

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending

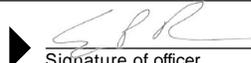
| | | | | | | |
|---|---|--|--|---|--------------------------------------|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization SOCIETY FOR HUMAN RESOURCE MANAGEMENT | | | D Employer identification number 34-0948453 | | |
| | Doing Business As | | | E Telephone number (703) 548-3440 | | |
| | Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1800 DUKE STREET | | | | | |
| | City or town, state or province, country, and ZIP or foreign postal code ALEXANDRIA, VA 22314-3499 | | | G Gross receipts \$ 233,358,895. | | |
| F Name and address of principal officer: JOHNNY C. TAYLOR, JR. SAME AS "C" ABOVE | | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| | | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | | If "No," attach a list. (see instructions) | | | |
| I Tax-exempt status: 501(c)(3) <input checked="" type="checkbox"/> 501(c)(6) <input type="checkbox"/> (insert no.) 4947(a)(1) or 527 | | | H(c) Group exemption number ▶ 4372 | | | |
| J Website: WWW.SHRM.ORG | | | | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | L Year of formation: 1949 | | M State of legal domicile: OH | |

Part I Summary

| | | |
|---|---|--|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: <u>SHRM'S MISSION IS TO SERVE THE NEEDS OF HUMAN RESOURCE PROFESSIONALS.</u> | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 14 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 13 |
| | 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) | 5 460 |
| | 6 Total number of volunteers (estimate if necessary) | 6 23,000 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a 13,285,130. |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b 2,798,813. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year: NONE, Current Year: NONE |
| | 9 Program service revenue (Part VIII, line 2g) | 123,075,657. 147,655,990. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 13,275,130. 12,651,758. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 37,165,219. 18,438,901. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 173,516,006. 178,746,649. |
| | Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | NONE NONE |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 57,197,952. 62,230,963. |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | NONE NONE |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 93,693,747. 105,882,602. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 152,758,557. 171,170,798. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 20,757,449. 7,575,851. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year: 273,747,773. End of Year: 266,067,185. |
| | 21 Total liabilities (Part X, line 26) | 95,729,479. 99,047,724. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20. | 178,018,294. 167,019,461. |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | | | | |
|------------------------|---|-------------------------|---|---|-----------|
| Sign Here |  Signature of officer | | 09/19/2023 Date | | |
| | SEAN RODDY Type or print name and title | | CFO | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | MARC BERGER | MARC BERGER | 9/18/2023 | | P01871563 |
| | Firm's name ▶ BDO USA | Firm's EIN ▶ 13-5381590 | Firm's address ▶ 8401 GREENSBORO DRIVE, #800 MCLEAN, VA 22102 | | |
| | | | Phone no. | 703-893-0600 | |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

Part 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? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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 revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (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 \$)

MEMBERSHIP SERVICES: SHRM PROVIDES GLOBAL BEST PRACTICES, TRENDS,
RESEARCH RESULTS, AND TOOLS TO HUMAN RESOURCE PROFESSIONALS.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses

Part IV Checklist of Required Schedules

| | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | | X |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions | | X |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> | X | |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 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? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | | X |
| 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. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | X | |
| c Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | X | |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 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)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | | X |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | X | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> | X | |
| 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 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? <i>If "Yes," complete Schedule G, Part I. See instructions</i> | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | | X |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

| Part V Statements Regarding Other IRS Filings and Tax Compliance (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 460 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | X | |
| b | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> | | X |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . | X | |
| b | If "Yes," enter the name of the foreign country <u>SEE SCHEDULE O</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| 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 10b | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders 11a | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b | | |
| c | Enter the amount of reserves on hand 13c | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N. | X | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 16 | | X |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17 If "Yes," complete Form 6069. | | |

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (14), 1b (13), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b (X), 11a (X), 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

