Form	990
Form	990

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.



Dep	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection	
A For the 2020 calendar year, or tax year beginning and ending								
	Check if applicabl	le: C Name o	forganization			D Employer ident	ificati	on number
	Addre chang	SOCT	ETY FOR HUMAN RESOURCE MANAGE	MENT				
	Name		usiness as			34-0948	453	
	Initial		r and street (or P.O. box if mail is not delivered to street address)) Boo	m/suite	E Telephone num		
	Final	1800	DUKE STREET		ini, ouno	703-548		40
	termir ated	City or t	own, state or province, country, and ZIP or foreign postal o	code		G Gross receipts \$	1	.69,422,323.
	Amen return	ALEA	ANDRIA, VA 22314-3499			H(a) Is this a group	retur	n
	Applic tion pendi	F Name a	nd address of principal officer: JOHNNY C. TAYL	OR, JR.	•	for subordinat	es?	Yes X No
	pendi	SAME	AS C ABOVE			H(b) Are all subordinates		
		empt status:		947(a)(1) or	527			. See instructions
			SHRM.ORG	<u> </u>		H(c) Group exempt	ion nu	umber ► 4372
	Form of art 1		X Corporation Trust Association Other		L Year (of formation: 1949	M St	tate of legal domicile: OH
P		Summary		aupw!a	MTG		0.51	
e	1		be the organization's mission or most significant activities: F HUMAN RESOURCE PROFESSIONAL		MIS	SION 15 10	SE.	KVE THE
Governance	2	Check this bo			of more	than 25% of its net a	issets	· · · · · · · · · · · · · · · · · · ·
ver	3			•		1	3	. 13
g	4		dependent voting members of the governing body (Part VI,				_	12
Activities &	5							480
itie	6							23746
ctiv	7 a		d business revenue from Part VIII, column (C), line 12					8,605,106.
Ā	b		business taxable income from Form 990-T, Part I, line 11				b	1,415,758.
						Prior Year		Current Year
đ	8	Contributions	and grants (Part VIII, line 1h)			0		0.
Revenue	9	Program serv	ice revenue (Part VIII, line 2g)		1	29,065,474	•	86,833,337.
eve	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)			6,304,497		4,167,581.
8	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			18,997,575		22,095,893.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), I	1	54,367,546		.13,096,811.	
	13	Grants and si	milar amounts paid (Part IX, column (A), lines 1-3)			3,243,496		3,151,521.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)			0		0.
S	15		r compensation, employee benefits (Part IX, column (A), line			56,604,106		59,206,907.
en se	16a	Professional f	undraising fees (Part IX, column (A), line 11e)			0	•	0.
Expenses	b		ing expenses (Part IX, column (D), line 25)	0	_			
ш	1 "		es (Part IX, column (A), lines 11a-11d, 11f-24e)			89,085,146		71,648,414.
	18	-	es. Add lines 13-17 (must equal Part IX, column (A), line 25)					.34,006,842.
	19	Revenue less	expenses. Subtract line 18 from line 12			5,434,798		20,910,031.
Net Assets or						jinning of Current Yea 38 , 668 , 602	r	End of Year
Sset	20		Part X, line 16)					254,620,010.
etA	21		s (Part X, line 26)			<u>91,649,090</u> 47,019,512		<u>.26,033,618.</u> .28,586,392.
2目 22 Net assets or fund balances. Subtract line 21 from line 20								
			I declare that I have examined this return, including accompanying	n echedulae and	l etatomo	nte and to the heat of	my kny	wledge and balief it is
			. Declare that I have examined this return, including accompanying			•	IIY KIIC	owieuye allu bellel, il is
uut	,				μισμαισί		5/20	101
Ci~	n	Signatur	e of officer			Date		
Sig	11							

Sign	Signature of officer		Date	
Here	SEAN RODDY, CFO			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	AARON M. FOX	Mart	11/9/21	self-employed P01365820
Preparer	Firm's name MARCUM LLP		Firm's	EIN ▶ 11-1986323
Use Only	Firm's address 1899 L STREET, NV	N, SUITE 850		
	WASHINGTON, DC 20	0036	Phone	eno.(202) 227-4000
May the I	RS discuss this return with the preparer shown abov	ve? See instructions		X Yes No
032001 12-2	3-20 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.		Form 990 (2020)
		Τ Λ	VDAVI	

*** ELECTRONICALLY FILED ON 11/09/2021 ***

Form	990 (2020) SOCIETY FOR HUMAN RESOURCE MANAGEMENT 34-0948453 Page 2 t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: SHRM EMPOWERS PEOPLE AND WORKPLACES BY ADVANCING HR PRACTICES AND BY
	MAXIMIZING HUMAN POTENTIAL.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
•	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe 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
40	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$) (Revenue \$) SEMINARS AND EDUCATIONAL PROGRAMS: SHRM PROVIDES VARIOUS FORUMS AND
	PRODUCTS TO HELP EDUCATE HUMAN RESOURCE PROFESSIONALS AND DISSEMINATE
	INFORMATION ON HUMAN RESOURCE ISSUES AND PROVIDE A NETWORKING FORUM FOR
	SUCH PROFESSIONALS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	GOVERNMENT AND PUBLIC AFFAIRS: SHRM MONITORS CONGRESSIONAL ACTIONS THAT
	IMPACT HUMAN RESOURCE MANAGEMENT ISSUES AND REPRESENTS MEMBERS' POSITIONS ON PENDING LEGISLATION AND REGULATORY ISSUES.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$) PUBLICATIONS: SHRM PUBLISHES VARIOUS RESOURCES PROVIDING MEMBERS WITH
	THE LATEST UPDATES ON HR NEWS, RESEARCH, AND IN-DEPTH ANALYSIS OF HR
	TRENDS AND ISSUES.
4d	Other program services (Describe on Schedule O.)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses >
	Form 990 (2020)
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Form 990 (2			-		RESOURCE	MANAGEMENT
Part IV	Checklist of R	equired Sche	edules	;		

			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		<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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		<u> </u>
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		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		37	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х	<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		<u> </u>
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?			x
10	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	10		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	х	
h	Part VI			
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	<u> </u>
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		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </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> </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
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х 990	(2020)
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Form 990 (2020)				RESOURCE	MANA
Part IV	Checklist of F	Required School	edules	(continued)	

			Yes	NO
2	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		Х
3	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		v	
	Schedule J	23	X	
4a	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			v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
Бa	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		
6	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		X
7	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		X
8	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? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	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		X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
D	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
3	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	
1	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	
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	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	
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	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	<u></u>		X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 384			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
	12-23-20		990	202

Form 990 (2020)					MANAGEMENT
Part V Statements F	Regarding Otl	her IR	S Filings	and Tax Com	pliance (continued)

					Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a	480					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ms?		2b	X			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο		3b	X			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		-					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	t)?	4a	X			
b	If "Yes," enter the name of the foreign country SEE SCHEDULE O							
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction file form 2000 TO			5b				
-	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c				
6a				60		x		
h	any contributions that were not tax deductible as charitable contributions?		ſ	6a		<u>_</u>		
D				6b				
7	Organizations that may receive deductible contributions under section 170(c).			00				
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices n	rovided to the payor?	7a				
b				7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa		ſ					
	to file Form 8282?	•		7c				
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 or	ontrac	t?	7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fil	e a Form 1098-C?	7h				
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?			8				
9	Sponsoring organizations maintaining donor advised funds.							
а				9a				
b				9b				
10	Section 501(c)(7) organizations. Enter:	1.0	1					
a	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 Section 501(c)(12) organizations. Enter:	10b						
11		11a						
a h	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against							
5	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		2	12a				
	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				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		.					
	organization is licensed to issue qualified health plans	13b						
	Enter the amount of reserves on hand	13c						
				14a		Х		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune							
	excess parachute payment(s) during the year?			15	X			
	If "Yes," see instructions and file Form 4720, Schedule N.					v		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		X		
	If "Yes," complete Form 4720, Schedule O.							

Form **990** (2020)

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Form 990	(2020)
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SOCIETY FOR HUMAN RESOURCE MANAGEMENT

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Part VI	Governance, Managemer	nt, and Disc	losure For each "Yes	s" response to lines 2 through 2	7b below, a	and for a "No" res	oonse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.						
	Check if Schedule O contains a r	esponse or not	e to any line in this Part	VI			X

	Check if Schedule O contains a response or note to any line in this Part VI						X
ec	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	1 a		13			
	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 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct	t supervisio	n			
					3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99				4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?			5		X
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	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockho	lders, or				
	persons other than the governing body?				7b		X
B	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following:				
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 reac	hed a	t the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Х
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	Code.)				
						Yes	No
)a	Did the organization have local chapters, branches, or affiliates?				10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	Х	
la	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the f	orm?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
2a	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	
3	Did the organization have a written whistleblower policy?				13	Х	
4	Did the organization have a written document retention and destruction policy?				14	Х	
5	Did the process for determining compensation of the following persons include a review and approval						
	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	Х	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent w	ith a				
	taxable entity during the year?				16a		Х
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
Ň	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	-	-				
	exempt status with respect to such arrangements?				16b		
ec'	tion C. Disclosure				100		
7	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA						
B	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	4 000	T (Section)	501(c)(3)	only)	availa	hlo
5	for public inspection. Indicate how you made these available. Check all that apply.	u 990		501(0)(5)8	Ully)	avalla	DIE
		0					
2	Own website Another's website Upon request Other <i>(explain</i> Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor		,	aliev and	financ	ial	
9			n interest po	Jiloy, and	mano	nal	
•	statements available to the public during the tax year.	ko	1 100 - 11-				
0	State the name, address, and telephone number of the person who possesses the organization's boo SEAN RODDY $-703-548-3440$	ks and	records	-			
	1800 DUKE STREET, ALEXANDRIA, VA 22314-3499					000	(2020

Form 990 (2	020) SOCLETY FOR HUMAN RESOURCE MANAGEMENT	34-0948453	Page 1
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	pensated	
	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 Complet	e 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.

• 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.

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than or		ne	Reportable	Reportable	Estimated		
	hours per	box,	, unles	ss per	son is	s both r/trust	an	compensation	compensation	amount of
	week				il ec lo	1/ ii usi	.00)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or o	stee			nsated		(W-2/1099-MISC)	(112/1000/11100)	organization
	organizations	trust	ial tru		oyee	ompe				and related
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Inst	Officer	Key	Highemp	Former			
(1) JOHNNY C. TAYLOR, JR, SHRM-SCP	37.00									
PRESIDENT AND CEO/SHRMF & HRPS DIR	3.00	Х		Х				1,288,782.	0.	668,405.
(2) MARY MOHNEY, CPA	40.00									
TREASURER & CFO - UNTIL 01/2020				Х				1,435,412.	0.	7,514.
(3) JEANEEN ANDREWS-FELDMAN	40.00									
CHIEF MKTING AND EXPERIENCE OFFICER					Х			610,904.	0.	405,198.
(4) NICHOLAS SCHACHT, SHRM-SCP	40.00									
CHIEF GLOBAL DEVELOPMENT OFFICER					Х			500,803.	0.	186,939.
(5) SEAN SULLIVAN, SHRM-SCP	40.00									
CHIEF HUMAN RESOURCES OFFICER					Х			465,552.	0.	130,282.
(6) ALEXANDER ALONSO, PHD, SHRM-SCP	40.00									
CHIEF KNOWLEDGE OFFICER					Х			506,413.	0.	71,336.
(7) JAMES BANKS, JD	40.00									
GENERAL COUNSEL					Х			404,726.	0.	155,157.
(8) EMILY DICKENS, JD	40.00									
SEC./ CHIEF OF STAFF				Х				445,096.	0.	71,836.
(9) MARC GOLDBERG	40.00									
CHIEF TECHNOLOGY OFFICER					Х			411,411.	0.	81,452.
(10) MICHAEL AITKEN	40.00									
SVP, MEMBERSHIP						Х		303,851.	0.	128,067.
(11) ADAM SOHN	40.00									
CHIEF GROWTH OFFICER					Х			316,511.	0.	102,847.
(12) TIM CANNY	40.00									
VP, ADVERTISING SALES						Х		245,514.	0.	163,907.
(13) ARTHUR KEITH GREEN	40.00									
TREASURER & CFO - AS OF 04/2020				Х				374,737.	0.	29,010.
(14) ANTHONY LEE	40.00									
VP, CONTENT						X		251,330.	0.	141,778.
(15) TRENT BURNER	40.00									
VP, RESEARCH						Х		258,995.	0.	103,008.
(16) KRISTINA M. BEATY	40.00									
VP, MARKETING						х		258,995.	0.	50,460.
(17) DAVID WINDLEY, SHRM-SCP	8.00									
CHAIR		Х		Х				35,470.	0.	0.
032007 12-23-20				_	-					Form 990 (2020)

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7 2020.05000 SOCIETY FOR HUMAN RESOURC 193444_1

Form 990 (2020) SOCIETY	FOR HUMA	N	RE	SO	UR	CE	M	IANAGEMENT	34-09	484	453	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F	;)
Name and title	Average			Pos	ition			Reportable	Reportable		Estim	
	hours per					than o s both		compensation	compensation	,	amou	
	week					or/trust		from	from related		oth	
	(list any	tor						the	organizations		comper	
	hours for	direc				p		organization	(W-2/1099-MIS		from	
	related	ee or	Istee			nsate		(W-2/1099-MISC)	·	·	organiz	zation
	organizations	trust	al tru		yee	ompe					and re	lated
	below	ndividual trustee or director	nstitutional trustee	er	am pla	est ci loyee	ıer				organiz	ations
	line)	Indiv	Insti	Officer	Key (Highest compensated employee	Former					
(18) JANET ALBERTI, CPA	8.00											
DIRECTOR		X						25,470.		0.		Ο.
(19) MICHELLE BOTTOMLEY	8.00											
DIRECTOR		x						25,470.		0.		0.
(20) GRETCHEN K. ZECH, SHRM-SCP	8.00											
DIRECTOR		x						23,888.		0.		0.
(21) ELIZABETH ADEFIOYE	8.00	Δ						23,000.		<u>•</u>		0.
	0.00	v						20 470		<u>^</u>		0
DIRECTOR	0.00	Х						20,470.		0.		0.
(22) SALLY HORNICK ANDERSON,	8.00							0.0 47.0				•
SHRM-SCP; DIRECTOR		Х						20,470.		0.		0.
(23) STEVEN BROWNE, SHRM-SCP	8.00											
DIRECTOR		Х						20,470.		0.		0.
(24) JAMES CLARK	8.00											
DIRECTOR		Х						20,470.		0.		0.
(25) MICHAEL D'AMBROSE	8.00											
DIRECTOR		x						20,470.		0.		Ο.
(26) BETTY THOMPSON	8.00											
DIRECTOR		x						20,470.		0.		Ο.
1b Subtotal								8,312,150.		0.	2497	196.
								33,440.		0.		0.
c Total from continuation sheets to Part V								8,345,590.		0.	2/07	196.
d Total (add lines 1b and 1c)										0.1	2497	190.
2 Total number of individuals (including but r	iot limited to th	ose	liste	d ab	ove	e) wn	o re	eceived more than \$100,0	JUU of reportable			160
compensation from the organization											V	163
										ſ	Ye	s No
3 Did the organization list any former officer					,	,	0		,			
line 1a? If "Yes," complete Schedule J for s											3	<u> </u>
4 For any individual listed on line 1a, is the su	um of reportabl	e co	mpe	ensa	tion	and	oth	er compensation from th	e organization			
and related organizations greater than \$15	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual			4 X	
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." con	nplete Schedule	e J fo	or su	ich r	oers	on .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of compe	ensat	ion from	
the organization. Report compensation for	•	•							•			
(A)		<u> </u>		<u>.g</u>				(B)		-	(C)	
Name and business	address							Description of se	ervices	С	ompensa	tion
BULLY PULPIT INTERACTIVE		45	N	EW				•			•	
YORK AVE, NW, 5TH FL, WAS								MARKETING SEF	WICEG	Q	,649,	027
							-	MARKETING SEP			,049,	027.
HOLMES CORPORATION, 2975 LONE OAK DRIVE,										c	207	0.2.1
										<u>,387,</u>	931.	
HEVE LLC			_		~ ~ -							
											<u>,012,</u>	305.
PROMETRIC INC												
PO BOX 223608, PITTSBURGE								TESTING SERVI	ICES		<u>,811,</u>	834.
MERITB2B LLC, 2 INTERNAT	IONAL DR	,	ST	E	30	0,						
RYE BROOK, NY 10573							_)	MARKETING SEF	RVICES	_1	<u>,727,</u>	682.
2 Total number of independent contractors (i	ncluding but no	ot lin	nited	tot	thos	se lis	ted	above) who received mo	re than			
\$100,000 of compensation from the organi	-				92							

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2020)

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								ANAGEMENT	34-094	8453
Part VII Section A. Officers, Directors, T	est (, , ,							
(A) Name and title	(B) Average hours	(cl	heck	Pos			ly)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) PATRICK M. WRIGHT, PHD DIRECTOR	8.00	x						20,470.	0.	0.
(28) MELISSA ANDERSON, SHRM-SCP CHAIR ELECT	8.00	x		x				12,970.	0.	0.
		-								
		-								
		- 								
Total to Part VII, Section A, line 1c								33,440.		

032201 04-01-20

				HUMAN RES	OURCE MANAC	GEMENT	34-0948	453 Page 9
Pa	rt VI	II Statement of Rev	venue					
		Check if Schedule O c	contains a respons	e or note to any lin	e in this Part VIII			
					(A)	(B)	(C) Unrelated	(D) Revenue excluded
					Total revenue	Related or exempt function revenue		from tax under
								sections 512 - 514
ស ខ	1 a	a Federated campaigns	1a					
ran	k		1b		1			
ŋ G		c Fundraising events						
ifts r A			1d					
, G nila		e Government grants (contri						
Sir	f	f All other contributions, gifts, g	· · · · · · · · · · · · · · · · · · ·		1			
uti		similar amounts not included						
trib Otl		g Noncash contributions included in li			1			
Contributions, Gifts, Grants and Other Similar Amounts		h Total. Add lines 1a-1f		>				
0 a	- 1			Business Code				
		MEMBERSHIP DU	FC	900099	54653784.	54653784.		
Program Service Revenue	2 8	CERTIFICATION		900099	11980102.	11980102.		
er v	Ľ	-	PROGRAM					
n S /eni	C	SEMINARS			8,750,737.	0,/30,/3/.	0520227	
gram Ser Revenue	C	ADVERTISING			8,538,327.		8538327.	25 200
roç	e	ANNUAL CONFER			2,603,022.	2,567,822.		35,200.
Ъ	f	All other program service r			307,365.	307,365.		
	ç	g Total. Add lines 2a-2f			86833337.			
	3	Investment income (includ						
					<u>3,966,309.</u>		-2,968.	3969277.
	4	Income from investment of	f tax-exempt bond	proceeds				
	5	Royalties			590,417.			590,417.
			(i) Real	(ii) Personal	4			
	6 a		6a 1138609					
	k		66722,974					
	c	c Rental income or (loss)	6c 415,635	•				
	c	d Net rental income or (loss)		🕨	415,635.		<u>-11,675.</u>	427,310.
	7 a	a Gross amount from sales of	(i) Securities					
		assets other than inventory	7a 4980208	6				
	k	b Less: cost or other basis						
ne			764960081					
evenue	c	c Gain or (loss)	7c 201,272	•				
Rev		d Net gain or (loss)			201,272.			201,272.
er	8 8	a Gross income from fundraisin	ng events (not					
Other			of					
-		contributions reported on I						
		Part IV, line 18	<i>'</i>	Ba				
	Ł	b Less: direct expenses		3b				
		c Net income or (loss) from f						
		a Gross income from gaming						
		Part IV, line 19	-	Da				
	ŀ	b Less: direct expenses)b	1			
		c Net income or (loss) from c						
		a Gross sales of inventory, le	т ^с т					
	10 0	and allowances		0a20907156				
		b Less: cost of goods sold	-	06001724.	-			
		 Less. cost of goods sold Net income or (loss) from s 	····· L		14905432.	14890934.	14,498.	
			Sales OF INVENTORY	Business Code	14703434	110000011	14,400	
sn	44	INSURANCE REC			4,500,000.			4500000.
leo(11 a	DADMINISTRATIV		561000	891,285.			891,285.
scellaneo Revenue				900099	793,124.		66,924.	726,200.
Miscellaneous Revenue		MISCELLANEOUS		-	193,124.		00,924.	120,200.
Mis	C	d All other revenue			6 104 400			
		Total. Add lines 11a-11d			6,184,409.	02150744	9605106	11240001
	12	Total revenue. See instruction	ons	🕨	113096811.	93150744.	0002100.	11340961.
03200	9 12-2	23-20						Form 990 (2020)

SOCIETY FOR HUMAN RESOURCE MANAGEMENT Form 990 (2020) 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 (B) (C) (D) (A) 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 3,151,521. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 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 4 5 Compensation of current officers, directors, 8,936,881. trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 36,973,802. Other salaries and wages 7 8 Pension plan accruals and contributions (include 5,192,542. section 401(k) and 403(b) employer contributions) 5,125,214. Other employee benefits 9 2,978,468. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 1,307,761. b Legal 698,566. С Accounting 719,874. Lobbying d Professional fundraising services. See Part IV, line 17 е 430,798. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 13,362,806. column (A) amount, list line 11g expenses on Sch O.) 12,676,379. Advertising and promotion 12 10,182,454. Office expenses 13 7,745,826. Information technology 14 15 Royalties 2,410,379. 16 Occupancy 550,945. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 4,429,464. Conferences, conventions, and meetings 19 102,917. 20 Interest Payments to affiliates 21 7,719,571. Depreciation, depletion, and amortization 22 506,237. 23 Insurance Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If

Check here if following SOP 98-2 (ASC 958-720) 032010 12-23-20

line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)

d AGENCY/SALES COMMISSION

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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UBI TAXES

e All other expenses

TESTING FEES

CHAPTER SUPPORT

а

h

С

25 26 361,607.

1,861,889.

1,578,658.

1,560,709.

3,441,574.

134,006,842.

Form 990 (2020)

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3	Fleuges and grants receivable, riet				3	
4	Accounts receivable, net			3,012,509.	4	4,084,496.
5	Loans and other receivables from any current or f	former off	icer, director,			
	trustee, key employee, creator or founder, substa	antial cont	ributor, or 35%			
	controlled entity or family member of any of these	e persons			5	
6	Loans and other receivables from other disqualified	ied person	is (as defined			
	under section 4958(f)(1)), and persons described		6			
7	Notes and loans receivable, net				7	
8	Inventories for sale or use			454,310.	8	419,422.
9	–			11,145,749.	9	12,659,353.
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	81,770,178.			
b	Less: accumulated depreciation	10b	42,126,876.	37,391,771.	10c	39,643,302.
11	Investments - publicly traded securities			135,850,852.	11	159,253,656.
12	Investments - other securities. See Part IV, line 11	1		19,231,399.	12	14,881,235.
13	Investments - program-related. See Part IV, line 1	11			13	
14	Intangible assets		14			
15	Other assets. See Part IV, line 11			8,641,114.	15	9,415,835.
16	Total assets. Add lines 1 through 15 (must equal	238,668,602.	16	254,620,010.		
17	Accounts payable and accrued expenses			13,917,513.	17	10,434,958.
18	Grants payable				18	
19	Deferred revenue			44,779,370.	19	54,924,058.
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete P	Part IV of S	Schedule D		21	
22	Loans and other payables to any current or forme	er officer,	director,			
	trustee, key employee, creator or founder, substa	antial cont	ributor, or 35%			
	controlled entity or family member of any of these	e persons			22	
23	Secured mortgages and notes payable to unrelate	ted third p	arties	1,043,962.	23	530,737.
24	Unsecured notes and loans payable to unrelated	third part	ies	0.	24	10,000,000.
25	Other liabilities (including federal income tax, pay	-				
	parties, and other liabilities not included on lines					
	of Schedule D			31,908,245.		
26	Total liabilities. Add lines 17 through 25			91,649,090.	26	126,033,618.
	Organizations that follow FASB ASC 958, chec	ck here ㅣ	► X			
	and complete lines 27, 28, 32, and 33.					100 506 000
27	Net assets without donor restrictions	147,019,512.	27	128,586,392.		

SOCIETY FOR HUMAN RESOURCE MANAGEMENT

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Net assets with donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Organizations that do not follow FASB ASC 958, check here

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

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1

2

3

28

29

30

31

32

33

128,586,392.

254,620,010.

Form 990 (2020)

147,019,512.

238,668,602.

(B) End of year

9,092,744.

5,169,967.

(A) Beginning of year

1,023,749.

21,917,149.

Form 990 (2020) Part X Balance Sheet

1

2

3

Assets

Liabilities

Net Assets or Fund Balances

28

29

30

31

32

33

	990 (2020) SOCIETY FOR HUMAN RESOURCE MANAGEMENT	34-	<u>0948</u>	453	Pag	_{ge} 12		
Par	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI					X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,09	-			
2	Total expenses (must equal Part IX, column (A), line 25)	2		,00				
3	Revenue less expenses. Subtract line 2 from line 1	3		,91				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,01				
5	Net unrealized gains (losses) on investments	5	21	,36	6,9	05.		
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-18	,88	9,9	94.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	128	,58	6 , 3	<u>92.</u>		
Par	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			x			
	review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	t			1		
	Act and OMB Circular A-133?			3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit	t			1		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	000	L		

Form **990** (2020)

032012 12-23-20

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 • Complete if the organization is described below. ► Attach to Form 990. Term 990. EX. • Do to www.irs.gov/Form990 for instructions and the latest information. Output: • Do to www.irs.gov/Form990 For 190. • EX. • Detection 501(c) (other than section 500 (C)(30) organizations: Complete Part IA. • Section 501(c) (other than section 500, Part IV, line 4, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c) (other than section 500, Part IV, line 4, or Form 990-EZ, Part V, line 47 (Lobbying Activities), then • Section 501(c) (other than section 500, Part IV, line 47 (Lobbying Activities), then • Section 501(c) (other than section 500, Part IV, line 50, Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 50(Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 50(Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 50(Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 50(Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 50(Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 50(Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 50(Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 50(Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 50(Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 50(Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 50(Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 50(Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 50(Proxy Tax) (See separate instructions) or Form 990, Part V, line 50(Proxy Tax) (See separ	SCHEDULE C	OMB No. 1545-0047									
Department of the Instance Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Departor Public Inspection If the organization answered "Ves." on Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations: Complete Part IA and B. Do not complete Part IA. Section 501(c)(3) organizations: Complete Part IA only. If the organization answered "Ves." on Form 990-EZ, Part V, line 47 (Lobbing Activities), then Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(f)): Complete Part IA. Do not complete Part IB. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(f)): Complete Part IB. Do not complete Part IB. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(f)): Complete Part IB. Do not complete Part IB. Section 501(c)(4), 6), or (6) organizations: Complete Part III. Name of organization Section 501(c)(4), 6), or (6) organizations: Complete Part III. Name of organization SOCTEFTY FOR HUMAN RESOURCE MANAGEMENT 34–0.948453 Part I-B Complete if the organization is exempt under section 501(c)(3). Section 501(c)(3). 1 Provide a description of the organization is exempt under section 501(c)(3). Section 501(c)(3). 1 Provide a description of the organization is exempt under section 501(c)(3). Section 501(c)(3).	(Form 990 or 990-EZ)				-		2020				
Department Cost ownw.irs.gov/Form990 for instructions and the latest information. Inspection 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: Compilete Part IA: And B. Do not compilete Part IA: Section 501(c)(3) organizations: Compilete Part IA: And Part IA: Section 501(c)(3) organizations that have Nied Form 5768 (election under section 501(h)): Complete Part IA: Section 501(c)(3) organizations that have Nied Form 5768 (election under section 501(h)): Complete Part IB: Section 501(c)(4), Gi organizations: Complete Part IIB. Section 501(c)(4), Gi organizations: Complete Part IIB. Section 501(c)(4), Gi organization: Scomplete Part IIB. Section 501(c)(4), Gi organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization is exempt under section 501(c) or is a section 501(c) (3). I Enter the amount of any excise tax incurred by organization under section 4955 Section 501(c) (3). I Enter the amount of any excise tax incurred by organization managers under section 501(c) (2). Enter the amount of the organization is exempt under section 501(c), except section 501(c)(3). I Enter the amount of any excise tax incurred by organization managers u			-				2020				
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)(30 organizations: Complete Parts IA and B. Do not complete Part IC. Section 501(c) (30 ther than section 501(c)) (30 organizations: Complete Parts IA and C below. Do not complete Part I-B. Section 501(c)(30 organizations that have IIG Form 590, Part IV, line 4, or Form 990-EZ, Part V, line 47 (Lobbying Activities), then Section 501(c)(30 organizations that have IIG Form 5768 (election under section 501(t)): Complete Part II-B. Do not complete Part II-B. Section 501(c)(30, organizations that have IIG Form 5768 (election under section 501(t)): Complete Part II-D. Section 501(c)(30, organizations), then Section 501(c)(30, organizations), then SociEIETY FOR HUMAN RESOURCE MANAGEMENT SOCIETY FOR HUMAN RESO						990-EZ	openterable				
• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Bection 507(c)(6) ther than section 501(c)(3) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 507 organization: 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-B. Do not complete Part II-B. • Section 501(c)(4) (c)(3) organizations that have 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), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization • Social Science Social Social Complete Part III. Name of organization of the organization is exempt under section 501(c) or is a section 527 organization. 1 • Provide a description of the organization is exempt under section 501(c)(3). 1 • Portified Complete if the organization is exempt under section 4955 • S • Social Complete If the organization is exempt under section 4955 • S • Social Complete I the organization is exempt under section 501(c)(3). 1 • Inter the amount of any excise tax incurred by the organization under section 4955 • S • S • Inter the amount of any excise tax incurred by the organization or section 527 exempt function activities • Bart I-C <t< td=""><td>Internal Revenue Service</td><td></td><td>to to www.irs.gov/Form990 for</td><td>instructions and the la</td><td>atest information.</td><td></td><td>Inspection</td></t<>	Internal Revenue Service		to to www.irs.gov/Form990 for	instructions and the la	atest information.		Inspection				
• 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 Ves," 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-B. 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-B. • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization • Section 501(c)(4), (5), or (6) organization is exempt under section 501(c) or is a section 527 organization. • Provide a description of the organization is direct and indirect political campaign activities in Part IV. • Provide a description of the organization is exempt under section 501(c)(3). • Enter the amount of any excise tax incurred by the organization under section 501(c)(3). • Enter the amount of any excise tax incurred by the organization nuder section 501(c)(2), except section 501(c)(3). • I Free the amount of any excise tax incurred by the organization managers under section 501(c)(2), except section 501(c)(3). • I Enter the amount of any excise tax incurred by organization rescuents 527 exempt function activities • Section 501(c) Complete if the organization is exempt under section 501(c), except section 501(c)(3). • Enter the amount of any excise tax incurred by the filling organization for section 527 exe	If the organization answ	wered "Yes," on	Form 990, Part IV, line 3, or Fo	rm 990-EZ, Part V, line	e 46 (Political Camp	aign A	ctivities), then				
 Section 527 organizations: Complete Part IA 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 NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. 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-B. Section 501(c)(4), (5), or (6) organizations: Complete Part II. Name organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 36c (Proxy Tax) (See separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part II. Name organization SCIETY FOR HUMAN RESOURCE MANAGEMENT Port I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization is direct and indirect political campaign activities in Part IV. Political campaign activities Part I-B Complete if the organization is exempt under section 501(c)(3). I Enter the amount of any excise tax incurred by organization under section 4955 \$	 Section 501(c)(3) org 	anizations: Com	plete Parts I-A and B. Do not con	nplete Part I-C.							
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-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) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 37c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 37c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 37c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 37c (Proxy Tax) (See separate instructonstex) Part I	 Section 501(c) (other 	r than section 50	1(c)(3)) organizations: Complete I	Parts I-A and C below. I	Do not complete Par	t I-B.					
• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-A. • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-A. • Section 501(c)(3) organization assured "Ves," 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) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization SOCIETY FOR HUMAN RESOURCE MANAGEMENT SOCIETY FOR HUMAN RESOURCE MANAGEMENT S4 - 0.948453 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization is exempt under section 501(c)(3). Part I-B Complete if the organization is exempt under section 501(c)(3). I Enter the amount of any excise tax incurred by organization under section 4955 S Complete if the organization is exempt under section 4955 S S S	 Section 527 organiza 	ations: Complete	Part I-A only.								
• 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), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization SOCLETY FOR HUMAN RESOURCE MANAGEMENT SOCLETY FOR HUMAN RESOURCE MANAGEMENT 1 Provide a description of the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization is direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures 3 Volunteer hours for political campaign activities Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4 Was a correction made? b If 'Yes,' describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 5 2 Enter the amount of the filing organization's funds contributed to other organization's for section 527 8 Ud the filing organization file Form 1120-POL, line 17b. 1 Entr	If the organization answ	wered "Yes," on	Form 990, Part IV, line 4, or Fo	rm 990-EZ, Part VI, lin	e 47 (Lobbying Acti	vities),	then				
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) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) (See Section 501(c) or is a section 527 organization. 1 Provide a description of the organization is exempt under section 501(c), except section 501(c)(3). I Enter the amount of any excise tax incurred by organization resction 527 organization for section 527 exempt function activities (Proxy Tax) (See See See See See See See See See Se	 Section 501(c)(3) org 	anizations that h	nave filed Form 5768 (election un	der section 501(h)): Cor	mplete Part II-A. Do r	ot com	plete Part II-B.				
Tax) (See separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization SOCIETY FOR HUMAN RESOURCE MANAGEMENT 34 - 0948453 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. \$ 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. \$ \$ 2 Political campaign activity expenditures \$ \$ 3 Volunteer hours for political campaign activities \$ \$ Part I-B Complete if the organization is exempt under section 501(c)(3). \$ \$ 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ \$ 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ \$ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No b If 'Yes," describe in Part IV. Yes No Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). I 1 Enter the amount of the filing organization for section 527 exempt function activities \$ \$ <td> Section 501(c)(3) org </td> <td>anizations that h</td> <td>nave NOT filed Form 5768 (election</td> <td>on under section 501(h)</td> <td>): Complete Part II-B</td> <td>Do not</td> <td>t complete Part II-A.</td>	 Section 501(c)(3) org 	anizations that h	nave NOT filed Form 5768 (election	on under section 501(h)): Complete Part II-B	Do not	t complete Part II-A.				
Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization SOCIETY FOR HUMAN RESOURCE MANAGEMENT Employer identification number 34 - 0948453 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures 3 Volunter hours for political campaign activities Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization managers under section 4955 S Enter the amount of any excise tax incurred by organization managers under section 4955 S the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No B f "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities S Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization lise organization is a separate solical organization is funds. Also enter the amount of political contributed to other organizations to which the filing organization is funds, enter the amount paid from the filing organization is a separate segregated fund or a political contributions received that were prompty and directly delivered to a separate political organization in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization is a separate segregated fund or a political organization.	If the organization answ	vered "Yes," on	Form 990, Part IV, line 5 (Proxy	/ Tax) (See separate ir	nstructions) or Form	990-E	Z, Part V, line 35c (Proxy				
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Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization managers under section 4955 \$ 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ 3 If the organization incurred a section 4955 tax, did if file Form 4720 for this year? \$ 4a Was a correction made? > Yes No b If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ \$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 \$ \$ 2 Enter the amount of the filing organization is exempt uncher section 527 exempt function activities \$ \$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 \$ \$ 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 170. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ <	10	, i									
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2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ 3 If the organization incurred a section 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 organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities > \$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities > \$ 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b > \$ 4 Did the filing organization file Form 1120-POL for this year? > \$ 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0. Unitial contributions received and promytig and directly delivered to a separate political organization's funds. If none, enter -0.	Part I-B Comple	ete if the org	anization is exempt unde	r section 501(c)(3	s).						
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filing organization's contributions received and funds. If none, enter -0 promptly and directly delivered to a separate political organization.	(a) Name	<i>,</i>	(b) Address	(c) FIN	(d) Amount paid	from	(e) Amount of political				
delivered to a separate political organization.	()		(-)	(-) =							
political organization.					funds. If none, ent	er -0					

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

Schedule C (Form 990 or 990-EZ) 2020

032041 12-02-20

Schedule C (Form 990 or 990-EZ) 2020 Schedule C (Form 990 or 990-EZ) 2020)948453 Page 2 ection under
section 501(h)).						
A Check 🕨 🗌 if the filing organizat	tion belongs	s to an affi	iated group (and list in	Part IV each affiliated g	group member's nam	e, address, EIN,
expenses, and share	e of excess	lobbying e	expenditures).			
B Check 🕨 🗌 if the filing organizat	tion checke	d box A ar	nd "limited control" pro	visions apply.		
	s on Lobby litures" me	• •	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public	opinion (grassroots lobbying)			
b Total lobbying expenditures to influ	ence a legi	slative bod	y (direct lobbying)			
c Total lobbying expenditures (add lir	nes 1a and	1b)				
d Other exempt purpose expenditure	s					
e Total exempt purpose expenditures	s (add lines	1c and 1d)			
f Lobbying nontaxable amount. Ente	r the amou	nt from the	following table in bot	h columns.		
If the amount on line 1e, column (a) or	r (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of 1	the amount on line 1e.			
Over \$500,000 but not over \$1,000	,000	\$100,00	0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50	00,000	\$175,00	0 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	ss over \$1,500,000.					
Over \$17,000,000		\$1,000,	. 000.			
 h Subtract line 1g from line 1a. If zero i Subtract line 1f from line 1c. If zero j If there is an amount other than zer reporting section 4911 tax for this y 	or less, ent o on either	er -0 line 1h or l	ine 1i, did the organiza	[Yes No
(Some organizations th	at made a	section 5	eraging Period Under D1(h) election do not ate instructions for lir	have to complete all of	f the five columns b	elow.
	Lobby	ring Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 20	017	(b) 2018	(c) 2019	(d) 2020	(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))						
f Grassroots lobbying expenditures					0.1.1.07	

Schedule C (Form 990 or 990-EZ) 2020

032042 12-02-20



Schedule C (Form 990 or 990-EZ) 2020 SOCIETY FOR HUMAN RESOURCE MANAGEMENT 34-0948453 Page 3 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 e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)		
	o lobbying activity.	Yes	No	Amo	unt	
1 a	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: Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
-	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities?					
j	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					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5),	or sec	ction		
	501(c)(6).					
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1		Х	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		Х	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3	X		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	'No" OR (b) Part	III-A, line	3, is	
1	Dues, assessments and similar amounts from members		1	54,653	,784.	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic					
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a	1,271	,230.	
	Carryover from last year		2b	-6,170	,118.	
	Total		2c	-4,898	,888.	
3			3	1,639	,614.	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical				
	expenditure next year?		4	-6,538	,502.	
5	Taxable amount of lobbying and political expenditures (See instructions)		5			
Par	t IV Supplemental Information					
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A,	lines 1 a	nd 2 (See		

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2020

032043 12-02-20

16 2020.05000 SOCIETY FOR HUMAN RESOURC 193444_1

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.



