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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 foundations)

OMB No 1545-1150

2014

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. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

- B Check if applicable: Address change, Name change, Initial return, Final 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): PO Box 36156
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: Charlotte, NC 28236

D Employer identification number: 56-1412117
E Telephone number: (704) 553-4635
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.charlotteshrm.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: [X] Corporation [ ] Trust [ ] 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 \$ 95,839

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 3 columns: Description, Code, Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21).



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 . . . . .

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 40e regarding organizational activities, financials, and tax matters.

41 List the states with which a copy of this return is filed
42a The organization's books are in care of Georgia Meyer Telephone no (704) 394-5376
Located at PO Box 36156 Charlotte, NC ZIP + 4 282366156

Table with columns for question number, question text, and Yes/No columns. Rows include questions 42b and 42c regarding foreign financial accounts and offices.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

Table with columns for question number, question text, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, tanning services, and controlled entities.

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 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 Terry W Lancaster Julie Bilodeau Treasurer Type or print name and title 2015-11-10 Date

Paid Preparer Use Only Print/Type preparer's name Terry W Lancaster Preparer's signature Date Check if self-employed PTIN P00096087 Firm's name C DeWitt Foard & Co PA CPAs Firm's EIN Firm's address 817 E Morehead Street Ste 100 Charlotte, NC 282022767 Phone no (704) 372-1515

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

# Additional Data

**Software ID:** 14000265  
**Software Version:** 2014v5.0  
**EIN:** 56-1412117  
**Name:** Charlotte Area SHRM

## Form 990EZ, Part III - Statement of Program Service Accomplishments

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.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
<b>28</b> Conducted dinner meetings and seminars on subjects related to the human resources profession (Grants \$ 68,332) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>28a</b>	
<b>29</b> Provided scholarships for college students (Grants \$ 6,000) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>29a</b>	6,000
<b>30</b> Conducted conferences on subjects related to the human resource profession (Grants \$ 11,575) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>30a</b>	
CASHRM Career Center - provide online access to HR job listings in the Charlotte area (Grants \$ 8,311) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		

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

<b>(a) Name and title</b>	<b>(b) Average hours per week devoted to position</b>	<b>(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)</b>	<b>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</b>	<b>(e) Estimated amount of other compensation</b>
Julie Bilodeau Treasurer	10 00	0		
Patricia Moody Vice President	3 00	0		
Joye Hearn Vice President	3 00	0		
Georgia Meyer Treasurer	10 00	0		
Lacy Gabor Secretary	2 00	0		
Larry Valenti Director	2 00	0		
Collette Mattmiller Director	1 00	0		
Stephen Basinski Director	1 00	0		
Malayka Klimchak Director	5 00	0		
Victoria Hillard Director	1 00	0		
Grainger Pierce Director	1 00	0		
Nick Kammeyer President	10 00	0		
Ben Holland Director	1 00	0		

**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 990-EZ 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](http://www.irs.gov/form990).**

**2014**

**Open to Public Inspection**

Name of the organization  
Charlotte Area SHRM

**Employer identification number**

56-1412117

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Grants and Similar Amounts Paid In Excess of \$5,000 7	Donee's Name Recipients less than \$5000   Cash Amount Given \$6000
Grants and Similar Amounts Paid In Excess of \$5,000 8	Donee's Name SHRM Foundation   Donee's Address 1800 Duke Street Alexandria, VA 22314   Cash Amount Given \$6100
Other Expenses 1002	Office Expenses \$6211
Other Expenses 1003	Information Technology \$4338
Other Expenses 1007	Conferences, Conventions, and Meetings \$11617
Other Expenses 1012	Insurance \$745
Other Expenses 1	Meetings \$68332
Other Expenses 2	Bank charges \$4122