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Form **990-EZ**

Short Form **ORIGINAL** 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 , **2009, and ending**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization CORPUS CHRISTI HUMAN RESOURCE MANAGEMENT ASSOCIATION		D Employer identification number 74-2774677
		Number and street (or P O box, if mail is not delivered to street address) Room/suite		E Telephone number () -
		P.O. BOX 9064		F Group Exemption Number . . . ▶
		City or town, state or country, and ZIP + 4 CORPUS CHRISTI, TX 78469		

• 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 Cash Accrual
Other (specify) ▶

I Website: ▶ WWW.CCHRMA.ORG

J Tax-exempt status (check only one) - 501(c)(6) () ◀ (insert no) 4947(a)(1) or 527

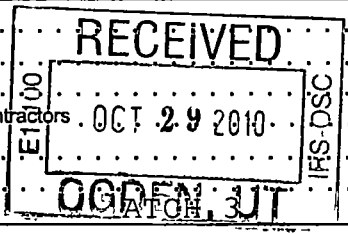
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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 . . . ▶ \$ 71,551.

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	3,000.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	8,450.
	4	Investment income	4	471.
	5 a	Gross amount from sale of assets other than inventory	5a	
	5 b	Less: cost or other basis and sales expenses	5b	
	5 c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6 a	Gross revenue (not including \$ of contributions reported on line 1)	6a	59,630.
6 b	Less: direct expenses other than fundraising expenses	6b	38,288.	
6 c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	21,342.	
7 a	Gross sales of inventory, less returns and allowances	7a		
7 b	Less: cost of goods sold	7b		
7 c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	33,263.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	1,638.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	400.
	14	Occupancy, rent, utilities, and maintenance	14	456.
	15	Printing, publications, postage, and shipping	15	180.
	16	Other expenses (describe ▶)	16	21,465.
	17	Total expenses. Add lines 10 through 16	17	24,139.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	9,124.
	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	30,430.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	39,554.



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	30,430.	39,554.
23 Land and buildings		
24 Other assets (describe ▶)		
25 Total assets	30,430.	39,554.
26 Total liabilities (describe ▶)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	30,430.	39,554.

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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

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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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
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			
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.		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
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?		X
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		X
40e			
41	List the states with which a copy of this return is filed. ▶ _____		
42a	The organization's books are in care of ▶ TREASURER Telephone no. ▶ _____ Located at ▶ 2106 LIPAN STREET CORPUS CHRISTI, TX ZIP + 4 ▶ 78469-9064		
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.		X
42b			
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: ▶ _____		X
42c			
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		X
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		X
45			

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 46 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 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

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

d Total number of other independent contractors receiving over \$100,000 ▶ _____

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: *William R Hibbs II* Date: *October 11, 2010*
 Type or print name and title: *WILLIAM R HIBBS II, PRESIDENT*

Paid Preparer's Use Only
 Preparer's signature: *[Signature]* Date: *10/11/10* Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: *SWANK & SALCH, P.C.* EIN: *74-2727608*
802 N. CARANAHUA, SUITE 310 CORPUS CHRISTI, TX 78401 Phone no: *361-883-8151*

Preparer's identifying number (See instructions): *P00544430*

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events	
		SEMINAR (event type)	SEMINAR (event type)	3 (total number)	(add col (a) through col (c))	
Revenue	1	Gross receipts	28,852.	8,292.	22,486.	59,630.
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	28,852.	8,292.	22,486.	59,630.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	15,671.	1,551.	21,066.	38,288.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Combine line 3, column (d), and line 10					21,342.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				()
	8	Net gaming income summary. Combine line 1, column d, and line 7				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? _____	9a	X
b If "No," explain: _____		
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	X
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	X
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____	12	X

		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	13a	%	
b An outside facility	13b	%	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name ▶ -----			
Address ▶ -----			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		X
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ----- and the amount of gaming revenue retained by the third party ▶ \$ -----			
c If "Yes," enter name and address of the third party:			
Name ▶ -----			
Address ▶ -----			
16 Gaming manager information:			
Name ▶ -----			
Gaming manager compensation ▶ \$ -----			
Description of services provided ▶ -----			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		X
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$			

Corpus Christi Human Resource Management Association
 Form 990EZ, Part IV - List of Officers, Directors and Trustees

