** PUBLIC DISCLOSURE COPY **

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. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

(Rev. January 2020) Department of the Treasury

and ending A For the 2019 calendar year, or tax year beginning D Employer identification number Check if applicable: C Name of organization Address change SOCIETY FOR HUMAN RESOURCE MANAGEMENT Name 34-0948453 change Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 1800 DUKE STREET 703-548-3440 216,801,304. **G** Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended 22314-3499 ALEXANDRIA, VA H(a) Is this a group return return
Application
pending F Name and address of principal officer: JOHNNY C. TAYLOR, Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes 501(c)(3) **X** 501(c) (6 Tax-exempt status:) ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ 4372 J Website: ► WWW.SHRM.ORG K Form of organization: X Corporation L Year of formation: 1949 M State of legal domicile: OH Trust Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: SHRM'S MISSION IS TO SERVE Activities & Governance NEEDS OF HUMAN RESOURCE PROFESSIONALS. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 11 Number of independent voting members of the governing body (Part VI, line 1b) 4 504 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 17666 Total number of volunteers (estimate if necessary) 6 9,737,776. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 39 7b 2,229,438. **Prior Year Current Year** 0. Contributions and grants (Part VIII, line 1h) 8 Revenue 121,739,878. 129,065,474. Program service revenue (Part VIII, line 2g) 6,304,497. 6,998,242. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 16,966,777. 18,997,575. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 145,704,897. 154,367,546. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 3,002,005. 3,243,496. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 53,932,132. 56,604,106. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 74,668,614. 89,085,146. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 131,602,751. 148,932,748. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 14,102,146. 5,434,798. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 20, 238,668,602. 215,497,225. 20 Total assets (Part X, line 16) 84,082,019. 91,649,090. 21 Total liabilities (Part X, line 26) ₽E 131,415,206. 147,019,512 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block 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. 12 M 11/5/20 Signature of officer Date Sign KEITH GREEN, Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 11/13/2d P01365820 AARON M. FOX self-employed Paid Firm's name MARCUM LLP Firm's EIN ▶ 11-1986323 Preparer Firm's address 1899 L STREET, NW, SUITE Use Only Phone no. (202) 227-4000 WASHINGTON, DC 20036 May the IRS discuss this return with the preparer shown above? (see instructions) Form **990** (2019)

Par	t III S	tatement of Program Service Accomplishments
	С	heck if Schedule O contains a response or note to any line in this Part III
1	Briefly o	escribe the organization's mission:
		EMPOWERS PEOPLE AND WORKPLACES BY ADVANCING HR PRACTICES AND BY
	MAXI	MIZING HUMAN POTENTIAL.
2	Did the	organization undertake any significant program services during the year which were not listed on the
	prior Fo	rm 990 or 990-EZ? Yes X No
	If "Yes,	describe these new services on Schedule O.
3	Did the	organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes,	describe these changes on Schedule O.
4	Describ	e the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section	501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue	, if any, for each program service reported.
4a	(Code: _) (Expenses \$
		RNMENT AND PUBLIC AFFAIRS: SHRM MONITORS CONGRESSIONAL ACTIONS THAT
		CT HUMAN RESOURCE MANAGEMENT ISSUES AND REPRESENTS MEMBERS'
	POSI	TIONS ON PENDING LEGISLATION AND REGULATORY ISSUES.
4b	(Code: _) (Expenses \$ including grants of \$) (Revenue \$)
		IFICATION PROGRAM: SHRM HAS ESTABLISHED TWO COMPETENCY BASED
		IFICATIONS WHICH ASSESS, THROUGH KNOWLEDGE AND SITUATIONAL JUDGMENT
		TIONS, HR PROFESSIONAL CAPABILITIES IN THE ASPECTS OF PRACTICING
	HUMA	N RESOURCES.
4c	(Code: _) (Expenses \$ including grants of \$
		NARS AND EDUCATIONAL PROGRAMS: SHRM PROVIDES VARIOUS FORUMS AND
		UCTS TO HELP EDUCATE HUMAN RESOURCE PROFESSIONALS AND DISSEMINATE
		RMATION ON HUMAN RESOURCE ISSUES AND PROVIDE A NETWORKING FORUM FOR
	SUCH	PROFESSIONALS.
4d	Other p	rogram services (Describe on Schedule O.)
	(Expenses	\$ including grants of \$) (Revenue \$)
4e	Total pr	ogram service expenses
		Form 990 (2019)

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	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	3		X
4	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
D		12b	х	
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	- 21	Х
13	Pid the approximation projection on office and because the state of the United Obstaco	14a	Х	1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	144	- 21	\vdash
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	441.	v	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	\vdash
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

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Form 990 (2019) SOCIETY FOR HUMAN Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization 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	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
02	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
00	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	"		
٥,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
00		38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	,		
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	Х	
				(2010)

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Form 990 (2019) SOCIETY FOR HUMAN RESOURCE MANAGEMENT Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	continued							
		I I		Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 504						
L	filed for the calendar year ending with or within the year covered by this return		Oh	X				
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b					
20	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions Did the organization have unrelated business gross income of \$1,000 or more during the year?	,	3a	Х				
	-		3b	X				
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other a		30	21				
та	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a	х				
h	If "Yes," enter the name of the foreign country SEE SCHEDULE O		та					
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).						
5a			5a		х			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions and taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions.		5b		Х			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
	any contributions that were not tax deductible as charitable contributions?		6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts						
	were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required						
	to file Form 8282?		7с					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e 7f					
f	3 7 7 7 7 7 7 1							
g								
_	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•	8					
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.		0					
а	Did the appropriate experientian make any toyohla distributions under castion 10660		9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b					
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders	11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a					
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the	L I						
	organization is licensed to issue qualified health plans	13b						
	Enter the amount of reserves on hand	13c	44		v			
			14a		X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul le the exception subject to the section 4960 tax on payment(c) of more than \$1,000,000 in remuner		14b		\vdash			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		15	Х				
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		10					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х			
	If "Yes," complete Form 4720, Schedule O.		.0					
			F	990	(0040)			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X				
Sec	tion A. Governing Body and Management									
					Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12							
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b	11							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any	other							
	officer, director, trustee, or key employee?			2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the									
				3		х				
4										
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		Х				
6	Did the organization have members or stockholders?			6	Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap									
	more members of the governing body?			7a	Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st									
	persons other than the governing body?		,	7b		х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea									
а	The governing body?	-	-	8a	Х					
b	Each committee with authority to act on behalf of the governing body?			8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Co	70)							
	(This doctor b requests information about policies not required by the internal re-	vonac co	<i>30.</i> /		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a	Х					
	If "Yes," did the organization have written policies and procedures governing the activities of such ch									
				10b	Х					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		_							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y									
	in Schedule O how this was done	,		12c	Х					
13	Did the organization have a written whistleblower policy?			13	Х					
14	Did the organization have a written document retention and destruction policy?			14	Х					
15	Did the process for determining compensation of the following persons include a review and approva									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official			15a	Х					
	Other officers or key employees of the organization			15b	X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with	a							
	taxable entity during the year?			16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's								
	exempt status with respect to such arrangements?			16b						
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶CA									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990-T (Section 501(c)(3)s	only)	availa	ble				
	for public inspection. Indicate how you made these available. Check all that apply.	•								
	Own website Another's website X Upon request Other (explain	on Sched	dule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	financ	cial					
	statements available to the public during the tax year.		-							
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and re	cords 🕨							
	KEITH GREEN - 703-548-3440									
	1800 DUKE STREET, ALEXANDRIA, VA 22314-3499									

Form **990** (2019)