Name of the organization

SOCIETY FOR HUMAN RESOURCE MANAGEMENT

Employer identification number 34-0948453

	organization answered "Yes" on Form 990, Part IV, line	6	
	organization answered tes on ronn 990, Fart IV, inte	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	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 adv	rised funds
	are the organization's property, subject to the organization's e	xclusive legal control?	YesNo
5	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpos	e conferring
	impermissible private benefit?		Yes 🗌 No
aı	rt II Conservation Easements. Complete if the orga), Part IV, line 7.
	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (for example, recreati		of a historically important land area
	Protection of natural habitat	Preservation	of 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	
	day of the tax year.		Held at the End of the Tax Year
а			
b			
с	Number of conservation easements on a certified historic struct		
d	Number of conservation easements included in (c) acquired af	-	
	listed in the National Register		
	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by tr	ne organization during the tax
	year ▶	ware the language of the	
	Number of states where property subject to conservation ease		£
	Does the organization have a written policy regarding the period		
;	violations, and enforcement of the conservation easements it h Staff and volunteer hours devoted to monitoring, inspecting, h		
	Stan and volunteer nours devoted to morntoring, inspecting, in	and ing of violations, and enforcing co	iservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conserv	vation easements during the year
	S	ng of violations, and emotering conserv	ation easements during the year
3	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 17	0(h)(4)(B)(i)
)	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	•	
	organization's accounting for conservation easements.		
a	rt III Organizations Maintaining Collections of A	Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form S	990, Part IV, line 8.	
а	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for publi	ic exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these ite	ems.
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and	d balance sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in fu	rtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		• • •
			N .
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financ	
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1		• • •
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		
А	Tor Taper work fielded of Act Notice, see the instructions	for Form 990.	Schedule D (Form 990) 2020

	dule D (Form 990) 2020 SOCIETY									94845		age 2
Par	t III Organizations Maintaining C	ollections	of Art,	, Hist	torical Tre	easures, o	r Other	[·] Similar	Asse	ts _{(contil}	nued)	
3	Using the organization's acquisition, accessi	on, and other	records,	, chec	k any of the	following that	t make si	gnificant u	ise of it	S		
	collection items (check all that apply):											
а	Public exhibition		d		Loan or exc	hange progra	am					
b	Scholarly research		е		Other							
с	Preservation for future generations											
4	Provide a description of the organization's co	ollections and	explain	how tł	hey further th	ne organizatio	on's exen	npt purpos	se in Pa	rt XIII.		
5	During the year, did the organization solicit o		-		-	-						
	to be sold to raise funds rather than to be ma								[Yes		No
Par	t IV Escrow and Custodial Arran									/, line 9, or		
	reported an amount on Form 990, Pa				Ū							
1a	Is the organization an agent, trustee, custodi	an or other ir	termedia	arv for	contribution	s or other as	sets not i	ncluded				
	on Form 990, Part X?								Г	Yes		No
b	If "Yes," explain the arrangement in Part XIII											
		· · · · ·		5						Amoun	t	
с	Beginning balance							1c				
	Additions during the year											
	Distributions during the year											
	Ending balance											
	Did the organization include an amount on Fe								Γ	Yes		No
	If "Yes," explain the arrangement in Part XIII.]
Par								0.				
		(a) Current			Prior year	(c) Two yea	I		ears bac	k (e) Fou	r vears	back
1a	Beginning of year balance				,			.,				
b	Contributions											
c	Net investment earnings, gains, and losses											
d	Grants or scholarships											
	Other expenditures for facilities											
•	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr	ent vear end	balance	(line 1	a column (a)) held as:	1					
a	Board designated or quasi-endowment		Balarioe	(iii ic i %	g, oolanni (a	<i>,,,</i> 11010 005.						
b	Permanent endowment	%										
	· · · · · · · · · · · · · · · · · · ·	/0 %										
Ŭ	The percentages on lines 2a, 2b, and 2c sho	/ -	19%									
3a	Are there endowment funds not in the posse	•		ion tha	at are held ar	nd administer	red for th	e organiza	ition			
ou	by:		n gui nzuti					e organiza			Yes	No
	(i) Unrelated organizations									3a(i)	100	
	(ii) Related organizations											
h	If "Yes" on line 3a(ii), are the related organization	tions listed a	s require	d on S	Schedule R2							
4	Describe in Part XIII the intended uses of the									00		
Par	t VI Land, Buildings, and Equipm		3 01000	ment	iunus.							
	Complete if the organization answere		orm 990.	Part I	V. line 11a. S	See Form 990). Part X.	line 10.				
	Description of property		ost or oth		T	t or other		ccumulate	h	(d) Boo	k valu	
	Description of property	1	(investme		• • •	(other)		preciation		(u) Boo	in valu	C
19	Land			,		3,311.				5,88	3 3	11.
	LandBuildings					9,929.	17 (908,64	19.	22,17		
	Leasehold improvements				10,07		<u> </u>	,		,_/	- / 4	
	Equipment				6 56	8,031.	5 5	770,62	22.	79	7,4	09.
						8,907.				10,79		
	Other			oct.		-		-		<u>10,75</u> 39,64		
TUL	Add intes ta through te. (Column (a) MUSI e	quai Form 99	<u>u, Pan X</u>	, colul	<u>пп (в), Ine I</u>	UC./				le D (Forr		
									ouneut			2020

	HUMAN RESOUR	CE MANAGEMENT	34-0948453 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, I	line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatior	n: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) INVESTMENT IN SHRM -			
(B) INDIA	-4,426,103.	END-OF-YEAR	MARKET VALUE
(C) INVESTMENT IN SHRM			
(D) CORPORATION	-1,296,597.	END-OF-YEAR	MARKET VALUE
(E) HEDGE FUNDS	20,603,935.		MARKET VALUE
(F)	20,000,000		
(G)			
(H)	14,881,235.		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.	14,001,233.		
Complete if the organization answered "Yes" (a) Description of investment			
	(b) Book value	(c) Method of Valuation	n: Cost or end-of-year market value
(2)			
(3)			
(4)			
(5)			
(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, I	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	- 15)		
Part X Other Liabilities.			······································
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. P	art X. line 25.
1. (a) Description of liability	, ,	,	(b) Book value
(1) Federal income taxes			
(2) ACCRUED BENEFIT COST			49,603,000.
(3) DUE TO RELATED ENTITIES			368,143.
(4) DEPOSITS			102,540.
			70,182.
			/0,182.
<u>(6)</u>			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			▶ 50,143,865.
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	the organization's financial	statements that reports the

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 ... 🗴

Schedule D (Form 990) 2020

032053 12-01-20

Sche	edule D (Form 990) 2020 SOCIETY FOR HUMAN RESOURCE				0948453 Page 4				
Pa	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.								
	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	140,757,616.				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:								
а	Net unrealized gains (losses) on investments	. 2a	21,366,905.						
b	Donated services and use of facilities	. 2b							
с	Recoveries of prior year grants	2c							
d	Other (Describe in Part XIII.)	2d	6,724,698.						
е	Add lines 2a through 2d			2e	28,091,603.				
3	Subtract line 2e from line 1			3	112,666,013.				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1						
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	430,798.						
b	Other (Describe in Part XIII.)	4b							
С	Add lines 4a and 4b			4c	430,798.				
	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	5	113,096,811.						
5	Total revenue. Add lifes 3 and 4c. (This must equal Form 990, Part I, life 12.)								
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents W	ith Expenses per F						
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents W	ith Expenses per F	Retur	n.				
9 Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents W	ith Expenses per F	Retur					
_	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents W	ith Expenses per F	Retur	n.				
1	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents W	ith Expenses per F	Retur	n.				
1	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents W	ith Expenses per F	Retur	n.				
1 2 a	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents W 2a 2b 2c	ith Expenses per F	Retur	n.				
1 2 a b	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	ents W 2a 2b 2c	ith Expenses per F	Retur	n. 140,300,742.				
1 2 a b c	Image: Second	ents W 2a 2b 2c 2d	ith Expenses per F	Retur 1 2e	n. 140,300,742. 6,724,698.				
1 2 b c d	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	ents W 2a 2b 2c 2d	ith Expenses per F	Retur 1 2e	n. 140,300,742.				
1 2 b c d e	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	ents W 2a 2b 2c 2d	ith Expenses per F	Retur 1 2e	n. 140,300,742. 6,724,698.				
1 2 b c d 3	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	ents W 2a 2b 2c 2d	ith Expenses per F	Retur 1 2e	n. 140,300,742. 6,724,698.				
1 2 6 6 6 3 4	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	ents W 2a 2b 2c 2d 4a	ith Expenses per F	Retur 1 2e	n. 140,300,742. 6,724,698. 133,576,044.				
1 2 3 4 3	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	ents W 2a 2b 2c 2d 4a 4b	ith Expenses per F 6,724,698. 430,798.	2e 3 4c	n. 140,300,742. 6,724,698. 133,576,044. 430,798.				
1 2 a b c d e 3 4 a b c 5	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ents W 2a 2b 2c 2d 4a 4b	ith Expenses per F 6,724,698. 430,798.	2e 3 4c	n. 140,300,742. 6,724,698. 133,576,044.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION EVALUATED ITS UNCERTAINTY IN INCOME TAXES FOR THE YEARS

ENDED DECEMBER 31, 2020 AND 2019, AND DETERMINED THAT THERE WERE NO

MATTERS THAT WOULD REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL

STATEMENTS OR WHICH MIGHT HAVE ANY EFFECT ON THE ORGANIZATION'S TAX-EXEMPT

STATUS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES

COST OF GOODS SOLD

TOTAL TO SCHEDULE D, PART XI, LINE 2D

032054 12-01-20

722,974.

6,001,724.

6,724,698.

Schedule D (Form 990) 2020 SOCIETY FOR HUMAN RESOURCE MANAGEMENT Part XIII Supplemental Information (continued)	34-0948453 Page 5
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES	722,974.
COST OF GOODS SOLD	6,001,724.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	6,724,698.
;	
032055 12-01-20	Schedule D (Form 990) 2020

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21 2020.05000 SOCIETY FOR HUMAN RESOURCE 193444_1

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

and 3b)

Part I General Inf	ormation on A	ctivities Out	side the United States. Comple	te if the organization answered ""	Yes" on
Form 990, Par	t IV, line 14b.				
1 For grantmakers. Do	es the organizatio	n maintain recor	ds to substantiate the amount of its grar	nts and other assistance,	
the grantees' eligibility	/ for the grants or a	assistance, and t	the selection criteria used to award the g	grants or assistance?	Yes 🔄 No
2 For grantmakers. De	scribe in Part V the	e organization's	procedures for monitoring the use of its	grants and other assistance outs	ide the
United States.					
			an be duplicated if additional space is ne		
(a) Region	(b) Number of	(c) Number of employees,	, ,	(e) If activity listed in (d)	(f) Total expenditures
	offices	agents, and	(by type) (such as, fundraising, pro-	is a program service,	for and
	in the region	agents, and independent contractors	gram services, investments, grants to recipients located in the region)	describe specific type of service(s) in the region	investments
		in the region	recipients located in the region)		in the region
CENTRAL AMERICA AND					
THE CARIBBEAN	0	0	INVESTMENTS		251,540.
EUROPE (INCLUDING					
ICELAND & GREENLAND)	0	0	INVESTMENTS		295,158.
					1
					-
					_
	0	0			546,698.
3 a Subtotal		0			540,090.
b Total from continuation		0			0.
sheets to Part I					· · ·

art I	General Information on Activities Outside the United States.	Complete if the organization answered "Ye
	Form 990, Part IV, line 14b.	

of Activities Outside the United States atomont nization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

DULE F	Statement of				
90)	Complete if the organ				

SOCIETY FOR HUMAN RESOURCE MANAGEMENT

Open to Public Inspection

OMB No. 1545-0047

Employer identification number

546,698. Schedule F (Form 990) 2020





34-0948453	

Schedule F (Form 990) 2020

SOCIETY FOR HUMAN RESOURCE MANAGEMENT

34-0948453

Part II 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 t			I		
exempt 501(c)(3) orga 3 Enter total number of			or counsel has provided a sect			▶		

Schedule F (Form 990) 2020

Page 2

34-0948453

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(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)

24

Schedule F (Form 990) 2020



	F (Form 990) 2020	SOCIETY	FOR	HUMAN	RESOURCE	MANAGEMENT	34-0948453	Page 4
Part IV	Foreign Forms	6						

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 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? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>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)</i>	X Yes	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)	X Yes	No No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2020

032074 12-03-20



rt II, line 1	(accounting meth	nod); Part III (accounting r	counting method; amounts of method); and Part III, column (c) information. See instructions.	Page 5
rt II, line 1	(accounting meth	nod); Part III (accounting r	method); and Part III, column (c)	
			Schedule F (Form 9	990) 202
				26 2020.05000 SCHEMER CEOURY

12471109 150872 193444

SCHEDULE I	G	arants and Oth	ner Assistan	ce to Organ	izations.			OMB No. 1	545-0047
(Form 990)	Go	vernments, ar	nd Individual	s in the Ŭni	ted States			20	20
Department of the Treasury	Compl	ete if the organizatio	Attach to For		t IV, inte 21 of 22.			Open to	
Internal Revenue Service		Go to www.ir	rs.gov/Form990 fo	r the latest inforn	nation.		1	Inspe	ction
Name of the organization SOCIETY F(OR HUMAN I	RESOURCE MA	NAGEMENT				Employer	identificatio 34-094	
Part I General Information on Grants ar									
1 Does the organization maintain records to criteria used to award the grants or assist							ion	X Yes	No
2 Describe in Part IV the organization's pro									
Part II Grants and Other Assistance to I	Domestic Organiz	ations and Domestic	Governments. C	omplete if the org	anization answered "Y	es" on Form 990, Par	t IV, line 21	, for any	
recipient that received more than \$	5,000. Part II can	be duplicated if additi	onal space is need	ed.		1			
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		Purpose of g or assistance	
HR PEOPLE & STRATEGY, INC.									
1800 DUKE STREET									
ALEXANDRIA, VA 22314	13-2989471	501(C)(3)	1,490,180.	0.			GENERAL	OPERATING	SUPPORT
	10 10001/1		,,	·				01 11011 1110	
SHRM FOUNDATION, INC.									
1800 DUKE STREET									
ALEXANDRIA, VA 22314	34-6610067	501(C)(3)	1,246,966.	0.			GENERAL	OPERATING	SUPPORT
· · ·									
STAND TOGETHER TRUST									
1310 N. COURTHOUSE ROAD, SUITE 700									
ARLINGTON, VA 22201	27-3197768	501(C)(3)	100,000.	0.			GENERAL	OPERATING	SUPPORT
THE THIRD WAY FOUNDATION, INC.									
1200 NEW HAMPSHIRE AVENUE, NW STE 5									
WASHINGTON, DC 20036	52-1629221	501(C)(3)	50,000.	0.			GENERAL	OPERATING	SUPPORT
AMERICAN RED CROSS									
431 18TH STREET, NW									
WASHINGTON, DC 20006	53-0196605	501(C)(3)	50,000.	0.			GENERAL	OPERATING	SUPPORT
GEORGE WASHINGTON UNIVERSITY									
PO BOX 98131		E01(0)(2)		_					GUDDODE
WASHINGTON, DC 20090	53-0196584		7,500.	0.			GENERAL	OPERATING	
2 Enter total number of section 501(c)(3) ar			e line 1 table				🕨	•	<u> </u>
3 Enter total number of other organizations							P	· Jula I (Earma)	-
LHA For Paperwork Reduction Act Notice,	see the Instruction	0113 101 FUTII 990.					Sched	dule I (Form 9	ອອບງ 2020



Schedule I (Form 990) 2020 SOCIETY FOR HUMAN RESOURCE MANAGEMENT Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(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

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

DUE DILIGENCE IS PERFORMED FOR ALL POTENTIAL GRANT RECIPIENTS. GENERAL

SUPPORT CONTRIBUTIONS ARE MADE TO WELL ESTABLISHED ORGANIZATIONS KNOWN FOR

SUCCESSFUL OPERATIONS AND WORK THAT IS CLOSELY ALIGNED WITH SHRM'S MISSION

AND OBJECTIVES.

34-0948453

Page 2

SC	HEDULE J	Compensation Information		OMB No.	1545-004	47			
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	ľ	00	2				
•	-	Compensated Employees		ZU	ZU	J			
-		 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic			
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe					
Nam	ne of the organizatio	n	Employer	identificati	on nui	mber			
		SOCIETY FOR HUMAN RESOURCE MANAGEMENT	34-0	094845	3				
Pa	rt I Question	s Regarding Compensation							
					Yes	No			
1a	Check the appropr	ate 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.							
	First-class or o	v i	nal use						
	X Travel for con								
	X Tax indemnifie	ation and gross-up payments Health or social club dues or initiation fee							
	Discretionary	spending account X Personal services (such as maid, chauffer	ur, chef)						
b	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								
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х				
~									
3		ny, of the following the organization used to establish the compensation of the organization's							
		ector. Check all that apply. Do not check any boxes for methods used by a related organization of the 250/5 methods. But the	on to						
		ation 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 c	ther organizations X Approval by the board or compensation of	ommittee						
л	During the year di	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
4	organization or a re								
а	-	e payment or change-of-control payment?		4a	Х				
b		eive payment from a supplemental nonqualified retirement plan?			X	<u> </u>			
						x			
Ũ	c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.								
in tes to any or lines 44°, list the persons and provide the applicable amounts for each item in Part III.									
	Only section 501(:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n						
	contingent on the								
а	•			5a					
		ation?							
		or 5b, describe in Part III.							
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n						
	contingent on the	net earnings of:							
а	The organization?	· · · · · · · · · · · · · · · · · · ·		6a					
	b Any related organization?								
		or 6b, describe in Part III.							
7	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	i						
		nes 5 and 6? If "Yes," describe in Part III		7					
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne						
				8		L			
9	If "Yes" on line 8, c	id the organization also follow the rebuttable presumption procedure described in							
	Regulations section	n 53.4958-6(c)?		9					
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schee	dule J (Forr	n 990)) 2020			

032111 12-07-20

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-MI	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	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) JOHNNY C. TAYLOR, JR, SHRM-SCP	(i)	787,699.	480,000.	21,083.	645,592.	22,813.	1,957,187.	0.
PRESIDENT AND CEO/SHRMF & HRPS DIR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARY MOHNEY, CPA	(i)	104,372.	60,000.	1,271,040.	4,597.	2,917.	1,442,926.	1,071,707.
TREASURER & CFO - UNTIL 01/2020	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JEANEEN ANDREWS-FELDMAN	(i)	398,684.	210,000.	2,220.	376,793.	28,405.	1,016,102.	0.
CHIEF MKTING AND EXPERIENCE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) NICHOLAS SCHACHT, SHRM-SCP	(i)	372,449.	125,000.	3,354.	161,342.	25,597.	687,742.	0.
CHIEF GLOBAL DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SEAN SULLIVAN, SHRM-SCP	(i)	363,332.	100,000.	2,220.	97,460.	32,822.	595,834.	0.
CHIEF HUMAN RESOURCES OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ALEXANDER ALONSO, PHD, SHRM-SCP	(i)	355,820.	150,000.	593.	51,776.	19,560.	577,749.	0.
CHIEF KNOWLEDGE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JAMES BANKS, JD	(i)	311,372.	90,000.	3,354.	125,660.	29,497.	559,883.	0.
GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) EMILY DICKENS, JD	(i)	316,629.	125,000.	3,467.	60,892.	10,944.	516,932.	0.
SEC./ CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MARC GOLDBERG	(i)	310,571.	100,000.	840.	51,155.	30,297.	492,863.	0.
CHIEF TECHNOLOGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MICHAEL AITKEN	(i)	255,394.	46,600.	1,857.	98,470.	29,597.	431,918.	0.
SVP, MEMBERSHIP	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ADAM SOHN	(i)	315,277.	0.	1,234.	74,832.	28,015.	419,358.	0.
CHIEF GROWTH OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) TIM CANNY	(i)	204,817.	37,900.	2,797.	138,223.	25,684.	409,421.	0.
VP, ADVERTISING SALES	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) ARTHUR KEITH GREEN	(i)	373,275.	0.	1,462.	6,369.	22,641.	403,747.	0.
TREASURER & CFO - AS OF 04/2020	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) ANTHONY LEE	(i)	210,583.	37,900.	2,847.	116,762.	25,016.	393,108.	0.
VP, CONTENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) TRENT BURNER	(i)	200,196.	57,600.	1,199.	72,711.	30,297.	362,003.	0.
VP, RESEARCH	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) KRISTINA M. BEATY	(i)	206,622.	52,000.	373.	31,673.	18,787.	309,455.	0.
VP, MARKETING	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2020

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:

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

IMMEDIATE PAST CHAIR. IN 2020, 1 DIRECTOR RECEIVED COMPANION TRAVEL

BENEFITS. SHRM PAID PERSONAL HEALTH-RELATED FEES AND A CAR ALLOWANCE FOR 1

OFFICER AND GROSS-UP TAX PAYMENTS FOR ALL KEY EMPLOYEES AS PART OF SHRM'S

BIRTHDAY GIFT PROGRAM TO ALL EMPLOYEES.

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 2020, JOHNNY C. TAYLOR, JR. AND JEANEEN

ANDREWS-FELDMAN WERE PARTICIPANTS IN THE PLAN.

IN 2020, MARY MOHNEY RECEIVED A SEVERANCE PAYMENT OF \$199,184 AND A

DISTRIBUTION FROM THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN OF \$1,071,707.

Schedule J (Form 990) 2020



SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.

SOCIETY FOR HUMAN RESOURCE MANAGEMENT



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: SHRM'S FEDERAL FORM 990 IS REVIEWED BY THE ACCOUNTING STAFF OF SHRM. INCLUDING THE 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. THE FORM IS THEN SENT TO THE FULL BOARD OF DIRECTORS BEFORE FILING.

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2020.05000 SOCIETY FOR HUMAN RESOURC 193444 1

SOCIETY FOR HUMAN RESOURCE MANAGEMENT	Employer identification number 34-0948453				
FORM 990, PART VI, SECTION B, LINE 12C:					
THE SHRM BOARD CONFLICT OF INTEREST POLICY PROVIDES THE F	OLLOWING				
PROCEDURES FOR ADDRESSING POTENTIAL CONFLICTS OF INTEREST	THAT MAY REQUIRE				
BOARD OR COMMITTEE ACTION, SUCH AS: 1) THE INTERESTED PER	SON MUST DISCLOSE				
ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST AND SUCH D	ISCLOSURE MUST BE				
REFLECTED IN THE MINUTES OF THE MEETING WHERE SUCH MATTER	IS BEING				
REVIEWED; 2) THE INTERESTED PERSON IS PROHIBITED FROM PAR	TICIPATING IN				
DISCUSSIONS ABOUT THE MATTER EXCEPT TO DISCLOSE MATERIAL FACTS AND RESPOND					
TO QUESTIONS; 3) SUCH PERSON SHALL NOT ATTEMPT TO EXERT H	IS 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 CO	MMITTEE				
DISCUSSIONS ON THE MATTER; 5) SUCH INTERESTED PERSON IS P	RECLUDED FROM				
VOTING ON THE MATTER AND SUCH PERSON'S PRESENCE MAY NOT B	E 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 VOT	E UNLESS THE VOTE				
IS BY SECRET BALLOT; AND 7) SUCH PERSON'S INELIGIBILITY TO	O 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,

ACTIVITIES AND RELATIONSHIPS WHICH PLACE THEIR PERSONAL INTERESTS IN
032212 11-20-20
Schedule O (Form 990 or 990-EZ) 2020

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12471109 150872 193444

Schedule O (Form 990 or 990-EZ) 2020	Page 2					
Name of the organization SOCIETY FOR HUMAN RESOURCE MANAGEMENT	Employer identification number $34-0948453$					
CONFLICT WITH SHRM'S; NOT TO USE SHRM ASSETS OR THEIR POSI	TION AT SHRM FOR					
PERSONAL USE OR GAIN; NOT TO ACCEPT GIFTS FROM VENDORS UNL	ESS WITHIN					
SPECIFIED GIFT GUIDELINES. EMPLOYEES ARE INFORMED THAT ACT	UAL OR POTENTIAL					
CONFLICTS OF INTEREST MAY GO BEYOND DEALINGS WITH MEMBERS,	CUSTOMERS,					
VENDORS OR SUPPLIERS. CONFLICTS MAY ALSO INVOLVE DEALINGS	VENDORS OR SUPPLIERS. CONFLICTS MAY ALSO INVOLVE DEALINGS WITH MANAGERS,					
SUBORDINATES OR OTHER STAFF MEMBERS. IF A CONFLICT OR POTE	NTIAL 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 T	HE 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, CHIEFS 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 ARE OFFICERS OF THE CORPORATION. THE SHRM GOVERNANCE COMMITTEE OF THE BOARD Schedule O (Form 990 or 990-EZ) 2020 032212 11-20-20 ³⁴ 2020.05000 SOCIETY FOR HUMAN RESOURC 193444_1

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization SOCIETY FOR HUMAN RESOURCE MANAGEMENT	Employer identification number $34-0948453$
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	ITTEE 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 PUBLIC ON SHRM'S ANNUAL REPORT. SHRM'S BYLAWS ARE AVAILABLE TO THE PUBLIC ON SHRM'S WEBSITE; AND THE ARTICLES OF INCORPORATION ARE AVAILABLE ON THE OHIO SECRETARY OF STATE CORPORATE DIVISION WEBSITE. SHRM WILL CONSIDER MAKING ITS CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PENSION-RELATED CHANGES OTHER THAN NET PERIODIC BENEFIT

COSTS	-18,862,377.
CURRENCY TRANSLATION ADJUSTMENT	-27,617.
TOTAL TO FORM 990, PART XI, LINE 9	-18,889,994.

032212 11-20-20

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

34-0948453

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Department of the Treasury Internal Revenue Service Name of the organization

SOCIETY FOR HUMAN RESOURCE MANAGEMENT

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
PARAGONLABS, LLC - 86-1347356					
1800 DUKE STREET	WORKPLACE TECHNOLOGY				SOCIETY FOR HUMAN
ALEXANDRIA, VA 22314	INVESTMENT	DELAWARE	0.	٥.	RESOURCE MANAGEMENT

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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	(g) Section 512(b)(13) controlled entity?	
				501(c)(3))		Yes	No
SHRM FOUNDATION, INC 34-6610067					SOCIETY FOR HUMAN		
1800 DUKE STREET	RESEARCH/SUPPORT HR				RESOURCE		
ALEXANDRIA, VA 22314-3499	STANDARDS	оніо	501(C)(3)	LINE 7	MANAGEMENT	Х	
HR PEOPLE & STRATEGY, INC 13-2989471					SOCIETY FOR HUMAN		
1800 DUKE STREET					RESOURCE		
ALEXANDRIA, VA 22314-3499	STRATEGIC HR EDUCATION	NEW YORK	501(C)(3)	LINE 10	MANAGEMENT	X	

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

Schedule R (Form 990) 2020
SOCIETY FOR HUMAN RESOURCE MANAGEMENT Schedule R (Form 990) 2020

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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. Part III

		,								-		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity or entity entity entity or entity entit		Code V-UBI amount in box 20 of Schedule	Gene mana	eral or aging	Percentage ownership				
		foreign country)		(related, unrelated, excluded from tax under sections 512-514)		assets		No	K-1 (Form 1065)	Yes		
	1											
	1											
	1											
	-											
	-											
	-											
										+		
	4											
	4											
	4											
				l								

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. Part IV

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(b contr	(i) b)(13) rolled tity?
		country)						Yes	No
SHRM CORPORATION - 76-0839798			SOCIETY FOR						
1800 DUKE STREET	ON-LINE JOBS		HUMAN RESOURCE						
ALEXANDRIA, VA 22314-3499	ADVERTISING PROGRAM	VA	MANAGEMENT	C CORP	1,654,358.	421,534.	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						
CORINTHIAN BLDG, KHAR, MUMBAI, INDIA 40052	IN INDIA	INDIA	MANAGEMENT	C CORP	3,401,253.	2,241,057.	100%	Х	
SHRM MEA FZ-LLC									
EXECUTIVE OFFICE NO. 21, BLOCK #09, GROUND FL	EDUCATIONAL PROGRAMS	UNITED	SHRM						
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						
RING RD. N., BEIJING, CHINA 100027	IN CHINA	CHINA	CORPORATION	C CORP				Х	

Schedule R (Form 990) 2020 SOCIETY FOR HUMAN RESOURCE MANAGEMENT

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
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?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		2
b Gift, grant, or capital contribution to related organization(s)		X	
c Gift, grant, or capital contribution from related organization(s)		X	
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)	1f	x	
g Sale of assets to related organization(s)	<u>1g</u>		
h Purchase of assets from related organization(s)	1h		
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)	1j		_
Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)		X	
n Performance of services or membership or fundraising solicitations by related organization(s)		X	
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
Sharing of paid employees with related organization(s)		X	
Reimbursement paid to related organization(s) for expenses		x	
Reimbursement paid by related organization(s) for expenses		X	Ŧ
Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SHRM FOUNDATION, INC.	В	1,246,966.	CASH
(2) HR PEOPLE & STRATEGY, INC.	В	1,490,180.	CASH
(3) SHRM CORPORATION	F	500,000.	CASH
(4) HR PEOPLE & STRATEGY, INC.	L	612,817.	FMV
(5) SHRM CORPORATION STRATEGIC HUMAN RESOURCE MGM'T INDIA PVT	L	432,385.	FMV
(6) LTD	М	525,173.	
032163 10-28-20			Schedule R (Form 990) 2020

Schedule R (Form 990) SOCIETY FOR HUMAN RESOURCE MANAGEMENT

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.	N	77,550.	FMV
(8) SHRM CORPORATION	0	195,550.	соят
(9) SHRM FOUNDATION, INC.	Р	50,092.	соят
(10) SHRM CORPORATION	Р	173,055.	COST
STRATEGIC HUMAN RESOURCE MGM'T INDIA PVT (11) LTD	Р	176,484.	соѕт
(12) SHRM MEA FZ-LLC	Р	129,571.	соѕт
(13) SHRM FOUNDATION, INC.	Q	1,158,815.	соят
(14) HR PEOPLE & STRATEGY, INC.	Q	271,653.	соѕт
STRATEGIC HUMAN RESOURCE MGM'T INDIA PVT (15) LTD	Q	223,555.	соят
(16) SHRM MEA FZ-LLC	Q	477,008.	соѕт
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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Schedule R (Form 990) 2020 SOCIETY FOR HUMAN RESOURCE MANAGEMENT

34-0948453 Page 4

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are al partners 501(c)(orgs.2 Yes N	ll sec. 3) ? No	(f) Share of total income	(g) Share of end-of-year assets	(h Dispro tion allocat Yes) opor- ate ions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General (managin partner? Yes No	(k) Percentage ownership

Schedule R (Form 990) 2020



Schedule R (Form 990) 2020 SOCIETY FOR HUMAN RESOURCE MANAGEMENT 34-0948453 Page 5 Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

SHRM FOUNDATION, INC.

DIRECT CONTROLLING ENTITY: SOCIETY FOR HUMAN RESOURCE MANAGEMENT

NAME OF RELATED ORGANIZATION:

HR PEOPLE & STRATEGY, INC.

