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Form 990-EZ

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2011 calendar year, or tax year beginning 01-01-2011, and ending 12-31-2011

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

C Name of organization: SHRM - MEMPHIS. Number and street (or P O box, if mail is not delivered to street address) Room/suite: PO BOX 770988. City or town, state or country, and ZIP + 4: MEMPHIS, TN 38177

D Employer identification number: 58-1627427. E Telephone number: (901) 529-6396. F Group Exemption Number

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

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

I Website: WWW.SHRM-MEMPHIS.ORG

J Tax-Exempt status (check only one): [ ] 501(c)(3) [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 or a section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 93,316

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

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Revenue total: 93,316. Expenses total: 87,517. Net Assets total: 151,414.

**Part II Balance Sheets**

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II )

	(A) Beginning of year		(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	145,615	<b>22</b>	151,333
<b>23</b> Land and buildings . . . . .		<b>23</b>	
<b>24</b> Other assets (describe in Schedule O) . . . . .	0	<b>24</b>	81
<b>25 Total assets</b> . . . . .	145,615	<b>25</b>	151,414
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	0	<b>26</b>	0
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	145,615	<b>27</b>	151,414

**Part III Statement of Program Service Accomplishments**

Check if the organization used Schedule O to respond to any question in this Part III

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

What is the organization's primary exempt purpose?  
TO IMPROVE THE PROFESSIONAL COMPETENCE OF MEMBERS, RAISE THE STANDARDS OF PERFORMANCE IN HUMAN RESOURCE MANAGEMENT AND FACILITATE EXCHANGE OF IDEAS

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** AN AFFILIATE OF THE SOCIETY FOR HUMAN RESOURCE MANAGEMENT, SHRM-MEMPHIS CURRENTLY CONSISTS OF NEARLY 900 PROFESSIONAL SPECIALISTS, GENERALISTS, BUSINESS PARTNERS AND EXECUTIVES REPRESENTING THE BROAD SPECTRUM OF THE HR CAREER INCLUDING, BUT NOT LIMITED TO, COMPENSATION, BENEFITS, EMPLOYEE RELATIONS, EMPLOYMENT/RECRUITMENT, HUMAN RESOURCE INFORMATION SYSTEMS, TRAINING AND ORGANIZATIONAL DEVELOPMENT. OUR MEMBERS COME FROM A WIDE VARIETY OF INDUSTRIES AND EMPLOYERS IN THE MEMPHIS AREA

(Grants \$ 0) If this amount includes foreign grants, check here  **28a** 0

**29**

(Grants \$ ) If this amount includes foreign grants, check here  **29a**

**30**

(Grants \$ ) If this amount includes foreign grants, check here  **30a**

**31** Other program services (describe in Schedule O) . . . . .

(Grants \$ ) If this amount includes foreign grants, check here  **31a**

**32 Total program service expenses** (add lines 28a through 31a) . . . . . **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 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
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2011) questions 33-45b regarding significant activities, changes, income, and tax requirements.

**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

<b>46</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Yes</b>	<b>No</b>

**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 47-49b and 52.

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

<b>47</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Yes</b>	<b>No</b>

**48** Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

<b>48</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Yes</b>	<b>No</b>

**49a** Did the organization make any transfers to an exempt non-charitable related organization?

<b>49a</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Yes</b>	<b>No</b>

**b** If "Yes," was the related organization a section 527 organization?

<b>49b</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Yes</b>	<b>No</b>

**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 each receiving over \$100,000

**52** Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts 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.**

<b>Sign Here</b>	2012-05-14
***** Signature of officer	Date
JASON CALLAHAN TREASURER Type or print name and title	

<b>Paid Preparer's Use Only</b>	Preparer's signature <input type="text"/> R M DEARMAN JR	Date 2012-05-09	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions) P00198135
	Firm's name (or yours if self-employed), address, and ZIP + 4 DIXON HUGHES GOODMAN LLP 999 S SHADY GROVE RD STE 400 MEMPHIS, TN 38120			EIN <input type="text"/> 56-0747981 Phone no <input type="text"/> (901) 761-3000

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

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.**  
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization  
SHRM - MEMPHIS

**Employer identification number**

58-1627427

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	DIVIDEND 16
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION CONFERENCE/MEETING EXPENSES AMOUNT 73,099 DESCRIPTION OFFICE EXPENSES AMOUNT 3,292 DESCRIPTION DUES EXPENSE AMOUNT 2,158 DESCRIPTION INSURANCE AMOUNT 1,387 DESCRIPTION MARKETING AMOUNT 885 DESCRIPTION WEBSITE AMOUNT 3,887 DESCRIPTION FOUNDATION EXPENSE AMOUNT 1,520 DESCRIPTION INTEREST AMOUNT 33 TOTAL TO FORM 990-EZ, LINE 16 86,261
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 81

## TY 2011 Transfers Personal Benefits Contracts Declaration

**Name:** SHRM - MEMPHIS

**EIN:** 58-1627427

**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.

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 58-1627427  
**Name:** SHRM - MEMPHIS

**Form 990-EZ, Special Condition Description:****Special Condition Description****Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(E) Expense account and other allowances</b>
DENEEN AL-SADI PO BOX 770988 MEMPHIS, TN 38177	PAST PRESIDENT 5 00	0	0	0
JAMES AUSTIN BAKER PO BOX 770988 MEMPHIS, TN 38177	PRESIDENT 5 00	0	0	0
YVETTE CURRY BROOKS PO BOX 770988 MEMPHIS, TN 38177	VICE PRESIDENT- MEMBERSHIP 5 00	0	0	0
TED ARCHDEACON PO BOX 770988 MEMPHIS, TN 38177	VICE PRESIDENT- COMMUNICATI 5 00	0	0	0
LISA P MAY PO BOX 770988 MEMPHIS, TN 38177	VICE PRESIDENT- HOSPITALITY 5 00	0	0	0
LINDA PORTRUM PO BOX 770988 MEMPHIS, TN 38177	FORMER TREASURER 5 00	0	0	0
CHARLENE A MITCHELL PO BOX 770988 MEMPHIS, TN 38177	SECRETARY 5 00	0	0	0
JULIEANNA WALKER PO BOX 770988 MEMPHIS, TN 38177	PRESIDENT ELECT 5 00	0	0	0
ROLANA BOURLAND PO BOX 770988 MEMPHIS, TN 38177	VICE PRESIDENT- COMMUNICATI 5 00	0	0	0
AUDREY DARNELL PO BOX 770988 MEMPHIS, TN 38177	VICE PRESIDENT- MEMBERSHIP 5 00	0	0	0
JILL BRIDGES PO BOX 770988 MEMPHIS, TN 38177	VICE PRESIDENT- PROGRAMS 5 00	0	0	0
JAMES MILLER PO BOX 770988 MEMPHIS, TN 38177	VICE PRESIDENT- PROGRAMS 5 00	0	0	0