SEAN RODDY 1800 DUKE STREET ALEXANDRIA, VA 22314-3499
703-548-3440

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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) Name and title | (B) Average hours per week per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) JOHNNY TAYLOR JR SHRM-SCP, PRES & CEO/FDTN DIR | 39.00 1.00 | X | | X | | | | 2,561,634. | NONE | 154,894. |
| (2) NICHOLAS SCHACHT CHIEF GLOBAL DEV. OFFICER | 40.00 NONE | | | | X | | | 977,033. | NONE | 193,095. |
| (3) ALEXANDER ALONSO, PHD CHIEF KNOWLEDGE OFFICER | 40.00 NONE | | | | X | | | 793,335. | NONE | 78,536. |
| (4) EMILY M. DICKENS, JD SECRETARY & CHIEF OF STAFF | 40.00 NONE | | | X | | | | 616,955. | NONE | 110,020. |
| (5) JAMES BANKS, JD GENERAL COUNSEL | 40.00 NONE | | | | X | | | 474,401. | NONE | 213,943. |
| (6) JEANEEN ANDREWS-FELDMAN CHIEF MKT AND EXP -UNTIL 10/22 | 40.00 NONE | | | | X | | | 546,914. | NONE | 27,986. |
| (7) KRISTINA M BEATY VP, MARKETING | 40.00 NONE | | | | | X | | 438,366. | NONE | 73,622. |
| (8) GEORGE RIVERA SVP, COMMERCIAL AND ENTERPRISE | 40.00 NONE | | | | | X | | 445,590. | NONE | 36,612. |
| (9) MICHAEL AITKEN SVP, MEMBERSHIP | 40.00 NONE | | | | | X | | 314,422. | NONE | 146,653. |
| (10) SEAN P. RODDY, CPA TREASURER & CFO | 40.00 NONE | | | X | | | | 373,673. | NONE | 66,878. |
| (11) KIMBERLY LAMBERT ACCOUNT EXECUTIVE | 40.00 NONE | | | | | X | | 301,266. | NONE | 88,261. |
| (12) PETER LEHMAYER ACCOUNT EXECUTIVE | 40.00 NONE | | | | | X | | 307,525. | NONE | 70,547. |
| (13) JIM LINK, SHRM-SCP CHRO - AS OF 2/22 | 40.00 NONE | | | | X | | | 310,911. | NONE | 41,812. |
| (14) SEAN SULLIVAN, SHRM-SCP CHRO - UNTIL 2/22 | 40.00 NONE | | | | X | | | 184,187. | NONE | 10,507. |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (15) MELISSA ANDERSON, SHRM-SCP CHAIR | 8.00 NONE | X | | X | | | | 50,000. | NONE | NONE |
| (16) JANET ALBERTI, CPA DIRECTOR | 8.00 NONE | X | | | | | | 40,000. | NONE | NONE |
| (17) MICHELLE BOTTOMLEY DIRECTOR | 8.00 NONE | X | | | | | | 40,000. | NONE | NONE |
| (18) MICHAEL D'AMBROSE DIRECTOR | 8.00 NONE | X | | | | | | 40,000. | NONE | NONE |
| (19) BETTY THOMPSON, SHRM-SCP CHAIR DESIGNATE | 8.00 NONE | X | | X | | | | 40,000. | NONE | NONE |
| (20) ELIZABETH ADEFIOYE DIRECTOR | 8.00 NONE | X | | | | | | 35,000. | NONE | NONE |
| (21) SALLY H. ANDERSON, SHRM-SCP DIRECTOR | 8.00 NONE | X | | | | | | 35,000. | NONE | NONE |
| (22) JAMES CLARK DIRECTOR | 8.00 NONE | X | | | | | | 35,000. | NONE | NONE |
| (23) WILLIAM PHELAN DIRECTOR | 8.00 NONE | X | | | | | | 35,000. | NONE | NONE |
| (24) SCOTT SNELL, PHD DIRECTOR | 8.00 NONE | X | | | | | | 35,000. | NONE | NONE |
| (25) NILANJAN ADHYA DIRECTOR | 8.00 NONE | X | | | | | | 35,000. | NONE | NONE |
| 1b Sub-total | | | | | | | | 9,066,212. | NONE | 1,313,366. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 61,250. | NONE | NONE |
| d Total (add lines 1b and 1c) | | | | | | | | 9,127,462. | NONE | 1,313,366. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 140

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | |

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Part VIII Statement of Revenue