DIRECT CONTROLLING ENTITY: SOCIETY FOR HUMAN RESOURCE MANAGEMENT

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

SHRM CORPORATION

DIRECT CONTROLLING ENTITY: SOCIETY FOR HUMAN RESOURCE MANAGEMENT

NAME OF RELATED ORGANIZATION:

STRATEGIC HUMAN RESOURCE MGM'T INDIA PVT LTD

DIRECT CONTROLLING ENTITY: SOCIETY FOR HUMAN RESOURCE MANAGEMENT

032165 10-28-20

Schedule R (Form 990) 2020

Form	990-T	E	Exempt Organization Business Income Tax Return	n	OMB No. 1545-0047
		_	(and proxy tax under section 6033(e))		ついつい
		⊦or ca	endar year 2020 or other tax year beginning, and ending	— ·	2020
Depar	tment of the Treasury al Revenue Service		► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)	, F	Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if		Name of organization (Check box if name changed and see instructions.)		over identification number
~ _	address changed.				
B E	xempt under section	Print	SOCIETY FOR HUMAN RESOURCE MANAGEMENT	_	4-0948453
X	501(c)(6) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 1800 DUKE STREET	EGroup (see i	o exemption number nstructions)
	408A = 530(a)		City or town, state or province, country, and ZIP or foreign postal code	-	4372
	529(a) 529S		ALEXANDRIA, VA 22314-3499	_ F 🗌	Check box if
			ok value of all assets at end of year > 254,620,010.		an amended return.
G	Check organization	type 🕨	• X 501(c) corporation 501(c) trust 401(a) trust Other trust	Applical	ble reinsurance entity
H (Check if filing only to	>	Claim credit from Form 8941 Claim a refund shown on Form 2439		
<u> </u>	Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		>
			ed Schedules A (Form 990-T)		4
	• •		e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
	,		d identifying number of the parent corporation. ► SEAN RODDY Telephone number ►	702	<u> </u>
			d Business Taxable Income	105-	540-5440
1			ss taxable income computed from all unrelated trades or businesses (see		
			ss taxable income computed from all unrelated trades of businesses (see	1	1,574,065.
2	,			2	1/0/1/0000
3	Add lines 1 and 2			3	1,574,065.
4			see instructions for limitation rules) STMT 1 STMT 2	4	157,307.
5			taxable income before net operating losses. Subtract line 4 from line 3	5	1,416,758.
6			ng loss. See instructions	6	
7		•	ss taxable income before specific deduction and section 199A deduction.		
•	Subtract line 6 from		-	7	1,416,758.
8			ally \$1,000, but see instructions for exceptions)	8	1,000.
9			duction. See instructions	9	,
10	Total deductions.	Add li		10	1,000.
11			ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
	enter zero		~ ,	11	1,415,758.
Pa	rt II Tax Com	putat	ion		
1	Organizations tax	able a	s corporations. Multiply Part I, line 11 by 21% (0.21)	• 1	297,309.
2	Trusts taxable at	trust ra	ates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from	: [Tax rate schedule or Schedule D (Form 1041)	2	
3	Proxy tax. See ins	structio		3	
4	Other tax amounts	s. See i	nstructions	4	
5	Alternative minimu	ım tax (5	
6	Tax on noncompl	iant fa	cility income. See instructions	6	
7	Total. Add lines 3	throug	h 6 to line 1 or 2, whichever applies	7	297,309.
LHA	For Paperwork F	Reduct	ion Act Notice, see instructions.		Form 990-T (2020)



Form 9	90-T (2020)		Page 2
Part	III Tax and Payments		
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		
b	Other credits (see instructions) 1b		
с	General business credit. Attach Form 3800 (see instructions)		
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 1d		
е	Total credits. Add lines 1a through 1d	1e	
2	Subtract line 1e from Part II, line 7	2	297,309.
3	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866		
	Other (attach statement)	3	
4	Total tax. Add lines 2 and 3 (see instructions).		
	section 1294. Enter tax amount here	4	297,309.
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5	0.
6a	Payments: A 2019 overpayment credited to 2020 6a 146,926.		
b	2020 estimated tax payments. Check if section 643(g) election applies		
с	Tax deposited with Form 8868		
d	Foreign organizations: Tax paid or withheld at source (see instructions)		
е	Backup withholding (see instructions)		
f	Credit for small employer health insurance premiums (attach Form 8941) 6f		
g	Other credits, adjustments, and payments: Form 2439		
•	Form 4136 Other Total 🕨 6g		
7	Total payments. Add lines 6a through 6g	7	397,326.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	100,017.
11	Enter the amount of line 10 you want: Credited to 2021 estimated tax 100,017. Refunded	11	0.
Part	IV Statements Regarding Certain Activities and Other Information (see instructions)		
1	At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here SEE STATEMENT 3		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a		
	foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		
3	Enter the amount of tax-exempt interest received or accrued during the tax year		
4a	Did the organization change its method of accounting? (see instructions)		
b	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"		
	explain in Part V		
Part	V Supplemental Information		

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined correct, and complete. Declaration of preparer (other that Signature of officer				May the p	e and belief, it is true, the IRS discuss this return with reparer shown below (see uctions)? X Yes No
Paid Preparer Use Only	Print/Type preparer's name AARON M. FOX	Preparer's signature	Date 11/9/21	Check self- employ	if ed	PTIN P01365820
	Firm's name MARCUM LLP	EET, NW, SUITE 850 , DC 20036)	Firm's EIN Phone no.		11-1986323 02) 227-4000
						Form 990-T (2020)

45 22571010 150872 193444 ELECTRONICALLY² FILEDON STF/0972021 HEREN RESOURC 193444_1

FORM 990-T	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
2020 CHARITABLE CONTRIBUTION	N/A	3,151,521.
TOTAL TO FORM 990-T, PART I, L	INE 4	3,151,521.

ORM 990-T	CONTRI	BUTIONS SUMMARY		STATEMENT	2
~	CONTRIBUTIONS SUBJECT CONTRIBUTIONS SUBJECT				
FOR TAX FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED YEAR 2015 YEAR 2016 YEAR 2017 YEAR 2018 YEAR 2019	CONTRIBUTIONS 1,667,487 2,420,278 2,232,545 3,002,005 3,264,148			
TOTAL CARR TOTAL CURR	 YOVER ENT YEAR 10% CONTRIBUT	IONS	12,586,463 3,151,521		
	RIBUTIONS AVAILABLE COME LIMITATION AS ADJ	USTED	15,737,984 157,307	_	
EXCESS 100	TRIBUTIONS % CONTRIBUTIONS SS CONTRIBUTIONS		15,580,677 0 15,580,677	_	
ALLOWABLE	CONTRIBUTIONS DEDUCTIO	N		157,	307
TOTAL CONT	RIBUTION DEDUCTION			157,	307



FORM 990-T NAME OF FOREIGN COUNTRY IN WHICH STATEMENT 3 ORGANIZATION HAS FINANCIAL INTEREST

NAME OF COUNTRY

INDIA CHINA UNITED ARAB EMIRATES CAYMAN ISLANDS



							ENT	LTY 1
	IEDULE A m 990-T)	Unrelated Busin	ess	Taxable I	ncom	e		OMB No. 1545-0047
(From an Unrelate	ed T	rade or Bu	usine	SS		0000
								2020
Depart	ment of the Treasury	Go to www.irs.gov/Form990T fo						Open to Public Inspection for
Interna	Revenue Service	Do not enter SSN numbers on this form as it	may be	e made public if your	organizat	tion is a 501(c)(3).	501(c)(3) Organizations Only
A N	ame of the organization	on FOR HUMAN RESOURCE MANAGI	EMEN	T			veridentific	ation number 53
<u>c</u> ι	Inrelated business a	activity code (see instructions) 🕨 54180	0			D Seque	nce: 1	L of 4
<u>e</u> D	escribe the unrelat	ed trade or business 🕨 ADVERTISING	& (OTHER SERV	<u>/ICES</u>			
Par	t I Unrelated	Trade or Business Income		(A) Income		(B) Exper	nses	(C) Net
1a	Gross receipts or s	sales						
	Less returns and allo		1c					
2		d (Part III, line 8)	2					
3		ract line 2 from line 1c	3					
4 a		come (attach Sch D (Form 1041 or Form						
	1120)) (see instruc	tions)	4a					
b	Net gain (loss) (For	rm 4797) (attach Form 4797) (see instructions)	4b					
с	Capital loss deduc	tion for trusts	4c					
5		a partnership or an S corporation (attach						
	statement)		5					
6	Rent income (Part	IV)	6					
7	Unrelated debt-fina	anced income (Part V)	7					
8	Interest, annuities,	, royalties, and rents from a controlled						
	organization (Part	VI)	8					
9		e of section 501(c)(7), (9), or (17)						
		t VII)	9					
10		activity income (Part VIII)	10	3,553,24		1,889		
11		e (Part IX)	11	5,052,02	10.	2,606	, 393.	2,445,617.
12		instructions; attach statement)	12		- 1	4 405	850	4 100 400
13	Total. Combine lin	nes 3 through 12	13	8,605,2	51.	4,495	,752.	4,109,499.
Par		ns Not Taken Elsewhere (See instruct nnected with the unrelated business in			n deduo	ctions) De	eduction	s must be
1	Compensation of o	officers, directors, and trustees (Part X)					. 1	
2	Salaries and wage	s					2	
3		enance					. 3	
4								
5		atement) (see instructions)						
6	Taxes and licenses	ss		······			. 6	86,984.
7		ch Form 4562) (see instructions)						
8		claimed in Part III and elsewhere on return					8b	
9								
10		eferred compensation plans						
11		programs						
12		penses (Part VIII)						
13	Excess readership	costs (Part IX)					. 13	2,445,950.
14		(attach statement)						2,500
15		Add lines 1 through 14					. 15	2,535,434.
16		s income before net operating loss deduction. So			, ,			1 67/ 065
47								1,574,065.
17		operating loss (see instructions)						1,574,065.
18		ss taxable income. Subtract line 17 from line 16 Reduction Act Notice, see instructions.	o					e A (Form 990-T) 2020

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		od of inventory valua			
	Inventory at beginning of year				
	Purchases				
	Cost of labor Additional section 263A costs (attach statement)				
	Other costs (attach statement)				
	Total. Add lines 1 through 5				
	Inventory at end of year			_	
	Cost of goods sold. Subtract line 7 from line 6. Enter h				
	Do the rules of section 263A (with respect to property p				Yes No
t١	IV Rent Income (From Real Property and				
	Description of property (property street address, city, st	•			
	A 🗌	, ,	,	,	
	в				
	c 🗌				
	D				
		Α	В	С	D
	Rent received or accrued				
	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (set)	ter here and on Part l			0.
ť	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A	ter here and on Part	, line 6, column (B)	·····	
t'	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) [Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, construction) B	ter here and on Part	, line 6, column (B)	·····	
ť	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part	, line 6, column (B)	·····	
<u>t</u> '	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) [Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, construction) B	ter here and on Part lee instructions) ity, state, ZIP code).	, line 6, column (B) Check if a dual-use (see in	nstructions)	0.
	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part	, line 6, column (B)	·····	
<u>t</u> '	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part lee instructions) ity, state, ZIP code).	, line 6, column (B) Check if a dual-use (see in	nstructions)	0.
<u>t '</u>	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part lee instructions) ity, state, ZIP code).	, line 6, column (B) Check if a dual-use (see in	nstructions)	0.
t I	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part lee instructions) ity, state, ZIP code).	, line 6, column (B) Check if a dual-use (see in	nstructions)	0.
t '	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A B C C C G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property	ter here and on Part lee instructions) ity, state, ZIP code).	, line 6, column (B) Check if a dual-use (see in	nstructions)	0.
t	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A B C C C G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement)	ter here and on Part lee instructions) ity, state, ZIP code).	, line 6, column (B) Check if a dual-use (see in	nstructions)	0.
t '	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (see Description of debt-financed property (street address, c A B C C C G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement)	ter here and on Part lee instructions) ity, state, ZIP code).	, line 6, column (B) Check if a dual-use (see in	nstructions)	0.
t '	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (see Description of debt-financed property (street address, c A B C C C G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b,	ter here and on Part lee instructions) ity, state, ZIP code).	, line 6, column (B) Check if a dual-use (see in	nstructions)	0.
:''	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (see Description of debt-financed property (street address, c A B C C C C G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b, columns A through D)	ter here and on Part lee instructions) ity, state, ZIP code).	, line 6, column (B) Check if a dual-use (see in	nstructions)	0.
: '	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A B C C C C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable	ter here and on Part lee instructions) ity, state, ZIP code).	, line 6, column (B) Check if a dual-use (see in	nstructions)	0.
: '	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A B C C C C C C C C C C C C C C C C C C	ter here and on Part lee instructions) ity, state, ZIP code).	, line 6, column (B) Check if a dual-use (see in	nstructions)	0.
	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A B C C C C C C C C C C C C C C C C C C	ter here and on Part lee instructions) ity, state, ZIP code).	, line 6, column (B) Check if a dual-use (see in	nstructions)	0.
: '	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (see Description of debt-financed property (street address, c A	ter here and on Part lee instructions) ity, state, ZIP code).	, line 6, column (B) Check if a dual-use (see in B B	nstructions)	0. 0.
	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A B C C C C C C C C C C C C C C C C C C	ter here and on Part i e instructions) ity, state, ZIP code).	, line 6, column (B) Check if a dual-use (see in B B	C	D
<u>: ' '</u>	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A	ter here and on Part i ee instructions) ity, state, ZIP code). A	, line 6, column (B) Check if a dual-use (see in B B 6 %	c %	D
	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A B C C C C C C C C C C C C C C C C C C	ter here and on Part i ee instructions) ity, state, ZIP code). A	, line 6, column (B) Check if a dual-use (see in B B 6 %	c %	D
: '	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A	ter here and on Part i e instructions) ity, state, ZIP code). A 9 Enter here and on P	, line 6, column (B) Check if a dual-use (see in B B 6 % art I, line 7, column (A)	C	D
: `	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A B C C C C C C C C C C C C C C C C C C	ter here and on Part I ee instructions) ity, state, ZIP code). A A Enter here and on P Enter here and on P	, line 6, column (B) Check if a dual-use (see in B B 6 % art I, line 7, column (A)	C	0. 0. 0.

Schedu	ıle A (Form 990-T) 2020)								Page 3
Part	VI Interest, Annu	uities, Roy	alties, and Re	ents fron	n Control		<u> </u>	<u>v</u> ere en e	,	
								lled Organizatio	ns	
	1. Name of controlle	ed	2. Employer		unrelated	1	al of specified	5. Part of colu		6. Deductions directly
	organization		identification		ne (loss)	payn	nents made	that is included controlling or		connected with
			number	(see ins	structions)			tion's gross in		income in column 5
(1)										
(2)										
(3)										
(4)										
		1	No		Controlled O	0	ons			
7	. Taxable Income		et unrelated		otal of specif			of column 9 cluded in the	11.	Deductions directly
			ome (loss)	pa	yments mad	le		organization's		connected with
		(see I	nstructions)				gross	income	In	come in column 10
(1)										
(2)									_	
(3)										
(4)										
								nns 5 and 10.		d columns 6 and 11.
								and on Part I, column (A)		er here and on Part I, line 8, column (B)
Totals Part			6 - 0t ²		<u></u>	····· •		0.	,	0.
Fart			f a Section 50	T(C)(7), (<u>, , , , , , , , , , , , , , , , , , , </u>		· · · ·	ee instructions)		
	1. Desc	cription of in	come		2. Amou incor		3. Deduction directly conn		t-asides	
						iic	(attach state		stateme	(add cols 3 and 4)
(4)										
(<u>1</u>)										
(2) (2)										
(3)										
(4)					Add amo	unts in				Add amounts in
					column 2					column 5. Enter
					here and o					here and on Part I,
Totals				•	line 9, colu	umn (A) 0 •				line 9, column (B)
Part	VIII Exploited E	vomnt Ac	tivity Income	Other T	han Adve			see instructions	., G	TATEMENT 5
1	Description of exploite						gincome	(see instructions		TAILMENT J
2	Gross unrelated busin	· · _			r hara and a	n Dort I	line 10. colum	n (A)	2	3,553,241.
2	Expenses directly con							. ,		5,555,241.
3	· ·		-						3	1,889,359.
4	line 10, column (B) Net income (loss) from									1,000,000.
4	· · ·								4	1,663,882.
5	lines 5 through 7 Gross income from ac	tivity that is	not uprolated busi	inoss incon	 mo				5	0.
6	Expenses attributable								6	0.
7	Excess exempt expen									5.
'	4. Enter here and on F								7	0.

Schedule A (Form 990-T) 2020

023731 12-23-20



ENTITY	1
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hedule A (Form 990-T) 2020 art IX Advertising Income					Page
1 Name(s) of periodical(s). Check box if report A E-NEWSLETTER	orting two or more	periodicals on a co	nsolidated basis.	STATEM	ENT 14
B X PERIODICALS					
c 🗌					
D					
er amounts for each periodical listed above in t	the corresponding	column.			
		A	В	c	D
Gross advertising income		65,863.	4986147	7.	
Add columns A through D. Enter here and	l on Part I, line 11,	column (A)		►	5052010
а				- 1	
		66,196.			
a Add columns A through D. Enter here and	l on Part I, line 11,	column (B)			2606393
Advertising gain (loss). Subtract line 3 fror	m line				
2. For any column in line 4 showing a gair	ı, İ				
complete lines 5 through 8. For any colum	nn in				
line 4 showing a loss or zero, do not comp	olete				
lines 5 through 7, and enter zero on line 8		-333.	2,445,95		
5 Readership costs			5695424		
6 Circulation income			3193180).	
Excess readership costs. If line 6 is less the	nan				
line 5, subtract line 6 from line 5. If line 5 i	s less				
than line 6, enter zero			2,502,24	.4.	
8 Excess readership costs allowed as a					
deduction. For each column showing a ga					
line 4, enter the lesser of line 4 or line 7			2,445,95		
a Add line 8, columns A through D. Enter th	-				0445050
Part II, line 13	D ¹			>	2445950
art X Compensation of Officers,	Directors, and	d Trustees (see	instructions)		
		_		3. Percentage	4. Compensation
1. Name		2. Title		of time devoted	attributable to
				to business	unrelated business
				%	
				%	
				/8	
				%	
otal. Enter here and on Part II, line 1					0
art XI Supplemental Information					U
	(see instructions)				

34-0948453

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION		AMOUNT
TAX RETURN PREPARATION		2,500.
TOTAL TO SCHEDULE A, PART II	, LINE 14	2,500.

FORM 990-T (A)	PART VIII	- EXPLOIT	ED EXEMPT	ACTIVITY IN	COME S	TATEMENT 5
(1) DESCRIPTION OF ACTIVITY	(2) GROSS UBI	(3) UBI EXPENSES	(4) NET INCOME	(5) GROSS INCOME	(6) NON UBI EXPENSES	
ONLINE ADVERTIS	ING 2,924,958.	1 477 130	1 447 828	• 0	. 0	_
ADVERTISINGS -						
SPEAKERS BUREAU						
	66,924.	192,504.	-125,580	•0	• 0	•
COLUMN TOTALS	3,553,241.	1,889,359.	1,663,882	• 0	• 0	•

FORM 990-T (A) PART VIII - EXPENSES DIRECTLY CONNECTED WITH STATEMENT 6 PRODUCTION OF UNRELATED BUSINESS INCOME

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
ONLINE ADVERTISING EXPENSES - SUBTOTAL - ADVERTISINGS - WORKPAPERS & QUIZZES	1	1,477,130.	1,477,130.
EXPENSES - SUBTOTAL - SPEAKERS BUREAU EXPENSES	2	219,725. 192,504.	219,725.
- SUBTOTAL -	3		192,504.
TOTAL OF FORM 990-T, SCHEDULE A, PART VI	II, COLUMN	3	1,889,359.

	SEPARATE PERIO A CONSOLIDAT		-	STATEMENT 14		
		GROSS INCOME	DIRECT COSTS	CIRC. INCOME	RDRSHIP COSTS	
PERIODICALS	- HR MAGAZINE - ONLINE	515,506.	394,346.	950,114.	2020114.	
	PERIODICALS	4470641.	2145851.	2243066.	3675310.	



SCHE	DULE A
(Form	990-T)

Department of the Treasury

Internal Revenue Service

С

Unrelated Business Taxable Income From an Unrelated Trade or Business

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for

4

OMB No. 1545-0047

iname of th	e organization

501(c)(3) Organizations Only B Employer identification number 34-0948453

of

2

D Sequence:

ENTITY

Α	Name of the organization						
	SOCIETY	FOR	HUMAN	RESOURCE	MANAGEMENT		

453000 Unrelated business activity code (see instructions)

Describe the unrelated trade or business ACCESSORIES Ε

Pa	t I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net	
1a	Gross receipts or sales 42,424.				
b		1c	42,424.		
2	Cost of goods sold (Part III, line 8)	2	27,926.		
3	Gross profit. Subtract line 2 from line 1c	3	14,498.		14,498.
4 a					
	1120)) (see instructions)	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	14,498.		14,498.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)		1	
2	Salaries and wages		2	97,511.
3	Repairs and maintenance		3	
4	Bad debts		4	-238.
5	Interest (attach statement) (see instructions)		5	
6	Taxes and licenses		6	
7	Depreciation (attach Form 4562) (see instructions)			
8	Less depreciation claimed in Part III and elsewhere on return 8a		8b	
9	Depletion		9	
10	Contributions to deferred compensation plans		10	
11	Employee benefit programs		11	
12	Excess exempt expenses (Part VIII)		12	
13	Excess readership costs (Part IX)		13	
14	Other deductions (attach statement) SEE ST		14	169,103.
15	Total deductions. Add lines 1 through 14		15	266,376.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, li	ne 13,		
	column (C)		16	-251,878.
17	Deduction for net operating loss (see instructions)		17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16		18	-251,878.
I HA	For Paperwork Reduction Act Notice, see instructions,		Schedule	A (Form 990-T) 2020

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2

ΕΝΨΤΨΥ 2

	I Cost of Goods Sold	Enter method	of inventory valuation			R MARKET
	Inventory at beginning of year					149,326.
	Purchases					46,862.
	Cost of labor					0.
	Additional section 263A costs (attach stat					0.
	Other costs (attach statement)					106 199
	Total. Add lines 1 through 5				_	<u> 196,188</u> 168,262.
	Inventory at end of year Cost of goods sold. Subtract line 7 from					27,926
	Do the rules of section 263A (with respect				·····	
t ľ						
	Description of property (property street ad			-		
	Α	·····, ···, ····,	,		,	
	в					
	c 🗌					
	D 🔲					
			Α	В	С	D
	Rent received or accrued					
3	From personal property (if the percentage	of				
	rent for personal property is more than 10					
	but not more than 50%)					
)	From real and personal property (if the					
	percentage of rent for personal property e					
	50% or if the rent is based on profit or inco					
	Total rents received or accrued by propert	-				
	Add lines 2a and 2b, columns A through I					
t \		come	nere and on Part I, li Istructions)	ne 6, column (B)		0.
t \	Deductions directly connected with the in- in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A t Unrelated Debt-Financed In Description of debt-financed property (strees B	come	nere and on Part I, li Istructions)	ne 6, column (B)		
t \	Deductions directly connected with the in- in lines 2(a) and 2(b) (attach statement)	come	nere and on Part I, li Istructions)	ne 6, column (B)		
t \	Deductions directly connected with the in- in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A t Unrelated Debt-Financed In Description of debt-financed property (strees B	come	nere and on Part I, li Istructions) state, ZIP code). Ch	ne 6, column (B)	structions)	0.
t \	Deductions directly connected with the in- in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A t Unrelated Debt-Financed II Description of debt-financed property (stree A B C D D C	come	nere and on Part I, li Istructions)	ne 6, column (B)		
t \	Deductions directly connected with the in- in lines 2(a) and 2(b) (attach statement)	through D. Enter H ncome (see in eet address, city,	nere and on Part I, li Istructions) state, ZIP code). Ch	ne 6, column (B)	structions)	0.
t \	Deductions directly connected with the in- in lines 2(a) and 2(b) (attach statement)	through D. Enter H ncome (see in eet address, city,	nere and on Part I, li Istructions) state, ZIP code). Ch	ne 6, column (B)	structions)	0.
<u>t \</u>	Deductions directly connected with the in- in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A t Unrelated Debt-Financed In Description of debt-financed property (strees B C C C G Gross income from or allocable to debt-fin property Deductions directly connected with or allocable	through D. Enter H ncome (see in eet address, city,	nere and on Part I, li Istructions) state, ZIP code). Ch	ne 6, column (B)	structions)	0.
tV	Deductions directly connected with the in- in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A t Unrelated Debt-Financed II Description of debt-financed property (strees B	through D. Enter I ncome (see in eet address, city, nanced	nere and on Part I, li Istructions) state, ZIP code). Ch	ne 6, column (B)	structions)	0.
<u>t \</u>	Deductions directly connected with the in- in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A t Unrelated Debt-Financed II Description of debt-financed property (stree B C C D Gross income from or allocable to debt-fin property Deductions directly connected with or alloc to debt-financed property Straight line depreciation (attach statemen	through D. Enter I ncome (see in eet address, city, nanced bcable	nere and on Part I, li Istructions) state, ZIP code). Ch	ne 6, column (B)	structions)	0.
t V	Deductions directly connected with the in- in lines 2(a) and 2(b) (attach statement)	through D. Enter I ncome (see in eet address, city, nanced bcable	nere and on Part I, li Istructions) state, ZIP code). Ch	ne 6, column (B)	structions)	0.
	Deductions directly connected with the in- in lines 2(a) and 2(b) (attach statement)	come	nere and on Part I, li Istructions) state, ZIP code). Ch	ne 6, column (B)	structions)	0.
t \	Deductions directly connected with the in- in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A t Unrelated Debt-Financed In Description of debt-financed property (stre A B C D Gross income from or allocable to debt-fin property Deductions directly connected with or alloc to debt-financed property Straight line depreciation (attach statement) Total deductions (add lines 3a and 3b, columns A through D)	come	nere and on Part I, li Istructions) state, ZIP code). Ch	ne 6, column (B)	structions)	0.
	Deductions directly connected with the in- in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A t Unrelated Debt-Financed In Description of debt-financed property (stre A	come	nere and on Part I, li Istructions) state, ZIP code). Ch	ne 6, column (B)	structions)	0.
	Deductions directly connected with the in- in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A t Unrelated Debt-Financed II Description of debt-financed property (stree B C C D Gross income from or allocable to debt-fin property Deductions directly connected with or alloc to debt-financed property Straight line depreciation (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or to debt-financed property (attach statement)	come	nere and on Part I, li Istructions) state, ZIP code). Ch	ne 6, column (B)	structions)	0.
	Deductions directly connected with the in- in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A t Unrelated Debt-Financed In Description of debt-financed property (stre A	come	nere and on Part I, li Istructions) state, ZIP code). Ch	ne 6, column (B)	structions)	0.
	Deductions directly connected with the in- in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A t Unrelated Debt-Financed II Description of debt-financed property (stree B C C D Gross income from or allocable to debt-fin property Deductions directly connected with or alloc to debt-financed property Straight line depreciation (attach statement) Total deductions (atdach statement) Total deductions (atdach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or to debt-financed property (attach statement Average adjusted basis of or allocable to debt or	come	nere and on Part I, li Istructions) state, ZIP code). Ch	ne 6, column (B)	c	0.
	Deductions directly connected with the in- in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A t Unrelated Debt-Financed II Description of debt-financed property (stree B C C D Gross income from or allocable to debt-fin property Deductions directly connected with or alloc to debt-financed property Straight line depreciation (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or to debt-financed property (attach statement Average adjusted basis of or allocable to debt of or	come	A	B B	c	D
	Deductions directly connected with the in- in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A t Unrelated Debt-Financed II Description of debt-financed property (stree B C C C C C C C C C C C C C C C C C C	come	A	ne 6, column (B) neck if a dual-use (see in B B 6 7 8	c	D
	Deductions directly connected with the in- in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A t Unrelated Debt-Financed II Description of debt-financed property (stree A B C C C C C C C C C C C C C C C C C	come	A	ne 6, column (B) neck if a dual-use (see in B B 6 7 8	c	D
	Deductions directly connected with the initial lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A t Unrelated Debt-Financed II Description of debt-financed property (streen B C C C D Gross income from or allocable to debt-fin property Deductions directly connected with or alloc to debt-financed property Straight line depreciation (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or to debt-financed property (attach statement Average adjusted basis of or allocable to debt of financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 b Total gross income (add line 7, columns Allocable deductions. Multiply line 3c by line	come	A A Series and on Part I, Ii Structions) State, ZIP code). Cr A Series and on Part % Ser here and on Part	ne 6, column (B) leck if a dual-use (see in B B I, line 7, column (A)	C	0. 0.
	Deductions directly connected with the in- in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A t Unrelated Debt-Financed II Description of debt-financed property (stre B C C D C C D C Gross income from or allocable to debt-fin property Deductions directly connected with or alloc to debt-financed property Straight line depreciation (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or to debt-financed property (attach statement Average adjusted basis of or allocable to debt of financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 b Total gross income (add line 7, columns	come	A A Series and on Part I, Ii Structions) State, ZIP code). Cr A Series and on Part % Ser here and on Part	ne 6, column (B) leck if a dual-use (see in B B I, line 7, column (A)	C	D

.	/	_								
Part	ule A (Form 990-T) 2020 VI Interest, Annu) uities, Ro	oyalties, and Re	ents fror	n Contro	led Or	ganization	s (see instruc	tions)	Page 3
						E	Exempt Contro	lled Organizatio	ns	
	 Name of controlle organization 	ed	2. Employer identification number	3. Net unrelated income (loss) (see instructions)		e (loss) payments		I of specified nents made that is included controlling orga tion's gross inc		6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)			No	I nevempt (Controlled O	l raanizati	ons			
7	7. Taxable Income	in	Net unrelated Icome (loss) e instructions)	9. To	otal of speci yments mac	fied	10. Part that is inc	of column 9 cluded in the organization's income		Deductions directly connected with come in column 10
(1)							g.ccc			
(2)										
(3)										
(4)										
Totals						►		and on Part I, column (A) 0 •	l	r here and on Part I, ine 8, column (B) 0 •
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	hization (s	ee instructions)		
		cription of			2. Amou incor	int of	3. Deduction directly conn (attach state)	ons 4. Se ected (attach s	t-asides statemen	b. Total deductions and set-asides (add cols 3 and 4)
(1)										
(2)										
(3)										
(4)										
Totals				►	Add amo column 2 here and o line 9, colu	. Enter n Part I, umn (A) 0 •				Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0 •
Part	VIII Exploited E	Exempt A	ctivity Income	, Other T	Than Adv	ertising	g Income	see instructions	s)	
1	Description of exploite	ed activity:								
2	Gross unrelated busin	ness incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)	2	
3	Expenses directly con	nected wit	h production of unre	elated busi	ness incom	e. Enter l	here and on Pa	art I,		
	line 10, column (B)								3	
4	Net income (loss) fron									
	lines 5 through 7								4	
5	Gross income from ac	ctivity that i	s not unrelated bus	iness incor	ne				5	
6	Expenses attributable	to income	entered on line 5						6	
7	Excess exempt expen	nses. Subtra	act line 5 from line 6	6, but do no	ot enter mor	e than th	ne amount on l	ine		
	4. Enter here and on F	Part II, line	12						7	

Schedule A (Form 990-T) 2020

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Page 4

Schedi Part	ule A (Form 990-T) 2020 IX Advertising Income					Page 4
1	Name(s) of periodical(s). Check box if reporti A B C D	ng two or more per	riodicals on a	consolidated basis	5.	
Enter a	amounts for each periodical listed above in the	corresponding col	lumn.	-		
			Α	В	C	D
2	Gross advertising income					
	Add columns A through D. Enter here and or	n Part I, line 11, col	umn (A)		Þ	0.
а		[
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and or	n Part I, line 11, col	umn (B)		₽	0.
4 5 6 7 8 8	Advertising gain (loss). Subtract line 3 from li 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column i line 4 showing a loss or zero, do not complet lines 5 through 7, and enter zero on line 8 Readership costs Circulation income Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero Excess readership costs allowed as a deduction. For each column showing a gain line 4, enter the lesser of line 4 or line 7 Add line 8, columns A through D. Enter the g	n te	a, columns to	otal or zero here and	d on	
Devel	Part II, line 13					• 0.
Part	X Compensation of Officers, Di 1. Name	rectors, and T	2. Title	see instructions)	3. Percentage of time devoted to business	 Compensation attributable to unrelated business
<u>(1)</u>					%	
(2)					%	
(3)					%	
(4)					%	
Total. Part	Enter here and on Part II, line 1 XI Supplemental Information (s	ee instructions)				0.

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 Schedule A (Form 990-T) 2020

 58

 2020.05000

 SOCIETY FOR HOMAN

 RESOURC

 193444_1

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 7
DESCRIPTION		AMOUNT
POSTAGE/SHIPPING (ALLOCABLE PRINTING (ALLOCABLE TO ACCES MISC. (ALLOCABLE TO ACCESSOR	SSORY SALES) RY SALES)	3,571. 385. 2,449.
BENEFITS, OCCUPANCY, TECH & SALES)	OVERHEAD (ALLOCABLE TO ACCESSORY	162,698.
TOTAL TO SCHEDULE A, PART I	I, LINE 14	169,103.



