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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 private foundation)

OMB No 1545-1150

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning 01-01-2013, and ending 12-31-2013

B Check if applicable

- Address change
Name change
Initial return
Terminated
Amended return
Application pending

C Name of organization: CORPUS CHRISTI HUMAN RESOUC E MANAGEMENT ASSOCIATION
Number and street (or P O box, if mail is not delivered to street address) Room/suite: PO BOX 9064
City or town, state or province, country, and ZIP or foreign postal code: CORPUS CHRISTI, TX 78469

D Employer identification number: 74-2774677

E Telephone number: (361) 883-8151

F Group Exemption Number

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

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

I Website: WWW.CCHRMA.ORG

J Tax-exempt status (check only one): [] 501(c)(3) [X] 501(c)(6) (insert no) [] 4947(a)(1) or [] 527

K Form of organization: [] Corporation [] Trust [X] Association [] Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 50,890

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 21 rows and 2 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values range from 6,330 to 46,300.

Part II Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	42,284	22 48,455
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	42,284	25 48,455
26 Total liabilities (describe in Schedule O)	1,126	26 2,155
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	41,158	27 46,300

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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?
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

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 SUPPORT WAS PROVIDED TO DEL MAR COLLEGE FOR SCHOLARSHIPS FOR STUDENTS INTERESTED IN THE HUMAN RESOURCE FIELD (Grants \$ 1,000)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V Other Information (Note the Schedule A and personal benefit contract 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 (2013) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, and organizational structure. Includes a table with Yes/No columns for questions 33-45b.

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 46 No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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 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 "

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1 contains 'NONE'.

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 "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1 contains 'NONE'.

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.

Sign Here ***** Signature of officer 2014-08-15 Date LESLIE GALLEGOS PRESIDENT Type or print name and title

Paid Preparer Use Only Print/Type preparer's name: Juaquin Jake Sanchez; Preparer's signature; Date: 2014-08-15; Check self-employed; PTIN; Firm's name: Juaquin Jake Sanchez CPA; Firm's EIN; Firm's address: 2820 SPID Box 134 Ste 198, Corpus Christi, TX 78415; Phone no: (361) 851-8722

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

Additional Data**Software ID:** 13000230**Software Version:** 13.6.0.0**EIN:** 74-2774677**Name:** CORPUS CHRISTI HUMAN RESOUCE MANAGEMENT
ASSOCIATION**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
LEILA GALLEGOS BOARD PRESIDENT	002 00	0		
LESLIE SMITH PAST PRESIDENT	002 00	0		
LESLIE VLISIDES PRESIDENT ELECT	002 00	0		
PATRICIA GONZALES SECRETARY	002 00	0		
DARREN BATES DIRECTOR	002 00	0		
CYNTHIA GARZA DIRECTOR	002 00	0		
KATY COOPER DIRECTOR	002 00	0		
NICOLE ANDRADE DIRECTOR	002 00	0		
MELISSA HARRISON DIRECTOR	002 00	0		
DIANA SCHULTZ DIRECTOR	002 00	0		
LUIS CABRERA DIRECTOR	002 00	0		
DAVID SHARP DIRECTOR	002 00	0		
CHERYL NAVARRE DIRECTOR	002 00	0		
TINA DURAND DIRECTOR	002 00	0		
MICHELLE FLOWER DIRECTOR	002 00	0		

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2013

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization CORPUS CHRISTI HUMAN RESOUCE MANAGEMENT ASSOCIATION

Employer identification number

74-2774677

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>LABOR LAW SEMINAR I</u> (event type)	<u>CAREER EXPO SEMINAR</u> (event type)	<u>1</u> (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	6,800	10,550	19,926	37,276
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	6,800	10,550	19,926	37,276
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	729	3,638	24,130	28,497
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
11 Net income summary Subtract line 10 from line 3, column (d) ▶					8,779

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 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶					

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? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? Yes No

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? 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? Yes No

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 ▶

Director/officer Employee 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? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CORPUS CHRISTI HUMAN RESOUCSE MANAGEMENT ASSOCIATION

Employer identification number

74-2774677

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Travel 6,934
Form 990-EZ, Part I, Line 16, Other Expenses	Interest 518
Form 990-EZ, Part I, Line 16, Other Expenses	Telephone 523
Form 990-EZ, Part I, Line 16, Other Expenses	Professional development 198
Form 990-EZ, Part I, Line 16, Other Expenses	Membership development 642
Form 990-EZ, Part I, Line 16, Other Expenses	SHRM Learning System 2,035
Form 990-EZ, Part I, Line 16, Other Expenses	SHRM TSC Membership dues 741
Form 990-EZ, Part I, Line 16, Other Expenses	Board Awards Gifts 50
Form 990-EZ, Part I, Line 16, Other Expenses	Other Expenses 1,176
Form 990-EZ, Part I, Line 16, Other Expenses	Office ShRM Dues 1,580
Form 990-EZ, Part I, Line 16, Other Expenses	Director Officer Insurance 1,345
Form 990-EZ, Part I, Line 16, Other Expenses	QuickBooks Subscription 60
Form 990-EZ, Part I, Line 16, Other Expenses	Bank Charges 102
Form 990-EZ, Part II, Line 26, Liabilities	GRANTS PAYABLE Beginning of year 1,126, End of year 2,155

TY 2013 Compensation Explanation

Name: CORPUS CHRISTI HUMAN RESOUCE MANAGEMENT ASSOCIATION

EIN: 74-2774677

Software ID: 13000230

Software Version: 13.6.0.0

Person Name	Explanation
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