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

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|---|--|---|----------------|----------------------|--|--------------------------------------|---|--|
| Contributions, Gifts, Grants, and Other Similar Amounts | 1a Federated campaigns | 1a | | | | | | |
| | b Membership dues | 1b | | | | | | |
| | c Fundraising events | 1c | | | | | | |
| | d Related organizations | 1d | | | | | | |
| | e Government grants (contributions) . . | 1e | | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above . | 1f | | | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ | | | | | |
| | h Total. Add lines 1a-1f | | | | NONE | | | |
| Program Service Revenue | | | | Business Code | | | | |
| | 2a MEMBERSHIP DUES | | 900099 | 61,559,100. | 61,559,100. | | | |
| | b SEMINARS | | 611430 | 14,524,313. | 14,524,313. | | | |
| | c CONFERENCES | | 611430 | 36,645,853. | 36,645,853. | | | |
| | d CERTIFICATION PROGRAM | | 900099 | 15,571,220. | 15,571,220. | | | |
| | e ADVERTISING | | 541800 | 19,355,504. | 6,343,243. | 13,012,261. | | |
| | g Total. Add lines 2a-2f | | | 147,655,990. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 3,608,939. | | 182,207. | 3,426,732. | |
| | 4 Income from investment of tax-exempt bond proceeds . | | | NONE | | | | |
| | 5 Royalties | | | 540,747. | | | 540,747. | |
| | 6a Gross rents | 6a | (i) Real | 1,173,679. | | | | |
| | | | (ii) Personal | | | | | |
| | | | | | | | | |
| | b Less: rental expenses | 6b | | 874,750. | | | | |
| | c Rental income or (loss) | 6c | | 298,929. | NONE | | | |
| | d Net rental income or (loss) | | | 298,929. | | | 298,929. | |
| | 7a Gross amount from sales of assets other than inventory | 7a | (i) Securities | 55,463,980. | | | | |
| | | | (ii) Other | | | | | |
| | | | | | | | | |
| | b Less: cost or other basis and sales expenses . . | 7b | | 46,421,161. | | | | |
| | c Gain or (loss) | 7c | | 9,042,819. | | | | |
| | d Net gain or (loss) | | | 9,042,819. | | | 9,042,819. | |
| 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | NONE | | | | | |
| | | b Less: direct expenses | 8b | | NONE | | | |
| | | c Net income or (loss) from fundraising events | | | NONE | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | 9a | | NONE | | | | | |
| | | b Less: direct expenses | 9b | | NONE | | | |
| | | c Net income or (loss) from gaming activities | | | NONE | | | |
| 10a Gross sales of inventory, less returns and allowances | 10a | | 21,056,100. | | | | | |
| | | b Less: cost of goods sold | 10b | | 7,316,335. | | | |
| | | c Net income or (loss) from sales of inventory | | | 13,739,765. | 13,649,103. | 90,662. | |
| Miscellaneous Revenue | | | | Business Code | | | | |
| | 11a MISCELLANEOUS | | 900099 | 3,859,460. | | | 3,859,460. | |
| | b _____ | | | | | | | |
| | c _____ | | | | | | | |
| | d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | | 3,859,460. | | | | |
| 12 Total revenue. See instructions | | | | 178,746,649. | 148,292,832. | 13,285,130. | 17,168,687. | |