	-					ENT	ITY 3
		Unrelated Busin	ess	Taxable I	ncon	ne	OMB No. 1545-0047
(Forr	n 990-T)	From an Unrelate					
					uairie		2020
		Go to www.irs.gov/Form990T fo	r instru	ictions and the la	atest info	ormation.	
	ent of the Treasury Revenue Service	Do not enter SSN numbers on this form as it	may be	made public if you	r organiza	ation is a 501(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
	ame of the organizatio	n FOR HUMAN RESOURCE MANAGI	MEN			B Employer identifi 34-09484	cation number
	DOCIDIT	TOK HOMMY REPOORCE MARINE		-		51 05101	55
C Ur	orelated business a	activity code (see instructions) > 53112	0			D Sequence:	3 _{of} 4
<u> </u>			-				
E De	escribe the unrelate	ed trade or business DFI - OFFICE	BUII	DING			
Part	Unrelated	Trade or Business Income		(A) Income		(B) Expenses	(C) Net
1a	Gross receipts or s						
b	Less returns and allo	wances c Balance ►	1c				
2	Cost of goods sold	d (Part III, line 8)	2				
3	Gross profit. Subtr	ract line 2 from line 1c	3				
4 a	Capital gain net ind	come (attach Sch D (Form 1041 or Form					
	1120)) (see instruc	tions)	4a				
		rm 4797) (attach Form 4797) (see instructions)	4b				
		tion for trusts	4c				
	()	a partnership or an S corporation (attach					
			5				
		IV)	6	<u> </u>	~ -	E1 E10	
		anced income (Part V)	7	60,0	37.	71,712.	-11,675
		royalties, and rents from a controlled					
		VI)	8				
		e of section 501(c)(7), (9), or (17)					
		t VII)	9				
		activity income (Part VIII)	10				
		e (Part IX)	11		-		
		instructions; attach statement)	12	60,0	27	71,712.	-11,675
<u>13</u>	Total. Combine lin	es 3 through 12	13	60,0	5/•	/1,/12.	-11,075
Part	directly co	IS Not Taken Elsewhere (See instruction in the unrelated business in t	come				ns must be
		officers, directors, and trustees (Part X)					
		s					
3	Repairs and mainte	enance					
4	Bad debts					4	
	,	atement) (see instructions)					
6	Taxes and licenses	s		······	r · · · · · · · · · · · · · · · · · ·	6	
		ch Form 4562) (see instructions)					
		claimed in Part III and elsewhere on return				8b	
		eferred compensation plans					
11	Employee benefit p	programs					
		penses (Part VIII)					
		costs (Part IX)					
		(attach statement)					
		Add lines 1 through 14					0
16	بممصل منبط امما مسما	s income before net operating loss deduction. Su	ubtract	line 15 from Part	I, line 13,	,	
	column (C)						-11,675
17	column (C) Deduction for net o					17	-11,675 0 -11,675

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ENTITY	3
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tl		hod of inventory valuation			
	Inventory at beginning of year				
	Purchases				
	Cost of labor				
	Other costs (attach statement)				
	Total. Add lines 1 through 5				
	Inventory at end of year				
	Cost of goods sold. Subtract line 7 from line 6. Enter I				
	Do the rules of section 263A (with respect to property)				Yes No
t I	V Rent Income (From Real Property and	Personal Property	Leased with Re	al Property)	
	Description of property (property street address, city, s	state, ZIP code). Check if a	a dual-use (see instruc	ctions)	
	A				
	в 🔄				
	c 🔄				
	D		_		_
		A	В	C	D
	Rent received or accrued				
	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
	From real and personal property (if the percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
t '	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er / Unrelated Debt-Financed Income (s Description of debt-financed property (street address, or AOFFICE BUILDING B	nter here and on Part I, line ee instructions) city, state, ZIP code). Che	e 6, column (B)	nstructions)	0.
Ľ	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A OFFICE BUILDING	nter here and on Part I, line ee instructions) city, state, ZIP code). Che	e 6, column (B) ck if a dual-use (see ii	nstructions)	0. 0. , VA 22314
t '	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, or A OFFICE BUILDING B	nter here and on Part I, line ee instructions) city, state, ZIP code). Che	e 6, column (B) ck if a dual-use (see ii	nstructions)	0.
t V	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, or A OFFICE BUILDING B	nter here and on Part I, line ee instructions) city, state, ZIP code). Che 1800 DUR	e 6, column (B) ck if a dual-use (see in CE STREET ,	nstructions) ALEXANDRIA ,	0. , VA 22314
t '	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A OFFICE BUILDING B C D Gross income from or allocable to debt-financed property	nter here and on Part I, line ee instructions) city, state, ZIP code). Che 1800 DUR	e 6, column (B) ck if a dual-use (see in CE STREET ,	nstructions) ALEXANDRIA ,	0. , VA 22314
t '	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part I, line ee instructions) city, state, ZIP code). Che 1800 DUR	e 6, column (B) ck if a dual-use (see in CE STREET ,	nstructions) ALEXANDRIA ,	0. , VA 22314
t	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part I, line ee instructions) city, state, ZIP code). Che 1800 DUF	e 6, column (B) ck if a dual-use (see in CE STREET ,	nstructions) ALEXANDRIA ,	0. , VA 22314
	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part I, line ee instructions) city, state, ZIP code). Che 1800 DUF 1,081,755. 8 385,817.	e 6, column (B) ck if a dual-use (see in CE STREET ,	nstructions) ALEXANDRIA ,	0. , VA 22314
	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A OFFICE BUILDING B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) STMT Other deductions (attach statement) STMT 9	nter here and on Part I, line ee instructions) city, state, ZIP code). Che 1800 DUF	e 6, column (B) ck if a dual-use (see in CE STREET ,	nstructions) ALEXANDRIA ,	0. , VA 22314
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	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A OFFICE BUILDING B C D C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) STMT Other deductions (attach statement) STMT Other deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) STMT Average adjusted basis of or allocable to debt- financed property (attach statement) STMT Divide line 4 by line 5	A 1,081,755. 8 385,817. 906,283. 1,292,100. 10 810,159. 14,594,996. 5.55% 60,037.	B B %	c	0. , VA 22314
	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A OFFICE BUILDING B C D FICE BUILDING D C D C D C C C C C C C C C C C C C C C	A 1,081,755. 8 385,817. 906,283. 1,292,100. 10 10 5.55% 60,037. 0. Enter here and on Part I.	B B %	c	0. , VA 22314
	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A OFFICE BUILDING B C C D D C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) STMT Other deductions (attach statement) STMT Other deductions (attach statement) STMT Other deductions (atd lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) STMT Average adjusted basis of or allocable to debt- financed property (attach statement) STMT Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D) Allocable deductions. Multiply line 3c by line 6	A 1,081,755. 8 385,817. 906,283. 1,292,100. 10 810,159. 14,594,996. 5.55% 60,037. 0. Enter here and on Part I.	B B line 7, column (A)	c %	0. VA 22314 D % 60,037.
	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A OFFICE BUILDING B C D FICE BUILDING D C D C D C C C C C C C C C C C C C C C	A 1,081,755. 8 385,817. 906,283. 1,292,100. 10 810,159. 14,594,996. 5.55% 60,037. Enter here and on Part I, 71,712. rough D. Enter here and o	B B line 7, column (A)	c %	0. , VA 22314

<u> </u>		_								ENITI 2
	ule A (Form 990-T) 2020 VI Interest, Annu		alties, and Re	ents fron	n Contro	led Or	ganization	s (see instruct	tions)	Page 3
						E	- Exempt Contro	lled Organization	is	
	1. Name of controlle organization	ed	2. Employer identification number	incon	unrelated ne (loss) structions)	4. Tota	al of specified nents made	5. Part of coluit that is included controlling orgation's gross included tion's gross included tion.	mn 4 in the aniza-	Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
<u></u>			No	nexempt C	Controlled O	rganizati	ons	1	I	
7	7. Taxable Income	inco	t unrelated ome (loss) nstructions)	9. To	otal of speci yments mac	fied	10. Part of that is inclusion controlling	of column 9 luded in the organization's income	0	Deductions directly connected with ome in column 10
(1)										
(2)										
(3)										
(4)										
Totals						►	line 8, c	and on Part I, column (A) 0 •		here and on Part I, he 8, column (B) 0 •
Part	VII Investment	Income of	a Section 50	1(c)(7), (9), or (17)	Orgar	nization _{(s}	ee instructions)		
	1. Dese	cription of inc	come		2. Amou incor		3. Deduction directly connormal (attach stater	ected (attach st	asides tatement	5. Total deductions and set-asides (add cols 3 and 4)
(1)										
(2)										
(3)										
(4)										
Totals					Add amo column 2 here and o line 9, colu	. Enter n Part I,				Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0 •
Part	VIII Exploited E	Exempt Ac	tivity Income,	, Other T	han Adv	ertising	g Income ((see instructions))	
1	Description of exploite	ed activity:								
2	Gross unrelated busin	ness income f	rom trade or busi	ness. Entei	r here and o	n Part I,	line 10, colum	n (A)	2	
3	Expenses directly con	nected with p	production of unre	elated busi	ness incom	e. Enter l	here and on Pa	art I,		
	line 10, column (B)								3	
4	Net income (loss) from	n unrelated tra	ade or business. S	Subtract lir	ne 3 from lin	e 2. lf a 🤉	gain, complete			
									4	
5	Gross income from ac								5	
6	Expenses attributable								6	
7	Excess exempt expen									
	4. Enter here and on F	Part II, line 12							7	

Schedule A (Form 990-T) 2020

023731 12-23-20



Sched Part	Iule A (Form 990-T) 2020 IX Advertising Income					Page 4
1	Name(s) of periodical(s). Check box if reportir	ng two or more pe	eriodicals on a	consolidated basis	S.	
	Α	5				
	в 🗌					
	c 🗌					
	D					
Enter a	amounts for each periodical listed above in the	corresponding co	olumn.			
			Α	в	с	D
2	Gross advertising income			_		_
	Add columns A through D. Enter here and or		olumn (A)	•		. 0.
а	······································				······ ··· ··· ··· ··· ··· ··· ··· ···	
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and or		olumn (B)	•	 ►	0.
-	······································				······ ··· ··· ··· ··· ··· ··· ··· ···	
4	Advertising gain (loss). Subtract line 3 from li	ne				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column i	n				
	line 4 showing a loss or zero, do not complet					
	lines 5 through 7, and enter zero on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is le	SS				
	than line 6, enter zero					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain	on				
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the g		8a, columns to	tal or zero here an	d on	
	Part II, line 13					. 0.
Part	X Compensation of Officers, Di	rectors, and 1	Frustees (s	ee instructions)		
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
<u>(1)</u>					%	
(2)					%	
(3)					%	
(4)					%	
					►	0.
Part	XI Supplemental Information (se	ee instructions)				

023732 12-23-20

63 2020.05000 SOCIETY FOR HOMAN RESOURCE 193444_1

SOCIETY FOR HUMAN RESOURCE MANAGEMENT

FORM 990-T (A) PART V - DEPRECIATION DEDUCTION STATEMENT 8 ACTIVITY DESCRIPTION NUMBER AMOUNT TOTAL DEPRECIATION 385,817. - SUBTOTAL -1 385,817. TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(A) 385,817. FORM 990-T (A) PART V - OTHER DEDUCTIONS STATEMENT 9 ACTIVITY DESCRIPTION NUMBER AMOUNT TOTAL INTEREST 12,993. 204,238. MAINTENANCE 179,789. PROFESSIONAL FEES 91,690. UTILITIES 109,419. REAL ESTATE TAXES 53,661. SALES COMMISSIONS DUES AND SUBSCRIPTIONS 8,759. INSURANCE 23,990. 2,120. TELEPHONE OFFICE SUPPLIES 8,475. 217. POSTAGE AND SHIPPING ALLOCATED OVERHEAD COSTS 210,932. 906,283. - SUBTOTAL -1 906,283. TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(B)

FORM 990-T (A)	AVERAGE ACQUISITI ALLOCABLE TO DEBT-F			STATEMENT 10
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ACQUISITI	ON INDEBTEDNESS - SUBTOTAI	 1	810,159.	810,159.
TOTAL OF FORM 990	-T, SCHEDULE A, PART	V, LINE 4		810,159.

14,594,996.

FORM 990-T (A)	STATEMENT 11			
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ADJUSTED BA	SIS - SUBTOTAL ·	- 1	14,594,996.	14,594,996.

TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 5



								ENT	ITY 4
	IEDULE A	Unrelated Busin	000	Tavah	ا ما	ncon	20		OMB No. 1545-0047
(For	m 990-T)								
		From an Unrelate	aı	rade o	ргВ	usine	255		2020
		► Go to www.irs.gov/Form990T fo	r instr	uctions and	l the l	atest info	rmation.		LULU
	ment of the Treasury I Revenue Service	Do not enter SSN numbers on this form as it	may be	e made public	; if you	ır organiza	tion is a 501(c)	(3).	Open to Public Inspection for 501(c)(3) Organizations Only
ΔΝ	lame of the organizatio	מת					B Employe	r identifi	cation number
		FOR HUMAN RESOURCE MANAGE	EMEN	IT			34-0		
				-					
<u>c</u> ι	Inrelated business a	activity code (see instructions) > 52300	0				D Sequence	e:	4 of 4
E D	escribe the unrelate	ed trade or business ►K-1 PARTNERS	HIP	REVEN	JE				Γ
Par	t I Unrelated	Trade or Business Income		(A) In	come	,	(B) Expens	es	(C) Net
_									
	Gross receipts or s		1.						
р 2	Less returns and allo	wances c Balance ► d (Part III, line 8)	1c 2						
2		act line 2 from line 1c	3						
		come (attach Sch D (Form 1041 or Form							
τu		tions)	4a						
b		m 4797) (attach Form 4797) (see instructions)	4b						
		tion for trusts	4c						
5		a partnership or an S corporation (attach							
		TEMENT 12	5	-	2,9	68.			-2,968.
6		IV)	6						
7		anced income (Part V)	7						
8	Interest, annuities,	royalties, and rents from a controlled							
	organization (Part	VI)	8						
9	Investment income	e of section 501(c)(7), (9), or (17)							
		: VII)	9						
10		activity income (Part VIII)	10						
11		e (Part IX)	11						
12		instructions; attach statement)	12		2 0	60			2.069
13		es 3 through 12	13			68.			-2,968.
Par		s Not Taken Elsewhere (See instruction			ons d	on dedu	ctions) Dec	luctior	ns must be
	directly co	nnected with the unrelated business in	come	9					
1	Compensation of a	officers, directors, and trustees (Part X)						1	
2		s						2	
3		enance						3	
4								4	
5		tement) (see instructions)						5	
6	Taxes and licenses	3				·····		6	
7	Depreciation (attac	ch Form 4562) (see instructions)			7				
8		claimed in Part III and elsewhere on return						8b	
9								9	
10		eferred compensation plans						10	
11		programs						11	
12	Excess exempt ex	penses (Part VIII)						12	
13	Excess readership	costs (Part IX)				יחה אחר	MENTER 1.2	13	65 016
14		attach statement)						14	65,816. 65,816.
15 16		Add lines 1 through 14						15	05,010.
16		s income before net operating loss deduction. Su				, ,		16	-68,784.
17		operating loss (see instructions)						17	00,704.
18		ss taxable income. Subtract line 17 from line 16						18	-68,784.
LHA		eduction Act Notice, see instructions.							le A (Form 990-T) 2020

023741 12-23-20

2020.05000 SOCIETY FOR HUMAN RESOURCE 193444_1

ENTITY	4
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	Cost of Goods Sold Enter meth	od of inventory valuati	on 🕨		
	rentory at beginning of year				
	rchases				
Co	st of labor				
	ditional section 263A costs (attach statement)				
	her costs (attach statement)				
	tal. Add lines 1 through 5				
	rentory at end of year est of goods sold. Subtract line 7 from line 6. Enter h				
	the rules of section 263A (with respect to property p				Yes No
IV	Rent Income (From Real Property and				
	scription of property (property street address, city, st		*		
A					
В					
С					
D					
		Α	В	С	D
Re	nt received or accrued				
Fro	om personal property (if the percentage of				
rer	It for personal property is more than 10%				
bu	t not more than 50%)				
	om real and personal property (if the				
pe	rcentage of rent for personal property exceeds				
50	% or if the rent is based on profit or income)				
	tal rents received or accrued by property.				
Ad	d lines 2a and 2b, columns A through D				
De in l To	tal rents received or accrued. Add line 2c columns A ductions directly connected with the income lines 2(a) and 2(b) (attach statement) tal deductions. Add line 4 columns A through D. Ent Unrelated Debt-Financed Income (se	er here and on Part I, I e instructions)	ine 6, column (B)	······	
De in I To	ductions directly connected with the income [tines 2(a) and 2(b) (attach statement) [tal deductions. Add line 4 columns A through D. Ent Unrelated Debt-Financed Income (se scription of debt-financed property (street address, ci	er here and on Part I, I e instructions)	ine 6, column (B)	······	
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De in I To V De A B C	ductions directly connected with the income [tines 2(a) and 2(b) (attach statement) [tal deductions. Add line 4 columns A through D. Ent Unrelated Debt-Financed Income (se scription of debt-financed property (street address, ci	er here and on Part I, I e instructions)	ine 6, column (B)	······	
De in V De A B C D	ductions directly connected with the income [tines 2(a) and 2(b) (attach statement) [tal deductions. Add line 4 columns A through D. Ent Unrelated Debt-Financed Income (se scription of debt-financed property (street address, ci	er here and on Part I, I e instructions) ty, state, ZIP code). Cl	ine 6, column (B)	Istructions)	0.
De in I To V De A B C D Gr gr	ductions directly connected with the income lines 2(a) and 2(b) (attach statement)	er here and on Part I, I e instructions) ty, state, ZIP code). Cl	ine 6, column (B)	Istructions)	0.
De in I To V De A B C D Gr pro	ductions directly connected with the income lines 2(a) and 2(b) (attach statement)	er here and on Part I, I e instructions) ty, state, ZIP code). Cl	ine 6, column (B)	Istructions)	0.
De in To V De A B C D Gr pro De	ductions directly connected with the income lines 2(a) and 2(b) (attach statement)	er here and on Part I, I e instructions) ty, state, ZIP code). Cl	ine 6, column (B)	Istructions)	0.
De in I To De A B C D Gr C De to Str	ductions directly connected with the income ines 2(a) and 2(b) (attach statement) tal deductions. Add line 4 columns A through D. Ent Unrelated Debt-Financed Income (se scription of debt-financed property (street address, ci constructions income from or allocable to debt-financed operty ductions directly connected with or allocable debt-financed property aight line depreciation (attach statement)	er here and on Part I, I e instructions) ty, state, ZIP code). Cl	ine 6, column (B)	Istructions)	0.
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Dee in I To De A B C D C D C C D C C C C C C C C C C C C	ductions directly connected with the income ines 2(a) and 2(b) (attach statement) tal deductions. Add line 4 columns A through D. Ent Unrelated Debt-Financed Income (se scription of debt-financed property (street address, ci constructions of allocable to debt-financed constructions directly connected with or allocable ductions directly connected with or allocable debt-financed property raight line depreciation (attach statement) her deductions (attach statement) tal deductions (add lines 3a and 3b,	er here and on Part I, I e instructions) ty, state, ZIP code). Cl	ine 6, column (B)	Istructions)	0.
De in 1 To De A B C D Gr pro Ot Stu Ot To co An to Av	ductions directly connected with the income ines 2(a) and 2(b) (attach statement) tal deductions. Add line 4 columns A through D. Ent Unrelated Debt-Financed Income (se scription of debt-financed property (street address, ci constructions of debt-financed property (street address, ci constructions of a locable to debt-financed poperty ductions directly connected with or allocable debt-financed property raight line depreciation (attach statement) tal deductions (attach statement) tal deductions (add lines 3a and 3b, lumns A through D) nount of average acquisition debt on or allocable debt-financed property (attach statement) erage adjusted basis of or allocable to debt-	er here and on Part I, I e instructions) ty, state, ZIP code). Cl	ine 6, column (B)	Istructions)	0.
De in 1 To V De A B C D Gr pro De to Str Ot To co An to Av fin	ductions directly connected with the income ines 2(a) and 2(b) (attach statement) tal deductions. Add line 4 columns A through D. Ent Unrelated Debt-Financed Income (se scription of debt-financed property (street address, ci constructions of debt-financed property (street address, ci constructions directly connected with or allocable debt-financed property raight line depreciation (attach statement) tal deductions (attach statement) tal deductions (attach statement) tal deductions (add lines 3a and 3b, lumns A through D) nount of average acquisition debt on or allocable debt-financed property (attach statement) erage adjusted basis of or allocable to debt- anced property (attach statement)	er here and on Part I, I e instructions) ty, state, ZIP code). Cl	ine 6, column (B) neck if a dual-use (see in B	Istructions)	D
Dee in I To De A B C D C C D C C D C C D C C D C C C C D C C C D C C D C C D C C D C C D C C D C C D C C D C C D C C D C C D C C D C C D C C D C C D C D C D C D C C D C C D C C D D D D D D D D D D D D D D D D D D D D	ductions directly connected with the income ines 2(a) and 2(b) (attach statement) tal deductions. Add line 4 columns A through D. Ent Unrelated Debt-Financed Income (se scription of debt-financed property (street address, ci constructions of a construction of a construction of a construction of a construction (attach statement) tal deductions (attach stateme	er here and on Part I, I e instructions) ty, state, ZIP code). Cl	ine 6, column (B)	C	D
De in I To De A B C D Gr D C C D Gr O C C D C C C D C C D C	ductions directly connected with the income ines 2(a) and 2(b) (attach statement) tal deductions. Add line 4 columns A through D. Ent Unrelated Debt-Financed Income (se scription of debt-financed property (street address, ci constructions of debt-financed property (street address, ci constructions directly connected with or allocable debt-financed property raight line depreciation (attach statement) tal deductions (attach statement) tal deductions (attach statement) tal deductions (add lines 3a and 3b, lumns A through D) nount of average acquisition debt on or allocable debt-financed property (attach statement) erage adjusted basis of or allocable to debt- anced property (attach statement)	er here and on Part I, I e instructions) ty, state, ZIP code). Cl A A	ine 6, column (B) neck if a dual-use (see in B B	C	D
Dee in 1 To Dee A B C D C C D C C D C C C C C C C C C C C	ductions directly connected with the income ines 2(a) and 2(b) (attach statement) tal deductions. Add line 4 columns A through D. Ent Unrelated Debt-Financed Income (se scription of debt-financed property (street address, ci	er here and on Part I, I e instructions) ty, state, ZIP code). Cl A A Enter here and on Par	ine 6, column (B) neck if a dual-use (see in B B 4 5 6 7 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	C	0. 0.
Det in 1 To Det A B C D G r pro Det to S tu O C O C O C O C O C O C O C O C O C O	ductions directly connected with the income ines 2(a) and 2(b) (attach statement) tal deductions. Add line 4 columns A through D. Ent Unrelated Debt-Financed Income (se scription of debt-financed property (street address, ci scription of debt-financed property (street address, ci boss income from or allocable to debt-financed operty ductions directly connected with or allocable debt-financed property raight line depreciation (attach statement) her deductions (attach statement) tal deductions (attach statement) tal deductions (add lines 3a and 3b, lumns A through D) nount of average acquisition debt on or allocable debt-financed property (attach statement) erage adjusted basis of or allocable to debt- anced property (attach statement) vide line 4 by line 5 oss income reportable. Multiply line 2 by line 6 tal gross income (add line 7, columns A through D).	er here and on Part I, I e instructions) ty, state, ZIP code). Cl A A Enter here and on Par Enter here and on Par	ine 6, column (B) neck if a dual-use (see in B B ((((((((() (() (() (() (() (() (() (() (() (() (() () (() () (() ()) () (C	0.

	ule A (Form 990-T) 2020										Page 3
Part	VI Interest, Annu	lities, Royalties	, and Re	ents fron	n Control		-		e instruct	,	
						1	Exempt Contro	1			
	 Name of controlled organization 		2. Employer identification number				al of specified nents made	5. Part of column that is included in controlling organiz tion's gross incon		in the iniza-	Deductions directly connected with ncome in column 5
(1)									gross me		
(2)											
(3)											
<u>(4)</u>											
<u> /</u>			No	nexempt C	Controlled O	rganizati	ons				
7	'. Taxable Income	8. Net unrela income (los (see instructio	ted s)	9. To	otal of specif yments mad	ied	10. Part of that is inclusion controlling	luded in	n the ation's	C	eductions directly onnected with me in column 10
(1)											
(2)											
(3)											
(4)											
Totals Part				4/_\/7\ //	0) (17)	>	line 8, c		0.	line	e 8, column (B) 0 •
Part		Income of a Sec	ction 50	1(C)(/), (_				uctions)		
	1. Des	cription of income			2. Amou incor		3. Deduction directly conno- (attach state)	ected	4. Set- (attach st		5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)											
Totals				•	Add amou column 2 here and o line 9, colu	. Enter n Part I,					Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0 •
Part	VIII Exploited E	xempt Activity	Income,	, Other T	Than Adve	ertising	g Income	see inst	tructions)		
1	Description of exploite	ed activity:									
2	Gross unrelated busin	ess income from tra	de or busii	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2	
3	Expenses directly con line 10, column (B)	nected with product								3	
4	Net income (loss) from lines 5 through 7	n unrelated trade or b	ousiness. S	Subtract lir	ne 3 from lin	e 2. If a g	gain, complete			4	
5	Gross income from ac	tivity that is not unre	lated busi	iness incor	me					5	
6	Expenses attributable									6	
7	Excess exempt expen										
	4. Enter here and on F	Part II, line 12								7	

Schedule A (Form 990-T) 2020

023731 12-23-20



Sched Part	ule A (Form 990-T) 2020 IX Advertising Income					Page 4
1	Name(s) of periodical(s). Check box if rep	porting two or r	nore periodicals on a c	consolidated basis		
	B					
	c					
Enter a	amounts for each periodical listed above ir	the correspon ا		_		
•			Α	В	C	D
2	•	l				0.
	Add columns A through D. Enter here an	id on Part I, line	e 11, column (A)		▶	0.
a	S	l				
3	Direct advertising costs by periodical					0.
а	Add columns A through D. Enter here ar	id on Part I, line	e 11, column (B)		▶	
4	Advertising asin (loss) Subtract line 2 fr	m line [
4	Advertising gain (loss). Subtract line 3 fro					
	2. For any column in line 4 showing a ga					
	complete lines 5 through 8. For any colu					
	line 4 showing a loss or zero, do not con					
-	lines 5 through 7, and enter zero on line	ſ				
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less					
	line 5, subtract line 6 from line 5. If line 5					
•	than line 6, enter zero					
8	Excess readership costs allowed as a					
	deduction. For each column showing a g					
	line 4, enter the lesser of line 4 or line 7	-				
а	Add line 8, columns A through D. Enter t	ne greater of tr	ne line 8a, columns tot	ai or zero nere and	a on	0.
Part	X Compensation of Officers	Directors	and Trustope		····· P	0.
Γαιι				ee instructions)	0 Demonstration	1 Oama anastian
	1. Name		0 Title		3. Percentage	4. Compensation
	I. Name		2. Title		of time devoted	attributable to unrelated business
(4)					to business	
(<u>1</u>)					%	
(<u>2)</u>					%	
<u>(3)</u>					%	
(4)					90	
Total Part	Enter here and on Part II, line 1 XI Supplemental Information	(0.
rail		(see instruct	ions)			

023732 12-23-20

69 2020.05000 SOCIETY FOR HOMAN RESOURCE 193444_1

SOCIETY FOR HUMAN RESOURCE MANAGEMENT	SOCIETY	FOR	HUMAN	RESOURCE	MANAGEMENT
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34-0948453

FORM 990-T (A)	INCOME	(LOSS)	FROM	PARTNERSHIPS	STATEMENT 12
DESCRIPTION					NET INCOME OR (LOSS)
INVESTMENT - OTHER	INCOME (LOSS)			-2,968.
TOTAL INCLUDED ON S	CHEDULE A, PA	ART I,	LINE	5	-2,968.
FORM 990-T (A)		OTHER	DEDUC	CTIONS	STATEMENT 13
DESCRIPTION					AMOUNT
PROFESSIONAL FEES LEGAL FEES					63,750. 2,066.
TOTAL TO SCHEDULE A	A PART II, L	INE 14			65,816.



CARRYOVER DATA TO 2021

Name SOCIETY FOR HUMAN RESOURCE MANAGEMENT	Employer Identifica $34 - 09484$	
Based on the information provided with this return, the following are possible carryover amounts to next year.	•	
FEDERAL POST-2017 NET OPERATING LOSS - ACCESSORIES		356,567.
FEDERAL POST-2017 NET OPERATING LOSS - DFI- OFFICE BUI	LDING	11,675.
FEDERAL POST-2017 NET OPERATING LOSS - K-1 PARTNERSHIP	REVEN	68,784.
FEDERAL CONTRIBUTION - 50% CASH		13,913,190.
CA CONTRIBUTION - 50% CASH		7,228,866.

Form 5471	Respect	to Certain	of U.S. Person Foreign Corpo	oration	S	ОМ	B No. 1545-012	23
(Rev. December 2020) Department of the Treasury Internal Revenue Service	Information furnished for t	he foreign corporation's	instructions and the late annual accounting period (ta 1,2020, and endin	x year require	d by		achment Juence No. 12 1	1
Name of person filing this retu			A Identifying num					
SOCIETY FOR H	UMAN RESOURCE	MANAGEMENT	34-0948	453				
Number, street, and room or suite n		delivered to street address)	B <u>Category of filer</u>	· (See instruct				
1800 DUKE STR							X 5b	5c
City or town, state, and ZIP co ALEXANDRIA, V	A 22314-3499		C Enter the total p you owned at th	e end of its a	nnual accou	-		
	JAN 1	,2020 , and endin	g DEC 31	,20	20			
D Check box if this is a final	0		a (agg instructions)		<u></u>		<u></u>	<u> </u>
	cified foreign financial assets 5471 has been completed us			 N				
	ked, enter the corresponding			<u> </u>			>	
H Person(s) on whose behal			()				F	
(1) Name		(2) Addres	20	(3) Identifyi	na number	(4) Che	ck applicable bo	ox(es)
(1) Name		(Z) Audres	55	(3) Identify	ng number	Shareholder	Officer D	Director
							<u> </u>	
							+	
Important: Fill in all an	plicable lines and schedule	All information m	Ist be in English All amou	unto must bu	o stated in	LLS dolla		
- in in an ap	erwise indicated.	-s. An information me	be in English. All amou		- Stated III	0.0. 00114	13	
1a Name and address of fore					oloyer identi – 2 2 1 2		nber, if any	
	UMAN RESOURCE , 3RD FL, SUS			b(2) Refe			instructions)	
KHAR, MUMBA INDIA					ntry under \ IDIA	whose laws	incorporated	
	ncipal place of business	f Principal business activity	g Principal business at HR RESEARCH/	ctivity		Functional	unctional currency code	
10/10/05INDIA		code number 813000	int itiblinten,			IN	IR	
i	ormation for the foreign corpo		od stated above.					
	tifying number of branch offic			b If a U.S.	income tax	return was	filed, enter:	
				(i) Taxable i	ncome or (lo	oss) (ii)	U.S. income ta: (after all credit	
c Name and address of fore in country of incorporatio	eign corporation's statutory o on	r resident agent	d Name and address person (or persons corporation, and th) with custod	y of the boo	ks and reco	ords of the forei	ign
Schedule A Stock	< of the Foreign Cor	poration	·	(b) Ni	umber of sha	ares issued	and outstandin	<u></u>
	(a) Description of eac	h class of stock		(i) Beginn	ing of annua ting period	al	(ii) End of annu accounting peri	ual
COMMON					565,2		55,565	
LHA For Paperwork Reduct	tion Act Notice, see instruction	ons.				Form	5471 (Rev. 1	12-2020)

012301 12-07-20

Form 5471 (Rev. 12-2020) Schedule B Shareholders of Foreign Corporation Part L U.S. Shareholders of Foreign Corporation (a)

Part I U.S. Shareholders of Foreigh	n Corp	oration (see instructions)			
(a) Name, address, and identifying number of shareholder	Note	scription of each class of stock held by shareholder. This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of Subpart F income (enter as a percentage)
SHRM 1800 DUKE ST. ALEXANDRIA VA 22314-3499 34-0948453		ION	55,565,243	55,565,243	
Part II Direct Shareholders of Fore (a) Name, address, and identifying number of	eign Co	(b) Description of each class of stock held	by shareholder.	(c) Number of	(d) Number of
shareholder. Also, include country of incorporation or formation, if applicable.		Note: This description should match the description entered in Schedule A, co		shares held at beginning of annual accounting period	shares held at end of annual accounting period

Form **5471** (Rev. 12-2020)

⁷² 2020.05000 SOCIETY FOR HOMAN RESOURCE 193444_1 72

Form 5471 (Rev. 12-2020)

Schedule C Income Statement

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

			Functional Currency	U.S. Dollars
	1a Gross receipts or sales	1a		
	b Returns and allowances	1b		
	c Subtract line 1b from line 1a	1c		
	2 Cost of goods sold	2		
	3 Gross profit (subtract line 2 from line 1c)	3		
e	4 Dividends	4		
ncome	5 Interest	5	2,541,031.	38,610.
bu	6a Gross rents	6a		
	b Gross royalties and license fees	6b		
	7 Net gain or (loss) on sale of capital assets	7		
	8a Foreign currency transaction gain or loss - unrealized	8a		
	b Foreign currency transaction gain or loss - realized	8b		
	9 Other income (attach statement) SEE STATEMENT 15	9	221,305,052.	3,362,643.
	10 Total income (add lines 3 through 9)	10	223,846,083.	3,401,253.
	11 Compensation not deducted elsewhere	11	102,579,966.	1,558,663.
	12a Rents	12a	6,982,494.	106,096.
	b Royalties and license fees	12b		-
S	13 Interest	13	220,153.	3,345.
Deductions	14 Depreciation not deducted elsewhere	14	930,386.	14,137.
que	15 Depletion	15		•
Dec	16 Taxes (exclude income tax expense (benefit))	16		
	17 Other deductions (attach statement - exclude income tax expense			
	(benefit)) SEE STATEMENT 16	17	142,795,260.	2,169,717.
	18 Total deductions (add lines 11 through 17)	18	253,508,259.	<u>2,169,717.</u> 3,851,958.
	19 Net income or (loss) before unusual or infrequently occurring items, and			· ·
e	income tax expense (benefit) (subtract line 18 from line 10)	19	-29,662,176.	-450,705.
Net Income	20 Unusual or infrequently occurring items	20		•
	21a Income tax expense (benefit) - current	21a		
Vet	b Income tax expense (benefit) - deferred	21b		
-	22 Current year net income or (loss) per books (combine lines 19 through 21b)		-29,662,176.	-450,705.
	23a Foreign currency translation adjustments	23a		
Other Comprehensive Income	b Other	23b		
her shen: ome	c Income tax expense (benefit) related to other comprehensive income	23c		
mpre Ince	24 Other comprehensive income (loss), net of tax (line 23a plus line 23b less			
COL	line 23c)	24		
			En En	rm 5471 (Rev 12-2020)

Form 5471 (Rev. 12-2020)

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SOCIETY FOR HUMAN RESOURCE MANAGEMENT Form 5471 (Rev. 12-2020)

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

	Assets				(a) Beginning of annual accounting period	(b) End of ann accounting p	
	Cash			1	218,318.		,073.
	Trade notes and accounts receivable			2a	1,014,435.		,827.
	Less allowance for bad debts			2b	(162,979.)		,934.)
	Derivatives			3			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Inventories			4	25,140.	55	,861.
	Other current assets (attach statement)	SEE	STATEMENT 17	5	32,880.		,679.
	Loans to shareholders and other related persons			6			
	Investment in subsidiaries (attach statement)			7			
	Other investments (attach statement)	SEE	STATEMENT 18	8	12,559.	971	,855.
ı	Buildings and other depreciable assets			9a	110,426.		,540.
	Less accumulated depreciation			9b	(86,233.)	(95	, 117.)
	Depletable assets			10a			
	Less accumulated depletion			10b	(()
	Land (net of any amortization)			11	1)
	Intangible assets:						
	-			12a			
	Goodwill Organization costs			12a			
	Patents, trademarks, and other intangible assets			120			
	Less accumulated amortization for lines 12a, 12b, and 12c			120	(()
	Other assets (attach statement)	SEE	STATEMENT 19	13	116,609.	170	,273.
	Total assets			14	1,281,155.	2,241	057.
	Liabilities and Shareholder	s' Fau	iitv	14	1,201,133.	4,441	,057.
			•	15	723,692.	777	,029.
	Accounts payable	ਵਸਾਸ	<u> </u>	16	126,023.		,821.
					120,023.	205	,021.
	Derivatives			17			
	Loans from shareholders and other related persons	CDD		18 19	3,541,031.	4,690	170
	Other liabilities (attach statement)	200	SIAIDHENI 21	19	5,541,051.	4,090	, 1 / 9 •
	Capital stock:			000			
	Preferred stock			20a	19,221,843.	10 221	813
	Common stock			20b	19,221,043.	19,221	<u>,043.</u> 0
	Paid-in or capital surplus (attach reconciliation)			21	-22,331,434.	22 651	015
	Retained earnings			22	<u>-22,331,434.</u>	-22,051	<u>, 612.</u>
	Less cost of treasury stock			23	() 1 001 155	2,241)
<u>_</u>	Total liabilities and shareholders' equity edule G Other Information			24	1,281,155.	2,241	,057.
	During the tax year, did the foreign corporation own at leas	t a 10% iu	nterest directly or indirectly	in any for	eign	Y	es No
	partnership?				•		x
	If "Yes," see the instructions for required statement.						- 23
	During the tax year, did the foreign corporation own an inte	rest in ar	iv trust?				x
	During the tax year, did the foreign corporation own any for	rejan enti	ties that were disregarded as	separate	 from		
	their owner under Regulations sections 301.7701-2 and 30	0	0	•			
	hranahaa (aaa inatruatiana)9			-	-		x
	If "Yes," you are generally required to attach Form 8858 for						
	During the tax year, did the filer pay or accrue any base ero			,	าก		
	corporation or did the filer have a base erosion tax benefit i						
	payment made or accrued to the foreign corporation (see in						X
	If "Yes," complete lines 4b and 4c.	เอล นอยิปไ					
					r 🕨		
	Enter the total amount of the base erosion payments Enter the total amount of the base erosion tax benefit				P 0		
,	Enter the total amount of the base erosion tax benefit During the tax year, did the foreign corporation pay or accr		target or royalty for which the	daduatia	▶ ⊅ n is not	[
							v
	allowed under section 267A?						<u> </u>
	If "Yes," complete line 5b.						
	Enter the total amount of the disallowed deductions (see in:				► <i>+</i>		

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SOCIETY FOR HUMAN RESOURCE MANAGEMENT

FORM 5471 OTHER INCOME STATEMENT 15 FUNCTIONAL EXCHANGE U.S. DOLLAR DESCRIPTION CURRENCY RATE SEMINARS AND EDUCATIONAL PROGRAMS 30,560,275. 65.812814 464,351. OTHER 190,744,777. 65.812814 2,898,292. TOTAL TO 5471, SCHEDULE C, LINE 9 221,305,052. 3,362,643.

FORM 5471

OTHER DEDUCTIONS

STATEMENT 16

DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
ADVERTISING	31,860,084.	65.812814	484,102.
AMORTIZATION	58,191.	65.812814	884.
ART & PHOTOGRAPHY	81,086.	65.812814	1,232.
BAD DEBT	9,345,398.	65.812814	142,000.
COST OF GOODS SOLD	13,162,228.	65.812814	199,995.
DUES & SUBSCRIPTIONS	1,035,483.	65.812814	15,734.
FEES	329,666.	65.812814	5,009.
FOOD & BEVERAGE	1,513,945.	65.812814	23,004.
FOREIGN EXCHANGE LOSS	3,032,875.	65.812814	46,083.
INSURANCE	1,814,922.	65.812814	27,577.
LEGAL & AUDIT	2,292,605.	65.812814	34,835.
MAINTENANCE	2,805,378.	65.812814	42,627.
MISCELLANEOUS	4,556,694.	65.812814	69,237.
POSTAGE & SHIPPING	586,983.	65.812814	8,919.
PRINTING	210,687.	65.812814	3,201.
PROFESSIONAL FEES	61,068,624.	65.812814	927,914.
SUPPLIES	1,222,244.	65.812814	18,571.
TAXES	2,758,356.	65.812814	41,912.
TELEPHONE	1,585,198.		24,086.
TRAVEL	3,322,447.	65.812814	50,483.
UTILITIES	152,166.		2,312.
TOTAL TO 5471, SCHEDULE C, LINE 17	142,795,260.		2,169,717.