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

(A)	(B)	Jiga		(C Posi			Juli	(D)	(E)	(F) Estimated
Name and title	Average hours per week	box	(do not check more the box, unless person is officer and a director/		s both	an	Reportable compensation from	Reportable compensation from related	amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOHNNY C. TAYLOR, JR, SHRM-SCP PRESIDENT AND CEO/SHRMF & HRPS DIR	37.00	Х		x				1,251,479.	0.	87,518.
(2) MARY MOHNEY, CPA	40.00									
TREASURER & CFO				Х				567,636.	0.	357,621.
(3) JEANEEN ANDREWS-FELDMAN	40.00									
CHIEF MKTING AND EXPERIENCE OFFICER					Х			509,998.	0.	147,521.
(4) JESSICA PERRY	40.00									
CDO - UNTIL 07/2019					Х			499,505.	0.	141,953.
(5) NICHOLAS SCHACHT, SHRM-SCP	40.00									
CHIEF GLOBAL DEVELOPMENT OFFICER					Х			464,927.	0.	141,360.
(6) ALEXANDER ALONSO, PHD, SHRM-SCP	40.00									
CHIEF KNOWLEDGE OFFICER					Х			458,601.	0.	57,839.
(7) EMILY DICKENS, JD	40.00								_	
SEC./ CHIEF OF STAFF				Х				432,552.	0.	54,129.
(8) SCOTT OPPLER, PHD, VP, CERT.	40.00									
RESEARCH/ANALYSIS - UNTIL 07/19	1.0.00				X			262,715.	0.	166,615.
(9) JAMES BANKS, JD	40.00							204 554		405 404
GENERAL COUNSEL	40.00		_		Х			321,574.	0.	107,481.
(10) ANTHONY LEE	40.00							054 550	•	1 5 2 2 4 5
VP, EDITORIAL	40.00				Х			254,752.	0.	173,247.
(11) LYNN SHOTWELL	40.00				7.7			206 400		110 064
SVP, HEAD, GLOBAL OUTREACH & OPS	40.00		_	\vdash	Х			306,420.	0.	112,064.
(12) MICHAEL AITKEN	40.00				v			200 100	0	106 104
SVP, MEMBERSHIP	40.00				Х			299,189.	0.	106,194.
(13) TIM CANNY	40.00				х			220 072	0.	117 200
VP, ADVERTISING SALES (14) MARC GOLDBERG	40.00							229,072.	0.	117,298.
CHIEF TECHNOLOGY OFFICER	40.00				Х			297,059.	0.	38,378.
(15) SEAN SULLIVAN, SHRM-SCP	40.00		\vdash	Н				291,039.	0.	30,370.
CHIEF HUMAN RESOURCES OFFICER	=0.00	1			Х			303,788.	0.	31,547.
(16) TRENT BURNER	40.00			H				303,700.		<u> </u>
VP, RESEARCH	10.00	1			Х			216,648.	0.	96,227.
(17) MEGAN SMITH, CPA	40.00			H					•	
CONTROLLER		1			Х			235,462.	0.	62,375.
932007 01-20-20		1	-							Form 990 (2019)

932007 01-20-20

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
Section A. Officers, Directors, 11		oloy	ees,			ghes	st C		'		
(A)	(B)	(C) Position						(D)	(E)	(F)	
Name and title	Average		not c	heck	more	than o		Reportable	Reportable	Estimated	
	hours per week					s both		compensation	compensation	amount of	
	(list any	_	T			1	100,	from	from related	other	
	hours for	director						the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	e or c	tee			sated		(W-2/1099-MISC)	(***-2/1099-141130)	organization	
	organizations	ruste	l trus		99	mpen		(** 2/ 1033 1/1100)		and related	
	below	dual t	ntions	_	oldu	st co	in 10			organizations	
	line)	Individual trustee or	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former				
(18) VIVEK PATEL	40.00										
DIR, TECHNOLOGY SOLUTIONS						Х		229,716.	0.	59,939.	
(19) STACEY B. HOLVENSTOT	40.00										
VP, MARKETING					Х			247,933.	0.	39,074.	
(20) DIEGO SALMON	40.00										
VP, GLOBAL ENTERPRISE SALES					Х			216,430.	0.	69,836.	
(21) NANCY WOOLEVER, SHRM-SCP	40.00										
VP, CERTIFICATION OPERATIONS					X			196,063.	0.	78,070.	
(22) PETER LEHMAYER	40.00										
ACCOUNT EXECUTIVE						X		222,729.	0.	49,124.	
(23) KIMBERLY LAMBERT	40.00										
ACCOUNT EXECUTIVE						X		219,587.	0.	48,891.	
(24) JEANNE L MORRIS	40.00										
VP, EDUCATION					Х			184,946.	0.	60,830.	
(25) KRISTINA M BEATY	40.00										
VP, COMMUNICATION					Х			215,256.	0.	19,247.	
(26) MARTIN SMITH	40.00										
DIR, TECHNOLOGY ANALYSIS						X		178,444.	0.		
1b Subtotal							ightharpoons	8,822,481.	0.		
c Total from continuation sheets to Part	t VII, Section A						ightharpoonup	449,161.			
d Total (add lines 1b and 1c)							<u> </u>	9,271,642.	0.	2495606.	
2 Total number of individuals (including bu	2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable										

compensation from the organization

			103	140
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes." complete Schedule J for such person	5		X
	· · · · · · · · · · · · · · · · · · ·			

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
HOLMES CORPORATION, 2975 LONE OAK DRIVE,		
SUITE 180, EAGON, MN 55121	PROMOTION SERVICES	6,402,426.
BULLY PULPIT INTERACTIVE LLC, 1445 NEW		
YORK AVE, NW, 5TH FL, WASH., DC 20005	MARKETING SERVICES	5,036,176.
INVNT, LLC		
524 BROADWAY, FLOOR 4, NEW YORK, NY 10012	CONFERENCE SERVICES	2,227,945.
SALESFORCE.COM, INC., 415 MISSION STREET,		
3RD FL, SAN FRANCISCO, CA 94105	IT SERVICES	2,123,436.
CENTERPLATE		
3150 PARADISE ROAD, LAS VEGAS, NV 89109	CATERING SERVICES	2,105,010.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization > 118		

SEE PART VII, SECTION A CONTINUATION SHEETS

	FOR HUMA	N	RE	SC	UR	CE	M	IANAGEMENT	34-094	8453
Part VII Section A. Officers, Directors, To	rustees, Key Er	nplo	yee	s, aı	nd F	ligh	est (Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours	(c	heck	all :	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	or director				emp		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	truste	al trus		yee	m pen				organizations
	below	ndividual trustee	Institutional trustee	-	Key employee	Highest compensated employee	er			g
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(27) MICHAEL GEBERT, MANAGING DIR,	40.00									
SHRM WORKPLACE INNOVATION LAB						x		199,138.	0.	20,632.
(28) DAVID WINDLEY, SHRM-SCP	8.00									•
CHAIR		Х		х				43,080.	0.	0.
(29) CORETHA M. RUSHING, SHRM-SCP	8.00									
IMMEDIATE PAST CHAIR		Х		х				39,143.	0.	0.
(30) JANET ALBERTI, CPA	8.00							,	-	
DIRECTOR		Х						25,350.	0.	0.
(31) MICHELLE BOTTOMLEY	8.00									
DIRECTOR		Х						25,350.	0.	0.
(32) SALLY HORNICK ANDERSON,	8.00									
SHRM-SCP; DIRECTOR		Х						20,350.	0.	0.
(33) STEVEN BROWNE, SHRM-SCP	8.00									
DIRECTOR		Х						20,350.	0.	0.
(34) THOMAS W. DERRY	8.00									
DIRECTOR		Х						20,350.	0.	0.
(35) JOHANNA SODERSTROM	8.00									
DIRECTOR		Х						20,350.	0.	0.
(36) PATRICK WRIGHT, PHD	8.00									
DIRECTOR		Х						20,350.	0.	0.
(37) GRETCHEN K. ZECH, SHRM-SCP	8.00									
DIRECTOR		Х						15,350.	0.	0.
(38) MELISSA ANDERSON	8.00									
DIRECTOR		Х						0.	0.	0.
		1								
]								
		1								
		<u> </u>								
		1								
	1	<u> </u>								
		1								
		<u> </u>								
Total to Part VII, Section A, line 1c								449,161.		20,632.

