

Form **990-EZ**
Department of the Treasury
Internal Revenue Service

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)
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/form990ez.

OMB No 1545-1150
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

B Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
COASTAL BEND SHRM
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
F Group Exemption Number

G Accounting Method Cash Accrual Other (specify)
I Website: CBSHRM WILDAPRICOT ORG
J Tax-exempt status (check only one) - 501(c)(3) 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 Form of organization 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. \$ 62,979

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.

Revenue	
1	Contributions, gifts, grants, and similar amounts received 2,886
2	Program service revenue including government fees and contracts
3	Membership dues and assessments 8,730
4	Investment income 148
5a	Gross amount from sale of assets other than inventory 5a
b	Less cost or other basis and sales expenses 5b
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c
6	Gaming and fundraising events
a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 51,215
c	Less direct expenses from gaming and fundraising events 6c 43,582
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7,633
7a	Gross sales of inventory, less returns and allowances 7a
b	Less cost of goods sold 7b
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c
8	Other revenue (describe in Schedule O) 8
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 19,397
Expenses	
10	Grants and similar amounts paid (list in Schedule O) 10 2,678
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 2,559
14	Occupancy, rent, utilities, and maintenance 14
15	Printing, publications, postage, and shipping 15
16	Other expenses (describe in Schedule O) 16 20,459
17	Total expenses. Add lines 10 through 16 17 25,696
18	Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -6,299
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 66,833
20	Other changes in net assets or fund balances (explain in Schedule O) 20
21	Net assets or fund balances at end of year Combine lines 18 through 20 21 60,534

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	66,833	22 60,534
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	66,833	25 60,534
26 Total liabilities (describe in Schedule O).		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	66,833	27 60,534

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

What is the organization's primary exempt purpose?
 COMMITTED TO THE HUMAN RESOURCE PROFESSION AND TAKING A LEADERSHIP ROLE IN PROVIDING INFORMATION, PROGRAMS NAD 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

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28 See Additional Data Table

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

29 See Additional Data Table **29a**

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

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

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here **32** 2,678

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
VICKI DANIELS	000 00	0		
PAST PRESIDE				
TONI NERREN	000 00	0		
PRESIDENT				
JERRY HENRY	000 00	0		
TREASURER				
JACQUELINE DUENEZ	000 00	0		
SECRETARY				
MARY CANALES	000 00	0		
LEGISLATION				
MEGAN FOYT	000 00	0		
MEMBERSHIP				
LUIS CABRERA	000 00	0		
PRESIDENT EL				
ELIZABETH SHOCKLEY	000 00	0		
PROFESSIONAL				
CHRISTINE MONTALVO	000 00	0		
MARKETING &				
VANESSA ADKINS	000 00	0		
COMMUNITY OU				
BILL HIBBS	000 00	0		
MEMBER AT LA				

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 response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

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

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

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.

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.

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 2018-05-10 Date
TONI NERREN PRESIDENT Type or print name and title

Paid Preparer Use Only Print/Type preparer's name JOHN HENDERSON Preparer's signature Date 2018-05-21 Check if self-employed PTIN P00544430
Firm's name SWANK SALCH & HENDERSON PC Firm's EIN 74-2727608
Firm's address 802 N CARANCAHUA SUITE 1100 CORPUS CHRISTI, TX 784010053 Phone no (361) 883-8151

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

Additional Data

Software ID:

Software Version:

EIN: 74-2774677

Name: COASTAL BEND SHRM

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

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.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 SUPPORT PROVIDED TO THE SOCIETY FOR HUMAN RESOURCE MANAGEMENT TO FUND OPERATIONS (Grants \$ 1,678) <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	1,678

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

<p>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.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>29 SUPPORT WAS PROVIDED TO DEL MAR COLLEGE FOR SCHOLARSHIPS FOR STUDENTS INTERESTED IN THE HUMAN RESOURCE FIELD (Grants \$ 1,000)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>29a</p>	<p style="text-align: right;">1,000</p>

Part II Fundraising Events. Complete if the organization answered "Yes" on 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)
		<u>HR EXCELEENCE</u> (event type)	<u>MONTHLY LUNCHEO</u> (event type)	<u>2</u> (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	13,775	13,250	19,855	46,880
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	13,775	13,250	19,855	46,880
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	13,860	17,355	8,256	39,471
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				39,471
11 Net income summary Subtract line 10 from line 3, column (d) ▶				7,409	

Part III Gaming. Complete if the organization answered "Yes" on 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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash 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 conducts gaming activities _____

a Is the organization licensed to conduct 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 _____

- 11** Does the organization conduct 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 conducted in

a	The organization's facility	%
b	An outside facility	%

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 provide any additional information (see instructions).

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
COASTAL BEND SHRM

Employer identification number

74-2774677

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES SHRM DUES 410 MARKETING & WEBSITE 1,910 BANK & CREDIT CARD FEES 122 BOARD AWARDS & GIFTS 319 SUBSCRIPTIONS 573 SUPPLIES 1,214 BOARD EXPENSES 747 TEMP SERVICES 1,330 TRAVEL 13,834 TOTAL 20,459

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	COMMITTED TO THE HUMAN RESOURCE PROFESSION AND TAKING A LEADERSHIP ROLE IN PROVIDING INFORMATION, PROGRAMS NAD SERVICES IN SUPPORT OF ITS MEMBERSHIP TO DEVELOP PERSONALLY AND PROFESSIONALLY