34 - 0948453

FORM 5471 OTHER O	CURRENT ASSET	'S	STATEMENT 17
DESCRIPTION		BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUA ACCOUNTING PERIOD
PREPAID EXPENSES ADVANCES		26,561. 6,319.	26,846 5,833
TOTAL TO 5471, PAGE 4, SCHEDULE F, I	LINE 5	32,880.	32,679
FORM 5471 OTHER	INVESTMENTS		STATEMENT 18
DESCRIPTION		BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUA ACCOUNTING PERIOD
OTHER INVESTMENTS		12,559.	971,855
TOTAL TO 5471, PAGE 4, SCHEDULE F, I	LINE 8	12,559.	971,855
		<u></u>	
	HER ASSETS		STATEMENT 19
	HER ASSETS	BEG. OF ANNUAL ACCOUNTING PERIOD	
FORM 5471 OTH	HER ASSETS	ACCOUNTING	END OF ANNUA ACCOUNTING PERIOD 4,735 121,927
FORM 5471 OTH DESCRIPTION DUE TO HRPS DUE TO SHRM MEA		ACCOUNTING PERIOD 3,452. 68,330.	
FORM 5471 OTH DESCRIPTION DUE TO HRPS DUE TO SHRM MEA DEPOSITS TOTAL TO 5471, PAGE 4, SCHEDULE F, I		ACCOUNTING PERIOD 3,452. 68,330. 44,827. 116,609.	END OF ANNUA ACCOUNTING PERIOD 4,735 121,927 43,611 170,273
FORM 5471 OTH DESCRIPTION DUE TO HRPS DUE TO SHRM MEA DEPOSITS TOTAL TO 5471, PAGE 4, SCHEDULE F, I	LINE 13	ACCOUNTING PERIOD 3,452. 68,330. 44,827. 116,609.	END OF ANNUA ACCOUNTING PERIOD 4,735 121,927 43,611
FORM 5471 OTH DESCRIPTION DUE TO HRPS DUE TO SHRM MEA DEPOSITS TOTAL TO 5471, PAGE 4, SCHEDULE F, I FORM 5471 OTHER CURF	LINE 13	ACCOUNTING PERIOD 3,452. 68,330. 44,827. 116,609. 'IES BEG. OF ANNUAL ACCOUNTING	END OF ANNUA ACCOUNTING PERIOD 4,735 121,927 43,611 170,273 STATEMENT 20 END OF ANNUA ACCOUNTING

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76 2020.05000 SOCIETY FOR HOMAN RESOURCE 193444_1

FORM 5471 OTH	HER LIABILITIES		STATEMENT 21
DESCRIPTION		BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
DUE TO SHRM DEPOSITS		3,415,351. 125,680.	4,534,951. 155,228.
TOTAL TO 5471, PAGE 4, SCHEDULE F	F, LINE 19	3,541,031.	4,690,179.



SOCIETY FOR HUMAN RESOURCE MANAGEMENT Form 5471 (Rev. 12-2020)

Scl	nedule G Other Information (continued)		ugo
		Yes	No
6a	Is the filer of this Form 5471 claiming a foreign-derived intangible income deduction (under section 250) with respect		
	to any amounts listed on Schedule M?		x
	If "Yes," complete lines 6b, 6c, and 6d.		
b	Enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses)		
	from transactions with the foreign corporation that the filer included in its computation of foreign-derived deduction		
	eligible income (FDDEI) (see instructions)		
C	Enter the amount of gross income derived from a license of property to the foreign corporation that the filer included	-	
•	in its computation of FDDEI (see instructions)		
d	Enter the amount of gross income derived from services provided to the foreign corporation that the filer included in	-	
-	its computation of FDDEI (see instructions)		
7	During the tax year, was the foreign corporation a participant in any cost-sharing arrangement?	-	x
8	During the course of the tax year, did the foreign corporation become a participant in any cost-sharing arrangement?		x
9	If the answer to question 7 is "Yes," was the foreign corporation a participant in a cost-sharing arrangement that		
	was in effect before January 5, 2009?		
10	If the answer to question 7 is "Yes," did a U.S. taxpayer make any platform contributions as defined under		
	Regulations section 1.482-7(c) to that cost-sharing arrangement during the taxable year?		
11	If the answer to question 10 is "Yes," enter the present value of the platform contributions in U.S. dollars		
12	If the answer to question 10 is "Yes," check the box for the method under Regulations section 1.482-7(g) used to	-	
	determine the price of the platform contribution transaction(s):		
	Comparable uncontrolled transaction method Income method Acquisition price method		
	Market capitalization method Unspecified methods		
13	From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a		
	shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations		
	section 1.358-6(b)(2))?		X
14a	Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S.		
	transferor is required to report a section 367(d) annual income inclusion for the taxable year?		X
	If "Yes," go to line 14b.		
b	Enter the amount of the earnings and profits reduction pursuant to section 367(d)(2)(B) for the taxable year	_	
15	During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section		
	1.7874-12(a)(9)?		X
	If "Yes," see instructions and attach statement.		
16	During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations		
	section 1.6011-4?		X
	If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).		
17	During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under		
	section 901(m)?		X
18	During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat		
	foreign taxes that were previously suspended under section 909 as no longer suspended?		X
19	Did you answer "Yes" to any of the questions in the instructions for line 19?		X
	If "Yes," enter the corresponding code(s) from the instructions and attach statement	-	
20	Does the foreign corporation have interest expense disallowed under section 163(j) (see instructions)?		X
	If "Yes," enter the amount	-	
21	Does the foreign corporation have previously disallowed interest expense under section 163(j) carried forward		37
	to the current tax year (see instructions)?		X
	If "Yes," enter the amount	-	
22a	Did any extraordinary reduction with respect to a controlling section 245A shareholder occur during the tax year		37
-	(see instructions)?		X
b	If the answer to question 22a is "Yes," was an election made to close the tax year such that no amount is treated		
	as an extraordinary reduction amount or tiered extraordinary reduction amount (see instructions)?		
	Form 547 1	• (кеv. 12	-2020)

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Schedule I Summary of Shareholder's Income From Foreign Corporation

If item H on page 1 is completed, a separate Schedule I must be filed for each Category 4, 5a, or 5b filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for:

Name o	f U.S. shareholder 🕨 Identifying number 🕨				
1a	Section 964(e)(4) Subpart F dividend income from the sale of stock of a lower-tier foreign corporation				
	(see instructions)	1a			
b	Section 245A(e)(2) Subpart F income from hybrid dividends of tiered corporations (see instructions)	1b			
C	Subpart F income from tiered extraordinary disposition amounts not eligible for subpart F exception				
	under section 954(c)(6)	1c			
d	Subpart F income from tiered extraordinary reduction amounts not eligible for subpart F exception				
	under section 954(c)(6)	1d			
e	Section 954(c) Subpart F Foreign Personal Holding Company Income (enter result from Worksheet A)	1e			
f	Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from Worksheet A)	1f			
g	Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A)	1g			
h	Other subpart F income (enter result from Worksheet A)	1h			
2	Earnings invested in U.S. property (enter the result from Worksheet B)	2			
3	Reserved for future use	3			
4	Factoring income	4			
	See instructions for reporting amounts on lines 1, 2, and 4 on your income tax return.				
5 a	Section 245A eligible dividends (see instructions)	5a			
b	Extraordinary disposition amounts (see instructions)	5b			
C	Extraordinary reduction amounts (see instructions)	5c			
d	Section 245A(e) dividends (see instructions)	5d			
e	Dividends not reported on line 5a, 5b, 5c, or 5d	5e			
6	Exchange gain or (loss) on a distribution of previously taxed earnings and profits	6			
				Yes	No
7 a	Was any income of the foreign corporation blocked?				X
b	Did any such income become unblocked during the tax year (see section 964(b))?				X
If the ar	swer to either question is "Yes," attach an explanation.				
8 a	Did this U.S. shareholder have an extraordinary disposition (ED) account with respect to the foreign corporation at				
	any time during the tax year (see instructions)?				X
b	If the answer to question 8a is "Yes," enter the U.S. shareholder's ED account balance at the beginning of the CFC year				
	\$ and at the end of the tax year \$ Provide an attachment detailing any change	es from	the		
	beginning to the ending balances.				
C	Enter the CFC's aggregate ED account balance with respect to all U.S. shareholders at the beginning of the CFC year				
	\$ and at the end of the tax year \$ Provide an attachment detailing any change	es from	the		
	beginning to the ending balances.				
9	Enter the sum of the hybrid deduction accounts with respect to stock of the foreign corporation (see instructions)		- 4 4		
		Form \$	5471 (Rev. 12	-2020)

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SCHEDULE	Н
(Form 5471)	

(Rev. December 2020) Department of the Treasury Internal Revenue Service

Current Earnings and Profits

OMB No. 1545-0123

Attach to Form 5471.

Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471	Identifying number	
SOCIETY FOR HUMAN RESOURCE MANAGEMENT		34-0948453
Name of foreign corporation	EIN (if any)	Reference ID number (see instr.)

IMPORTANT: Enter the amounts on lines 1 through 5c in functional currency.

1	Current year net income or (loss) per foreign books of account				1	-29662176.
2	Net adjustments made to line 1 to determine current					
	earnings and profits according to U.S. financial and tax					
	accounting standards (see instructions):		Net Additions	Net Subtractions		
а	Capital gains or losses	2a				
b	Depreciation and amortization	2b				
с	Depletion	2c				
d	Investment or incentive allowance	2d				
е	Charges to statutory reserves	2e				
f	Inventory adjustments	2f				
g	Income taxes (see Schedule E, Part I, Section 1, line 6,					
	column (I), and Part III, line 3, column (i))	2g				
h	Foreign currency gains or losses	2h				
i	Other (attach statement)	2i				
3	Total net additions	3				
4	Total net subtractions	4				
5a	Current earnings and profits (line 1 plus line 3 minus line 4)				5a	-29662176.
b	DASTM gain or (loss) for foreign corporations that use DASTM (s				5b	
с	Combine lines 5a and 5b and enter the result on line 5c. Then er					
	through 5c(iii)(C) the portion of the line 5c amount with respect to	o the c	ategories of income s	hown		
	on those lines		-		5c	-29662176.
	(i) General category (enter amount on applicable Schedule J, P	art I,				
	line 3, column (a))		5c(i)			
	(ii) Passive category (enter amount on applicable Schedule J, P					
	line 3, column (a))		5c(ii)			
	(iii) Section 901(j) category:					
	(A) Enter the country code of the sanctioned country \blacktriangleright _					
	and enter the line 5c amount with respect to the sanctio	ned				
	country on this line 5c(iii)(A) and on the applicable Scheo	dule J,				
	Part I, line 3, column (a)		5c(iii)(A			
	(B) Enter the country code of the sanctioned country \blacktriangleright					
	and enter the line 5c amount with respect to the sanctio	ned				
	country on this line 5c(iii)(B) and on the applicable Scheo	dule J,				
	Part I, line 3, column (a)		5c(iii)(B)		
	(C) Enter the country code of the sanctioned country					
	and enter the line 5c amount with respect to the sanctio	ned				
	country on this line 5c(iii)(C) and on the applicable Scheo	dule J,				
	Part I, line 3, column (a)					
d	Current earnings and profits in U.S. dollars (line 5c translated at					
	defined in section 989(b)(3) and the related regulations (see instr	uctions	s))	<u></u>	5d	-450,705.
e	Enter exchange rate used for line 5d	<u></u>		65.812814		
LHA F	For Paperwork Reduction Act Notice, see instructions.			Schedule	H (For	m 5471) (Rev. 12-2020)

012405 12-07-20

	EDULE J n 5471)	Accumulated Earn	ings & Profit	s (E&P) of C	ontro	olled Fo	reign Co	rpo	ration		
(Rev. De	ecember 2020)	► Attach to Form 5471. OMB No. 1545-0123									
Departm Internal	tment of the Treasury al Revenue Service Go to www.irs.gov/Form5471 for instructions and the latest information.										
									Identifyi	ng number	
										-	-
SOC	IETY FOR HUM	AN RESOURCE MANAGEME	ENT							34-	0948453
	foreign corporation					EIN (if any)		Refere	nce ID number		
STR	ATEGIC HUMAN	RESOURCE MGMT. INDI	IA PVT LTD			80-221	2005	NO	NE		
a	Separate Category (Enter	code - see instructions.)							►	GEN	
b l	f code 901j is entered on	line a, enter the country code for the s							>		
Par	t I Accumulated E	E&P of Controlled Foreign Co	rporation						·		
	Check the box if person	filing return does not have all U.S. sha	reholders' information	to complete an amoun	t in colu	mn (e) (see ins	tructions).				
Impor	tant: Enter amounts in fo	unctional currency.	(a)	(b) Post-1986	_	(c)	(d)		(e) Previously	Taxed I	E&P (see instructions)
			Post-2017 E&P Not Previously Taxed	Undistributed Earnings		987 E&P Not ously Taxed	Hovering Def and Deduction			لاعما	
			(post-2017 section	(post-1986 and pre-2018 section		987 section	for Suspende		(i) Reclass section 965(a		(ii) Reclassified section 965(b) PTEP
			959(c)(3) balance)	959(c)(3) balance)	959(c)	(3) balance)	Taxes			,	
1a	Balance at beginning of	f year (as reported on prior									
	year Schedule J)			-741016222.							
b	Beginning balance adju	stments (attach statement)									
C	Adjusted beginning bal	ance (combine lines 1a and 1b)		-741016222.							
_2a	Reduction for taxes uns	suspended under anti-splitter rules									
b	Disallowed deduction for	or taxes suspended under									
	anti-splitter rules										
3	Current year E&P (or de	eficit in E&P) (enter amount									
		of Schedule H)		-29662176.							
4		ributions of previously taxed									
		eign corporation									
<u>5a</u>		recognition transaction									
b	Reclassify deficit in E&F	o as hovering deficit after									
		tion									
6	Other adjustments (atta										
7		nulated E&P (combine lines		770670200							
				-770678398.							
8		section 959(c)(2) E&P from									
10	Amounts reclassified to										
44											
11		arnings invested in U.S. property									
12		ion 959(c)(1) E&P (see instructions)									
12	Other adjustments (atta	· · · · · · · · · · · · · · · · · · ·									
13	Hovering deficit offset of	·									
14		structions)		-770678398.							
14	palarice at beginning of	i next year (combine intes / timough 13)		110010330.			1				

012421 12-04-20 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

TAXPAYER(FOOPYv. 12-2020)

Schedule Part I	Page 2 Part I Accumulated E&P of Controlled Foreign Corporation (continued) Page 2								
				E&P (see instructions)					
	(iii) General section 959(c)(1) PTEP			(vii) Section 965(b) PTEP					
1a									
b									
3									
4									
5a									
b									
6									
7									
<u>8</u> 9									
10									
11									
12									
13									
14						1			
-		(e) Previously Taxed E&P	(see instructions)			-	(f) Total Section 964(a) E&P		
	(viii) Section 951A PTEP	(ix) Section 245A	(d) PTEP	(x) Section 9	951(a)(1)(A) PTEP	(c	combine columns (a), (b), (c), and (e)(i) through (e)(x))		
1a							-741,016,222.		
b									
<u> </u>							-741,016,222.		
2a b									
3							-29,662,176.		
4									
5a									
b									
6									
7							-770,678,398.		
<u>8</u> 9									
10									
11									
12									
13									
14	24.00						-770,678,398.		
012422 12-	U4-2U				T V T	VDA\	Petreble (florm517) (Pev. 12-2020)		

ΤΑΧΡΑΥΕ̈́́́́ Τ΄ ϹʹϹʹϹʹϔ

Schedule J (Form 5471) (Rev. 12-2020) Page Part II Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))						
Impor	tant: Enter amounts in functional currency.					
1	Balance at beginning of year	►	1			
2	Additions (amounts subject to future recapture)	►	2			
3	Subtractions (amounts recaptured in current year)	►	3			
_4	Balance at end of year (combine lines 1 through 3)	Sch	4	.l (Form 5471) (Bey 12-2020)		

Schedule J (Form 5471) (Rev. 12-2020)

TAXPAYER COPY

SCHEDULE M (Form 5471)

(Rev. December 2018) Department of the Treasury Internal Revenue Service

Name of person filing Form 5471

Transactions Between Controlled Foreign Corporation and Shareholders or Other Related Persons

Attach to Form 5471.

OMB No. 1545-0123

► Go to www.irs.gov/Form5471 for instructions and the latest information.

Identifying number

3

SOCIETY FOR HUMAN RESOURCE MANAGEMENT Name of foreign corporation

	~ ~		4 -	~
4 –	09	48	45	3

Name of foreign corp	oration		EIN (if any)	Reference ID numbe		
STRATEGIC	HUMAN	RESOURCE	MGMT.	IN	80-2212005	NONE

Important: Complete a separate Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the ϵ	exchange rate used throu	ighout this schedule 🕨	INDIA, RUPE	E	65.812814
(a) Transactions of foreign corporation	(b) U.S. person filing this return	(C) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1 Sales of stock in trade (inventory)					
2 Sales of tangible property other than					
stock in trade					
3 Sales of property rights (patents,					
trademarks, etc.) 4 Platform contribution transaction payments					
4 Platform contribution transaction payments received					
5 Cost sharing transaction payments received					
6 Compensation received for technical,					
managerial, engineering, construction,					
or like services	701,657.	4,735.	54,072.		
7 Commissions received	,				
8 Rents, royalties, and license fees received					
9 Hybrid dividends received (see instr.)					
10 Dividends received (exclude hybrid					
dividends, deemed distributions under					
subpart F, and distributions of					
previously taxed income)					
11 Interest received					
_					
reinsurance	701,657.	4,735.	54,072.		
13 Add lines 1 through 12	701,057.	4,755.	54,072.		
14 Purchases of stock in trade (inventory)					
15 Purchases of tangible property other					
than stock in trade					
16 Purchases of property rights					
(patents, trademarks, etc.)					
17 Platform contribution transaction payments paid					
18 Cost sharing transaction payments paid					
19 Compensation paid for technical, managerial, engineering, construction,		62 0 C A	145 004		
or like services	223,555.	63,964.	147,284.		
20 Commissions paid					
21 Rents, royalties, and license fees paid					
 22 Hybrid dividends paid (see instructions) 23 Dividends paid (exclude hybrid dividends paid) 					
24 Interest paid					
25 Premiums paid for insurance or reinsurance					
26 Add lines 14 through 25	223,555.	63,964.	147,284.		
27 Accounts Payable	• -				
28 Amounts borrowed (enter the maximum					
loan balance during the year) - see instr.					
29 Accounts Receivable					
30 Amounts loaned (enter the maximum					
loan balance during the year) - see instr.					
, , , , , , , , , , , , , , , , , , ,					

012371 04-01-20 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 5471. 84

Schedule M (Form 5471) (Rev. 12-2018)

2020.05000 SOCIETY FOR HUMAN RESOURC 193444_1

Form 88665		Return of U.S. F Certain Fo Att to to www.irs.gov/Form88 Information furnished	oreign ach to you 65 for ins	ur tax return. tructions and	rships I the latest informatio	n.		ОМВ	No. 1545-1668
Internal Revenue Service		beginning	AUG 3	3 , 2020,	and ending DEC	31	, 2020	Sequ	ence No. 865
Name of person filing this r	eturn						s identificat		r
						3	4-094	8453	
Filer's address (if you aren'		SOURCE MANAGE	EMENT		f filer (see Categories of Fil	oro in the	instructions	and aback on	
riler s audress (il you areir	t ming this form with yo	ui lax reluini)		A Category o		ers in the	X	4	ilicable box(es)).
			ŀ	B Filer's tax y beginning	^{/ear} JAN 1	202			31,2020
C Filer's share of liabilities	Nonrecourse \$	Qualifi	ed nonrec	ourse financir		202	Other		<u> </u>
D If filer is a member of a							01101	Ψ	
Name						EIN			
Address									
E Check if any excepted s	pecified foreign financial	l assets are reported on thi	s form. Se	e instructions	;				
F Information about certa	in other partners (see in	structions)							
(1) Name		(2) Address			(3) Identification num	her	. ,	Check applica	. ,
		(2) Address	3		(o) Identification num		Category 1	Category 2	Constructive owner
							2(a) EIN ((if any)	
G1 Name and address of for GLOBAL RENEW		TNERAGURICUT	ਸ਼ਾਹਾ					–1517	557
FUND III (B)			JKE					rence ID nu	
40 EAST 52ND		DEneration					001		
NEW YORK, NY	10022							under who	se laws organized
							CAYMA	N ISL	ANDS
4 Date of organization 5 d	Principal place	6 Principal busine 6 activity code nu	ess umber 7	Principal bus activity	iness 8a	Funct currer	ional ncy	8b Excha	ange rate nstructions)
08/03/2020CA				NVEŚTI		D		1	.000000
H Provide the following in	formation for the foreig	n partnership's tax year:							
1 Name, address, and ide	ntification number of ag	ent (if any) in the United Si	tates	E Fo	nter where Form 1065	orm 880)4 X] Form 100	55
³ Name and address of for C/O BLACKROC UGLAND HOUSE	• • • •	nt in country of organizatio	n, if any		ddress of person(s) with cu and the location of such be	stody of ooks and	the books and records, if diff	records of th erent	e foreign
GRAND CAYMAN	, CAYMAN I	SLANDS KY1-1	110						
5 During the tax year, d		ip pay or accrue any interes		ty for which o	ne or more partners				
aren't allowed a dedu	ction under section 267	A? See instructions					►	Yes	XNo
		ed deductions						\$ <u></u>	······
		p, as defined in Regulation	s section ⁻	1.721(c)-1(b)	(14)?		►	Yes	X No
	cations made by the fore						►	Yes	XNO
		Return of U.S. Persons W							
		to this return. See instruction							οσυτο
		w of the country in which i					ці рег	ARING	копть
10 a Does the filer have an	• •	r part of a combined separa		•	•				
				-				Yes	XNo
		eparate unit have a dual co							
							►	Yes	No
	meet both of the follow				 ک				
		year were less than \$250,0	000.						
		at the end of the tax year w		an \$1 million.	· P		►	Yes	No
	te Schedules L, M-1, and				J				
LHA For Privacy Act an	d Paperwork Reduction	Act Notice, see the separa	ate instruc	ctions.					Form 8865 (2020)

Form 88	65 (202	20) 🕻	SOCIETY	FOR	HUMAI	N RI	ESOURCE	MANAGE	EMENT			3	4-094	345	3	Page 2
12 a	Is the	filer of th	iis Form 8865 d	claiming a	ı foreign-de	rived ir	ntangible income	e deduction (u	nder section 2	50) with resp	pect to					
	any an	nounts li	sted on Schedu	ıle N?								🕨	► 🗌 Ye	s	X	No
							ales, leases, exc									
	from t	ransactio	ons with or by t	he foreigr	n partnershi	p that f	the filer included	l in its comput	ation of foreig	n-derived de	eduction					
	eligible	e income	(FDDEI)									🕨	▶			
C	lf "Yes	," enter t	he amount of g	ross inco	me derived	from a	license of prope	erty to or by th	ne foreign part	nership that	the					
			n its computatio									🕨	▶			
			-				ervices provideo	-								
			-				24(-)(0)						▶			
					-		64(c)(8) as a res									
							tnership n the partnershi					🕨				
			of Regulations s		707 00								► 🗌 Ye	e	x	No
			•				-year period betv					•		3] 140
							07-6? If "Yes," at									
					•		ne tax treatment.				,		► 🗌 Ye	S	X	No
							subject to a liabi		•			thin				
	a 2-yea	ar period	of transferring	the prop	erty to the p	artner	ship? If "Yes," at	tach a stateme	ent identifying	the property	transferred,					
							r taken by the pa						► 🗌 Ye	-	X	No
Sign Here if You're F							return, including ac eral partner or limit									
This Form	-					5	Ī		, , , ,						5	
Separately Not With Y	/our	-											▶			
Tax Return		-	nature of general p preparer's name	artner or lir	nited liability of		/ member parer's signature			Date				Date	•	
Paid		min iype	oreparer s name			FIC	parer s signature			Date	Check self-e		lif			
Prepa	rer⊨	irm's na	ma 🕨													
Use			dress 🕨								Firm's EI					
Only	ľ	iiiii 5 au	uless -								Phone no	•				
Schee	dule A	1	Construct	ive Ow	nership o	of Par	tnership Int	erest. Ch	eck the box	kes that a	pply to the	e file	er. If you c	heck	<	
			box b , ente	er the n	ame, adc	lress,	and U.S. tax	payer iden	tification nu	ımber (if a	iny) of the	per	son(s) wh	ose		
			interest you	u const	ructively	own.	See instructi	ons.								
			a X Ow	ns a direc	t interest			b [Owns a	constructive	interest					
			Name					Address			Identificatior		per (if any)		eck if eign	Check if direct
			Name					Address			Identification	THUIN	ber (II arry)		rson	partner
														\perp		
Schee	dule A	\-1	Certain Pa	artners	of Foreig	n Pa	rtnership (s	see instruct	tions)							Ob a alla if
			Name					Address			Identifi	cation	number (if any	Ŋ		Check if foreign
																person
Schee	ا مايية	\-2	Foreign Da	ortnore	of Section	n 72	1(c) Partner	chin (see	instruction	e)						
	of foreign		Toroightit		01 0000			try of	U.S. taxp	/	Check if rela	ted to	Perc	entage	interes	t
	rtner	'		Addres	S			ization any)	identificatior (if an		U.S. transf		Capital	Ť	Pro	ofits
								,,		,				%		%
														%		%
Does the	partne	ership ha	ve any other fo	reign pers	son as a dir	ect par	tner?		•			[Yes] No
Schee			Affiliation	Schedu	ule. List a	all pa	rtnerships (fo		mestic) in v	which the	foreign pa	artne		าร		-
			a direct int	erest or	indirectl	y owr	ns a 10% inte	rest.								
			Name					Address			EIN			lordina		Check if foreign
ST	ATEM	IENT	$2^{Name}{2}$					7001622			(if any)		incor	ne or lo	SS	partner- ship
																<u> </u>
														Forr	n 886	5 (2020)

Form 8865 (2020)

(Rev. December 201 Department of the Trease Internal Revenue Service Name of transferor Name of foreign part	SOCIET inership GL FU	Y FOR	to www.irs.gov/Form	865. See the Instruct 8865 for instructions			UNIR NO.	1545-1668								
Internal Revenue Service Name of transferor	SOCIET SOCIET tnership GL FU	Y FOR	-	8865 for instructions												
	tnership GL FU		-													
Name of foreign part	tnership GL FU				(T))T	Filer's identifying n										
Name of foreign part	FU	UDAL I	RENEWABLE PO			34-09484		ber (see instr)								
		ידד מא	I (B). L.P.					Dei (See 111511)								
1a is the partner			rship (as defined in Temp				Yes	XNo								
			lied to avoid the recogniti				Yes									
	-		onsidered or anticipated t													
•			defined in Regulations s				Yes	XNo								
	sfers Reportabl															
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method		(g) ecognized transfer								
Cash 1	2/31/20		251,540.													
Stock, notes	_/ • _ / _ •															
receivable																
and payable, and other																
securities																
Inventory							_									
							_									
Tangible																
property used in trade																
or business																
Intangible																
property																
described in esction																
197(f)(9)																
Intangible																
property, other — than intangible																
property described in																
section 197(f)(9)																
Other																
property																
Totals			251,540.													
	sferor's nercents	ane interest	in the partnership: (a) Be	fore the transfer	0000 %	(b) After the trar	l	2780 %								
			orted (see instructions):				•	2700 /0								

Part II Dispos	sitions Reportable	Under Section 603	38B								
(a) Type of property	(b) (c) Date of Date of original disposition transfer		(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner				
Part III Is any	transfer reported o	on this schedule su	bject to gain recog	nition under section 90	04(f)(3) or section 904(t	f)(5)(F)? ►	Yes X No				
LHA For Paperwork	.HA For Paperwork Reduction Act Notice, see the Instructions for Form 8865. Schedule O (Form 8865) 12-2018										

010661 04-01-20

2265				Return of U.S. Persons With Respect to Certain Foreign Partnerships										
Form 8865				Attach to y	our tax returr				9	0000				
			-			d the latest information of the latest information of the latest start where the latest sta	on.		2	2020				
Department of the Treasury Internal Revenue Service		IIII	beginning	JAN), and ending \mathbf{DEC}	31	. 2020		hment ence No. 865				
Name of person filing this r	eturn		boginning	0111	_ ,2020		1	, <u>2020</u> s identificat	· · ·					
							3	4-094	8453					
SOCIETY FO	R HUMAN R	ESOUR	E MANA	GEMEN	т									
Filer's address (if you aren't	filing this form wit	h your tax ret	urn)		A Category	of filer (see Categories of Fi	ilers in the	e instructions a	and check app	blicable box(es)):				
					1	2	3	X	4					
					B Filer's tax beginning	JAN 1	,202	0 , and endi	ng DEC	31,2020				
C Filer's share of liabilities	Nonrecourse \$		Qua	lified nonre	course financ	ing \$		Other	\$					
D If filer is a member of a	consolidated group	but not the p	arent, enter the	e following i	information at									
Name							EIN							
Address														
E Check if any excepted sp	0		•	this form. S	See instruction	IS				·····				
F Information about certai	n other partners (se	e instruction	s)					(4)	Check applica	able box(es)				
(1) Name			(2) Add	ress		(3) Identification num	nber	Category 1	Category 2	Constructive owner				
								outogory r	oulogoly 2					
G1 Name and address of fo	reign partnership							2(a) EIN	(if any)	I				
GLENDOWER CA	• •	ONDARY	7					98	-1403	246				
OPPORTUNITIE	S FUND IV	' LP						2(b) Refe	rence ID nu	ımber				
FLOOR 4, 1ST	. JAMES'	MARKET	?					002						
LONDON, UNIT	ED KINGDO	M SW1Y	74AH					3 Country	under who	se laws organized				
			<u> </u>	· .	<u> </u>	· · ·		UNITE						
4 Date of organization 5 o	rincipal place f business		6 Principal but activity code		7 Principal bu activity	00	041101	ncy		ange rate nstructions)				
04/16/2018UN			52390	-	INVEST	IENTS US	SD		1	.000000				
H Provide the following in					[
1 Name, address, and ide	ntification number o	of agent (if an	y) in the United	States		he foreign partnership								
						orm 1042	orm 880] Form 10	55				
					E-F		J IS IIIEU	-						
3 Name and address of fo	reion partnership's	agent in cour	ntry of organiza	tion, if any	Name and	address of person(s) with cr , and the location of such b	ustody of	the books and	records of th	e foreign				
AZTEC FINANC	• •	•				FUND SERV								
FORUM 4, SOL	ENT BUSIN	IESS PA	RK, PK	WY S	125 HI	GH ST. OLI	VER	ST. 1	TOWER	, 18тн				
WHITELEY, U	NITED KIN	IGDOM E	015 7A	D	BOSTON	<mark>I, MA</mark> 0211	.0							
5 During the tax year, di	* 1				•									
									Yes	X No				
									\$					
)(14)?			Yes	X No				
7 Were any special alloc	-							►	Yes	X No				
8 Enter the number of F														
									ͻͽϼͲͷ	FRCHTD				
9 How is this partnershi10 a Does the filer have an								<u>ытр</u> .		EKSHIT				
						503(d)-1(b)(4)(ii)? If "								
		, .	-		-				Yes	X No				
b If "Yes," does the sepa														
									Yes	No No				
11 Does this partnership														
1. The partnership's t				0,000.										
2. The value of the pa				-	than \$1 millio	ı. 🌔		►	Yes	No No				
If "Yes," don't complet	e Schedules L, M-1	, and M-2.												
LHA For Privacy Act and	Paperwork Reduc	tion Act Notic	ce, see the sep	oarate instr	uctions.					Form 8865 (2020)				

Form 88	65 (2	020)	SOCIETY	FOR HU	IAM	N RE	SOURCE	MANAGE	EMENT			3	84-0	9484	153	Page 2
12 a	ls th	e filer of	this Form 8865 d	claiming a forei	gn-dei	rived inta	ngible income	e deduction (u	nder section 2	50) with resp	pect to					
	any a	amounts	listed on Schedu	ule N?										Yes	X	No
b	lf "Ye	es," enter	the amount of g													
	from	ı transact	ions with or by t	he foreign parti	nershi	p that the	e filer includec	l in its comput	ation of foreig	n-derived de	duction					
	eligil	ble incom	ne (FDDEI)										▶ _			
C	lf "Ye	es," enter	the amount of g	ross income de	erived	from a lie	cense of prope	erty to or by th	ie foreign part	nership that t	the					
			in its computation										▶ _			
d			the amount of g				-	-								
			s computation of										▶ _			
			nber of foreign p						• ·							
			ip or of receiving										-			
		-	uring the tax yea	-			-		-					Yes	X	No
			ements of Regulations section 1.707-8? there any transfers of property or money within a 2-year period between the partnership and any of its partners													
			quire disclosure													
			lue of each trans	•										Yes	X	No
			ership assume a	<i>,</i> ,												
	a 2-y	,ear perio	d of transferring	, the property to	o the p	artnersh	ip? If "Yes," at	tach a stateme	ent identifying	the property	transfer	red,				
	the a		r value of each tr											Yes	X	No
Sign Here if You're F			enalties of perjury, I of and complete. Decla													
This Form	5				(g		·····, ····	,							
Separately Not With Y		▶ _														
Tax Return	1.		gnature of general p	partner or limited li	ability c					Date					Date	
Paid		Print Typ	e preparer's name			Check										
Prepa	rer	Lirm'a r										elf-emplo				
Use		Firm's n										EIN 🕨	•			
Only		Firm s a	ddress 🕨								Phone	no.				
Schee	dule	A	Construct	ive Owners	hip c	of Partr	nership Int	erest. Ch	eck the box	kes that ar	oply to	the fil	er. If v	ou che	eck	
				er the name	-		-						-			
				u constructi						,	.,	•	,	,		
			a X Ow	ns a direct inter	rest			b	Owns a	constructive	interest					
			Nama					Adduses			Identifie	ation mum	hau (if au		Check if foreign	Check if direct
			Name					Address			Identific	ation num	iber (ii ar	iy)	person	partner
Scheo	dule	A-1	Certain Pa	artners of F	oreig	n Part	nership (s	see instruct	ions)							
			Name					Address			lde	ntificatio	n numbe	r (if any)		Check if foreign
																person
Schee	عارية	Δ-2	Foreign D	artners of S	ectio	n 791/	(c) Partner	shin (see	instruction	 s)						
Name o							Cour	ntry of	U.S. taxp	bayer	Check if	related to		Percenta	age intere	st
	tner	gn		Address				ization any)	identificatior (if an			ansferor		apital	P	rofits
							((,,				9	6	%
															6	%
Does the	parti	nership h	ave any other fo	reign person as	s a dire	ect partne	er?						· Y	es		No
Schee	Jule	A-3	Affiliation	Schedule.	List a	all partr	nerships (fo	preign or do	mestic) in v	which the	foreign	partn	ership	owns		
			a direct int	erest or indi	rectly	/ owns	a 10% inte	rest.								
			Name					Address			EI			Total or		Check if foreign
			indifie					AUUESS			(if a	า у)		income o	or loss	partner- ship
														F	orm 894	5 (2020)

89 2020.05000 SOCIETY FOR HUMAN RESOURCE 193444_1

					-
Name of transferor					
SC	CIETY	FOR	ΗU	MAN	
Name of foreign partnersh	ip GLE	NDOW	ER	CAP	Ι

SCHEDULE O

(Form 8865)

Transfer of Property to a Foreign Partnership (Under Section 6038B)

OMB No. 1545-1668

(Rev. December 2018) Attach to Form 8865. See the Instructions for Form 8865. Department of the Treasury Go to www.irs.gov/Form8865 for instructions and the latest information. Internal Revenue Service Filer's identifying number **RESOURCE MANAGEMENT** 34-0948453 TAL SECONDARY EIN (if any) Reference ID number (see instr) 98-1403246 OPPORTUNITIES FUND IV LP 002 **1a** Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions Yes X No **b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? No Yes Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any 2 Yes time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? XNo Transfers Reportable Under Section 6038B Part I (a) (b) (c) (d) (e) (f) (g) Cost or other Section 704(c) Type of property Date of Description Fair market value Recovery period Gain recognized on date of transfer transfer of property basis allocation method on transfer 12/31/20 295,154. Cash Stock, notes receivable and payable, and other securities Inventory Tangible property used in trade or business Intangible property described in section 197(f)(9) Intangible property, other than intangible property described in section 197(f)(9) Other property Totals 295,154. 3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer .0753 % (b) After the transfer .0753 % Supplemental Information Required To Be Reported (see instructions):

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner
rt III Is an	/ transfer reported (on this schedule su	biect to gain reco	nition under section 90)4(f)(3) or section 904(f)(5)(E) ?	Yes X No

LHA For Paperwork Reduction Act Notice, see the instructions for Form 8865.