Form 990 (2019) SOCIETY
Part VIII Statement of Revenue

		Check if Schedule O contains a resp	onse o	r note to any lin	e in this Part VIII			
		-		,	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
SS	1 9	Federated campaigns 1a						
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b	 					
S S		Fundraising events 1c	 					
fts,		Related organizations 1d						
ية إق		Government grants (contributions)						
Sir		All other contributions, gifts, grants, and						
utio ier ('							
ë₽	_							
o d	_	Noncash contributions included in lines 1a-1f	ΙΦ					
Oa	n	Total. Add lines 1a-1f	·····	Business Code				
	_	MEMBERCUID DILEC	-	900099	54117378.	54117378.		
ice		MEMBERSHIP DUES		611430		29004560.		5872718.
Program Service Revenue		ANNUAL CONFERENCE	<u> </u>		34877278.			30/2/10.
n S		CERTIFICATION PROGRAM	<u> </u>	900099	12354012.	12354012.		
Jrar 3e∖		SEMINARS		611430	10925560.	10925560.	0420121	
rog		ADVERTISING			9,439,131.	7 024 240	9439131.	217 775
Δ.		All other program service revenue	_		7,352,115.	7,034,340.		317,775.
		Total. Add lines 2a-2f			129065474.			
	3	Investment income (including dividends,			2 405 500		164 101	2221201
		other similar amounts)			3,495,502.		164,121.	3331381.
	4	Income from investment of tax-exempt b	-		701 722			701 722
	5	Royalties			701,733.			701,733.
		(i) Re		(ii) Personal				
	6 a	Gross rents 6a 14907	71.					
		Less: rental expenses 6b 951,2						
		Rental income or (loss) 6c 539,5	44.		500 544			
		Net rental income or (loss)			539,544.		7,300.	532,244.
	7 a	Gross amount from sales of (i) Secur		(ii) Other				
		assets other than inventory 7a 57823	125					
	b	Less: cost or other basis						
ne		and sales expenses 76 55014	130					
her Revenue		Gain or (loss) 7c 28089			2 2 2 2 2 2 2			22222
å		Net gain or (loss))	2,808,995.			2808995.
her	8 a	Gross income from fundraising events (not						
ᅙ		including \$ of						
		contributions reported on line 1c). See						
		Part IV, line 18						
		Less: direct expenses						
	C	Net income or (loss) from fundraising even	ents .)				
	9 a	Gross income from gaming activities. Se	e					
		Part IV, line 19						
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming activiti	es	<u></u>				
	10 a	Gross sales of inventory, less returns						
		and allowances		21604535				
	b	Less: cost of goods sold	10b	<u> 468401.</u>				
	С	Net income or (loss) from sales of invent	ory		15136134.	15056910.	79,224.	
g			L	Business Code				
Miscellaneous Revenue	11 a	MISCELLANEOUS		900099	846,332.			846,332.
ane	b	ADMINISTRATIVE FEES		561000	824,826.			824,826.
Sell	c	EQUITY IN EARNINGS		900099	491,652.			491,652.
Mis	d	I All other revenue	L	900099	457,354.		48,000.	409,354.
	е	Total. Add lines 11a-11d			2,620,164.			
	12	Total revenue. See instructions			154367546.	128492760.	9737776.	16137010.

932009 01-20-20

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 3,243,496. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 10,488,452. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 33,482,024. Other salaries and wages 7 Pension plan accruals and contributions (include 4,720,362 section 401(k) and 403(b) employer contributions) 5,027,303. Other employee benefits 9 2,885,965. 10 Payroll taxes Fees for services (nonemployees): Management 911,055. Legal 343,671. Accounting 584,773. Lobbying Professional fundraising services. See Part IV, line 17 454,562. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 13,112,476. column (A) amount, list line 11g expenses on Sch O.) 10,854,770. Advertising and promotion 12 12,718,487. Office expenses 13 7,434,284. Information technology 14 Royalties 15 2,333,612. 16 Occupancy 4,537,160. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 18,093,917. Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 7,257,648. Depreciation, depletion, and amortization 22 422,821. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 610,289. UBI TAXES CHAPTER SUPPORT 2,028,849. 1,840,294. TESTING FEES 1,680,020. d AGENCY/SALES COMMISSION 3,866,458. e All other expenses 148,932,748. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2019)

2019.05000 SOCIETY FOR HUMAN RESOURC SHRM

Check here

if following SOP 98-2 (ASC 958-720)

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1,023,749. 194. 1 Cash - non-interest-bearing 29,186,733. 21,917,149. 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 2,881,024. 3,012,509. 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 355,142. 454,310. Inventories for sale or use 8 11,145,749. 9,598,670. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ______ 10a 77,878,540. b Less: accumulated depreciation 10b 40,486,769. 35,457,351. 10c 37,391,771. 127,861,881. 158,089,847. Investments - publicly traded securities 11 11 2,289,953. -3,007,596. Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 7,866,277. 8,641,114. Other assets. See Part IV, line 11 15 15 215,497,225. 238,668,602. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 15,555,335. 13,917,513. Accounts payable and accrued expenses 17 17 18 18 Grants payable 42,990,429. 44,779,370. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 1,540,252. 1,043,962. Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 23,996,003. 31,908,245. of Schedule D 25 91,649,090. 84,082,019. 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 131,415,206. 27 147,019,512. 27 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 131,415,206. 147,019,512. Total net assets or fund balances 32 32 215,497,225. 238,668,602. 33 33 Total liabilities and net assets/fund balances

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

Tax) (see separate instructions), the	า			
 Section 501(c)(4), (5), or (6) organiz 	ations: Complete Part III.			
Name of organization			Empl	oyer identification number
SOCIET	Y FOR HUMAN RESOU	RCE MANAGEME	ENT	34-0948453
Part I-A Complete if the or	rganization is exempt unde	er section 501(c)	or is a section 527 or	ganization.
 Provide a description of the organ Political campaign activity expend Volunteer hours for political camp 	ditures		 ▶\$	
Part I-B Complete if the or	rganization is exempt unde	er section 501(c)(3).	
1 Enter the amount of any excise ta	x incurred by the organization und	er section 4955	▶\$	
2 Enter the amount of any excise ta				
3 If the organization incurred a sect	ion 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV.				
Part I-C Complete if the or	rganization is exempt unde	er section 501(c),	except section 501(c	<u>)(3).</u>
 3 Total exempt function expenditure line 17b 4 Did the filing organization file Formate payments. For each organization received that were payments. 	es. Add lines 1 and 2. Enter here and 1120-POL for this year?	nd on Form 1120-POL	litical organizations to which zation's funds. Also enter the anization, such as a separate	Yes No n the filing organization e amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2019