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 3,057,233. | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | NONE | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | NONE | | | |
| 4 Benefits paid to or for members | NONE | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 8,209,765. | | | |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | NONE | | | |
| 7 Other salaries and wages | 38,242,731. | | | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 7,078,140. | | | |
| 9 Other employee benefits | 5,447,016. | | | |
| 10 Payroll taxes | 3,253,311. | | | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | NONE | | | |
| b Legal | 2,740,274. | | | |
| c Accounting | 1,669,432. | | | |
| d Lobbying | 1,331,591. | | | |
| e Professional fundraising services. See Part IV, line 17 | NONE | | | |
| f Investment management fees | 487,305. | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) | 8,882,469. | | | |
| 12 Advertising and promotion | 21,692,399. | | | |
| 13 Office expenses | 9,612,576. | | | |
| 14 Information technology | 14,061,935. | | | |
| 15 Royalties | NONE | | | |
| 16 Occupancy | 2,928,958. | | | |
| 17 Travel | 3,232,839. | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | NONE | | | |
| 19 Conferences, conventions, and meetings | 15,329,783. | | | |
| 20 Interest | 47,996. | | | |
| 21 Payments to affiliates | NONE | | | |
| 22 Depreciation, depletion, and amortization | 8,301,958. | | | |
| 23 Insurance | 782,132. | | | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a AGENCY/SALES COMMISSION | 2,243,224. | | | |
| b TESTING FEES | 1,935,610. | | | |
| c LICENSES/DUES & SUBSCRIPTION | 1,756,091. | | | |
| d EXTERNAL RELATIONS | 1,748,793. | | | |
| e All other expenses _____ | 7,097,237. | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 171,170,798. | | | |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|--------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 13,409,097. | 1 | 8,330,515. |
| | 2 Savings and temporary cash investments | 176,421. | 2 | 167,755. |
| | 3 Pledges and grants receivable, net | NONE | 3 | NONE |
| | 4 Accounts receivable, net | 6,567,299. | 4 | 11,844,996. |
| | 5 Loans and other receivables from 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 | NONE | 5 | NONE |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | NONE | 6 | NONE |
| | 7 Notes and loans receivable, net | NONE | 7 | NONE |
| | 8 Inventories for sale or use | 594,828. | 8 | 699,428. |
| | 9 Prepaid expenses and deferred charges | 10,840,236. | 9 | 12,430,270. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 96,645,206. | | |
| | b Less: accumulated depreciation | 10b 56,614,886. | | |
| | | 39,752,342. | 10c | 40,030,320. |
| | 11 Investments - publicly traded securities | 164,009,135. | 11 | 72,847,594. |
| | 12 Investments - other securities. See Part IV, line 11 | 35,012,057. | 12 | 104,003,033. |
| | 13 Investments - program-related. See Part IV, line 11 | NONE | 13 | NONE |
| | 14 Intangible assets | NONE | 14 | NONE |
| 15 Other assets. See Part IV, line 11 | 3,386,358. | 15 | 15,713,274. | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 273,747,773. | 16 | 266,067,185. | |
| Liabilities | 17 Accounts payable and accrued expenses | 10,283,902. | 17 | 15,309,534. |
| | 18 Grants payable | NONE | 18 | NONE |
| | 19 Deferred revenue | 49,496,334. | 19 | 60,067,910. |
| | 20 Tax-exempt bond liabilities | NONE | 20 | NONE |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | NONE | 21 | NONE |
| | 22 Loans and other 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 | NONE | 22 | NONE |
| | 23 Secured mortgages and notes payable to unrelated third parties | NONE | 23 | NONE |
| | 24 Unsecured notes and loans payable to unrelated third parties | NONE | 24 | 6,500,000. |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 35,949,243. | 25 | 17,170,280. |
| | 26 Total liabilities. Add lines 17 through 25 | 95,729,479. | 26 | 99,047,724. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/> | | | |
| | 27 Net assets without donor restrictions | 178,018,294. | 27 | 167,019,461. |
| | 28 Net assets with donor restrictions | NONE | 28 | NONE |
| | Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/> | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 178,018,294. | 32 | 167,019,461. |
| 33 Total liabilities and net assets/fund balances | 273,747,773. | 33 | 266,067,185. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|----|--|----|--------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 178,746,649. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 171,170,798. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 7,575,851. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 178,018,294. |
| 5 | Net unrealized gains (losses) on investments | 5 | -37,554,323. |
| 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 | 18,979,639. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 167,019,461. |

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
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?
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 Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 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 Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

| | Yes | No |
|----|-----|----|
| 2a | | X |
| 2b | X | |
| 2c | X | |
| 3a | | X |
| 3b | | |

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

- 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.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions \$ _____
- 3 Volunteer hours for political campaign activities. See instructions _____

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
- 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? Yes No
- 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's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political 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-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

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

Schedule C (Form 990) 2022

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|--|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) | | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (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 | | | | | |

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)).