Schedule 0 (Form 8865) 12-2018

010661 04-01-20

Form 8865			Certain F	oreigr				OMB No. 1545-1668			
	I	•	v.irs.gov/Form	8865 for ins	structions and	d the latest information	on.			.02(J
Department of the Treasury Internal Revenue Service		Info	rmation furnisr beginning	ied for the f		rship's tax year , and ending DEC	31	, 2020		hment ence No. 8	65
Name of person filing this r	eturn		beginning		- , 2020			, <u>2020</u> s identificat			
							3	4-094	8453		
SOCIETY FO				EMEN	<u>r</u>						
Filer's address (if you aren'i	filing this form wit	th your tax retu	urn)		A Category c	of filer (see Categories of Fi			nd check app	licable box(e	es)):
					B Filer's tax	2 ^{year} JAN 1	3 202			31,2	2020
C Filer's share of liabilities	Nonrecourse \$			ified nonre	beginning course financii		,202	<u>0</u> , and endi Other		<u>, 2</u>	1020
D If filer is a member of a		but not the pa				0		Other	Ψ		
Name	<u> </u>		,	<u> </u>		I	EIN				
Address											
E Check if any excepted sp	ecified foreign fina	ancial assets ar	re reported on t	<u>his form. S</u>	ee instructions	s					
F Information about certai	n other partners (se	ee instructions	6)					(1)			
(1) Name			(2) Addre	ess		(3) Identification num	nber	(4) Category 1	Check applica	Constructiv	
								Category 1	Calegoly 2	Constructiv	
G1 Name and address of fo	reign partnership							2(a) EIN (if any)		
GLENDOWER CAL		RSHII	2			98	-1571	379			
423 (LUX), S						` '	rence ID nu	mber			
22-24 BOULEV		_						003			
LUXEMBOURG L	-2449								under who	se laws or	Janizeu
4 Date of organization 5 Organization	rincipal place f business		6 Principal bus activity code	iness	7 Principal bus activity	siness 8a	Funct currer			ange rate Instructions	
12/04/2020LU			52390		NVESTM		JROS	icy	(See ii	.8205	500
H Provide the following in	formation for the fo	oreign partners	ship's tax year:								
1 Name, address, and ide	ntification number of	of agent (if any	in the United	States	2 Check if th	ne foreign partnership	must fil		_		
							orm 880] Form 106	65	
						enter where Form 106 T.F:	o is filed	-			
3 Name and address of fo	reign partnership's	agent in coun	try of organizat	ion, if any		ddress of person(s) with co and the location of such b	ustody of	the books and	records of th	e foreign	
GLENDOWER CA				ion, ii any		PIRZIO-BI			erent		
22-24 BOULEV	ARD ROYAI	J				AMES'S MAR	KET				
, LUXEMBOUR					LONDON		KIN	GDOM S	SW1Y 4	1AH	
5 During the tax year, d				-					<u> </u>		۱
aren't allowed a deduc									Yes	X	No
If "Yes," enter the total 6 Is the partnership a se									\$ Yes	X	No
7 Were any special alloc						(14):			Yes	X	
8 Enter the number of F											
(FDEs) and Foreign Br	anches (FBs), attac	ched to this ret	turn. See instru	ctions				►			
9 How is this partnershi	p classified under t	the law of the o	country in whic	h it's organ	iized?		. 🕨	LTD.	PARTN	ERSHI	.P
10 a Does the filer have an				-	-						
separate unit under Re			-		-			•		X	No
skip question 10b b If "Yes," does the sepa								····· ►	Yes	_A	NO
Reg. 1.1503(d)-1(b)(5									Yes		No
11 Does this partnership	meet both of the fo	ollowing reauir	ements?			 ר			103		
1. The partnership's t),000.							
2. The value of the pa	-		l of the tax year	was less t	han \$1 million	. 🌔		►	Yes		No
If "Yes," don't complet						J					
LHA For Privacy Act and	Paperwork Reduc	ction Act Notic	e, see the sep	arate instru	uctions.					Form 8865	i (2020)

Form 88	65 (2	020)	SOCIETY	FOR	HUMAI	N RE	SOURCE	MANAG	EMENT				3	4-0	9484	53	Page 2
12 a	ls th	e filer of t	this Form 8865 o	claiming a	a foreign-de	rived inta	angible income	e deduction (ı	under section 2	250) with re	espec	t to			_		_
	any a	amounts	listed on Schedu	ule N?)		Yes	X	No
b	lf "Ye	es," enter	the amount of g	ross inco	me derived	from sa	les, leases, exc	hanges, or of	her dispositio	ns (but not	licen	ses)					
			ions with or by t	•						•							
			e (FDDEI))	▶ _			
			the amount of g			from a l	icense of prop	erty to or by t	he foreign par	tnership tha	at the)					
			in its computation											▶ _			
			the amount of g				-	-		-							
			computation of											-			
			nber of foreign p ip or of receiving				()()		•								
			uring the tax yea										•	_			
			of Regulations s		707 00										Yes	X	No
			ly transfers of pr														
			quire disclosure														
	amo	unt or va	ue of each trans	fer, and a	n explanatio	on of the	tax treatment.	. See instruct	ons for except	tions)		Yes	X	No
b	Did t	the partne	ership assume a	liability o	r receive pr	operty si	ubject to a liab	ility where su	ch liability was	s incurred b	уар	artner w	ithin				
	a 2-y	/ear perio	d of transferring	g the prop	erty to the p	artnersl	nip? If "Yes," at	ttach a statem	ient identifying	g the proper	ty tra	ansferrec	,				
			r value of each tr												Yes	X	No
Sign Here if You're F			nalties of perjury, I on and complete. Decla														
This Form Separately			·			-							·			-	
Not With Y	our																
Tax Return	າ.		gnature of general p e preparer's name	partner or lir	mited liability of	Preparer's signature Date										ate	
Paid							a or o orginataro			Buio		Check self-e	k [employ	if			
-	Preparer Firm's name										r						
Use			ddress ►									Firm's El Phone no					
Only			uui 633 🕨														
Schee	dule	Α	Construct	ive Ow	nership o	of Part	nership Int	erest. Cl	neck the bo	xes that	app	ly to th	e file	er. If yo	ou che	ck	
			box b , ente	er the n	ame, ado	ress, a	and U.S. tax	kpayer ider	ntification n	umber (if	any) of the	e per	son(s)	whos	е	
			interest yo	u const	ructively	own. S	See instructi	ions.									
			a X Ow	ns a direc	ct interest			b	Owns a	constructiv	/e int	erest					
			Name					Address			In	dentificatio	n num	her (if an		Check if foreign	Check if direct
			Humo					////				aontinoutie			<i>''</i>	person	partner
			O sul si s D s						1 ¹								
Schee	aule	A-1	Certain Pa	artners	of Foreig	n Par	inersnip (see instruc	tions)								Check if
			Name					Address				Identi	ication	number	(if any)		foreign
																	person
Schee	dule	A-2	Foreign P:	artners	of Section	on 721	(c) Partner	ship (see	instructior	I 1S)							L
Name o							Cour	ntry of	U.S. tax	kpayer	C	heck if rela	ated to		Percenta	ge intere	st
	tner	3		Addres	S			ization any)	identificatio (if a			U.S. trans		Ca	pital	P	rofits
															%	/o	%
															%	_	%
Does the	parti	nership h	ave any other fo	reign per	son as a dir	ect partn	ier?		•				[Ye		Ċ	No
Schee	· ·		Affiliation	Schedu	ule. List a	all part	nerships (fo		omestic) in	which the	e foi	reign p	artne				
			a direct int	erest or	r indirectly	/ owns	a 10% inte	erest.									
			Name					Address				EIN			Total or		Check if foreign
inditie					(if any					(if any)	f any) income or loss		partner- ship				
						ļ											
															F	orm 886	65 (2020)

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92 2020.05000 SOCIETY FOR HUMAN RESOURCE 193444_1

SCHE	DULE	0
(Form	8865)	

(Rev. December 2018)

Transfer of Property to a Foreign Partnership (Under Section 6038B)

OMB No. 1545-1668

Attach to Form 8865	. See the Instructions	for Form 8865.
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Department of the Treasury Go to www.irs.gov/Form8865 for instructions and the latest information. Internal Revenue Service Name of transferor Filer's identifying number SOCIETY FOR HUMAN RESOURCE MANAGEMENT 34-0948453 EIN (if any) Name of foreign partnership GLENDOWER CAPITAL STRATEGIC PARTN Reference ID number (see instr) 98-1571379 423 (LUX), SCSP 003 **1a** Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions X No Yes **b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? No Yes Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any 2 time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? XNo Yes Transfers Reportable Under Section 6038B Part I (a) (b) (c) (d) (e) (f) (g) Cost or other Section 704(c) Type of property Date of Description Fair market value Recovery period Gain recognized on date of transfer transfer of property basis allocation method on transfer 12/31/20 128,711 Cash Stock, notes receivable and payable, and other securities Inventory Tangible property used in trade or business Intangible property described in section 197(f)(9) Intangible property, other than intangible property described in section 197(f)(9) Other property Totals 128,711. 3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer .0000 % (b) After the transfer .0753 %

Supplemental Information Required To Be Reported (see instructions):

Part II Dispos	sitions Reportable	Under Section 60	38B				
(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner
	-						
Part III Is any	transfer reported o	n this schedule su	hiect to gain recor	nition under section 90		f)(5)(E) ?	Yes X No
						,,,,,,	0 (Eorm 8865) 12-2018

LHA FOR Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule 0 (Form 8865) 12-2018

010661 04-01-20

Form 8865		Return of U.S. Perso Certain Foreign					OMB	No. 154	5-1668		
Form OOUJ		Attach to vo	ur tax return.	-			9	202	n		
		Go to www.irs.gov/Form8865 for ins Information furnished for the fo			n.			.UZ	U		
Department of the Treasury Internal Revenue Service					31	2020		hment ence No.	865		
Name of person filing this r	eturn		,	,		identificat	ion numbe	r			
					3	4-094	8453				
		SOURCE MANAGEMENT	1								
Filer's address (if you aren't	filing this form with y	/our tax return)	A Category o	of filer (see Categories of Fil	ers in the		nd check app	licable bo	ox(es)):		
			Filer's tax		3			- 1			
	N (D beginning	JAN L,	202	1		<u> </u>	2020		
C Filer's share of liabilities	· · · · ·	Qualified nonrec		0		Other	\$				
	consolidated group bu	it not the parent, enter the following in	itormation ap		EIN						
<u>Name</u> Address				[
	ecified foreign financi	ial assets are reported on this form. Se	ee instruction	s							
F Information about certai	0	•					<u></u>				
		/				(4) (Check applica	ible box(e	s)		
(1) Name		(2) Address		(3) Identification num	ber	Category 1	Category 2	Constru	ctive owner		
G1 Name and address of fo	5 1 1					2(a) EIN (- /				
	PITAL STRA	TEGIC PARTNERSHIP)				-1526				
421, LP						2(b) Refe	rence ID nu	mber			
FLOOR 4, 1ST LONDON, UNIT						004 3 Country	undor who		organizad		
LONDON, UNII	ED KINGDOM	SWII4AH				UNITE			-		
4 Date of 5 organization 5	rincipal place f business	6 Principal business 6 activity code number 7	Principal bus	siness 8a	Funct	ional	Excha	ange rate)		
01/22/2020 UN			activity NVESTM		041101	icy	(000 1	nstructio • 0 0 0			
H Provide the following in						I					
		agent (if any) in the United States	2 Check if th	ne foreign partnership i	nust file	e:					
			E Fo	orm 1042 🛛 🗌 Fo	orm 880	4 X] Form 106	<u>i5</u>			
				enter where Form 1065	is filed	:					
			E-FI		stody of	he books and	records of th	e foreign			
	• • • • •	ent in country of organization, if any	4 partnership,	ddress of person(s) with cu and the location of such bo	ooks and	records, if diff	erent	storeigh			
GLENDOWER CAL FLOOR 4, 1ST	-	-									
		M SW1Y 4AH									
		hip pay or accrue any interest or royal	tv for which a	ne or more partners							
• • •	• •	7A? See instructions	•	•			Yes	Σ	No		
		wed deductions					\$				
		hip, as defined in Regulations section					Yes	Σ	∑ No		
7 Were any special alloc	ations made by the fo	reign partnership?				►	Yes	Σ	ΚNο		
		on Return of U.S. Persons With Respe									
(FDEs) and Foreign Br	anches (FBs), attache	d to this return. See instructions				►					
		law of the country in which it's organi				LTD.	PARTN	ERSH	IIP		
	-	partnership, or an interest indirectly the	-								
		or part of a combined separate unit ur	-			•			ΣNo		
SKIP QUESTION TUD	roto unit or combined		d laga og dafi	nad in		▶	Yes		7 N0		
		separate unit have a dual consolidated				►	Yes	Г	No		
11 Does this partnership	meet hoth of the follo	wina requirements?		 ר				L			
		ix year were less than \$250,000.									
	-	is at the end of the tax year was less th	nan \$1 million	. }		►	Yes		No		
If "Yes," don't complet											
LHA For Privacy Act and	Paperwork Reductio	n Act Notice, see the separate instru	ctions.					Form 88	65 (2020)		

Form 88	65 (2	020)	SOCIETY	FOR	HUMAI	N RE	SOURCE	MANAG	EMENT				3	4-0	9484	53	Page 2
12 a	ls th	e filer of t	this Form 8865 o	claiming a	a foreign-de	rived inta	angible income	e deduction (ı	under section 2	250) with re	espec	t to			_		_
	any a	amounts	listed on Schedu	ule N?)		Yes	X	No
b	lf "Ye	es," enter	the amount of g	ross inco	me derived	from sa	les, leases, exc	hanges, or of	her dispositio	ns (but not	licen	ses)					
			ions with or by t	•						•							
			e (FDDEI))	▶ _			
			the amount of g			from a l	icense of prop	erty to or by t	he foreign par	tnership tha	at the)					
			in its computation											▶ _			
			the amount of g				-	-		-							
			computation of											-			
			nber of foreign p ip or of receiving				()()		•								
			uring the tax yea										•	_			
			of Regulations s		707 00										Yes	X	No
			ly transfers of pr														
			quire disclosure														
	amo	unt or va	ue of each trans	fer, and a	n explanatio	on of the	tax treatment.	. See instruct	ons for except	tions)		Yes	X	No
b	Did t	the partne	ership assume a	liability o	r receive pr	operty si	ubject to a liab	ility where su	ch liability was	s incurred b	уар	artner w	ithin				
	a 2-y	/ear perio	d of transferring	g the prop	erty to the p	artnersl	nip? If "Yes," at	ttach a statem	ient identifying	g the proper	ty tra	ansferrec	,				
			r value of each tr												Yes	X	No
Sign Here if You're F			nalties of perjury, I on and complete. Decla														
This Form Separately			·			-							·			-	
Not With Y	our																
Tax Return	າ.		gnature of general p e preparer's name	partner or lir	mited liability of	Preparer's signature Date										ate	
Paid							a or o orginataro			Buio		Check self-e	k [employ	if			
-	Preparer Firm's name										r						
Use			ddress ►									Firm's El Phone no					
Only			uui 633 🕨														
Schee	dule	Α	Construct	ive Ow	nership o	of Part	nership Int	erest. Cl	neck the bo	xes that	app	ly to th	e file	er. If yo	ou che	ck	
			box b , ente	er the n	ame, ado	ress, a	and U.S. tax	kpayer ider	ntification n	umber (if	any) of the	e per	son(s)	whos	е	
			interest yo	u const	ructively	own. S	See instructi	ions.									
			a X Ow	ns a direc	ct interest			b	Owns a	constructiv	/e int	erest					
			Name					Address			In	dentificatio	n num	her (if an		Check if foreign	Check if direct
			Humo					/1001000				aontinoutie			<i>''</i>	person	partner
			O sul si s D s						1 ¹								
Schee	aule	A-1	Certain Pa	artners	of Foreig	n Par	inersnip (see instruc	tions)								Check if
			Name					Address				Identi	ication	number	(if any)		foreign
																	person
Schee	dule	A-2	Foreign P:	artners	of Section	on 721	(c) Partner	ship (see	instructior	I 1S)							L
Name o							Cour	ntry of	U.S. tax	kpayer	С	heck if rela	ated to		Percenta	ge intere	st
	tner	3		Addres	S			ization any)	identificatio (if a			U.S. trans		Ca	pital	P	rofits
															%	/o	%
															%	_	%
Does the	parti	nership h	ave any other fo	reign per	son as a dir	ect partn	ier?		•				[Ye		Ċ	No
Schee	· ·		Affiliation	Schedu	ule. List a	all part	nerships (fo		omestic) in	which the	e foi	reign p	artne				
			a direct int	erest or	r indirectly	/ owns	a 10% inte	erest.									
			Name					Address				EIN			Total or		Check if foreign
inditie					(if any					(if any)	f any) income or loss		partner- ship				
						ļ											
															F	orm 886	65 (2020)

orm	8865	(2020)
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SCHE	DU	LE	O
(Form	88	65)	

(Rev. December 2018)

Transfer of Property to a Foreign Partnership (Under Section 6038B)

OMB No. 1545-1668

	►	Attach	to	Form	8865.	See	the	Instr	uctio	ns	for	Form	8865.
--	---	--------	----	------	-------	-----	-----	-------	-------	----	-----	------	-------

Department of the Treasury Go to www.irs.gov/Form8865 for instructions and the latest information. Internal Revenue Service Name of transferor Filer's identifying number 34-0948453 SOCIETY FOR HUMAN RESOURCE MANAGEMENT EIN (if any) Name of foreign partnership GLENDOWER CAPITAL STRATEGIC PARTN Reference ID number (see instr) 98-1526969 421, LP 004 **1a** Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions X No Yes **b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? No Yes Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any 2 time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? XNo Yes Transfers Reportable Under Section 6038B Part I (a) (b) (c) (d) (e) (f) (g) Cost or other Section 704(c) Type of property Date of Description Fair market value Recovery period Gain recognized on date of transfer transfer of property basis allocation method on transfer 12/31/20 130,609. Cash Stock, notes receivable and payable, and other securities Inventory Tangible property used in trade or business Intangible property described in section 197(f)(9) Intangible property, other than intangible property described in section 197(f)(9) Other property Totals 130,609. 3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer .0000 % (b) After the transfer .0753 %

Supplemental Information Required To Be Reported (see instructions):

Part II Dispos	sitions Reportable	Under Section 603	38B				
(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner
Part III Is any	transfer reported of	on this schedule su	bject to gain recog	inition under section 90)4(f)(3) or section 904(f)(5)(F)? 🕨	Yes X No
	Reduction Act Not	ica caa tha Inetru	etione for Form 8	865		Schodula	0 (Form 8865) 12-2018

LHA FOR Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule 0 (Form 8865) 12-2018

010661 04-01-20

Form 8865	R	eturn of U.S. Perso Certain Foreigr	ns With Partne	Respect to			OMB	No. 154	5-1668
Form OOUJ		Attach to yo	ur tax return.	•			2	2	n
	Go	to www.irs.gov/Form8865 for ins Information furnished for the f			n.			.UZ	,U
Department of the Treasury Internal Revenue Service		beginning OCT	0 1	, and ending DEC	31	2020		hment ence No.	865
Name of person filing this re	turn	0 0	- , .	, , , , , , , , , , , , , , , , , , ,		identificat	ion numbe	r	
					3	4-094	8453		
		URCE MANAGEMENT	1						
Filer's address (if you aren't	filing this form with your	tax return)	A Category o	of filer (see Categories of Fil	ers in the		nd check app	licable bo	ox(es)):
			Filer's tax		3			21	
• Ellevis share of lists little	Ν	Quell'find an enviro	B Filer's tax beginning		202	,	·9 -	<u>3</u> 1,	2020
C Filer's share of liabilities:		Qualified nonrec				Other	\$		
D If filer is a member of a on Name	consolidated group but ho	t the parent, enter the following ir	IIOI III au		EIN				
Address					_11N				
	ecified foreign financial as	ssets are reported on this form. S	ee instructions	S					
	other partners (see instr								<u> </u>
						(4) (Check applica	ble box(e	:S)
(1) Name		(2) Address		(3) Identification num	ber	Category 1	Category 2	Constru	ictive owner
G1 Name and address of for	• •					2(a) EIN (• /	2 0 C	
LION/SIMBA IN EAST WING, TH		תסת				2(b) Refe	-1571		
LES BANQUES	AFALGAR COU	IKI (INCOMPANY)				005		шрег	
ST. PETER POP	T GUERNSEY	GY1 3PP				3 Country	under who	se laws	organized
		011 011				GUERN			organizoa
4 Date of organization 5 P	rincipal place business	6 Principal business 6 activity code number 7	, Principal bus activity	siness 8a	Funct currer	ional Icv	8b Excha	nge rate	e e ons)
10/10/2020GU			NVESTM	ENTS EU	ROS	,	(.835	
H Provide the following inf	ormation for the foreign p	oartnership's tax year:							
1 Name, address, and ider	tification number of agen	t (if any) in the United States	2 Check if th	ne foreign partnership i	nust file		_		
					orm 880] Form 106	65	
				enter where Form 1065	is filed				
2 Name and address of for	aign portporabin's agent i	in country of organization if any	E-FI Name and a	ddress of person(s) with cu	stody of	he books and	records of th	e foreign	
LION/SIMBA II		in country of organization, if any	4 partnership,	and the location of such be	ooks and	records, if diff	erent		
EAST WING, TH									
ST. PETER POP	RT, GUERNSE	Y GY1 3PP							
5 During the tax year, di	d the foreign partnership	pay or accrue any interest or roya	ty for which c	one or more partners					
aren't allowed a deduc	tion under section 267A?	See instructions				🕨	Yes	Σ	X No
		deductions					\$	<u></u>	<u></u>
		as defined in Regulations section					Yes		X No
• •	ations made by the foreig					🕨	Yes	2	X No
		eturn of U.S. Persons With Respe	-	-					
(FDES) and Foreign Br 9 How is this partnershi	anches (FBS), attached to	this return. See instructions of the country in which it's organ	ohor.		••••	► ניתי ו	ͻͻϼͲͷ	FRGE	ITD
		tnership, or an interest indirectly t							<u></u>
		art of a combined separate unit u	-						
			-			►	Yes	2	XNo
		arate unit have a dual consolidate							
						►	Yes		No
11 Does this partnership	meet both of the following	g requirements?		J					
		ar were less than \$250,000.		5				_	_
		the end of the tax year was less th	nan \$1 million	. [►	Yes		No
	e Schedules L, M-1, and M		at:an-	J				-	DEE (0000)
LHA For Privacy Act and	raperwork Reduction AC	t Notice, see the separate instru	GUONS.					01111 86	365 (2020)

97 2020.05000 SOCIETY FOR HOMAN RESOURCE 193444_1

Form 88	65 (2	020)	SOCIETY	FOR	HUMAI	N RE	SOURCE	MANAG	EMENT				3	4-0	9484	53	Page 2
12 a	ls th	e filer of t	this Form 8865 o	claiming a	a foreign-de	rived inta	angible income	e deduction (ı	under section 2	250) with re	espec	t to			_		_
	any a	amounts	listed on Schedu	ule N?)		Yes	X	No
b	lf "Ye	es," enter	the amount of g	ross inco	me derived	from sa	les, leases, exc	hanges, or of	her dispositio	ns (but not	licen	ses)					
			ions with or by t	•						•							
			e (FDDEI))	▶ _			
			the amount of g			from a l	icense of prop	erty to or by t	he foreign par	tnership tha	at the)					
			in its computation											▶ _			
			the amount of g				-	-		-							
			computation of											-			
			nber of foreign p ip or of receiving				()()		•								
			uring the tax yea										•	_			
			of Regulations s		707 00										Yes	X	No
			ly transfers of pr														
			quire disclosure														
	amo	unt or va	ue of each trans	fer, and a	n explanatio	on of the	tax treatment.	. See instruct	ons for except	tions)		Yes	X	No
b	Did t	the partne	ership assume a	liability o	r receive pr	operty si	ubject to a liab	ility where su	ch liability was	s incurred b	уар	artner w	ithin				
	a 2-y	/ear perio	d of transferring	g the prop	erty to the p	artnersl	nip? If "Yes," at	ttach a statem	ient identifying	g the proper	ty tra	ansferrec	,				
			r value of each tr												Yes	X	No
Sign Here if You're F			nalties of perjury, I on not complete. Decla														
This Form Separately			·			-							·			-	
Not With Y	our																
Tax Return	າ.		gnature of general p e preparer's name	partner or lir	mited liability of		nember irer's signature			Date						ate	
Paid							a or o orginataro			Buio		Check self-e	k [employ	if			
Prepa	rer	Firm's n	2ma								r						
Use			ddress ►									Firm's El Phone no					
Only			uui 633 🕨														
Schee	dule	Α	Construct	ive Ow	nership o	of Part	nership Int	erest. Cl	neck the bo	xes that	app	ly to th	e file	er. If yo	ou che	ck	
			box b , ente	er the n	ame, ado	ress, a	and U.S. tax	kpayer ider	ntification n	umber (if	any) of the	e per	son(s)	whos	е	
			interest yo	u const	ructively	own. S	See instructi	ions.									
			a X Ow	ns a direc	ct interest			b	Owns a	constructiv	/e int	erest					
			Name					Address			In	dentificatio	n num	her (if an		Check if foreign	Check if direct
			Humo					////				aontinoutie			<i>''</i>	person	partner
			O sul si s D s						1 ¹								
Schee	aule	A-1	Certain Pa	artners	of Foreig	n Par	inersnip (see instruc	tions)								Check if
			Name					Address				Identi	ication	number	(if any)		foreign
																	person
Schee	dule	A-2	Foreign P:	artners	of Section	on 721	(c) Partner	ship (see	instructior	I 1S)							L
Name o							Cour	ntry of	U.S. tax	kpayer	C	heck if rela	ated to		Percenta	ge intere	st
	tner	3		Addres	S			ization any)	identificatio (if a			U.S. trans		Ca	pital	P	rofits
															%	/o	%
															%	_	%
Does the	parti	nership h	ave any other fo	reign per	son as a dir	ect partn	ier?		•				[Ye		Ċ	No
Schee	· ·		Affiliation	Schedu	ule. List a	all part	nerships (fo		omestic) in	which the	e foi	reign p	artne				
			a direct int	erest or	r indirectly	/ owns	a 10% inte	erest.									
			Name					Address				EIN			Total or		Check if foreign
			Name					Audi 635				(if any)			income c	or loss	partner- ship
															F	orm 886	65 (2020)

orm	8865	(2020)
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Type of property	(a) Date of transfer	(b) Description of property	Fair ma	(c) arket value of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	12/31/20		129	,120.				
Stock, notes								
receivable and payable,								
and other								
securities								
Inventory								
mventory								
Tangible								
property								
used in trade or business								
Intangible								
property described in								
section								
197(f)(9) Intangible								
property, other								
than intangible								
property described in								
section 197(f)(9)								
0.1								
Other								
property								
			1.0	0.100				
Totals				9,120.				0.072
	ransferor's percent				re the transfer • 0	0000 %	(b) After the trans	ifer .0273 %
Supplemental Inf	formation Required	d To Be Rep	orted (see	instructions):				
	ispositions Report	able Under						
(a) Type of	(b) Date of		(c) Date of	(d) Manner of	(e) Gain	(f) Depreciation	(g) Gain allocated	(h) Depreciation
property	original		position	disposition	recognized by	recapture recognized	to partner	recapture allocated
	transfer				partnership	by partnership		to partner

1a Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions **b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any 2

EAST WING, TRAFALGAR COURT

time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Part I Transfers Reportable Under Section 6038B

Department of the Treasury Internal Revenue Service Name of transferor SOCIETY FOR HUMAN RESOURCE MANAGEMENT Name of foreign partnership LION/SIMBA INVESTORS LP

SCHEDULE O

(Rev. December 2018)

(Form 8865)

Transfer of Property to a Foreign Partnership (Under Section 6038B)

OMB No. 1545-1668

X | No

X No

No

Reference ID number (see instr)

Yes

Yes

Yes

Filer's identifying number

EIN (if any)

98-1571296

34-0948453

005

Schedule O (Form 8865) 12-2018

010661 04-01-20

Part III

99 2020.05000 SOCIETY FOR HUMAN RESOURC 193444 1 99

Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? Yes X No ► LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Attach to Form 8865. See the Instructions for Form 8865. Go to www.irs.gov/Form8865 for instructions and the latest information.

FORM 8865	AFFILIATION SCHEDULE		STATEMENT 22
NAME	ADDRESS	IDENTIFYING NUMBER	CK TOTAL IF ORDINARY FOR- INCOME EIGN OR (LOSS) P'SH
GRP III NEPTUNE, L.P.	C/O BLACKROCK, 40 E. 52ND	85-2820741	
GLOBAL RENEWABLE	NEW YORK, NY 10022 C/O BLACKROCK, 40 E. 52ND	98-1523614	v
POWER FUN	NEW YORK, NY 10022		Х



Form 926
(Rev. November 2018)
Department of the Treasury Internal Revenue Service
Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation Go to www.irs.gov/Form926 for instructions and the latest information.