LHA

Schedule C (Form 990 or 990-EZ) 2019	SOCIETY FOR	HUMAN RESO	URCE MANAGEM	ENT 34-	0948453 Page
Part II-A Complete if the org section 501(h)).	janization is exer	npt under sectior	n 501(c)(3) and file	d Form 5768 (el	ection under
	ation belongs to an aff	iliated group (and list ir	n Part IV each affiliated (group member's nan	ne, address, EIN,
expenses, and sha	re of excess lobbying	expenditures).			
B Check ▶ if the filing organiza	ation checked box A a	nd "limited control" pro	ovisions apply.		
	its on Lobbying Expe ditures" means amou	nditures unts paid or incurred.))	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinion (grassroots lobbying)			
b Total lobbying expenditures to infl	-				
c Total lobbying expenditures (add I	ines 1a and 1b)				
d Other exempt purpose expenditur	es				
e Total exempt purpose expenditure	es (add lines 1c and 1c	i)			
f Lobbying nontaxable amount. Ent	er the amount from the	e following table in bot	h columns.		
If the amount on line 1e, column (a) o		bying nontaxable am			
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,00		00 plus 15% of the exc	· / /		
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000 \$225,00	00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.			
g Grassroots nontaxable amount (er	, .				
h Subtract line 1g from line 1a. If zer					
i Subtract line 1f from line 1c. If zero					
j If there is an amount other than ze					
reporting section 4911 tax for this			. O 1'		Yes N
(Some organizations t	hat made a section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all o	f the five columns b	elow.
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
Graceroots lobbying expanditures					

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019 SOCIETY FOR HUMAN RESOURCE MANAGEMENT 34-09484 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description (a)					o)
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			-	
	Media advertisements? Media advertisements?				
	Mailings to members, legislators, or the public? Publications, or published or broadcast statements?				
,	Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body?				
9 h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5),	or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		. 1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				X
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section		3	X	
_	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."			III-A, line	
1 2	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)		•	J = , I I	,570.
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a	2,024	1,822.
	Carryover from last year		2b	-6,571	,419.
С	Total		2c	-4,546	
3	A		. 3	1,623	3,521.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4	-6,170),118.
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group uctions); and Part II-B, line 1. Also, complete this part for any additional information.	list); Part II-A,	lines 1 a	and 2 (see	

Schedule C (Form 990 or 990-EZ) 2019

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

SOCIETY FOR HUMAN RESOURCE MANAGEMENT

Employer identification number 34-0948453

Pai	t I Organizations Maintaining Donor Advised	l Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(b) Funds and other accounts	
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's e	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose co	onferring
Pai	t II Conservation Easements. Complete if the organic	anization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	`	
	Preservation of land for public use (for example, recreati	. —	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
а			2a
b			
С	Number of conservation easements on a certified historic structure		
d	Number of conservation easements included in (c) acquired af	•	e
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the o	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing conse	ervation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conservation	on easements during the year
_	> \$		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statemer	nts that describes the
Pai	organization's accounting for conservation easements. t III Organizations Maintaining Collections of A	Art Historical Treasures or Oth	ner Similar Assets
ı uı	Complete if the organization answered "Yes" on Form 9		ier einmar 7.000to.
12	If the organization elected, as permitted under FASB ASC 958		d balance shoot works
Ia	of art, historical treasures, or other similar assets held for publi	, .	
	service, provide in Part XIII the text of the footnote to its finance	•	•
h	If the organization elected, as permitted under FASB ASC 958		
b		•	
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furthe	erance of public service,
	provide the following amounts relating to these items:		• •
	(i) Revenue included on Form 990, Part VIII, line 1		
_			·
2	If the organization received or held works of art, historical treas		gain, provide
_	the following amounts required to be reported under FASB AS	_	▶ ♠
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		

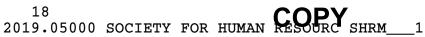
2019.05000 SOCIETY FOR HUMAN RESOURC SHRM_

Schedule D (Form 990) 2019

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

	t III Organizations Maintaining Co	ollections of Ar							S (continu	
	Using the organization's acquisition, accession		-						(CONTINU	<u>lea)</u>
J	collection items (check all that apply):	in, and other record	3, 011001	carry or the	ionownig tria	t make s	grimoaric	350 01 113		
а	Public exhibition	d		Loan or evo	change progr	am				
b	Scholarly research	e			nango progn					
c	Preservation for future generations		, Ш	Otrici						
4	Provide a description of the organization's co	llections and explair	how th	ev further th	ne organizatio	nn's ever	nnt nurna	sa in Part	XIII	
5	During the year, did the organization solicit or							oc iiii ait	AIII.	
•	to be sold to raise funds rather than to be ma								Yes	☐ No
Par	t IV Escrow and Custodial Arrang									110
	reported an amount on Form 990, Parl		oto ii tiic	organizatio	ir anowored	100 011	1 01111 000	,, , a, , , ,		
1a	Is the organization an agent, trustee, custodia		iary for o	contribution	s or other as	sets not	included			
	on Form 990, Part X?								Yes	No
h	If "Yes," explain the arrangement in Part XIII a								00	
~	Too, explain the arrangement in rations	and complete the for		abio.					Amount	
c	Beginning balance						1c		7 1111001110	
	Additions during the year									
	Distributions during the year									
	Ending balance									
	Did the organization include an amount on Fo								Yes	No
	If "Yes," explain the arrangement in Part XIII.						•		_	
Par										
		(a) Current year		Prior year	(c) Two year	1	(d) Three	ears back	(e) Four v	ears back
1a	Beginning of year balance	(a., a a a) a a	(-7:	,	(2)		(,		(=)	
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f										
	End of year balance									
	Provide the estimated percentage of the curre	ent vear end balance	e (line 1d	r. column (a)) held as:					
	Board designated or guasi-endowment		%	y, 00.0 (a.	,,,					
	Permanent endowment	%								
	The percentages on lines 2a, 2b, and 2c shou	ild equal 100%.								
За	Are there endowment funds not in the posses	•	ation tha	t are held ar	nd administe	red for th	e organiza	ation		
	by:	Ü					Ü		<u></u>	res No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	ed on S	chedule R?						
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipme									
	Complete if the organization answered	"Yes" on Form 990), Part IV	/, line 11a. S	See Form 990), Part X,	line 10.			
	Description of property	(a) Cost or o			t or other		ccumulate	ed	(d) Book	value
	,	basis (investr	nent)	basis	(other)	de	preciation			
1a	Land			5,88	3,311.				5,883	,311.
	Buildings			37,74	5,797.	16,	957,6	40. 2	0,788	
	Leasehold improvements									
	Equipment				1,713.		772,2			,443.
	Other			27,63	7,719.			59.	9,880	,860.
	. Add lines 1a through 1e. (Column (d) must ed		X. colun	nn (B). line 1	0c.)			▶ 3	7,391	, 771.

