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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: HUMAN RESOURCE MANAGEMENT ASSOCIATION OF SOUTHWEST FLORIDA INC
Number and street (or P O box, if mail is not delivered to street address) Room/suite: PO BOX 280
City or town, state or country, and ZIP + 4: FORT MYERS, FL 339020280

D Employer identification number: 59-1620330
E Telephone number: (239) 344-1105
F Group Exemption Number

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

G Accounting method: [X] Cash [] Accrual Other (specify)

I Website: WWW.HRMASWFL.SHRM.ORG

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

J Tax-Exempt status (check only one): [X] 501(c)(6) (insert no) [] 4947(a)(1) or [] 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 \$ 46,549

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Table with 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Includes sub-rows for special events and inventory.

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)

Table with 3 columns: (A) Beginning of year, (B) End of year, and line numbers. Rows include Cash, Land and buildings, Other assets, Total assets, Total liabilities, and Net assets or fund balances.

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses
What is the organization's primary exempt purpose? LOCAL CHAPTER OF SHRM		(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title		
28	TO PROMOTE & ADVANCE THE UNDERSTANDING & APPLICATION OF EVERY PHASE OF ETHICAL CONDUCT & RELATIONSHIPS IN THE FIELD OF HUMAN RESOURCES (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 0
29	TO ENDEAVOR TO ESTABLISH & IMPROVE IDEALS, PERFORMANCES & STANDARDS OF ETHICAL CONDUCT & RELATIONSHIPS IN THE FIELD OF HUMAN RESOURCES (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a 0
30	TO ENCOURAGE COOPERATION AMONG MEMBERS FOR THE EXCHANGE OF IDEAS, DISCUSSION OF PROBLEMS & THE DISSEMINATION OF INFORMATION IN THE FIELD OF HUMAN RESOURCES (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a 0
31	Other program services (attach schedule) <input type="checkbox"/> (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)

(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

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 <input type="checkbox"/> 37a <input style="width:150px;" type="text" value="0"/>			
b Did the organization file Form 1120-POL for this year?	37b		
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 <i>Section 501(c)(7) organizations.</i> 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 <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____			
b <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	40b		
c <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 <input type="checkbox"/> _____			
d <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____			
e <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	40e		No
41 List the states with which a copy of this return is filed <input type="checkbox"/> FL _____			
42a The organization's books are in care of <input type="checkbox"/> The Organization _____ Telephone no <input type="checkbox"/> (239) 344-1105 PO BOX 280 Located at <input type="checkbox"/> FORT MYERS, FL _____ ZIP + 4 <input type="checkbox"/> 339020280			
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 <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	Yes	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 <input type="checkbox"/> _____	42c		No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43 <input style="width:100px;" type="text"/>			
44 Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	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.	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.

	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

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: ***** Date: 2010-05-05

KAREN ANDERSON PRESIDENT ELECT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: RANDALL WRIGHT Date: 2010-05-05 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: MARKHAM NORTON MOSTELLER WRIGHT & CO PA
8961 CONFERENCE DRIVE SUITE 1
FORT MYERS, FL 33919

Preparer's identifying number (See instructions):
EIN: _____
Phone no: (239) 433-5554

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

Additional Data**Software ID:****Software Version:****EIN:** 59-1620330**Name:** HUMAN RESOURCE MANAGEMENT ASSOCIATION OF
SOUTHWEST FLORIDA INC**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
JOHN DODD 4371 VERONICA S SHOEMAKER BLVD FORT MYERS, FL 33916	PRESIDENT 3 00	0	0	0
KAREN ANDERSON 15081 SHELL POINT MARINA DR SUITE 2 FORT MYERS, FL 33908	PRESIDENT ELECT 3 00	0	0	0
FRAN BARKER 13710 CYPRESS TERRACE CIRCLE 501 FORT MYERS, FL 33907	VP MEMBERSHIP 3 00	0	0	0
SANDIE PETERSON 8961 CONFERENCE DRIVE SUITE 1 FORT MYERS, FL 33919	VP PROGRAMS 3 00	0	0	0
CYNTHIA ZINGER 6061 SOUTH POINTE BLVD FORT MYERS, FL 33919	TREASURER 3 00	0	0	0
KAREN JAYE PO BOX 9344 FORT MYERS, FL 33902	SECRETARY 3 00	0	0	0
JANETTE L'HEUREUX 12450 BRANTLEY COMMONS COURT FORT MYERS, FL 33907	DIRECTOR- FOUNDATION 3 00	0	0	0
JOHN BROWN 8099 COLLEGE PARKWAY FORT MYERS, FL 33919	DIRECTOR- SPONSORSHIP 3 00	0	0	0
SUSAN BAUER 10501 FGPU BLVD SO FORT MYERS, FL 33965	DIRECTOR-COLLEGE RELATIONS 3 00	0	0	0
GEORGIE FRASER 9470 HEALTHPARK CIRCLE FORT MYERS, FL 33908	DIRECTOR- CERTIFICATION 3 00	0	0	0
TERESA BECKTA 1685 MEDICAL LANE FORT MYERS, FL 33907	PAST PRESIDENT 3 00	0	0	0

TY 2009 Other Changes in Net Assets Schedule

Name: HUMAN RESOURCE MANAGEMENT ASSOCIATION OF
SOUTHWEST FLORIDA INC

EIN: 59-1620330

Description	Amount
INCREASE IN FMV OF INVESTMENTS	2,671

TY 2009 Other Expenses Schedule

Name: HUMAN RESOURCE MANAGEMENT ASSOCIATION OF
SOUTHWEST FLORIDA INC

EIN: 59-1620330

Description	Amount
OFFICE EXPENSE	637
TELEPHONE	123
TRAVEL	2,479
CONFERENCES & CONVENTIONS	30,117
CORPORATE FILING FEE	61
MEMBERSHIP/APPRECIATION GIFTS	1,808
INSURANCE	801
SHRM LEARNING SYSTEMS	6,049

TY 2009 Other Revenues Schedule

Name: HUMAN RESOURCE MANAGEMENT ASSOCIATION OF
SOUTHWEST FLORIDA INC

EIN: 59-1620330

Description	Amount
INTEREST	4

**TY 2009 Transfers Personal Benefits
Contracts Declaration**

Name: HUMAN RESOURCE MANAGEMENT ASSOCIATION OF
SOUTHWEST FLORIDA INC

EIN: 59-1620330

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.