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c 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?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, Yes/No, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 2a Current year; 2b Carryover from last year; 2c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?; 5 Taxable amount of lobbying and political expenditures. See instructions.

Part IV Supplemental Information

Provide 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 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information as required by the instructions.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number

SOCIETY FOR HUMAN RESOURCE MANAGEMENT

34-0948453

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a 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 public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1., (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1., b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2022

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
- (ii) Related organizations

| | Yes | No |
|--------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |

- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 5,883,310. | | 5,883,310. |
| b Buildings | | 45,822,026. | 21,654,790. | 24,167,236. |
| c Leasehold improvements | | | | |
| d Equipment | | 6,967,434. | 6,529,182. | 438,252. |
| e Other | | 37,972,436. | 28,430,914. | 9,541,522. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 40,030,320. |

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other _____ | | |
| (A) ALTERNATIVE FUNDS | 104,003,033. | FMV |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . . | 104,003,033. | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . . | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) DUE FROM RELATED ENTITIES | 7,972,566. |
| (2) DEPOSITS | 712,222. |
| (3) OTHER ASSETS | 43,004. |
| (4) INVESTMENT IN AFFILIATES | 6,543,919. |
| (5) RIGHT OF USE - LEASE ASSET | 441,563. |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 15,713,274. |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) ACCRUED BENEFIT COST | 16,599,001. |
| (3) RIGHT OF USE - LEASE LIABILITY | 483,157. |
| (4) DEPOSITS | 66,557. |
| (5) DEFERRED RENT | 21,565. |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 17,170,280. |

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 .

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers, descriptions, and a final column for totals. Rows include: 1 Total revenue, gains, and other support per audited financial statements; 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12; 3 Subtract line 2e from line 1; 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1; 5 Total revenue. Add lines 3 and 4c.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers, descriptions, and a final column for totals. Rows include: 1 Total expenses and losses per audited financial statements; 2 Amounts included on line 1 but not on Form 990, Part IX, line 25; 3 Subtract line 2e from line 1; 4 Amounts included on Form 990, Part IX, line 25, but not on line 1; 5 Total expenses. Add lines 3 and 4c.

Part XIII Supplemental Information.

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.

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2:

THE ORGANIZATION ADOPTED THE AUTHORITATIVE GUIDANCE RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES INCLUDED IN FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASC TOPIC 740, INCOME TAXES. THESE PROVISIONS PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ORGANIZATION EVALUATED ITS UNCERTAINTY IN INCOME TAXES FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021 RESPECTIVELY 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. AS OF DECEMBER 31, 2022, THERE ARE NO AUDITS FOR ANY TAX PERIODS PENDING OR IN PROGRESS. IT IS THE ORGANIZATION'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO UNCERTAINTY IN INCOME TAXES, IF ANY, IN INCOME TAX OR INTEREST EXPENSE. THERE ARE CURRENTLY NO EXAMINATIONS PENDING OR IN PROGRESS REGARDING THE ORGANIZATION'S INCOME TAX RETURNS.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

SOCIETY FOR HUMAN RESOURCE MANAGEMENT

34-0948453

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| (1) CENTRAL AMERICA/CARIBBEAN | NONE | NONE | INVESTMENTS | | 443,176. |
| (2) EUROPE | NONE | NONE | INVESTMENTS | | 161,433. |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Subtotal | NONE | NONE | | | 604,609. |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | NONE | NONE | | | 604,609. |

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

Schedule F (Form 990) 2022

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) |
|------|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶ _____

3 Enter total number of other organizations or entities ▶ _____

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) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