Schedule D (Form 990) 2019



SOCIETY	FOR	HUMAN	RESOURCE	MANAGEMENT
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Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			af year market yelye
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests (3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
<u>(1)</u>			
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u> (6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)	45)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	! [5.]		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) ACCRUED BENEFIT COST			31,272,275.
(3) DUE TO RELATED ENTITIES			466,530.
(4) DEPOSITS			96,586.
(5) DEFERRED RENT			72,854.
(6)			
(7)			
(8)			
(9)			21 000 045
Total. (Column (b) must equal Form 990, Part X, col. (B) line			31,908,245.
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	o the organization's financial statements th	nat reports the

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Schedule D (Form 990) 2019

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Ret	turn.	ı
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	178,121,664.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	16,789,052.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d			7,419,628.		
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	153,912,984.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	454,562.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	454,562. 154,367,546.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	154,367,546.
Par	rt XII Reconciliation of Expenses per Audited Financial Statem	ents Wit	h Expenses per R	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	155,897,814.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
С	Other losses	1 - 1			
d			7,419,628.		
е	Add lines 2a through 2d			2e	7,419,628.
3	Subtract line 2e from line 1			3	148,478,186.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	454,562.		
		•			
	Add lines 4a and 4b			4c	454,562.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		ľ	5	148,932,748.
Par	rt XIII Supplemental Information.				
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1	b and 2b; Part V, line 4;	; Part	X, line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add				, , ,
	,				
PAF	RT X, LINE 2:				
THE	E ORGANIZATION EVALUATED ITS UNCERTAINTY IN	N INCC	ME TAXES FO	RТ	HE YEARS
ENI	DED DECEMBER 31, 2019 AND 2018, AND DETERM	INED T	HAT THERE W	ERE	NO
MAT	TTERS THAT WOULD REQUIRE RECOGNITION IN TH	CONS	OLIDATED FI	NAN	CIAL
STA	ATEMENTS OR WHICH MIGHT HAVE ANY EFFECT ON	THE C	RGANIZATION	'S	TAX-EXEMPT
			71.0121,221122011		
STA	ATUS.				
<u> </u>					
PAF	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
111	, Line 25 Olimit incontinuitio.				
REN	NTAL EXPENSES				951,227.
					J J I J I I I I
COS	ST OF GOODS SOLD				6,468,401.
<u> </u>	, <u> </u>				0 / 100 / HOT •
тот	TAL TO SCHEDULE D, PART XI, LINE 2D				7,419,628.
					, ,

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 Part XIII Supplemental Information	SOCIETY FOR HUMA	N RESOURCE MANAGEMEN	T 34-0948453 Page 5
Part Alli Supplemental Infor	rmation _(continued)		
PART XII, LINE 2D -	OTHER ADJUSTMENT	S:	
RENTAL EXPENSES			951,227.
COST OF GOODS SOLD			6,468,401.
TOTAL TO SCHEDULE D	, PART XII, LINE	2D	7,419,628.

Schedule D (Form 990) 2019

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

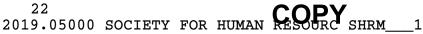
Name of the organization

Employer identification number

SOCIETY FOR HUM	AN RESOU	RCE MANA	ЗЕМЕМФ		34-09484	53
Part I General Info	rmation on A	ctivities Out	side the United States. Comple	te if the organ	ization answered "	Yes" on
Form 990, Part IV						
-	-		ds to substantiate the amount of its granthe selection criteria used to award the			Yes No
United States.			procedures for monitoring the use of its		her assistance out	side the
3 Activities per Region. (T	(b) Number of offices in the region		(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activities a progression describes	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND						15 404 002
THE CARIBBEAN	0	0	INVESTMENTS			15,401,283.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS			235,750.
3 a Subtotal	0	0				15,637,033.
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	0	0				15,637,033.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2019



	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
			ecognized as charities by the i		recognized as tax-ex	_			

Schedule F (Form 990) 2019

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance Part III can be duplicated if ac			tes. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	X Yes	☐ No

Schedule F (Form 990) 2019

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Part V	Supplemental Information
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
	(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
r	
-	
-	
-	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public

OMB No. 1545-0047

Inspection Name of the organization **Employer identification number** 34-0948453 SOCIETY FOR HUMAN RESOURCE MANAGEMENT Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any

recipient that received more than \$ 1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HR PEOPLE & STRATEGY, INC.							
1800 DUKE STREET							
ALEXANDRIA, VA 22314	13-2989471	501(C)(3)	2,156,000.	0.			GENERAL OPERATING SUPPOR
SHRM FOUNDATION, INC.							
1800 DUKE STREET							
ALEXANDRIA, VA 22314	34-6610067	501(C)(3)	806,496.	0.			GENERAL OPERATING SUPPOR
GENERAL ENGINEER STATES							
STAND TOGETHER TRUST 1310 N. COURTHOUSE ROAD, SUITE 700							
ARLINGTON, VA 22201	27-3197768	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPOR
THE ADVERTISING COUNCIL INC							
815 2ND AVENUE, FLOOR 9							
NEW YORK, NY 10017	13-0417693	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
MARIANAI DOUBI GYMDDOME GOGLERY							
NATIONAL DOWN SYNDROME SOCIETY 8 EAST 41 STREET, 8TH FLOOR							
NEW YORK, NY 10017	13-2992567	501(C)(3)	35,000.	0.			GENERAL OPERATING SUPPORT
U.S. DEPARTMENT OF EDUCATION							
400 MARYLAND AVENUE, SW							GENERAL CONFERENCE
WASHINGTON, DC 20202	52-1198289	N/A	30,000.	0.			SUPPORT

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Enter total number of other organizations listed in the line 1 table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Schedule I (Form 990) (2019)



Schedule I (Form 990) SOCIETY F	4-0948453 Page 1						
Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALPHA KAPPA ALPHA SORORITY, INC. 5656 SOUTH STONY ISLAND AVENUE, 3RD CHICAGO, IL 60637	36-3104692	501(C)(7)	25,000.	0.			SCHOLARSHIP FUND
AMERICAN RED CROSS 431 18TH STREET, NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
BASS FOUNDATION 3591 ROCKERMAN ROAD							
MIAMI, FL 33133	83-2084264	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
NATIONAL ACADEMY OF HUMAN RESOURCES - 5420 CHALLEN PLACE - DOWNERS GROVE, IL 60515	85-0427733	501/C)/3)	6,000.	0.			GENERAL OPERATING SUPPORT
DOWNERS GROVE, IL 60313	03-0427733	501(0)(3)	8,000.	0.			GENERAL OFERATING SUPPORT
	·	•	•			•	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
art IV Supplemental Information. Provide the informat	ion required in Part I, line	e 2; Part III, column	(b); and any other ad	Iditional information.	
RT I, LINE 2:					
E DILIGENCE IS PERFORMED FOR	ALL POTENTIA	L GRANT RI	ECIPIENTS.	GENERAL	
PPORT CONTRIBUTIONS ARE MADE	TO WELL ESTA	BLISHED OF	RGANIZATION	S KNOWN FOR	
CCESSFUL OPERATIONS AND WORK					
D OBJECTIVES.	11111 15 0105		<u> </u>	11 5 11155101	
D ODOECTIVES.					

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

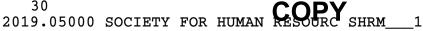
SOCIETY FOR HUMAN RESOURCE MANAGEMENT

Employer identification number 34-0948453

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	X First-class or charter travel			
	X Travel for companions Payments for business use of personal residence			
	X Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account X Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	<u> </u>
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only a stirm 504(2)(2), 504(2)(4), and 504(2)(00) amonimations must assume to 5.00			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of:	En		
a	The organization?	5a		_
D	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b		
6	·			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
_		60		
	The organization?	6a		_
D	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6b		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
′	not described on lines 5 and 6? If "Yes," describe in Part III	7		
ρ	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
8		8		
9	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	L		
9	Regulations section 53.4958-6(c)?	9		
	Regulations section 55.4956-6(c)?) 9		l

