Board Member 1	0		
Shelbye Smith 215 S Laura Wichita, KS 67211	Board Member 4	0		
Rob Southern P O Box 85 Wichita, KS 67201	Board Member 2	0		
Nancy Bereman 1845 N Fairmont Wichita, KS 67260	Board Member 4	0		
Sherrie Williams 1435 N Glennwood Ct Wichita, KS 67230	Board Member 4	0		
Betty Graham 340 S Broadway Wichita, KS 67202	Board Member 2	0		
Bobbi Knoblauch 2088 Westridge Court Wichita, KS 67203	Board Member 3	0		
Kathy Slemp 2100 W University Wichita, KS 67213	Board Member 3	0		
Makela Wiese 3110 N Mead Wichita, KS 67219	Board Member 2	0		
Amanda Armstrong 3110 N Mead Wichita, KS 67219	Board Member 2	0		

TY 2009 General Explanation Attachment

Name: SOCIETY FOR HUMAN RESOURCE MANAGEMENT

EIN: 48-1030765

Software ID: 09000073

Software Version: v1.00

Identifier	Return Reference	Explanation
F99Z_P05_S00_L35	Form 990-EZ, Part V, Line 35	

TY 2009 Other Expenses Schedule

Name: SOCIETY FOR HUMAN RESOURCE MANAGEMENT

EIN: 48-1030765

Software ID: 09000073

Software Version: v1.00

Description	Amount
Conference Registration Fee for Chapter President	229