SOCIETY FOR HUMAN RESOURCE MANAGEMENT

Employer identification number

34-0948453

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) SHRM FOUNDATION, INC 1800 DUKE STREET, ALEXANDRIA, VA 22314 | 34-6610067 | 501(C)(3) | 2,808,093. | | | | GENERAL OPS. SUPPORT |
| (2) THE THIRD WAY FOUNDATION, INC. 1200 NH AVE, NW STE 5, WASHINGTON, DC 20036 | 52-1629221 | 501(C)(3) | 50,000. | | | | GENERAL OPS. SUPPORT |
| (3) JOBS FOR AMERICA'S GRADUATES 1600 DUKE STREET, ALEXANDRIA, VA 22314 | 52-1194546 | 501(C)(3) | 100,000. | | | | GENERAL OPS. SUPPORT |
| (4) CHILDREN AT HEART FOUNDATION 1301 NORTH MAYS ROUND ROCK, TX 78664 | 74-3007363 | 501(C)(3) | 10,225. | | | | GENERAL OPS. SUPPORT |
| (5) METROPLEX ECONOMIC DEVELOPMENT CORPORATION 6777 W Kiest BLVD DALLAS, TX 75236 | 75-2768840 | 501(C)(3) | 10,000. | | | | GENERAL OPS. SUPPORT |
| (6) NATIONAL DOWN SYNDROME SOCIETY 1155 15TH ST NW WASHINGTON, DC 20005 | 13-2992567 | 501(C)(3) | 8,000. | | | | GENERAL OPS. SUPPORT |
| (7) SHE IS A CEO FOUNDATION PO BOX 540481 HOUSTON, TX 77254 | 47-4212568 | 501(C)(3) | 10,000. | | | | GENERAL OPS. SUPPORT |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 7

3 Enter total number of other organizations listed in the line 1 table NONE

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

Schedule I (Form 990) 2022

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (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 non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

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

SCHEDULE I, 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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

SOCIETY FOR HUMAN RESOURCE MANAGEMENT

Employer identification number

34-0948453

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- 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.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a 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 not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1b | X | |
| 2 | X | |
| 4a | X | |
| 4b | | X |
| 4c | | X |
| 5a | | |
| 5b | | |
| 6a | | |
| 6b | | |
| 7 | | |
| 8 | | |
| 9 | | |

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

Schedule J (Form 990) 2022

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.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 JOHNNY TAYLOR JR SHRM-SCP, PRES & CEO/FDTN DIR | (i) | 934,054. | 1,620,000. | 7,580. | 130,962. | 23,932. | 2,716,528. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 2 NICHOLAS SCHACHT CHIEF GLOBAL DEV. OFFICER | (i) | 403,231. | 569,545. | 4,257. | 166,050. | 27,045. | 1,170,128. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 3 ALEXANDER ALONSO, PHD CHIEF KNOWLEDGE OFFICER | (i) | 316,543. | 466,650. | 10,142. | 46,691. | 31,845. | 871,871. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 4 JEANEEN ANDREWS-FELDMA CHIEF MKT AND EXP -UNTIL 10/22 | (i) | 320,289. | 218,418. | 8,207. | NONE | 27,986. | 574,900. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 5 EMILY M. DICKENS, JD SECRETARY & CHIEF OF STAFF | (i) | 379,384. | 228,568. | 9,003. | 99,598. | 10,422. | 726,975. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 6 JAMES BANKS, JD GENERAL COUNSEL | (i) | 305,505. | 160,000. | 8,896. | 182,244. | 31,699. | 688,344. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 7 SEAN SULLIVAN, SHRM-SCP CHRO - UNTIL 2/22 | (i) | 48,838. | 50,000. | 85,349. | 3,818. | 6,689. | 194,694. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 8 JIM LINK, SHRM-SCP CHRO - AS OF 2/22 | (i) | 306,721. | NONE | 4,190. | 12,383. | 29,429. | 352,723. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 9 MICHAEL AITKEN SVP, MEMBERSHIP | (i) | 258,682. | 52,000. | 3,740. | 115,554. | 31,099. | 461,075. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 10 SEAN P. RODDY, CPA TREASURER & CFO | (i) | 361,094. | NONE | 12,579. | 58,678. | 8,200. | 440,551. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 11 GEORGE RIVERA SVP, COMMERCIAL AND ENTERPRISE | (i) | 247,849. | 193,388. | 4,353. | 25,045. | 11,567. | 482,202. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 12 KRISTINA M BEATY VP, MARKETING | (i) | 231,964. | 200,450. | 5,952. | 48,977. | 24,645. | 511,988. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 13 KIMBERLY LAMBERT ACCOUNT EXECUTIVE | (i) | 91,736. | 197,701. | 11,829. | 58,616. | 29,645. | 389,527. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 14 PETER LEHMAYER ACCOUNT EXECUTIVE | (i) | 96,336. | 201,694. | 9,495. | 38,702. | 31,845. | 378,072. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 15 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 16 | (i) | | | | | | | |
| | (ii) | | | | | | | |

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.