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019



Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990		
(1) JOHNNY C. TAYLOR, JR, SHRM-SCP	(i)	686,174.	540,000.	25,305.	74,003.	13,515.	1,338,997.	0.		
PRESIDENT AND CEO/SHRMF & HRPS DIR	(ii)	0.	0.	0.	0.	0.	0.	0.		
(2) MARY MOHNEY, CPA	(i)	392,562.	174,108.	966.	337,671.	19,950.	925,257.	0.		
TREASURER & CFO	(ii)	0.	0.	0.	0.	0.	0.	0.		
(3) JEANEEN ANDREWS-FELDMAN	(i)	343,504.	164,688.	1,806.	119,805.	27,716.	657,519.	0.		
CHIEF MKTING AND EXPERIENCE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.		
(4) JESSICA PERRY	(i)	211,640.	155,577.	132,288.	137,663.	4,290.	641,458.	0.		
CDO - UNTIL 07/2019	(ii)	0.	0.	0.	0.	0.	0.	0.		
(5) NICHOLAS SCHACHT, SHRM-SCP	(i)	327,155.	135,000.	2,772.	113,644.	27,716.	606,287.	0.		
CHIEF GLOBAL DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.		
(6) ALEXANDER ALONSO, PHD, SHRM-SCP	(i)	308,806.	149,375.	420.	44,324.	13,515.	516,440.	0.		
CHIEF KNOWLEDGE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.		
(7) EMILY DICKENS, JD	(i)	296,922.	135,000.	630.	47,693.	6,436.	486,681.	0.		
SEC./ CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0.		
(8) SCOTT OPPLER, PHD, VP, CERT.	(i)	134,304.	31,250.	97,161.	150,283.	16,332.	429,330.	0.		
RESEARCH/ANALYSIS - UNTIL 07/19	(ii)	0.	0.	0.	0.	0.	0.	0.		
(9) JAMES BANKS, JD	(i)	293,802.	25,000.	2,772.	87,531.	19,950.	429,055.	0.		
GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.		
(10) ANTHONY LEE	(i)	194,980.	57,000.	2,772.	145,531.	27,716.	427,999.	0.		
VP, EDITORIAL	(ii)	0.	0.	0.	0.	0.	0.	0.		
(11) LYNN SHOTWELL	(i)	237,117.	68,337.	966.	92,114.	19,950.	418,484.	0.		
SVP, HEAD, GLOBAL OUTREACH & OPS	(ii)	0.	0.	0.	0.	0.	0.	0.		
(12) MICHAEL AITKEN	(i)	237,463.	59,920.	1,806.	86,244.	19,950.	405,383.	0.		
SVP, MEMBERSHIP	(ii)	0.	0.	0.	0.	0.	0.	0.		
(13) TIM CANNY	(i)	191,312.	35,000.	2,760.	102,174.	15,124.	346,370.	0.		
VP, ADVERTISING SALES	(ii)	0.	0.	0.	0.	0.	0.	0.		
(14) MARC GOLDBERG	(i)	286,735.	9,694.	630.	38,378.	0.	335,437.	0.		
CHIEF TECHNOLOGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.		
(15) SEAN SULLIVAN, SHRM-SCP	(i)	302,225.	0.	1,563.	8,450.	23,097.	335,335.	0.		
CHIEF HUMAN RESOURCES OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.		
(16) TRENT BURNER	(i)	184,554.	31,500.	594.	76,277.	19,950.	312,875.	0.		
VP, RESEARCH	(ii)	0.	0.	0.	0.	0.	0.	0.		

Schedule J (Form 990) 2019



Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(B)(i)-(D)	reported as deferred on prior Form 990
(17) MEGAN SMITH, CPA	(i)	188,385.	46,453.	624.	42,425.	19,950.	297,837.	0.
CONTROLLER	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) VIVEK PATEL	(i)	192,841.	35,000.	1,875.	39,989.	19,950.	289,655.	0.
DIR, TECHNOLOGY SOLUTIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) STACEY B. HOLVENSTOT	(i)	199,776.	47,530.	627.	39,074.	0.	287,007.	0.
VP, MARKETING	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) DIEGO SALMON	(i)	199,624.	15,000.	1,806.	54,712.	15,124.	286,266.	0.
VP, GLOBAL ENTERPRISE SALES	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) NANCY WOOLEVER, SHRM-SCP	(i)	169,932.	24,591.	1,540.	78,070.	0.	274,133.	0.
VP, CERTIFICATION OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) PETER LEHMAYER	(i)	78,481.	144,056.	192.	31,319.	17,805.	271,853.	0.
ACCOUNT EXECUTIVE	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) KIMBERLY LAMBERT	(i)	98,024.	121,294.	269.	28,941.	19,950.	268,478.	0.
ACCOUNT EXECUTIVE	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) JEANNE L MORRIS	(i)	155,174.	29,035.	737.	54,394.	6,436.	245,776.	0.
VP, EDUCATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(25) KRISTINA M BEATY	(i)	194,462.	20,428.	366.	19,247.	0.	234,503.	0.
VP, COMMUNICATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(26) MARTIN SMITH	(i)	155,924.	22,241.	279.	30,646.	19,950.	229,040.	0.
DIR, TECHNOLOGY ANALYSIS	(ii)	0.	0.	0.	0.	0.	0.	0.
(27) MICHAEL GEBERT, MANAGING DIR,	(i)	198,209.	0.	929.	6,769.	13,863.	219,770.	0.
SHRM WORKPLACE INNOVATION LAB	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2019

COPY

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

IT IS SHRM'S POLICY TO ALLOW BUSINESS CLASS TRAVEL TO ANY EMPLOYEE OR

DIRECTOR FLYING INTERNATIONAL OR FLYING 5 HOURS OR LONGER. ALL BOARD OF

DIRECTORS AND THE CEO ARE PERMITTED TO FLY BUSINESS/FIRST CLASS. COMPANION

TRAVEL IS PERMITTED FOR BOARD OF DIRECTORS SERVING AS CHAIR OR IMMEDIATE

PAST CHAIR. IN 2019, 3 DIRECTORS/OFFICERS RECEIVED FIRST CLASS/BUSINESS

TRAVEL BENEFITS. SHRM ALSO PAID PERSONAL HEALTH-RELATED FEES FOR THE CEO

AND ASSOCIATED GROSS-UP TAX PAYMENTS.

PART I, LINES 4A-B:

SHRM MAINTAINS AN UNQUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN FOR

EXECUTIVES WHO MEET CERTAIN CRITERIA. THE PLAN IS UNFUNDED AND MAINTAINS NO

ASSETS. AS OF DECEMBER 2019, MARY MOHNEY WAS A PARTICIPANT IN THE PLAN.

SEVERANCE PAYMENTS WERE MADE TO THE FOLLOWING INDIVIDUALS IN 2019:

JESSICA PERRY (\$130,369) AND SCOTT OPPLER (\$96,154).

Schedule J (Form 990) 2019



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.

▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

SOCIETY FOR HUMAN RESOURCE MANAGEMENT

Employer identification number 34-0948453

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

INDIA, CHINA, UNITED ARAB EMIRATES, CAYMAN ISLANDS

FORM 990, PART VI, SECTION A, LINE 6:

THE BYLAWS OF SHRM PROVIDE FOR 9 CLASSES OF MEMBERSHIP AS FOLLOWS:

1) PROFESSIONAL MEMBERS; 2) GENERAL MEMBERS; 3) ASSOCIATE MEMBERS; 4) LIFE

MEMBERS; 5) RETIRED ANNUAL MEMBERS; 6) STUDENT MEMBERS; 7) GLOBAL MEMBERS;

8)SPECIAL EXPERTISE MEMBERS; 9) ENTERPRISE MEMBERS. THE REQUIREMENTS AND

PRIVILEGES OF THE VARIOUS MEMBERSHIP CLASSES ARE SPECIFIED IN SHRM'S

BYLAWS.