OMB No. 1545-0026

Attachment Sequence No. **128**

		Attach to		•)					
Part	t I U.S. Tran	sferor Informatio	n (see instructions	»)					
	of transferor					l.	dentifying	numbe	r (see instruction
SO	CIETY FOR	HUMAN RESO	JRCE MANAGEM	ENT			24 00		F 2
							34-09		
		•	•	t is not a controlled foreign	corporation?			'es	X No
		• • •	lete questions 2a throu	•	ara 000(a)) bu				
				eror controlled (under secti				'es	No
								es ′es	
			nd their identifying nur				•	03	
		-							
		Contro	lling shareholder			Identi	fying nur	nber	
с	If the transferor wa	as a member of an affil	ated group filing a cons	solidated return, was it the	parent corporati	on?	. 🗌 Y	'es	No
	If not list the nam								
	in not, not the nam	e and employer identif	cation number (EIN) of	the parent corporation.					
				the parent corporation.		EIN of pa	arent corr	oorati	on
			cation number (EIN) of parent corporation	the parent corporation.		EIN of pa	irent corp	ooratio	on
				the parent corporation.		EIN of pa	arent corp	ooratio	on
		Name of	parent corporation	the parent corporation.		EIN of pa			
			parent corporation	the parent corporation.		EIN of pa		ooratio 'es	on
d	Have basis adjust	Name of	parent corporation	the parent corporation.	ted as such unc		Y		
d 3	Have basis adjust	Name of ments under section 3 as a partner in a partne	parent corporation		ted as such und		Y		
d 3	Have basis adjust If the transferor wa complete questior	Name of ments under section 3 as a partner in a partne	parent corporation 67(a)(4) been made? rship that was the actu		ted as such unc		Y		
d 3	Have basis adjust If the transferor wa complete questior	Name of ments under section 3 as a partner in a partne ns 3a through 3d. EIN of the transferor's	parent corporation 67(a)(4) been made? rship that was the actu partnership.		ted as such unc	ler section :	Y	⁄es	
d 3 a	Have basis adjusti If the transferor wa complete questior List the name and	Name of ments under section 3 as a partner in a partne ns 3a through 3d. I EIN of the transferor's Name	parent corporation 67(a)(4) been made? arship that was the actu partnership.	al transferor (but is not trea		ler section :	<u>у</u> у	⁄es	
d 3 a GL	Have basis adjust If the transferor wa complete questior List the name and OBAL RENE	Name of ments under section 3 as a partner in a partne ns 3a through 3d. I EIN of the transferor's Name	parent corporation 67(a)(4) been made? arship that was the actu partnership.		3),	ler section : EIN o	367), f partner	⁄es	
d 3 a GL	Have basis adjust If the transferor wa complete questior List the name and OBAL RENE P •	Name of ments under section 3 as a partner in a partne ns 3a through 3d. EIN of the transferor's Name WABLE POWER	parent corporation 67(a)(4) been made? rship that was the actu partnership. of partnership INFRASTRUCT	al transferor (but is not trea	3), 98-1	er section EIN o	367), f partner	'es ship	No
d 3 GL L.	Have basis adjust If the transferor wa complete questior List the name and OBAL RENE P. Did the partner pic	Name of ments under section 3 as a partner in a partne ns 3a through 3d. EIN of the transferor's Name WABLE POWER	parent corporation 67(a)(4) been made? rship that was the actu partnership. of partnership INFRASTRUCT of gain on the transfer	al transferor (but is not trea URE FUND III(E of partnership assets?	3), 98-1	ler section EIN o	367), of partner	res ship res	No X No
d 3 GL L. c	Have basis adjust If the transferor wa complete questior List the name and OBAL RENE P. Did the partner pic Is the partner disp	Name of ments under section 3 as a partner in a partne ns 3a through 3d. EIN of the transferor's Name WABLE POWER ck up its pro rata share posing of its entire inte	parent corporation 67(a)(4) been made? rship that was the actu partnership. of partnership INFRASTRUCT of gain on the transfer rest in the partnership?	al transferor (but is not trea URE FUND III(E	3), 98-1	ler section EIN o	367), of partner	'es ship	No
d 3 GL L. b c d	Have basis adjust If the transferor wa complete questior List the name and OBAL RENE P. Did the partner pic Is the partner disp Is the partner disp	Name of ments under section 30 as a partner in a partne as 3a through 3d. EIN of the transferor's Name WABLE POWER Ck up its pro rata share posing of its entire inter posing of an interest in	parent corporation 57(a)(4) been made? arship that was the actur partnership. of partnership INFRASTRUCT of gain on the transfer rest in the partnership? a limited partnership that	al transferor (but is not trea URE FUND IIII (E of partnership assets? at is regularly traded on an	3), 98-1 established	EIN o		res ship res	No X No
d 3 a GL L. b c d	Have basis adjust If the transferor wa complete questior List the name and OBAL RENE P. Did the partner pic Is the partner disp Is the partner disp	Name of ments under section 30 as a partner in a partne as 3a through 3d. EIN of the transferor's Name WABLE POWER Ck up its pro rata share posing of its entire inter posing of an interest in	parent corporation 57(a)(4) been made? arship that was the actur partnership. of partnership INFRASTRUCT of gain on the transfer rest in the partnership? a limited partnership that	al transferor (but is not trea URE FUND III(E	3), 98-1 established	EIN o		′es ship ′es ′es	X No X No
d 3 GL L. d Part	Have basis adjust If the transferor wa complete questior List the name and OBAL RENE P. Did the partner disp Is the partner disp securities market? t II Transfere	Name of ments under section 30 as a partner in a partne as 3a through 3d. EIN of the transferor's Name WABLE POWER Ck up its pro rata share posing of its entire inter posing of an interest in	parent corporation 57(a)(4) been made? arship that was the actur partnership. of partnership INFRASTRUCT of gain on the transfer rest in the partnership? a limited partnership that	al transferor (but is not trea URE FUND IIII (E of partnership assets? at is regularly traded on an	3), 98-1 established	EIN 0		′es ship ′es ′es	No X No X No X No
d 3 a GL b c d Part 4	Have basis adjust If the transferor wa complete question List the name and OBAL RENE P. Did the partner disp Is the partner disp securities market? t II Transfere Name of transfere	Name of ments under section 30 as a partner in a partne ins 3a through 3d. EIN of the transferor's Name WABLE POWER Ck up its pro rata share bosing of its entire inter bosing of an interest in ce Foreign Corpo e (foreign corporation)	parent corporation 57(a)(4) been made? arship that was the actur partnership. of partnership INFRASTRUCT of gain on the transfer rest in the partnership? a limited partnership that ration Information	al transferor (but is not trea URE FUND IIII (E of partnership assets? at is regularly traded on an	3), 98-1 established	EIN 0	Υ 367), f partner 7 Υ Υ Υ	′es ship ′es ′es	No X No X No X No
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d 3 a GL b c d Part 4 GR 6	Have basis adjusti If the transferor wa complete question List the name and OBAL RENE P. Did the partner disp Is the partner disp securities market? til Transfere Name of transfere P III NEP Address (including	Name of ments under section 30 as a partner in a partne ins 3a through 3d. EIN of the transferor's Name WABLE POWER to up its pro rata share bosing of an interest in the Eoreign Corpo e (foreign corporation) <u>TUNE CORPORA</u> g country)	parent corporation 57(a)(4) been made? arship that was the actur partnership. of partnership INFRASTRUCT of gain on the transfer rest in the partnership? a limited partnership that ration Information	al transferor (but is not trea URE FUND IIII (E of partnership assets? at is regularly traded on an	3), 98-1 established	EIN o	Υ 367), f partner 7 Υ Υ Υ	'es ship 'es 'es numbe	X No X No X No er, if any
d 3 a GL b c d Part 4 GR 6 JGL	Have basis adjust If the transferor wa complete question List the name and OBAL RENE P. Did the partner disp Is the partner disp securities market? till Transfere Name of transfere P III NEP Address (including AND HOUSE	Name of ments under section 30 as a partner in a partne as 3 a through 3d. EIN of the transferor's Name WABLE POWER the up its pro rata share bosing of an interest in be Foreign Corpo e (foreign corporation) TUNE CORPORA g country)	parent corporation 57(a)(4) been made? arship that was the actur partnership. of partnership INFRASTRUCT of gain on the transfer rest in the partnership? a limited partnership that ration Information ATE LLC	al transferor (but is not trea URE FUND III (E of partnership assets?	3), 98-1 established	EIN o .51755 5a Ide 5b Re	Y 367), of partner 7 Y	'es ship 'es 'es numbe	X No X No X No er, if any
d 3 a GL L. b c d 4 4 4 GR 6 JGL 3RA	Have basis adjust If the transferor wa complete question List the name and OBAL RENE' P. Did the partner disp Is the partner disp securities market? til Transfere Name of transfere PIIINEP' Address (including AND HOUSE ND CAYMAN	Name of ments under section 30 as a partner in a partner ins 3a through 3d. EIN of the transferor's Name WABLE POWER Ck up its pro rata share bosing of its entire inter bosing of an interest in perforeign Corporation) TUNE CORPORA g country) , KY1-1104 (parent corporation 57(a)(4) been made? orship that was the actur partnership. of partnership INFRASTRUCT of gain on the transfer rest in the partnership? a limited partnership that ration Information ATE LLC CAYMAN ISLAN	al transferor (but is not trea URE FUND III (E of partnership assets?	3), 98-1 established	EIN o	Y 367), of partner 7 Y	'es ship 'es 'es numbe	X No X No X No er, if any
d 3 a GL b c d Part 4 4 GR 6 JGL 3RA 7	Have basis adjust If the transferor wa complete question List the name and OBAL RENE P. Did the partner disp Is the partner disp securities market? til Transfere Name of transfere PIII NEP Address (including AND HOUSE ND CAYMAN Country code of c	Name of ments under section 30 as a partner in a partne as 3 a through 3d. EIN of the transferor's Name WABLE POWER the up its pro rata share bosing of an interest in be Foreign Corpo e (foreign corporation) TUNE CORPORA g country)	parent corporation 57(a)(4) been made? orship that was the actur partnership. of partnership INFRASTRUCT of gain on the transfer rest in the partnership? a limited partnership that ration Information ATE LLC CAYMAN ISLAN	al transferor (but is not trea URE FUND III (E of partnership assets?	3), 98-1 established	EIN o .51755 5a Ide 5b Re	Y 367), of partner 7 Y	'es ship 'es 'es numbe	X No X No X No er, if any
d 3 a GL ¹ b c d Part 4 GR 6 JGL 3 RA 7 CJ	Have basis adjust If the transferor wa complete question List the name and OBAL RENE P. Did the partner disp securities market? til Transfere PIII NEP' Address (including AND HOUSE ND CAYMAN Country code of c	Name of ments under section 3 as a partner in a partner ins 3a through 3d. EIN of the transferor's Name WABLE POWER Ck up its pro rata share bosing of its entire inter bosing of an interest in ce Foreign Corpo e (foreign corporation) TUNE CORPORA g country) , KY1-1104 (ountry of incorporation)	parent corporation 57(a)(4) been made? orship that was the actur partnership. of partnership INFRASTRUCT of gain on the transfer rest in the partnership? a limited partnership that ration Information ATE LLC CAYMAN ISLAN or organization	al transferor (but is not trea URE FUND III (E of partnership assets?	3), 98-1 established	EIN o .51755 5a Ide 5b Re	Y 367), of partner 7 Y	'es ship 'es 'es numbe	X No X No X No er, if any
d 3 GL b c d Parl 4 GR 6 JGL 3RA 7 CJ 8	Have basis adjusti If the transferor wa complete question List the name and OBAL RENE P. Did the partner disp Is the partner disp securities market? til Transfere P III NEP Address (including AND HOUSE ND CAYMAN Country code of c	Name of ments under section 30 as a partner in a partner ins 3a through 3d. EIN of the transferor's Name WABLE POWER Ck up its pro rata share bosing of its entire inter bosing of an interest in perforeign Corporation) <u>TUNE CORPORA</u> g country) , KY1-1104 (parent corporation 57(a)(4) been made? rship that was the actu partnership. of partnership INFRASTRUCT of gain on the transfer rest in the partnership that ration Information ATE LLC CAYMAN ISLAN or organization tions)	al transferor (but is not trea URE FUND III (E of partnership assets?	3), 98-1 established	EIN o .51755 5a Ide 5b Re	Y 367), of partner 7 Y	'es ship 'es 'es numbe	X No X No X No er, if any
d 3 GL b c d Part 4 GR 6 JGL 3RA 7 CJ 8 LI	Have basis adjust If the transferor wa complete question List the name and OBAL RENE P. Did the partner disp Is the partner disp securities market? til Transfere P III NEP Address (including AND HOUSE ND CAYMAN Country code of c Foreign law charac MITED LIA	Name of ments under section 3 as a partner in a partne as 3 a through 3d. EIN of the transferor's Name WABLE POWER the up its pro rata share bosing of its entire inte bosing of an interest in the Foreign Corpo e (foreign corporation) TUNE CORPORA g country) , KY1-1104 (bountry of incorporation) Country of incorporation EILITY COMPA	parent corporation 67(a)(4) been made? ership that was the actur partnership. of partnership INFRASTRUCT of gain on the transfer rest in the partnership? a limited partnership that ration Information ATE LLC CAYMAN ISLAN or organization tions) ANY	al transferor (but is not trea URE FUND III (E of partnership assets?	3), 98-1 established	EIN 0 .51755 5a Ide 5b Re 001	Y 367), of partner 7 Y	'es ship 'es 'es numbe	X No X No X No er, if any

- orm 926 (Rev. 11-2018)	SOCIETY	FOR	HUMAN	RESOUR	CE	MANAGE	MENT
Part III	Informatio	on Regarding	g Tran	sfer of Pr	operty (se	ee ins	structions)	

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X Yes

No No

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2000		190,466.		

10 Was cash the only property transferred?

If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

	1 2 1			\ <i>\\</i>	
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property					
(not listed under					
another category)					
D					
Property with					
built-in loss					
Totals					

11	Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain		
	recognition agreement was filed?	Yes	No
12 a	Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a		
	foreign corporation?	Yes	🗌 No
	If "Yes," go to line 12b.		
b	Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch		
	(including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?	Yes	🗌 No
	If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.		
с	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the		
	transferee foreign corporation?	Yes	🗌 No
	If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.		
d	Enter the transferred loss amount included in gross income as required under section 91 🕨 \$		
13	Did the transferor transfer property described in section 367(d)(4)?	Yes	No No
	If "No," skip Section C and questions 14a through 15.		

Section C - Intangible Property Subject to Section 367(d)

eeedaan e maangile.						
Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described						
in sec. 367(d)(4)						
Totals						

Form 926 (Rev. 11-2018)

024532 04-01-20



	926 (Rev. 11-2018) SOCIETY FOR HUMAN RESOURCE MANAGEMENT	34-0948453	Page 3
b c d	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section $1.367(d)-1(c)(3)(ii) \rightarrow $ Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any	Yes	 □ No □ No □ No
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No
16	t IV Additional Information Regarding Transfer of Property (see instructions) Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before000% (b) After280%		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
16 17	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before -000 % (b) After -280 %		
16 17 18	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before $\underline{}$ % (b) After $\underline{}$ % Type of nonrecognition transaction (see instructions) \blacktriangleright	 Yes	X No
16 17 18 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before000% (b) After280% Type of nonrecognition transaction (see instructions) ▶ Indicate whether any transfer reported in Part III is subject to any of the following.		X No X No
16 17 18 a b	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before000% (b) After280% Type of nonrecognition transaction (see instructions) ▶ Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F)	Yes	
16 17 18 a b c	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before000% (b) After280% Type of nonrecognition transaction (see instructions) ▶ Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3)	Yes	X No
16 17 18 b c d	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before000% (b) After280% Type of nonrecognition transaction (see instructions) ▶ Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d)	Yes 	X No X No
16 17 18 b c 19 20 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before000% (b) After280% Type of nonrecognition transaction (see instructions) ▶ Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987	Yes Yes Yes Yes Yes	X No X No X No
16 17 18 b c 19 20 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before000% (b) After280% Type of nonrecognition transaction (see instructions) ▶ Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)	Yes 	X No X No X No X No
16 17 18 b c d 19 20 a b	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	Yes 	X No X No X No X No
16 17 18 b c d 19 20 a b c	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before000% (b) After280% Type of nonrecognition transaction (see instructions) ▶ Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	Yes 	X No X No X No X No
16 17 18 6 c 19 20 a c	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before000% (b) After280% Type of nonrecognition transaction (see instructions) ▶ Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) Did the domestic corporation not recognize gain or loss on the distribution of property because the	Yes Yes Yes Yes Yes Yes Yes	X No X No X No X No X No X No





Form **4720**

Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4960, 4965, 4966, 4967, and 4968)

OMB No. 1545-0047

クロクロ

calendar year 2020 or other tax year beginning , 2020, and end		
me of organization, entity, or person subject to tax	EIN or SSN 34-094	
OCIETY FOR HUMAN RESOURCE MANAGEMENT		ed return
mber, street, and room or suite no. (or P.O. box if mail is not delivered to street address)		type of annual return:
300 DUKE STREET	X Form 99	
y or town, state or province, country, and ZIP or foreign postal code	Form 99	
LEXANDRIA, VA 22314-3499	Form 52	27 Yes No N//
Is the organization a foreign private foundation within the meaning of section 4948(b)?		X
Show conversion rate to U.S. dollars. See instructions		
Has corrective action been taken on any taxable event that resulted in Chapter 42 taxes being		
this form?		
If "Yes," attach a detailed description of the corrective action taken and, if applicable, enter th		
result of the correction > \$ If "No," (that is, any uncorrections) attach an avalanction (and instructions)	cied acts or	
transactions), attach an explanation (see instructions). Part I Taxes on Organization (Sections 170(f)(10) 664(c)(2) 4911(a) 4912	10) 4049(0) 4049(0) 4044(0)(4) 4045(0)(4) 40	E(a)(1) 40E0 4000(-)
	a, 4942(a), 4943(a), 4944(a)(1), 4945(a)(1), 495	JU(a)(1), 4959, 4960(a),
4965(a)(1), 4966(a)(1), and 4968(a))		
Tax on undistributed income - Schedule B, line 4		
Tax on excess business holdings - Schedule C, line 7 Tax on excess business holdings - Schedule C, line 7 Tax on investments that isopardize shoridale purpose. Schedule D, Datt L, solumn (a)		
Tax on investments that jeopardize charitable purpose - Schedule D, Part I, column (e)		
Tax on taxable expenditures - Schedule E, Part I, column (g)		
Tax on political expenditures - Schedule F, Part I, column (e)		
Tax on excess lobbying expenditures - Schedule G, line 4		
Tax on disqualifying lobbying expenditures - Schedule H, Part I, column (e)		
Tax on premiums paid on personal benefit contracts		
Tax on being a party to prohibited tax shelter transactions - Schedule J, Part I, column (h)		
Tax on taxable distributions - Schedule K, Part I, column (f)		
Tax on a charitable remainder trust's unrelated business taxable income. Attach statement		
Tax on failure to meet the requirements of section 501(r)(3) - Schedule M, Part II, line 2		60 476
		62,476.
Tax on net investment income of private colleges and universities - Schedule 0		60 476
Total (add lines 1 - 14) Part II Taxes on a Manager, Self-Dealer, Disqualified Person,	Deper Deper Advisor or Polates	62,476
• • • • • •		reison
(Sections 4912(b), 4941(a), 4944(a)(2), 4945(a)(2), 4955(a)(2), 4958(a), 49		
me and address of related organization; city or town, state or province, country, ZIP or foreign		identification
stal code	number	
Tax on self-dealing - Schedule A, Part II, column (d); and Part III, column (d)		
Tax on investments that jeopardize charitable purposes - Schedule D, Part II, column (d)		
Tax on taxable expenditures - Schedule E, Part II, column (d)		
Tax on disqualifying lobbying expenditures - Schedule H, Part II, column (d)		
Tax on excess benefit transactions - Schedule I, Part II, column (d); and Part III, column (d)		
Tax on being a party to prohibited tax shelter transactions - Schedule J, Part II, column (d)		
Tax on taxable distributions - Schedule K, Part II, column (d)		
Tax on prohibited benefits - Schedule L, Part II, column (d); and Part III, column (d)		
Total - Add lines 1 through 9 Part III Tax Payments		
		60 176
Total tax (Part I, line 15 or Part II, line 10)		<u>62,476</u> 62,476
Tax due. If line 1 is larger than line 2, enter amount owed (see instructions)		0.

2020.05000 SOCIETY FOR HUMAN RESOURCE 193444_1

024061 01-11-21

Form 472	20 (2020)	SOCIETY FOR HUMAN	RESOUR	CE MANAGE	CMENT	34-0948453	Page 2
Part I	Acts of	SCHEDULE A - In f Self-Dealing and Tax Comp		on Self-Dea	IING (Section 4941)		
(a) Act number	(b) Date of act		Julution	(c) Description	n of act		
1							
2							
<u>3</u> 4							
5							
(d		er from Form 990-PF, Part VII-B, or Part VI-B, applicable to the act	(e) Amount	involved in act	(f) Initial tax on self- dealer (10% of col. (e))	(g) Tax on foundation r (if applicable) (lesser of or 5% of col. (e)	\$20,000
Part I	I Summa	ary of Tax Liability of Self-De	ealers and F	Proration of F	Payments		
		Names of self-dealers liable for tax		(b) Act no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Self-dealer's to liability (add amounts (see instruction	in col. (c))
						_	
						_	
						_	
						_	
Part I	II Summa	ary of Tax Liability of Founda	ation Mana	pers and Pro	ration of Payments		
		nes of foundation managers liable for tax		(b) Act no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Manager's total ta (add amounts in c (see instruction	ol. (c))
						_	
						_	
·		SCHEDULE B - Initia			, ,	·	
		ne for years before 2019 (from Form 990-				1	
		ne for 2019 (from Form 990-PF for 2020, income at end of current tax year beginnir				2	
un	der section 4942	(add lines 1 and 2)	-			3	
<u>4 Ta</u>	x - Enter 30% of	line 3 here and on Part I, line 1				4	700 (0000)

Form **4720** (2020)

024071 01-11-21

SCHEDULE C - Initial Tax on Excess Business Holdings (Section 4943)

Business Holdings and Computation of Tax

If you have taxable excess holdings in more than one business enterprise, attach a separate schedule for each enterprise. Refer to the instructions for each line item before making any entries.

Name and address of business enterprise

Employer identification number Form of enterprise (corporation, partnership, trust, joint venture, sole proprietorship, etc.) (C) (a) (b) Voting stock Value Nonvoting stock (profits interest or (capital interest) beneficial interest) Foundation holdings in business enterprise 1 1 2 Permitted holdings in business enterprise 2 Value of excess holdings in business enterprise 3 3 4 Value of excess holdings disposed of within 90 days; or, other value of excess holdings not subject to section 4943 tax (attach statement) 4 5 Taxable excess holdings in business enterprise line 3 minus line 4 5 Tax - Enter 10% of line 5 6 6 7 Total tax - Add amounts on line 6, columns (a), (b), and (c); enter total here and on Part I, line 2 7

SCHEDULE D - Initial Taxes on Investments That Jeopardize Charitable Purpose (Section 4944)

Part I Investments and Tax Computation

(a) Investment number	(b) Date of investment	(c) Description of investment	(d) Amount of investment	(e) Initial tax on foundation (10% of col. (d))	(f) Initial tax on foundation managers (if applicable) - (lesser of \$10,000 or 10% of col. (d))
1					
2					
3					
4					
5					
Total - Colum					
Total - Colum					

Total - Column (f). Enter total (or prorated amount) here and in Part II, column (c), below

Part II Summary of Tax Liability of Foundation Managers and Proration of Payments

(a) Names of foundation managers liable for tax	(b) Investment no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

024081 01-11-21

SCHEDULE E - Initial Taxes on Taxable Expenditures (Section 4945)

Part I	Expenditures	and Computation	n of Tax			
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Name and address o	f recipient		enditure and purposes ch made
1						
2						
3						
4						
5						
	tion number from Form 99 5227, Part VI-B, applicable		(g) Initial tax imposed on (20% of col. (b)			dation managers (if applicable)- 0 or 5% of col. (b))
Total - Co	olumn (g). Enter here and c	n				
Part I, lin						
Total - Co below	blumn (h). Enter total (or pi	,				
Part I	I Summary of 1	Tax Liability of Fo	undation Managers a	nd Proration o	of Payments	
	(a) Names of	f foundation managers lia	ble for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (h), or prorated amount	 (d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE F - Initial Taxes on Political Expenditures (Section 4955)

Part I	Expenditures and Computation of Tax					
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of political expenditure	(e) Initial tax imposed on organization or foundation (10% of col. (b))	(f) Initial tax imposed on managers (if applicable) (lesser of \$5,000 or 2½% of col. (b))	
1						
2						
3						
4						
5						
Total - Co	olumn (e). Enter here and or	n Part I, line 5				

Total - Column (f). Enter total (or prorated amount) here and in Part II, column (c), below

Part II	Summary of Tax Liability of Organization Managers or Foundation Managers and Proration of Payments							
	 (a) Names of organization managers or foundation managers liable for tax 	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)				

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Expenditures and Computation of Tax

SCHEDULE G - Tax on Excess Lobbying Expenditures (Section 4911)

1	Excess of grass roots expenditures over grass roots nontaxable amount (from Schedule C (Form 990 or 990-EZ),	-	
	Part II-A, column (b), line 1h). (See the instructions before making an entry.)	- 1	
2	Excess of lobbying expenditures over lobbying nontaxable amount (from Schedule C (Form 990 or 990-EZ),		
	Part II-A, column (b), line 1i). (See the instructions before making an entry.)	2	
	Evenes Johnving synanditures – anter the larger of line 1 or line 0	0	
3	Excess lobbying expenditures - enter the larger of line 1 or line 2	3	
	Tax. Entry 05% of line 0 have and an David Line 0		
4	Tax - Enter 25% of line 3 here and on Part I, line 6	4	

SCHEDULE H - Taxes on Disqualifying Lobbying Expenditures (Section 4912)

(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of lobbying	expenditures	(e) Tax imposed on organization (5% of col. (b))	(f) Tax imposed on organization managers (if applicable) - (5% of col. (b))
1						
2						
3						
4						
5						
Total - Co	olumn (e). Enter here and on F					
Part	Summary of Ta	x Liability of	Organization Manage	ers and Prora	ation of Payments	
(a) Names of organization managers liable for tax (b) Item no. from Part I, col. (a) or prorated amount or prorated amount						(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE I - Initial Taxes on Excess Benefit Transactions (Section 4958)

Part I	Excess Benefit Transactions and Tax Computation					
(a) Transaction number	(b) Date of transaction		(c) Description of transaction			
1						
2						
3						
4						
5						
(d) Amount of excess benefit		benefit	(e) Initial tax on disqualified persons (25% of col. (d))	(f) Tax on organization managers (if applicable) (lesser of \$20,000 or 10% of col. (d))		

Form **4720** (2020)



Part I

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SOCIETY	FOR	HUMAN	RESOURCE	MANAGEMENT
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	SCHEDULE I - Initial Taxes on Excess Benefit Transactions	(Section 4958) Continued
Part II	Summary of Tax Liability of Disgualified Persons and Proration of P	avments

(a) Names of disqualified persons liable for tax	(b) Trans. no. from Part I, col. (a)	(C) Tax from Part I, col. (e), or prorated amount	(d) Disqualified person's total tax liability (add amounts in col. (c)) (see instructions)		
			1		
			1		

Part III Summary of Tax Liability of 501(c)(3), (c)(4) & (c)(29) Organization Managers and Proration of Payments

(a) Names of 501(c)(3), (c)(4) & (c)(29) organization managers liable for tax	(b) Trans. no. from Part I, col. (a)	(C) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE J - Taxes on Being a Party to Prohibited Tax Shelter Transactions (Section 4965)									
Part I	rt I Prohibited Tax Shelter Transactions (PTST) and Tax Imposed on the Tax-Exempt Entity								
	(see instructions)								
(a) Transaction number	(b) Transaction date	(c) Type of transaction 1 - Listed 2 - Subsequently listed 3 - Confidential 4 - Contractual protection	(d) Description of transaction						
1									
2									
3									
4									
5									
Ŭ									
have reason was a PTST	ax-exempt entity know to know this transacti when it became a part tion? Answer Yes or N	ion (f) Net income attrib	utable to the PTST	(g) 75% of proceeds attributable to the PTST	(h) Tax imposed on the tax-exempt entity (see instructions)				
	nn (h). Enter here and	on Part I, line 9			Form 4720 (2020)				
024102 01-11-2	1				FUTH 4720 (2020)				

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Form 4720 (2020)

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Form 4720 (2020) SOCIETY FOR HUMAN RESOURCE MANAGEMENT

Part II Tax imposed on Entity Managers (Section 4965) Continu	Jed		
(a) Name of entity manager	(b) Transaction number from Part I, col. (a)	(C) Tax - enter \$20,000 for each transaction listed in col. (b) for each manager in col. (a)	(d) Manager's total tax liability (add amounts in col. (c))

SCHEDULE K - Taxes on Taxable Distributions of Sponsoring Organizations Maintaining Donor Advised Funds (Section 4966). See the instructions.

Part I	Taxa	ble Distributions and Tax Comp	outation		
(a) Item number	a) (b) Name of sponsoring organization and nber donor advised fund		n and		(c) Description of distribution
1					
2					
3					
4					
(d) Dat distribu		(e) Amount of distribution	(f) Tax imposed of (20% of co	•	(g) Tax on fund managers (lesser of 5% of col. (e) or \$10,000)
Total - Colum	nn (f). Ente	er here and on Part I, line 10			
Total - Colum Part II		ter total (or prorated amount) here and in Part I mary of Tax Liability of Fund Ma		ion of Paymen	ts

(a) Name of fund managers liable for tax	(b) Item no. from Part I, col. (a)	(C) Tax from Part I, col. (g) or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

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Form	4720	(2020)	
	4120	(2020)	

SCHEDULE L - Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967).

See the instructions.

Part I	Prohibited Be	nefits and Tax	Computation	
(a) Item number	(b) Date of prohibited benefit		(c) Description of benefit	
1				
2				
3				
4				
5				
(d) Amount of prohibited	d benefit	(e) Tax on donors, donor advisors, or related persons (125% of col. (d)) (see instructions)	(f) Tax on fund managers (if applicable) (lesser of 10% of col. (d) or \$10,000) (see instructions)

Part II Summary of Tax Liability of Donors, Donor Advisors, Related Persons, and Proration of Payments

(a) Names of donors, donor advisors, or related persons liable for tax	(b) Item no. from Part I, col. (a)	(C) Tax from Part I, col. (e) or prorated amount	(d) Donor's, donor advisor's, or related person's total tax liability (add amounts in col. (c)) (see instructions)
Part III Summary of Tax Liability of Fund Managers and Pr	oration of Pay	ments	1

(a) Names of fund managers liable for tax (b) Item no. from Part I, col. (f) or prorated amount (d) Fund manager's total tax liability (add amounts in col. (c)) (see instructions) Image: structure of the structure of

Form 4720 (2020)

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9 2020.05000 SOCIETY FOR HUMAN RESOURCE 193444_1 Schedule M - Tax on Hospital Organization for Failure to Meet the Community Health Needs Assessment Requirements (Sections 4959 and 501(r)(3)). (See instructions.)

Par	t I 🛛 Failu	res to Meet Section 5	01(r)(3)							
(a) Iter numbe		lame of hospital facility	(c) Descri	iption of the failure		(d) Tax ye facility las a C			faci) Tax year hospital lity last adopted an ementation strategy
1										
2										
3										
4										
5										
Par		putation of Tax								
		ital facilities operated by the hos								
		sessment requirements of section						1		
2	ax - Enter \$50,	,000 multiplied by line 1 here and HEDULE N - Tax on E	i on Part I, line 12	Compensation	(Castion	4060)		2	tions	
	30			compensation	(Section	4960).	(See Ir	istruc	T	5.)
(a) Iter numbe		 b) Name of covered employee 	(c) Ex	ccess remuneration			cess para payment		((e) Total. Add column (c) and (d)
1	SEE	E STATEMENT 1								
2										
3										
4										
5										
6	Attachment	, if necessary. See instructions								
Tot	al (add column	(e) items 1 - 6)							\perp	297,505.
Тах		the amount above here and on P					<u></u>			62,476.
	SC	HEDULE O - Excise Ta		ment Income of F ection 4968)	Private C	Colleges	s and	Unive	rsitie	es
		(a) Name	(b) EIN	(c) Gross investment income (See instructions.)	(d) Ca gain net i		expens to inco	ministra es alloca me inclu . (c) and	able uded	(f) Net investment income (See instructions.)
1	Filing Organization									
2	Related Organization									
3	Related Organization									
4	Related Organization									
5	Total from atta	chment, if necessary								
-5	i otai ii Uiii alla	unnun, n neuessaly								
6	Total									
				·						
7	<u>Excise Tax o</u> n I	Net Investment Income. Enter 1.4	1% of the amount in 6(f)	here and on Part I, line 1	4	<u></u>	<u></u>	<u></u>		
										Form 4720 (2020)

024105 01-11-21

12471109 150872 193444

Form 4720 (2	2020) SOCIETY FOR	HUMAN RESOURCE MA	NAGEMENT	34-	0948453	Page 10
	Under penalties of perjury, I declare that and belief it is true, correct, and complet		xpayer) is based on all in		eparer has any kno	
0	Signature of officer or trustee		CFO	Title		Date
Sign Here						Build
nere					1	
	advisor, or related person	name if applicable) of manager, self-de				Date
	May the IRS discuss this return with the			<u>X</u> Yes)
	Print/Type preparer's name	Preparer's signature	Date	Check if self- employed	PTIN	
Paid	AARON M. FOX	Mit	11/9/21	Sell- employed	P013658	20
Preparer				Firm's EIN 🕨	11-19863	23
Use Only		P				
		REET, NW, SUITE 85	0	Phone no. (2	02) 227-	4000
	WASHINGTO	N. DC 20036				

Form **4720** (2020)

^{224106 01-11-21} 22571010 150872 193444 ELECTRONICALLY² FILED⁰ ON STEP 972021 HERE RESOURC 193444_1

FORM 4720	SCHEDULE N - TAX ON	EXECUTIVE COMPENSATION	STATEMENT 1
(A) ITEM NO	(B) NAME OF COVERED EMPLOYEE		
1.	JOHNNY C. TAYLOR, JR.		
	(C) EXCESS REMUNERATION	(D) EXCESS PARACHUTE PAYMENT	(E) TOTAL
	297,505.		297,505.
TOTAL EXC	ESS EXECUTIVE COMPENSATION		297,505.

12 2020.05000 SOCIETY FOR HUMAN RESOURC 193444_1

TAXABLE YEARCalifornia Exempt Organization2020Annual Information Return

202	20 Annual Information	on Return							19	99	
Calendar Yea	ar 2020 or fiscal year beginning (mm/dd/yyyy)			, and ending ((mm/dd/yy	yy)					
Corporation/Or	ganization name				Cal	ifornia corp	oration n	lumber			
COCTET	TY FOR HUMAN RESOURCE M					3165	010				
	mation. See instructions.	ANAGEMENI			FE	SIN EIN	919				
						34-0	948	453			
Street address	(suite or room)					PMB no.					
<u>1800 I</u>	DUKE STREET										
City					State	ZIP code					
ALEXAN			- (a a		VA	2231					
Foreign country	/ name	Foreign province/state	e/county			Foreign p	ostal co	de			
A First ret	urn	Yes X No	I Did the	organization hav	e anv chan	nes to its	aniqeli	nes			
	ed return	Yes X No		orted to the FTB?		•	•		Yes	X	No
C IRC Sec	tion 4947(a)(1) trust	Yes 🚺 No		npt under R&TC S							
	ormation return?		engage	d in political activ	vities? See	instructio	ns	•	Yes		No
•	Dissolved Surrendered (Withdrawn) M	lerged/Reorganized		organization exem	•			•	Yes	X	No
	e: (mm/dd/yyyy)			enter the gross						37	
	ccounting method: (1) Cash (2) \mathbf{X} Accrual			organization a lim				•	Yes	X	No
	return filed? (1) ● X 990⊤ (2) ● 990PF (3) '] Other 990 series	 Sch H (990) 		organization file taxable income?				•	X Vac		No
. ,	group filing? See instructions	Yes X No	N Is the o	organization unde	r audit by t	he IRS or	has the	♥L 9	<u>41</u> 103		NU
	rganization in a group exemption			dited in a prior ye					Yes	X	No
	what is the parent's name?			ral Form 1023/10					Yes	X	No
			Date fi	ed with IRS							
Devit											
Part I	Complete Part I unless not required to file this for							160	422,	202	
	 Gross sales or receipts from other sources Gross dues and assessments from membe 						1	109,	444,	777	00
	3 Gross contributions, gifts, grants, and simi						3				00
	4 Total gross receipts for filing requirement t										100
Receipts	This line must be completed. If the result		•	al Information B		•	4	169,	422,	323	00
and Revenues	5 Cost of goods sold	STM	T 1 •		001,7						
nevenues	6 Cost or other basis, and sales expenses of	assets sold	•	6 49,	600,8	14 00					
							7		602,		
	8 Total gross income. Subtract line 7 from lin						8		819, 729,		
Expenses	 9 Total expenses and disbursements. From S 10 Excess of receipts over expenses and disbu 			lina 8			9 10	<u> </u>	<u>910,</u>	010	
						•	11	207	5107	001	00
						•	12				00
	13 Payments balance. If line 11 is more than I						13				00
Filing Fee	14 Use tax balance. If line 12 is more than line	e 11, subtract line 11	from line 1	2		•	14				00
	15 Penalties and Interest. See General Information						15				00
	16 Balance due. Add line 12 and line 15. The Under penalties of perjury, I declare that I have examined t it is true, correct, and complete. Declaration of preparer (o	n subtract line 11 fro	om the resul	t hedules and stateme	nts. and to th	O	16 v knowle	edge and belie	ef.		00
Sign	it is true, correct, and complete. Declaration of preparer (or	ther than taxpayer) is bas		mation of which prep		knowledge					
Here	signature of officer		Title CFO		Date 11	/05/20	21	 Telephon 703-5 		440	
				Date	Check			PTIN	10 5	110	
	Preparer's signature			11/9/21		mployed	•	P0136	5820		
Paid	Firm's name		I					• Firm's FE			
Preparer's	(or yours, if self-							11-19		3	
Use Only	employed) 1899 L STREET, N		850					Telephon			
	WASHINGTON, DC 2						-	(202)	227	-40	00
	May the FTB discuss this return with the prepare	r shown above? See	Instruction	s	<u></u>	• X	Yes	No			

022 3651204

Form 199 2020 Side 1

*** ELECTRONICALLY FILED ON 11/09/2021 ***

028951 12-22-20

				SEE PART	II SUBSTITU	TE ATI	ACHMENT
	1 Gross sales or receipts from	all business activit	ies. See instructions		•	1	00
						2	00
	3 Dividends					3	00
Receipts	4 Gross rents					4	00
from	5 Gross royalties				•	5	00
Other	6 Gross amount received from	sale of assets (See	e Instructions)		•	6	00
Sources						7	00
	8 Total gross sales or receipts		•			8	00
	9 Contributions, gifts, grants, a					9	00
	10 Disbursements to or for mer	nbers			•	10	00
	11 Compensation of officers, di					11	0 00
_	12 Other salaries and wages					12	00
Expenses	13 Interest					13	00
and	14 Taxes					14	00
Disburse-	15 Rents				•	15	00
ments	16 Depreciation and depletion (16	00
	17 Other expenses and disburse					17	00
Schedu	18 Total expenses and disburse IIE L Balance Sheet	ments. Add line 91	Beginning of taxab			18 of taxable y	00
-	ne L Dalalice Sileet	(a		(b)	(C)		(d)
Assets 1 Cash				(0)	(6)		(u)
	counts receivable						
	otes receivable						
	ories					•	
	al and state government obligations	•				•	
	ments in other bonds					•	
	ments in stock					•	
	age loans					•	
•	investments					•	
	preciable assets						
b Less	s accumulated depreciation	()		()	
11 Land			,				
	assets					•	
	assets						
	and net worth	-					
	nts payable					•	
	butions, gifts, or grants payable					•	
	and notes payable					•	
	ages payable					•	
	liabilities						
	l stock or principal fund					•	
	or capital surplus. Attach reconciliation					•	
	ed earnings or income fund					•	
	liabilities and net worth						
Schedu	Ile M-1 Reconciliation of inco Do not complete this s			ne 13, column (d). is le	ss than \$50,000.		
1 Net inc	come per books		2,	1	d on books this year		
	al income tax	·····		not included in t	la ta matana	•	
3 Excess	s of capital losses over capital gains	•		1	nis return iis return not charged		
	e not recorded on books this year			-	come this year	•	
	ses recorded on books this year not			9 Total. Add line 7			
	ted in this return			10 Net income per			
	Add line 1 through line 5				rom line 6		

022

3652204

TAXPAYER COPY

34-0948453

FORM 199	COST OF GOODS SOLD INCLUDED ON PART I, LINE 5	STATEMENT 1
COST OF GOODS SOLD		
1. INVENTORY AT BEGINNING	G OF YEAR	454,310
3. COST OF LABOR 4. MATERIALS AND SUPPLIE	5,966,836 5,966,836 5	
6. ADD LINES 1 THROUGH 5	· · · · · · · · · · · · · ·	6,421,146
7. INVENTORY AT END OF Y	EAR	419,422
8. COST OF GOODS SOLD (L	INE 6 LESS LINE 7)	6,001,724