Name and Address	Title and Average Hours Per Week	Compensation	Contributions to Employee Benefit Plans	Expense Account & Other Allowances
Sharon Kollaja 3833 S. Staples, Suite N103 Corpus Christi, TX 78411	President 5-7 hours	None	None	None
Jenifer Welp 1901 Trojan Corpus Christi, TX 78416	Past President 1-2 hours	None	None	None
Bill Hibbs 321 Texan Trail, Suite 100 Corpus Christi, TX 78411	President Elect 5-7 hours	None	None	None
Charlotte Castaneda P.O. Box 9064 Corpus Christi, TX 78469	Secretary 1-2 hours	None	None	None
Josie Roff P.O. Box 9064 Corpus Christi, TX 78469	Treasurer 1-2 hours	None	None	None
Fay Crider P.O. Box 9064 Corpus Christi, TX 78469	Legislative 1-2 hours	None	None	None
Melissa Harrison P.O. Box 9064 Corpus Christi, TX 78469	Membership 1-2 hours	None	None	None
Angelina Olivares P.O. Box 9064 Corpus Christi, TX 78469	Newsletter 1-2 hours	None	None	None
Eileen Butler P O Box 9064 Corpus Christi, TX 78469	Programs 1-2 hours	None	None	None

Corpus Christi Human Resource Management Association
 Form 990EZ, Part IV - List of Officers, Directors and Trustees

<u>Name and Address</u>	<u>Title and Average Hours Per Week</u>	<u>Compensation</u>	<u>Contributions to Employee Benefit Plans</u>	<u>Expense Account & Other Allowances</u>
Rachel Benavides P.O. Box 9064 Corpus Christi, TX 78469	Publicity 1-2 hours	None	None	None
Kim Slonaker P O Box 9064 Corpus Christi, TX 78469	Website 1-2 hours	None	None	None
Cindy Hanson P.O. Box 9064 Corpus Christi, TX 78469	College Relations 1-2 hours	None	None	None
Carol Duque P O. Box 9064 Corpus Christi, TX 78469	Certification 1-2 hours	None	None	None
Kathy Maxwell P O Box 9064 Corpus Christi, TX 78469	Diversity 1-2 hours	None	None	None
Scott Steele P.O. Box 9064 Corpus Christi, TX 78469	Workforce Readiness 1-2 hours	None	None	None
Janice Cubellis P.O. Box 9064 Corpus Christi, TX 78469	Best Places 1-2 hours	None	None	None
Michelle Flower P.O. Box 9064 Corpus Christi, TX 78469	SHRM Foundation Liason 1-2 hours	None	None	None
Leslie Smith P O Box 9064 Corpus Christi, TX 78469	HR Southwest Ambassador 1-2 hours	None	None	None
Grand Totals		<u>None</u>	<u>None</u>	<u>None</u>

ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>AMOUNT</u>
INTEREST INCOME	471.
TOTAL	<u>471.</u>

ATTACHMENT 2

FORM 990EZ, PART I - SPECIAL EVENTS AND ACTIVITIES

<u>DESCRIPTION</u>	<u>GROSS REVENUE</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
BEST PLACES TO WORK	28,852.	15,671.	13,181.
LABOR LAW SEMINAR	8,292.	1,551.	6,741.
CAREER EXPO	5,775.	3,282.	2,493.
MONTHLY LUNCHEONS, NEWSLETTER	16,211.	16,904.	-693.
WEB ADVERTISING	500.	880.	-380.
TOTALS	<u>59,630.</u>	<u>38,288.</u>	<u>21,342.</u>

ATTACHMENT 3FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES	717.
TRAVEL	12,334.
CONFERENCES, CONVENTIONS	1,570.
DEPRECIATION	611.
DUES	2,474.
OFFICER INSURANCE	984.
TEMOPARY STAFFING SERVICES	2,307.
BANK SERVICE CHARGES	168.
PROFESSIONAL DEVELOPMENT	300.
TOTAL	<u>21,465.</u>

ATTACHMENT 4FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	18,943.	5,922.
SAVINGS	11,487.	33,632.
TOTALS	<u>30,430.</u>	<u>39,554.</u>

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

COMMITTED TO THE HUMAN RESOURCE PROFESSION AND TAKING A LEADERSHIP
ROLE IN PROVIDING INFORMATION, PROGRAMS AND SERVICES IN SUPPORT OF
ITS MEMBERSHIP TO DEVELOP PERSONALLY AND PROFESSIONALLY.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**.
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization CORPUS CHRISTI HUMAN RESOURCE ASSOCIATION	Employer identification number 74-2774677
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 9064	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CORPUS CHRISTI, TX 78469	

Check type of return to be filed (File a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **TREASURER**
Telephone No. _____ FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until 11/15/2010.
- For calendar year 2009, or other tax year beginning _____, and ending _____.
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension TAXPAYER HAS BEEN UNABLE TO ACCUMULATE ALL INFORMATION REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$	0.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature [Signature] Title CA Date 7/23/10

SWANK & SALCH, P.C.
802 N. CARANCAHUA, SUITE 310
CORPUS CHRISTI, TX 78401