FORM 990, PART VI, SECTION A, LINE 7A:

ELECTIONS OF OFFICERS AND DIRECTORS ARE CONDUCTED BY MAIL BALLOT IN ACCORDANCE WITH PROVISIONS OUTLINED IN SHRM'S BYLAWS. EVERY PROFESSIONAL, SPECIAL EXPERTISE, RETIRED LIFE, PROFESSIONAL LIFE AND PAST CHAIR GENERAL, IN GOOD STANDING, SHALL BE ENTITLED TO ONE VOTE IN THE LIFE MEMBER OF SHRM, ELECTION OF SHRM'S BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

SHRM'S FEDERAL FORM 990 IS REVIEWED BY THE ACCOUNTING STAFF OF SHRM, INCLUDING THE CONTROLLER AND CFO. SUCH REVIEW TAKES PLACE UPON RECEIPT OF THE DRAFT FORM 990 FROM THE INDEPENDENT PUBLIC ACCOUNTING FIRM WHO CONDUCTS THE FINANCIAL STATEMENT AUDIT OF SHRM. ADDITIONALLY, THE BOARD OF DIRECTORS HAS DELEGATED REVIEW OF THE FEDERAL FORM 990 TO THE CHAIR OF THE AUDIT COMMITTEE. AFTER THE REVIEW OF THE FORM 990 BY THE CHAIR OF THE AUDIT COMMITTEE THE FORM IS SENT TO THE FULL BOARD OF DIRECTORS BEFORE FILING.

Schedule O (Form 990 or 990-EZ) (2019)

Employer identification number Name of the organization 34-0948453 SOCIETY FOR HUMAN RESOURCE MANAGEMENT

FORM 990, PART VI, SECTION B, LINE 12C:

THE SHRM BOARD CONFLICT OF INTEREST POLICY PROVIDES THE FOLLOWING PROCEDURES FOR ADDRESSING POTENTIAL CONFLICTS OF INTEREST THAT MAY REQUIRE BOARD OR COMMITTEE ACTION, SUCH AS: 1) THE INTERESTED PERSON MUST DISCLOSE ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST AND SUCH DISCLOSURE MUST BE REFLECTED IN THE MINUTES OF THE MEETING WHERE SUCH MATTER IS BEING REVIEWED; 2) THE INTERESTED PERSON IS PROHIBITED FROM PARTICIPATING IN DISCUSSIONS ABOUT THE MATTER EXCEPT TO DISCLOSE MATERIAL FACTS AND RESPOND TO QUESTIONS; 3) SUCH PERSON SHALL NOT ATTEMPT TO EXERT HIS OR HER PERSONAL INFLUENCE WITH RESPECT TO THE MATTER EITHER AT OR OUTSIDE OF THE MEETING; 4) SUCH PERSON MAY NOT BE PRESENT TO HEAR THE BOARD OR COMMITTEE DISCUSSIONS ON THE MATTER; 5) SUCH INTERESTED PERSON IS PRECLUDED FROM VOTING ON THE MATTER AND SUCH PERSON'S PRESENCE MAY NOT BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM FOR PURPOSES OF THE VOTE AT THE MEETING; 6) SUCH PERSON MAY NOT BE PRESENT DURING THE VOTE UNLESS THE VOTE IS BY SECRET BALLOT; AND 7) SUCH PERSON'S INELIGIBILITY TO VOTE SHOULD BE REFLECTED IN THE MINUTES.

ADDITIONALLY, THE SHRM EMPLOYEE CODE OF CONDUCT APPLIES TO ALL SHRM EMPLOYEES; AND ALL SHRM EMPLOYEES RECEIVE A COPY OF THE CODE OF CONDUCT AND RETURN AN ACKNOWLEDGEMENT TO THE SHRM HR DEPARTMENT THAT THEY UNDERSTAND AND WILL COMPLY WITH THE CODE OF CONDUCT. SECTION IV(K) OF THE CODE OF CONDUCT SETS FORTH THE CONFLICT OF INTEREST RULES APPLICABLE TO ALL EMPLOYEES.

IT IS SHRM'S INTENT TO AVOID IMPROPRIETY IN ALL OF ITS DECISIONS AND ACTIONS. THE CODE OF CONDUCT REQUIRES EMPLOYEES TO AVOID TRANSACTIONS, 932212 09-06-19

Name of the organization

Employer identification number

SOCIETY FOR HUMAN RESOURCE MANAGEMENT 34-0948453 ACTIVITIES AND RELATIONSHIPS WHICH PLACE THEIR PERSONAL INTERESTS IN CONFLICT WITH SHRM'S; NOT TO USE SHRM ASSETS OR THEIR POSITION AT SHRM FOR PERSONAL USE OR GAIN; NOT TO ACCEPT GIFTS FROM VENDORS UNLESS WITHIN SPECIFIED GIFT GUIDELINES. EMPLOYEES ARE INFORMED THAT ACTUAL OR POTENTIAL CONFLICTS OF INTEREST MAY GO BEYOND DEALINGS WITH MEMBERS, CUSTOMERS, VENDORS OR SUPPLIERS. CONFLICTS MAY ALSO INVOLVE DEALINGS WITH MANAGERS, SUBORDINATES OR OTHER STAFF MEMBERS. IF A CONFLICT OR POTENTIAL CONFLICT ARISES, EMPLOYEES UNDER THE POLICY MAY CONSULT WITH THEIR SUPERVISOR, THEIR DEPARTMENT HEAD, SVP OR HUMAN RESOURCES. AT MINIMUM, IF AN EMPLOYEE OR HIS/HER IMMEDIATE FAMILY MEMBER HAVE AN INTEREST IN A VENDOR THE EMPLOYEE IS REQUIRED TO DISCLOSE SUCH CONFLICT OF INTEREST TO THEIR SVP (OR CEO IF THEY ARE A SVP) AND THE EMPLOYEE MUST NOT BE INVOLVED IN THE SELECTION, MANAGEMENT OR OVERSIGHT OF SUCH VENDOR.

FORM 990, PART VI, SECTION B, LINE 15:

CEO COMPENSATION IS SET BY THE BOARD OF DIRECTORS' COMPENSATION AND ORGANIZATION COMMITTEE. COMPENSATION OF EMPLOYEE OFFICERS AND SENIOR VICE PRESIDENTS ARE RECOMMENDED BY AN INDEPENDENT COMPENSATION CONSULTANT, THROUGH REVIEW OF RELEVANT COMPARABILITY DATA. THE RECOMMENDATION IS DISCUSSED AND SUBSTANTIATED BY THE CEO AND/OR CHRO AND APPROVED BY THE COMPENSATION AND ORGANIZATION COMMITTEE. ALL OTHER KEY EMPLOYEE COMPENSATION IS RECOMMENDED THROUGH A REVIEW OF RELEVANT COMPARABILITY DATA. THE RECOMMENDATION IS DISCUSSED AND SUBSTANTIATED BY THE CEO AND/OR CHRO. COMPENSATION AMOUNTS ARE DIRECTLY LINKED TO THE INDIVIDUAL'S PERFORMANCE RATING.