TAXABLE YEARCalifornia Exempt Organization2020Business Income Tax Return

_	FORM
	109

Calendar Ye	ear 20	20 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)		
	-	inization name FOR HUMAN RESOURCE MANAGEMENT		nia corporation number . 6 5 9 1 9
Additional	infor	mation. See instructions.	FEIN 34	-0948453
		uite/room no.) PMB no		
	corpoi	ration has a foreign address, see instructions.) State ZIP code	-34	99
Foreign co	ountry	y name Foreign province/state/county Foreign	postal	code
B Is this a R&TC S	n edu Section	ed? Yes X No H Is the organization a non-exempt charitable described in IRC Section 4947(a)(1)? a 23712? Yes X No I Is this organization claiming any former; En ation under audit by the IRS or has the IRS Military Base Recovery Area (LAMBRA), Tar	terprise	• Yes X No Zone (EZ), Local Agency
D Final ret ●	turn? Disso ate (m	rior year? • Yes X No Manufacturing Enhancement Ived Surrendered (Withdrawn) Merged/Reorganized m/dd/yyyy)	it-shari (a)?	ng, or stock • 🗌 Yes 🛛 X No
F Account	ting m	le or business NONPROFIT: 501(C)(6)		
Taxable Corpora- tion <u>T</u> axable	2 3	Unrelated business taxable income from Side 2, Part II, line 30 Mult. In 1 by the avg. apport. pctg <u>10.0133</u> % from the Sch. R, Apport. Formula Wksht, Part A, In 2 or Part B, In 5. See instr. Enter the lesser amt from In 1 or In 2. If the unrelated bus. activity is wholly in CA and Sch. R was not compltd, enter the amt from In 1 Unrelated business taxable income from Side 2, Part II, line 30	1 2 3 4	1,116,655 00 111,814 00 111,814 00 00
Tax Compu- tation	5 6 7 8 9 10	Unrelated business taxable income from line 3 or line 4 EZ, LAMBRA, or TTA NOL carryover deduction Net Operating Loss deduction. See General Information N Add line 6 and line 7 Net unrelated business taxable income. Subtract line 8 from line 5 Tax 8.84 % x line 9. See General Information J	5 6 7 8 9 10	111,814 00 00 00 00 00 111,814 00 9,884 00
Total Tax	13	Tax credits from Schedule B. See instructions • Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0- • Alternative minimum tax. See General Information 0 • Total tax. Add line 12 and line 13 •	 11 12 13 14 	9,884 00 9,884 00 9,884 00
Payments	15 16 17	Overpayment from a prior year allowed as a credit156,555oc2020 estimated tax payments. See instructions1616,400ocWithholding (Form 592-B and/or 593). See instructions1727ocAmount paid with extension (form FTB 3539)18ococ		
Use Tax/	19 20 21 22	Total payments and credits. Add line 15 through line 18 Use tax. See instructions Payments balance. If line 19 is more than line 20, subtract line 20 from line 19 Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20	 19 20 21 22 	22,982 00 00 22,982 00 00
Tax Due/ Overpay- ment	23 24	Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions Overpayment. Subtract line 14 from line 21. See instructions Enter amount of line 24 to be applied to 2021 estimated tax	22 23 24 25	00 00 13,098 00 13,098 00

3641204

Form 109 2020 Side 1

	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24	•	26	00
	a Fill in the account information to have the refund directly deposited. Routing number	26a		
Refund	b Type: Checking Savings C c Account Number	26c		
Amount Due	27 Penalties and interest. See General Information M	•	27	00
Duc	28 • Check if estimate penalty computed using Exception B or C and attach form FTB 5806			
	29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24		29	00
Unrel	ated Business Taxable Income			
	Unrelated Trade or Business Income			
	Gross receipts or gross sales 42,424 b Less returns and allowances c Balance	•	1c	42,424 00
	st of goods sold and/or operations (Schedule A, line 7)		2	27,926 00
	oss profit. Subtract line 2 from line 1c		3	14,498 00
1 a C	Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)		4a	00
	let gain (loss) from Part II, Schedule D-1		4b	00
		-	40	00
	apital loss deduction for trusts ome (or loss) from partnerships, limited liability companies, or S corporations. See Specific Line Instructions.		40	
	ach Schedule K-1 (565, 568, or 100S) or similar schedule		5	-2,968 00
			6	
	ntal income (Schedule C)		7	-11,675 00
	related debt-financed income (Schedule D)		8	
	estment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)		9	00
	erest, Annuities, Royalties and Rents from controlled organizations (Schedule F)		10	1,663,882 00
IU Exp	ploited exempt activity income (Schedule G)			
	vertising income (Schedule H, Part III, Column A)		11	0 00
	ier income. Attach schedule		12	
	al unrelated trade or business income. Add line 3 through line 12		13	1,663,737 00
	Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrel			
	mpensation of officers, directors, and trustees from Schedule I		14	00
	aries and wages		15	97,511 00
	pairs		16	
	1 debts		17	-238 00
18 Inte	erest	•	18	00
19 Tax	SEE STATEMENT	<u>∠</u> ●	19	86,984 00
	ntributions SEE STATEMENT		20	124,073 00
	Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)	00		1
bL	ess: depreciation claimed on Schedule A	00	21	00
22 Dep			22	00
	Contributions to deferred compensation plans		<u>23a</u>	00
	mployee benefit programs		23b	00
	er deductions SEE STATEMENT	<u>∔</u> ●	24	237,419 00
	al deductions. Add line 14 through line 24		25	545,749 00
26 Unr	related business taxable income before allowable excess advertising costs. Subtract line 25 from line 13	•	26	1,117,988 00
	cess advertising costs (Schedule H, Part III, Column B)		27	333 00
28 Unr	related business taxable income before specific deduction. Subtract line 27 from line 26	•	28	1,117,655 00
	ecific deduction		29	1,000 00
<u>30</u> Unr	related business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28. To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information.	n an to fib an	30	1,116,655 00
Sign	L and search for 1131. Lo request this notice by mail call 800 852 5711			
Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	st of my know	leage	and beller, it is true, correct,
nore	Signature Date Date			Telephone
	of officer CFO 11/	<u> 05/202</u>	17	03-548-3440
Paid	Preparer's Date Check			PTIN
Prepare	sr's signature ► Mund 11/9/21 employ	ed 🕨	P	01365820
Use Onl	y Firm's name (or yours,			Firm's FEIN
	if self-employed)		_ 1	1-1986323
	and address 1899 L STREET, NW, SUITE 850		•	Telephone
	WASHINGTON, DC 20036		(202) $227-4000$
	May the FTB discuss this return with the preparer shown above? See instructions			X Yes No
	Side 2 Form 109 2020 022 3642204			
	TAXPA	\VE	D	
			1 🔪	



Schedule A	Cost of Goods Sold and/or Operations.

Me	thod of inventory valuation (specify)		N/A						
1	Inventory at beginning of year					1	149	,326	00
	Purchases					2	46	5,862	00
	Cost of labor					3			00
4	${\bf a}$ Additional IRC Section 263A costs. Attach schedule $_$					4a			00
	b Other costs. Attach schedule				•	4b			00
5	Total. Add line 1 through line 4b					5		5 <u>,188</u>	
6	Inventory at end of year					6		3 <u>,262</u>	
7	Cost of goods sold and/or operations. Subtract line 6 fro	m line 5. Enter here and on	Side 2, Part I, line	2		7	27	<u>,926</u>	00
	Do the rules of IRC Section 263A (with respect to proper	ty produced or acquired for	resale) apply to th	is organi	zation?	[Yes 🛛 🗙	۸o ک	
Sc	chedule B Tax Credits.								
1	Enter credit name	code •	• <u>1</u>		00				
2	Enter credit name	code •	• 2		00				
3	Enter credit name	code •	• 3		00				
4	Total. Add line 1 through line 3. If claiming more than 3 (credits, enter the total of all	claimed credits						
	on line 4. Enter here and on Side 1, line 11					4			00
Sc	chedule K Add-On Taxes or Recapture of Tax.								
1						1			00
2	Interest on tax attributable to installment: a Sales of c					2a	ļ		00
		or non-dealer installment obl				2b	ļ		00
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain or	n the disposition of intangibl	es		•	3	ļ		00
4	Credit recapture. Credit name				•	4	L		00
						5			00
	chedule R Apportionment Formula Worksheet. Us								
Pai	rt A. Standard Method - Single-Sales Factor Formula. C	omplete this part only if the	corporation uses t (a)	he single	-sales factor formula	ι.		(c)	
			Total within		Total within	I	Percer	nt within	
			outside Calif		California	F7	California [(b) ÷ (a)] x 10	00
	Total sales		• 10,302	,033	8 • 1,031,	, 57	4		
2	Apportionment percentage. Divide total sales column (I						1. 10	0122	Q.
	and multiply the result by 100. Enter the result here and		fa at a u fa una ula				• 10.	0133	σ
Pa	rt B. Three Factor Formula. Complete this part only if the	corporation uses the three-	(a)		(b)			(C)	
			Total within		Total within	I		nt within	00
1	Bronarty factor:		outside Calif	oma	California		California [(l	0) · (a)] × it	
1	Property factor: Payroll factor: Wages and other compensation of emplo		•		•		•		
2	Sales factor: Gross sales and/or receipts less returns an		•		•		•		
	Total percentage: Add the percentages in column (c)								
- 5	Average apportionment percentage: Divide the factor o								
0	result here and on Form 109, Side 1, line 2. See instruction								
Sc	chedule C Rental Income from Real Property and		with Real Property	,			_		
	rental income from debt-financed property, use Schedule D, R&TC Se		• •		See instructions for exce	eptions.			
	Description of property				nt received or accrued		ercentage of rent a	attributable	to
•							personal property	in build be	.0
									%
									%
									%
4 (Complete if any item in column 3 is more than 50%, or for any item the rent is determined on the basis of profit or income		5 Complete if any i	tem in colu	umn 3 is more than 10%,	but not	more than 50%		
	Deductions directly connected	(b) Income includible, column	(a) Gross income re	portable.	(b) Deductions directly con	nected	(c) Net income	includible.	
. , -		2 less column 4(a)	column 2 x colum		with personal property		column 5(a)		ın 5(b)
_									
Ado	d columns 4(b) and column 5(c). Enter here and on Side 2	, Part I, line 6							

3643204

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Schedule D Unrelated Debt-Financed Income

1 Description of debt-financed proper	ty				2 Gross income	rom or	3 Deductio	ns directly	connected	with or allo	cable to deb	ot-financed property		
					allocable to debt-financed - property		(a) Straigh	(a) Straight-line depreciation				(b) Other deductions		
							STA	STATEMENT 7			STATEMENT 8			
OFFICE BUILDING	<u> </u>				1,08	1,755	5		385,	817		906,283		
	A 11													
4 Amount of average acquisition indebtedness on or allocable	5 Average adj of or allocat	ole to	6 Debt basi	ge,	7 Gross income reportable,		column	s 3(a) an	ctions, tota d 3(b) x	al of	9 Net ir (or lo:	ss) includible,		
to debt-financed property	debt-finance		column 4 column 5		column 2 x col	umn 6	column	6			column 7 less column 8			
STATEMENT 9	STATE					0 0 0 0	-		- 1	<u></u>		11 (85		
810,159	14,5	94,996	5.	55 %	6	0,037	/		71,	/12		-11,675		
				%										
Total Enter here and an Cide 0	Dort L line 7			%								-11,675		
Total. Enter here and on Side 2, Schedule E Investment		B&TC Sectio	n 93701a	Section 2	23701i, or Sectio	n 23701n	Organizati	<u></u> 0n				-11,075		
1 Description		2 Amount	/// 2070 ig,		tions directly		estment incom 2 less column		Set-aside	20		6 Balance of investment		
		Z		Connec	cted	T column	2 less columr	¹³	001-25100	5		 income, column 4 less column 5 		
Total. Enter here and on Side 2,	Part I, line 8			•										
Enter gross income from membe														
Schedule F Interest, Ar	nuities, Roya	alties and Re	nts from Co	ntrolled C	Organizations									
					Exempt Contro	lled Orgar	lizations		_			-		
1 Name of controlled organizations		2	Employer	_	3 Net unrelated	4	Total of spe			t of colur		6 Deductions directly		
			identification number	n	income (loss)		payments made		that is included in the controlling		ng	connected with income in column (5)		
										anization ss incom				
2														
2														
Nonexempt Controlled Organiza	ations				I									
7 Taxable income					8 Net unrelated	9	Total of spe	rified	10 Pa	urt of colu	umn (9)	11 Deductions directly		
					income (loss)		payments made		that is included in		uded in	connected with		
									the contr organiza		n's	income in column (10)		
									gr	oss incoi	me			
1														
2														
3														
4 Add columns 5 and 10						<u></u>	<u></u>							
5 Add columns 6 and 11								<u></u>	<u></u>	<u></u>				
6 Subtract line 5 from line 4. E					-	<u></u>								
Schedule G Exploited E 1 Description of exploited activity (atta		y Income, oth Gross unrelated		-		E Gros	s income	C Eve		7 5400		t 0 Notingama		
schedule if more than one unrelated is exploiting the same exempt activit	activity b	ousiness income rom trade or	3 Expenses connecte	d with	4 Net income from unrelated trade	from	activity that		outable to	expe	ss exemp nse, colui	mn includible, column		
is exploring the same exempt activi		ousiness	productio unrelated		or business, column 2 less		t unrelated ness income	colur	mn 5	but n	s column 10t more t	han but not less than		
SEE STATEMENT	6		income		column 3					colur	mn 4	zero		
JEE STATEMENT	0													
Total. Enter here and on Side 2,	line 10		1		1	I	I			1		1,663,882		
			* STN	4T 11										

Part I Income from Periodicals Repor	ted on a	Consolidate	ed Basis										
1 Name of periodical	2 Gross adver incom	tising	3 Direct advertising costs	_	costs. If greater ti complete and 7. If greater ti enter the Part III, o Do not c	s advertising column 2 is nan column 3, e columns 5, 6, column 3 is nan column 2, excess in column B(b).	5 Circ inco		6 Rea cost	dership s	cc sh cc gr th cc cc Er cc	f column 5 is greater olumn 6, enter the i hown in column 4, i olumn A(b). If colum reater than column 1 he sum of column 6 olumn 3 from the su olumn 5 and columi nter amount in Part olumn A(b). If the ar s less than zero, enter	ncome n Part III, nn 6 is 5, subtract and um of n 2. III, mount
HR MAGAZINE	51	5,506	394,	346			9	50,114	2,0	20,114			
ONLINE PERIODICALS			2,145,		1			43,066					
					1								
Totals	4,98	86,147	2,540,	197	2,44	5,950	3,1	93,180	5,6	95,424		-56,	294
Part II Income from Periodicals Repo	•			_	, ,		- 1			1	-		_
E-NEWSLETTER		5,863		196		-333					1		
	-		,								-		
											-		
Part III Column A - Net Advertising I	ncome				Part I	ll Colur	nn R - I	Excess Advert	isina C	nsts			
(a) Enter "consolidated periodical" and/or) Enter total an	ount from Part	l.		"consolidate			ionig o		al amov	unt from Part I, colu	ımn 4,
names of non-consolidated periodicals			7, and amount I		name	s of non-cons	olidated	periodicals		(~) and amo	unts lis	sted in Part II, colum	nn 4
CONSOLIDATED		Fartil, colum	15 4 01 7		E-NE	WSLET	ጥፑጽ			-			333
PERIODICAL				0									333
INIODICAL				0									
Enter total have and an Side 2. Dart I. line 1	4				Enter to	al horo and	l on Sid	le 2, Part II, lir	0.07				333
Enter total here and on Side 2, Part I, line 1 Schedule I Compensation of Offic		actore and	Truetaae			ai iitit aiit		16 Z, Fait II, III	16 21				555
1 Name of officer	cis, Dir	2 SSN or IT		3 Title	9			4 Percent of ti	ne 5	Compensatio		6 Expense ad	count
								devoted to business		attributable to unrelated bus		allowances	
									%				
									%				
									%				
									%				
									%				
Total. Enter here and on Side 2, Part II, line	14												
Schedule J Depreciation (Corpora	tions an	d Associatio	ns only. Trus	sts use	form FTB	3885F.)							
1 Group and guideline class or description of property		Date acquired (mm/dd/yyyy)	3 Cost	or other b	asis 4	Depreciation allowed or a in prior year	llowable	5 Method o computin depreciat	g	6 Life or rate	7	7 Depreciation this year	for
1 Total additional first-year depreciation	(do not i	nclude in ite	ms below)										
2 Other depreciation:	Ì												
Buildings													
Furniture and fixtures													
Transportation equipment											-		
Machinery and other equipment											+		
											+		
Other (specify)	·							-			+		
3 Other depreciation											+		
											+		
											+		
5 Amount of depreciation claimed elsewh6 Balance. Subtract line 5 from line 4. En	tor boro	and on Side	0 Dort II line	 							\vdash		
• Dalance, Jubliant IIIE J II UIII IIIE 4. Ell			z, raitii, iiii	<u>، د ام .</u>							.		

Schedule H Advertising Income and Excess Advertising Costs Dort I

6 Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a

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Form 109 2020 Side 5
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CA 109 INCOME OR (LOSS) FROM PARTNERSHIPS, LIMITED LIABILITY COMPANIES OR S CORPORATIONS	STATEMENT 2
DESCRIPTION	AMOUNT
INVESTMENT - OTHER INCOME (LOSS)	-2,968.
TOTAL TO FORM 109, PAGE 2, LINE 5	-2,968.
CA 109 TAXES PAID	STATEMENT 3
DESCRIPTION	AMOUNT
VA TAXES CA TAXES	76,407. 10,577.
TOTAL TO FORM 109, PAGE 2, LINE 19	86,984.
CA 109 CHARITABLE CONTRIBUTIONS CARRYOVER	STATEMENT 4
DESCRIPTION	AMOUNT
CARRYOVER FROM PRIOR YEAR(S) LESS EXCESS CONTRIBUTIONS	8,896,353. -8,772,280.
TOTAL INCLUDED ON FORM 109, PAGE 2, LINE 20	124,073.
CA 109 OTHER DEDUCTIONS	STATEMENT 5
DESCRIPTION	AMOUNT
TAX RETURN PREPARATION POSTAGE/SHIPPING (ALLOCABLE TO ACCESSORY SALES) PRINTING (ALLOCABLE TO ACCESSORY SALES) MISC. (ALLOCABLE TO ACCESSORY SALES) BENEFITS, OCCUPANCY, TECH & OVERHEAD (ALLOCABLE TO ACCESSORY SALES) DEDEEECTIONAL EFEC	2,500. 3,571. 385. 2,449. 162,698. 63,750.
PROFESSIONAL FEES LEGAL FEES	2,066.

CA SCHEDULE G EXF	PLOITED EXEMPT AC	CTIVITY INC	OME S	STATEMENT 6
1 DESCRIPTION OF ACTIVITY	2 GROSS UBI	3 UBI EXPENSES	4 NET INCOME	
ONLINE ADVERTISING	2,924,958	1,477,130.	1,447,828	-
	5 GROSS INCOME	6 COL 5 EXPENSES	7 EXCESS EXEMPT EXP	8 NET INCOME INCLUDIBLE
	0.		0.	1,447,828.
1 DESCRIPTION OF ACTIVITY	2 GROSS UBI	3 UBI EXPENSES	4 NET INCOME	
ADVERTISINGS - WORKPAPERS & QUIZZES		. 219,725.	341,634.	
	5 GROSS INCOME	6 COL 5 EXPENSES	7 EXCESS EXEMPT EXP	8 NET INCOME INCLUDIBLE
	0.		0.	341,634.
1 DESCRIPTION OF ACTIVITY	2 GROSS UBI	3 UBI EXPENSES	4 NET INCOME	
SPEAKERS BUREAU	66,924	. 192,504.	-125,580	- ,
	5 GROSS INCOME	6 COL 5 EXPENSES	7 EXCESS EXEMPT EXP	8 NET INCOME INCLUDIBLE
	0.		0.	-125,580.
TOTAL TO FORM 109, SCHEDULE	G			1,663,882.
CA 109	DEPRECIATION I	DEDUCTION	{	STATEMENT 7
DESCRIPTION		CTIVITY NUMBER	AMOUNT	TOTAL
			205 017	

1

- SUBTOTAL -

TOTAL TO FORM 109, SCHEDULE D, LINE 3A

11 2020.05000 SOCIETY FOR HUMAN RESOURC 193444_1

385,817.

385,817.

385,817.

12471109 150872 193444

DEPRECIATION

INTEREST		12,993.	
MAINTENANCE		204,238.	
PROFESSIONAL FEES		179,789.	
UTILITIES		91,690.	
REAL ESTATE TAXES		109,419.	
SALES COMMISSIONS		53,661.	
DUES AND SUBSCRIPTIONS		8,759.	
INSURANCE TELEPHONE		23,990. 2,120.	
OFFICE SUPPLIES		8,475.	
POSTAGE AND SHIPPING		217.	
ALLOCATED OVERHEAD COSTS		210,932.	
- SUBTOTAL	- 1		906,283.
505101111	-		
TOTAL TO FORM 109, SCHEDULE D, LINE 3B			906,283.
CA 109 AVERAGE ACQUISITION DEBT OF	I DEBT-FINANCE	D PROPERTY	STATEMENT 9
	ACTIVITY		
DESCRIPTION	NUMBER	AMOUNT	TOTAL
	NUMBER	· · · · · · · · · · · · · · · · · · ·	TOTAL
DESCRIPTION 	<u> </u>	AMOUNT 810,159.	TOTAL 810,159.
AVERAGE ACQUISITION INDEBTEDNESS - SUBTOTAL	<u> </u>	· · · · · · · · · · · · · · · · · · ·	810,159.
AVERAGE ACQUISITION INDEBTEDNESS	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
AVERAGE ACQUISITION INDEBTEDNESS - SUBTOTAL	<u> </u>	· · · · · · · · · · · · · · · · · · ·	810,159.
AVERAGE ACQUISITION INDEBTEDNESS - SUBTOTAL	- 1	810,159.	810,159.
AVERAGE ACQUISITION INDEBTEDNESS - SUBTOTAL TOTAL TO FORM 109, SCHEDULE D, LINE 4 CA 109 AVERAGE ADJUSTED BASIS OF	- 1 DEBT-FINANCED ACTIVITY	810,159. PROPERTY	810,159. 810,159. STATEMENT 10
AVERAGE ACQUISITION INDEBTEDNESS - SUBTOTAL TOTAL TO FORM 109, SCHEDULE D, LINE 4	- 1 DEBT-FINANCED	810,159.	810,159. 810,159.
AVERAGE ACQUISITION INDEBTEDNESS - SUBTOTAL TOTAL TO FORM 109, SCHEDULE D, LINE 4 CA 109 AVERAGE ADJUSTED BASIS OF DESCRIPTION	- 1 DEBT-FINANCED ACTIVITY	810,159. PROPERTY AMOUNT	810,159. 810,159. STATEMENT 10
AVERAGE ACQUISITION INDEBTEDNESS - SUBTOTAL TOTAL TO FORM 109, SCHEDULE D, LINE 4 CA 109 AVERAGE ADJUSTED BASIS OF	- 1 DEBT-FINANCED ACTIVITY NUMBER	810,159. PROPERTY	810,159. 810,159. STATEMENT 10 TOTAL
AVERAGE ACQUISITION INDEBTEDNESS - SUBTOTAL TOTAL TO FORM 109, SCHEDULE D, LINE 4 CA 109 AVERAGE ADJUSTED BASIS OF DESCRIPTION AVERAGE ADJUSTED BASIS	- 1 DEBT-FINANCED ACTIVITY NUMBER	810,159. PROPERTY AMOUNT	810,159. 810,159. STATEMENT 10

OTHER DEDUCTIONS

ACTIVITY

NUMBER

AMOUNT

TOTAL

12 2020.05000 SOCIETY FOR HOMAN RESOURC 193444_1

DESCRIPTION

CA 109

CA SCHEDULE G EXPENSES DIRE PRODUCTION OF UN	STATEMENT 11		
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
ONLINE ADVERTISING EXPENSES - SUBTOTA ADVERTISINGS - WORKPAPERS & OUIZZES		1,477,130.	1,477,130.
EXPENSES - SUBTOTA SPEAKERS BUREAU EXPENSES	L – 2	219,725. 192,504.	219,725.
- SUBTOTA TOTAL TO FORM 109, SCHEDULE G, COLUMN			192,504.



Form 500

Department of Taxation P.O. Box 1500 Richmond, VA 23218-1500

2020 Virginia Corporation **Income Tax Return**



Atte	ntion: Return must be filed Do not file this form to	,	se this form only if you ha operating loss. Use Form		d waiver.		Official Use Only			
	AL or	-								
SHU	RT Year Filer: Beginning Date] Short Year Return [] (Change in Account	; E	noing Date						
FEIN		Name	ilig r choù				Check all that apply:			
3	4-0948453	SOCIE	TY FOR HUMAN	I RESOUR	CE MAN	AGEME				
	ing Address						Name Change			
1	800 DUKE STREE	3T					Mailing Address Change			
City	or Town			State	ZIP Code		Physical Address Change			
	LEXANDRIA			VA	2231	L4-3499				
Phys	sical Address (if different from Mailing	g Address)					Entity Type Code			
Phys	sical City or Town			State	ZIP Code		NAICS Code			
Date	Incorporated	State or Country of I	ncorporation	Description of Bu	Isiness Activity		813000			
	6/03/1949	OHIO		501(C)	-	א שחאמ	RROC			
	eck Applicable Boxes		Final Return	501(C)	(0) 11	RADE AS	Telecommunications Company			
	Consolidated - Sch. 500				naliochlo	-				
	_ Consolidated - Sch. 500	JAC Enclosed	Final Return - Cr boxes below.	heck here and a	applicable	Enter amo	unt from Form 500T, Line 7:			
	Combined - Sch. 500AC	Enclosed					.00			
		Eliciosed	Withdrawn							
	Change in Filing Status					Noncorporate Telecommunications Company				
			Dissolved - No	longer liable	for tax.	Check box and enter amount from Form 500T, Line 10:				
X	Sch. 500A Enclosed									
	Sch. 500AB Enclosed		Dissolved Date	e:			.00			
						Electric S	upplier Company			
X	Nonprofit Corporation		Merged			Enter amount from Sch. 500EL, Line 7 or 14:				
	Certified Company App	ortionment -	Merger Date:				.00			
	Sch. 500AP Enclosed					Home Service Contract Provider				
	Enter number of affiliate	es:	Merged FEIN:			Enter amount from Form 500HS, Line 10:				
	-									
	Amended Return (See in	nstructions)	S Corp Effectiv	ve:			Check box if a noncorporate HSCP.			
	Enter reason code:					.	.00			
Qu	estions and Related Inform	mation	•			•				
Α.	Have you made any paym expenses related to intang		•	,						
	enclose Schedule 500AB.									
		Enter exc	eption amount from Sc	hedule 500AB	, Line 8.	A	.00			
Б	Coolfield Employment Enh	an a smant Tay C	vadit eerred from 2020		. 11	в.	.00			
	Coalfield Employment Enh If a net operating loss ded				e 11. ear of Loss	в	.00			
0.	taxable income on the U.S					_				
	the requested information		71	~~	ederal NOL					
	FEIN of the company gene	erating the NOL	prior to the merger date.		ercent of fe	_				
	FEIN			.,	OL used th		%			
	(If there are NOLs for more	e than one vear.	enclose a schedule for ea	-						
D.	If pass-through entity with						,			
	complete and enclose Sch	•				D				
E.	Has your federal income ta	-	•		٢					
	IRS and finalized for any p					-				
	reported to the Departmer				١	/ear _				
	-	·				/ear _				
F.	Location of corporation's l	books 1800	DUKE STREET,	ALEXAN	DRIA,					
	Contact for corporation's	books SEAN	RODDY	Cont	tact Phone	Number	703-548-3440			

TAXPAYER COPY

2020	Virginia
Form	500
Page 2	

34-0948453

FEIN



INCOME

1. Federal taxable income (from enclosed federal return)	1.	1415758 .00
2. Total additions from Schedule 500ADJ, Section A, Line 7	2.	.00
3. Total (add Lines 1 and 2)	3.	1415758 . oo
4. Total subtractions from Schedule 500ADJ, Section B, Line 10	4.	.00
5. Balance (subtract Line 4 from Line 3)	5.	1415758 . oo
6. Savings and Loan Association's Bad Debt Deduction (see instructions)	6.	.00
7. Virginia taxable income (subtract Line 6 from Line 5)	7.	1415758 .00

TAX COMPUTATION

 Apportionable Income (Schedule 500A Filers) - Complete Lines 8(a) through 8(d). See instructions. (a) Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j) 	8(a).	1206719 .
(b) Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(f)		85.234804
 (c) Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c) 		.(
(d) Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e)		.(
9. Income tax (6% of Line 7 or 6% of Line 8(a))		72403 .
PAYMENTS AND CREDITS		
Nonrefundable tax credits: Enter the amount from Schedule 500CR, Section 2, Part 1, Line 1B	10.	
. Adjusted corporate tax (subtract Line 10 from Line 9)	11.	72403 .
2. 2020 estimated Virginia income tax payments including overpayment credit from 2019		100345 .
3. Extension payment	13.	
I. Refundable tax credits from Schedule 500CR, Section 4, Part 1, Line 1A		
5. Pass-through entity total withholding from Schedule 500ADJ, Section D	15.	
6. Total payments and credits (add Lines 12 through 15)		100345 .
REFUND OR TAX DUE		
7. Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)	17.	
B. Penalty (see instructions)	18.	
). Interest (see instructions)		
). Additional charge from Form 500C, Line 17 (enclose Form 500C)		
I. Total due (add Lines 17 through 20)		
2. Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)		27942 .
3. Amount to be credited to 2021 estimated tax	23.	27942 .
4. Amount to be refunded (subtract Line 23 from Line 22)		

I, the undersigned president, vice-president, treasurer, assistant treasurer, chief accounting officer, or other officer duly authorized to act on behalf of the corporation for which this return is made, declare under the penalties provided by law that this return (including any accompanying schedules and statements) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the income tax laws of the Commonwealth of Virginia. If prepared by a person other than the taxable, this declaration is based on all information of which he or she has any knowledge.

By checking the box to the right, I (we) authorize the Department to discuss this return with the undersigned preparer. 🔶 🔀				
^{Date} 11/05/2021	Signature of Officer	Title CFO		
Printed Name of Officer SEAN RODDY		Phone Number $703 - 548 - 3440$		
Print Preparer's Name and I	Firm Name AARON M. FOX	Preparer Phone Number (202) $227 - 4000$		
Date 11/9/21	Individual or Firm, Signature of Preparer	Address of Preparer 1899 L STREET, NW, #850 WASHINGTON, DC 20036		
Preparer's FEIN, PTIN, or State $11 - 1986323$	SN	Approved Vendor Code 1019		

083402 12-16-20

IMPORTANT: INCLUDE A COPY OF YOUR FEDERAL RETURN WITH THIS RETURN

*** ELECTRONICALLY FILED ON 11/09/2021 ***

2020 Virginia Schedule 500FED

Corporation Schedule of Federal Line Items



Enclose Schedule 500FED with your Virginia Corporation Income Tax Return, Form 500. Schedule 500FED does not replace the requirement to enclose a complete federal Form 1120 with your Virginia return.

Name as shown on Virginia return SOCIETY FOR HUMAN RESOURCE MANAGEMENT		3
Form 1120 - Deductions and Taxable Income		
 Federal Taxable Income before NOL and Special Deductions Net Operating Loss Deduction Special Deductions Federal Taxable Income after NOL and Special Deductions 	2 3	1416758 .00 .00 1000 .00 1415758 .00
	······································	1110,000
Form 1120, Schedule C - Dividends and Special Deductions		
5. Subpart F Income and/or Global Intangible Low-Taxed Income		.00
6. Gross-Up for Foreign Taxes Deemed Paid		.00
Form 1120, Schedule K or M-1		
	_	
7. Tax Exempt Interest	7	.00
Form 5884 - Work Opportunity Credit		
8. Salaries and Wages not deducted due to the WOTC	8.	.00
Form 4562 - Special Depreciation Allowance and Other Depreciation		
9. Special depreciation allowance for qualified property placed in service during the		
taxable year		.00
10. Property subject to 168(f)(1) election		
11. Other depreciation		.00
Form 1118, Schedule A - Income or Loss Before Adjustments - Gross Income	or Loss	
12. Total: Dividends (Exclude Gross-up)	12	.00
13. Total: Dividends (Gross-up)		
14. Total: Inclusions (Exclude Gross-up)		.00
15. Total: Inclusions (Gross-up)		
16. Total: Interest		
17. Total: Gross Rents, Royalties, and License Fees	17	
18. Total: Gross Income from Performance of Services		
19. Total: Other		
20. Total: Total Gross Income or Loss from Outside the US		
Form 1118, Schedule A - Income or Loss Before Adjustments - Deductions		
21. Total: Allocable - Rental, Royalty, and Licensing Expenses -		
Depreciation, Depletion, and Amortization		.00
22. Total: Allocable - Rental, Royalty, and Licensing Expenses - Other Expenses		
23. Total: Allocable - Expenses Related to Gross Income from Performance of Services		
24. Total: Allocable - Other Allocable Deductions		
25. Total: Total Allocable Deductions		
26. Total: Apportioned Share of Deductions		
27. Total: Net Operating Loss Deduction		
28. Total: Total Deductions		
Form 1118, Schedule A - Income or Loss Before Adjustments - Total Income		
29. Total: Total Income or (Loss) Before Adjustments	29	.00

2020 Virginia Schedule 500A

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Corporation Allocation and Apportionment of Income



4 2020.05000 SOCIETY FOR HUMAN RESOURC 193444_1

Name as shown on Form 500 SOCIETY FOR HUMAN RESOURCE MANAGEM					FEIN 34-0948453		
		f you are - Filing a consolidated or combined return.		54-094	0455		
0		A certified company conducting business in ce	rtain disadvantaged localit	ies electina to use a modif	ied		
		apportionment method (enclose Schedule 500)	AP).	0			
S	ecti	on A - Apportionment Method					
_			7. Manufacturer's Mo	dified Apportionment Me	thod		
1.		or Carrier Mileage Factor	7. Manufacturer's Modified Apportionment Method Sales Factor				
	lf an	n exception applies, check the applicable box below					
		Exception 1 Exception 2		g date of election year			
0	Fine	nnoial Corneration Cost of Porfermance Factor	., .	bloyment certification req that the average weekly week			
				č ,	er than the lower of the state		
0.		npleted Contract Basis Sales Factor	-	weekly wages for its indu	-		
		· · · · · · · · · · · · · · · · · · ·	6	nual number of full-time em company is at least 90% o			
4.	Rail	way Company Revenue Car Miles			·		
5.	Reta	ail Company Apportionment	8. Enterprise Data Center Operation				
6.	Debt Buyers Apportionment 9. Multi-Factor Formula With Double-Weighted Sales X						
S	ecti	on B - Apportionment Computation					
	.		Column A	Column B	Column C		
1.		gle Factor Computation	Total	Virginia	Percentage		
		or carriers, financial corporations, construction corporations, vay companies, retail companies, debt buyers, manufacturers					
		elected the modified apportionment method in Section A,					
		certain enterprise data center operations 1	.00	.00	%		
2.		Iti-Factor Computation					
			1939814.00	1768799.00	91.183949 %		
	(a) (b)	Property Factor 2(a) Payroll Factor 2(b)	1630214.00				
	(c) (c)	Sales Factor 2(c)	8647674.00	7476037.00			
	(-)		, - , , - , , - , , - , , - , , - , , - , , , - ,				
	(d)	Double-Weighted Sales Factor Apportionment: Multiply the sales factor from Line 2(c) by 2			172.902840 %		
	(e)	Sum of Percentages. Add Lines 2(a), 2(b), and 2(d)		2(e)	340.939215 %		
	(f)	Multi-Factor Percentage (Double-Weighted Sales): Divide Line 2(e) by 4, reduced by the number of			05 004004		
_	_	factors, if any, having no denominator			85.234804 %		
3.	Inco	ome Subject to Virginia Tax					
	(a)	Virginia Taxable Income from Form 500, Line 7			1415758.00		
	(b)	Total Dividends (total amount of allocable income)			.00		
	(c)	Nonapportionable Investment Function Income. Enter on Form 500, Line 8(c)			.00		
	(d)	Add Lines 3(b) and 3(c)			.00		
	(e)	(e) Nonapportionable Investment Function Loss. Enter on Form 500, Line 8(d)			.00		
	(f)	Total Nonapportionable Income. Line 3(d) minus Line 3(e)		3(f)	.00		
	 (f) For a Nonapport on able in control. Line 3(d) minus Line 3(e) (g) Income Subject to Apportionment. Line 3(a) minus Line 3(f) (h) Income Apportioned to Virginia. Multiply the percentage from Line 1 or Line 2(f) by Line 3(g) 				1415758.00		
					1206719.00		
	(i)	Dividends Allocated to Virginia. Portion of dividends reported on Line 3(b)			.00		
	(j)	Income Subject to Virginia Tax. Add Lines 3(h) and 3(i). Enter on	Form 500, Line 8(a)	3(j)	1206719. oo		

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