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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 black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150
2009
Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009, and ending 12-31-2009

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: Charlotte Area SHRM
Number and street (or P O box, if mail is not delivered to street address) Room/suite: PO Box 36156
City or town, state or country, and ZIP + 4: Charlotte, NC 28236

D Employer identification number: 56-1412117
E Telephone number: (704) 553-4635
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)

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. \$ 82,563

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
2	Program service revenue including government fees and contracts
3	Membership dues and assessments 81,129
4	Investment income 55
5a	Gross amount from sale of assets other than inventory
5b	Less cost or other basis and sales expenses 0
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>
6a	Gross revenue (not including \$ of contributions reported on line 1) 1,379
6b	Less direct expenses other than fundraising expenses 2,453
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) -1,074
7a	Gross sales of inventory, less returns and allowances
7b	Less cost of goods sold 0
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)
8	Other revenue (describe)
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 80,110
Expenses	
10	Grants and similar amounts paid (attach schedule)
11	Benefits paid to or for members
12	Salaries, other compensation, and employee benefits
13	Professional fees and other payments to independent contractors
14	Occupancy, rent, utilities, and maintenance
15	Printing, publications, postage, and shipping 816
16	Other expenses (describe) 93,322
17	Total expenses. Add lines 10 through 16 97,138
Net Assets	
18	Excess or (deficit) for the year (Subtract line 17 from line 9) -17,028
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) 107,195
20	Other changes in net assets or fund balances (attach explanation)
21	Net assets or fund balances at end of year. Combine lines 18 through 20 90,167

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	107,195	90,167
23 Land and buildings		
24 Other assets (describe)		
25 Total assets	107,195	90,167
26 Total liabilities (describe)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	107,195	90,167

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		No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		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		
35a	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?		No
35b	If "Yes," has it filed a tax return on Form 990-T for this year?		
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 _____		
37b	Did the organization file Form 1120-POL for this year?		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?		No
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	<i>Section 501(c)(7) organizations.</i> Enter		
39a	Initiation fees and capital contributions included on line 9	0	
39b	Gross receipts, included on line 9, for public use of club facilities	0	
40a	<i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
40b	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> 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		
40c	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
40d	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
40e	<i>All organizations.</i> 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
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ <u>Kathryn Lee</u> Telephone no ▶ <u>(704) 394-5376</u> PO Box 36156 Located at ▶ <u>Charlotte, NC</u> ZIP + 4 ▶ <u>282366156</u>		
42b	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.	Yes	No
42c	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 ▶ _____		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> 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.	Yes	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.		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.

	Yes	No
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		
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
NONE				

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
NONE		

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: ***** Date: 2010-06-11

Type or print name and title: Kathryn Lee, Treasurer

Paid Preparer's Use Only

Preparer's signature: Terry W Lancaster Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: C DeWitt Foard & Co PA CPAs
1001 Morehead Square Dr Ste 450
Charlotte, NC 28203

Preparer's identifying number (See instructions): _____
 EIN: _____
 Phone no: (704) 372-1515

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

Additional Data

Software ID:
Software Version:
EIN: 56-1412117
Name: Charlotte Area SHRM

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
Jen Golynsky 1115 Harris Corners Pkwy Charlotte, NC 28262	Director 0	0		
Juan Gomez PO Box 38095 Charlotte, NC 28278	Director 0	0		
Michelle Woodhouse 10405H Granite Street Charlotte, NC 28273	Director 0	0		
Piper Iles 2600 Queen City Drive Charlotte, NC 28208	Director 0	0		
Diane Marsilio 4117 River Oaks Road Lake Wylie, SC 29710	Asst Treasurer 0	0		
Christy Althiser 2545 Statesville Road Charlotte, NC 28269	Director 0	0		
Kay Lowery 333 East Trade Street Charlotte, NC 28202	Director 0	0		
Michelle Fish 4601 Charlotte Park Drive Charlotte, NC 28217	Director 0	0		
Ronda Williams 4725 Piedmont Row Charlotte, NC 28210	Director 0	0		
Jeremy Stephenson PO Box 30397 Charlotte, NC 28230	Director 0	0		
John Cole 201 S College Street Charlotte, NC 28244	Director 0	0		
Leigh Coble 2109 Randolph Road Charlotte, NC 28237	Director 0	0		
Ajit Anthony PO Box 37322 Charlotte, NC 28237	Director 0	0		
Larry Valenti 400 S Tryon Street Charlotte, NC 28285	President 0	0		
Dwinda Franks 13327 Carowinds Blvd Charlotte, NC 28273	Secretary 0	0		
Kathryn Lee 4201 Congress Street Charlotte, NC 28209	Treasurer 0	0		
Dale Shoffner 5825 Carnegie Blvd Charlotte, NC 28209	Vice President 0	0		
David Keech 4404-A Stuart Andrew Blvd Charlotte, NC 28217	Vice President 0	0		
Helena Williams PO Box 36156 Charlotte, NC 28236	Vice President 0	0		

TY 2009 Grants and Similar Amounts Paid Schedule

Name: Charlotte Area SHRM

EIN: 56-1412117

Software ID: 09000047

Software Version: 2009v1.3

Item No.	1
Class of Activity	
Donee's Name	Johnson & Wales
Donee's Address	801 W Trade Street Charlotte, NC 28202
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	
Donee's Name	Belk College of Business
Donee's Address	9201 University City Blvd Charlotte, NC 28223
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	Scholarship
Donee's Name	Furman University
Donee's Address	3300 Poinsett Highway Greenville, SC 29613
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	Scholarship
Donee's Name	Winthrop University
Donee's Address	701 Oakland Avenue Rock Hill, SC 29733
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Expenses Schedule

Name: Charlotte Area SHRM

EIN: 56-1412117

Software ID: 09000047

Software Version: 2009v1.3

Description	Amount
Website expenses	6,785
Office Expenses	1,563
Miscellaneous	3,530
Meetings	49,591
Contributions	3,395
Conferences, Conventions, and Meetings	25,458
Bank charges	2,337