THE SHRM BOARD OF DIRECTORS APPROVES A REASONABLE LEVEL OF HONORARIA FOR ALL BOARD MEMBERS, INCLUDING THE BOARD CHAIR AND IMMEDIATE PAST CHAIR, WHO 932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization SOCIETY FOR HUMAN RESOURCE MANAGEMENT	Employer identification number 34-0948453
ARE OFFICERS OF THE CORPORATION. THE SHRM GOVERNANCE COMMI	TTEE OF THE BOARD
OF DIRECTORS RECOMMENDS THE HONORARIA FOR ALL BOARD MEMBER	S, AND THE FULL
BOARD THEN APPROVES THE HONORARIA LEVEL. AT THE TIME OF RE	COMMENDING AND
APPROVING THE HONORARIA AND ITS LEVEL, THE GOVERNANCE COMM	IITTEE AND BOARD
OF DIRECTORS RELY UPON SURVEYS AND AN OPINION OF AN OUTSID	E NATIONALLY
RECOGNIZED COMPENSATION EXPERT SUPPORTING THE REASONABLENE	SS OF THE
HONORARIA. THE OHIO NON-PROFIT CORPORATION ACT (CODE SECTI	ON 1702.301),
UNDER WHICH SHRM IS INCORPORATED, EXPRESSLY ALLOWS DIRECTO	RS TO VOTE TO
ESTABLISH REASONABLE COMPENSATION FOR THEMSELVES, "IRRESPE	CTIVE OF ANY
FINANCIAL OR PERSONAL INTEREST OF ANY OF THE DIRECTORS."	
FORM 990, PART VI, SECTION C, LINE 19:	
SHRM'S ANNUAL FINANCIAL STATEMENTS ARE AVAILABLE TO THE PU	BLIC ON SHRM'S
ANNUAL REPORT. SHRM'S BYLAWS ARE ALSO AVAILABLE TO THE PUB	LIC ON SHRM'S
WEBSITE; AND THE ARTICLES OF INCORPORATION ARE AVAILABLE O	N THE OHIO
SECRETARY OF STATE CORPORATE DIVISION WEBSITE. SHRM WILL C	ONSIDER MAKING
ITS CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UP	ON REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
PENSION-RELATED CHANGES OTHER THAN NET PERIODIC BENEFIT	
COSTS	-6,523,617.
CURRENCY TRANSLATION ADJUSTMENT	2,763.
FAS 158 ADJUSTMENT	-98,690.
TOTAL TO FORM 990, PART XI, LINE 9	-6,619,544.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of	ame of the organization SOCIETY FOR HUMAN RESOURCE MANAGEMENT										
Part I	Identification of Disregarded Entities. Com	plete if the organization answered "Yes	s" on Form 990, Part IV, line 33	3.							
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) r Total inco	eme End-of-year	assets Direct of	(f) controlling ntity	g			
Part II	Identification of Related Tax-Exempt Orga organizations during the tax year.	nizations. Complete if the organization	answered "Yes" on Form 990	, Part IV, line 34, I	pecause it had one	or more related tax-exe	mpt				
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	conf	g) 512(b)(13) trolled tity?			
SHRM FO	DUNDATION INC 34-6610067				501(c)(3))	SOCIETY FOR HUMAN	Yes	No			

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019

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X



RESOURCE

RESOURCE

MANAGEMENT

MANAGEMENT

SOCIETY FOR HUMAN

RESEARCH/SUPPORT HR

STRATEGIC HR EDUCATION

STANDARDS

1800 DUKE STREET

1800 DUKE STREET

ALEXANDRIA, VA 22314-3499

ALEXANDRIA, VA 22314-3499

HR PEOPLE & STRATEGY, INC. - 13-2989471

отно

NEW YORK

501(C)(3)

501(C)(3)

LINE 7

LINE 10

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(i	ո)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionat allocations?		Code V-UBI amount in box 20 of Schedule	Genera manag partne	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes I	lo
										\sqcup	
										\sqcup	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i Sec	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income		Percentage ownership	512(t contr enti	o)(13) folled ity?
								Yes	No
SHRM CORPORATION - 76-0839798			SOCIETY FOR						i
1800 DUKE STREET	ON-LINE JOBS		HUMAN RESOURCE						i
ALEXANDRIA, VA 22314-3499	ADVERTISING PROGRAM	VA	MANAGEMENT	C CORP	1,843,735.	485,735.	100%	Х	
STRATEGIC HUMAN RESOURCE MGM'T INDIA PVT LTD	HR RESEARCH AND		SOCIETY FOR						
- 80-2212005, REGUS ORCHID BUS. CTR, #311,	EDUCATIONAL PROGRAMS		HUMAN RESOURCE						l
CORINTHIAN BLDG, KHAR, MUMBAI, INDIA 40052	IN INDIA	INDIA	MANAGEMENT	C CORP	1,390,672.	1,281,155.	100%	Х	<u> </u>
SHRM MEA FZ-LLC									
EXECUTIVE OFFICE NO. 21, BLOCK #09, GROUND FL	EDUCATIONAL PROGRAMS	UNITED	SHRM						l
DUBAI, UNITED ARAB EMIRATES	IN THE MIDDLE EAST	ARAB EMIR	CORPORATION	C CORP				Х	
SHRM MANAGEMENT CONSULTING (BEIJING) CO.,	HR RESEARCH AND								
LTD., GATEWAY PLAZA, 18 XIAGUANGLI, E. 3RD	EDUCATIONAL PROGRAMS		SHRM						i
RING RD. N., BEIJING, CHINA 100027	IN CHINA	CHINA	CORPORATION	C CORP				Х	<u> </u>
									i

Schedule R (Form 990) 2019

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b	Х	
С	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f	Х	
q	Sale of assets to related organization(s)	1g	Х	
	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
i	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
•	, 11 , (/			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х	
	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	
	Sharing of paid employees with related organization(s)	10	Х	
g	Reimbursement paid to related organization(s) for expenses	1p	х	
a a	Reimbursement paid by related organization(s) for expenses	1q	Х	
-1	1 /			
r	Other transfer of cash or property to related organization(s)	1r		Х
	Other transfer of cash or property from related organization(s)	1s		X
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HR PEOPLE & STRATEGY, INC.	В	2,156,000.	CASH
(2) SHRM FOUNDATION, INC.	В	806,496.	CASH
(3) SHRM MEA FZ-LLC	В	180,000.	CASH
(4) SHRM FOUNDATION, INC.	G	178,070.	CASH
(5) SHRM CORPORATION	F	900,000.	CASH
(6) SHRM FOUNDATION, INC.	L	133,125.	FMV

Schedule R (Form 990) 2019

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) HR PEOPLE & STRATEGY, INC.	L	353,280.	FMV
(8) SHRM CORPORATION	L	396,056.	FMV
STRATEGIC HUMAN RESOURCE MGM'T INDIA PVT (9) LTD	М	1,019,342.	FMV
(10) HR PEOPLE & STRATEGY, INC.	N	56,880.	FMV
(11) SHRM CORPORATION	0	214,468.	COST
STRATEGIC HUMAN RESOURCE MGM'T INDIA PVT (12) LTD	P	543,142.	COST
(13) SHRM FOUNDATION, INC.	P	834,409.	COST
(14) SHRM CORPORATION	P	97,843.	COST
(15) SHRM MEA FZ-LLC	Q	473,534.	COST
(16) SHRM FOUNDATION, INC.	Q	147,677.	COST
(17) HR PEOPLE & STRATEGY, INC.	Q	292,570.	COST
STRATEGIC HUMAN RESOURCE MGM'T INDIA PVT (18) LTD	Q	220,030.	COST
(19) SHRM CORPORATION	Q	56,232.	COST
(20)			
(21)			
(22)			
(23)			
(24)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec	Share of	Share of	Dispro	por-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percentage
of entity		(state or foreign	related, unrelated,	partners sec 501(c)(3) orgs.?	total	end-of-year	allocati	ite ons?	amount in box 20	managi	ownership
·		country)	sections 512-514)	Yes No		assets	Yes	No	(Form 1065)	Yes N	
			000000000000000000000000000000000000000	Tes No			1165	INO	(1 01111 1000)	resin	'
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