SCHEDULE J, PART I, LINE 1A:

IT IS SHRM'S POLICY TO ALLOW BUSINESS CLASS TRAVEL TO ANY EMPLOYEE FLYING INTERNATIONALLY OR FLYING 5 HOURS OR LONGER. ALL MEMBERS OF THE BOARD OF DIRECTORS ARE PERMITTED TO FLY BUSINESS/FIRST CLASS. COMPANION TRAVEL IS PERMITTED FOR BOARD OF DIRECTORS SERVING AS CHAIR OR IMMEDIATE PAST CHAIR. IN 2022, 3 DIRECTOR AND 8 KEY EMPLOYEES/OFFICERS RECEIVED BUSINESS CLASS TRAVEL BENEFITS. SHRM ALSO 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.

SCHEDULE J, PART I, LINES 4A:

SEAN SULLIVAN RECEIVED \$83,688 OF SEVERANCE IN 2022. THE TERMS AND CONDITIONS ARE CONSISTENT WITH INDUSTRY STANDARDS.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

SOCIETY FOR HUMAN RESOURCE MANAGEMENT

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

34-0948453

FORM 990, PART V, LINE 3B:

THE FORM 990-T IS CURRENTLY BEING PREPARED AND WILL BE FILED BY THE
EXTENDED DUE DATE OF NOVEMBER 15, 2023.

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,
GENERAL, SPECIAL EXPERTISE, RETIRED LIFE, PROFESSIONAL LIFE AND PAST
CHAIR LIFE MEMBER OF SHRM, IN GOOD STANDING, SHALL BE ENTITLED TO ONE
VOTE IN THE 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.

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

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

SOCIETY FOR HUMAN RESOURCE MANAGEMENT

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2022

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34-0948453

IT IS SHRM'S INTENT TO AVOID IMPROPRIETY IN ALL OF ITS DECISIONS AND ACTIONS. THE BOARD'S CONFLICT OF INTEREST POLICY PROVIDES PROCEDURES FOR ADDRESSING POTENTIAL CONFLICTS OF INTEREST THAT MAY REQUIRE BOARD OR COMMITTEE ACTION, SUCH AS: 1) THE INTERESTED PERSON MUST DISCLOSE ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST AND SUCH DISCLOSURE MUST BE REFLECTED IN THE MINUTES OF THE MEETING WHERE SUCH MATTER IS BEING REVIEWED; AND 2) SUCH PERSON'S INELIGIBILITY TO VOTE SHOULD BE REFLECTED IN THE MINUTES. ADDITIONALLY, THE SHRM EMPLOYEE CODE OF CONDUCT APPLIES TO ALL SHRM EMPLOYEES. THE CODE OF CONDUCT REQUIRES EMPLOYEES TO AVOID TRANSACTIONS, ACTIVITIES AND RELATIONSHIPS WHICH PLACE THEIR PERSONAL INTERESTS IN CONFLICT WITH SHRM'S; NOT TO USE SHRM ASSETS OR THEIR POSITION AT SHRM FOR PERSONAL USE OR GAIN; NOT TO ACCEPT GIFTS FROM VENDORS UNLESS WITHIN SPECIFIED GIFT GUIDELINES. EMPLOYEES ARE INFORMED THAT ACTUAL OR POTENTIAL CONFLICTS OF INTEREST MAY GO BEYOND DEALINGS WITH MEMBERS, CUSTOMERS, VENDORS OR SUPPLIERS. CONFLICTS MAY ALSO INVOLVE DEALINGS WITH MANAGERS, SUBORDINATES OR OTHER STAFF MEMBERS. IF A CONFLICT OR POTENTIAL CONFLICT ARISES, EMPLOYEES ARE REQUIRED TO DISCLOSE SUCH CONFLICT OF INTEREST TO THEIR CHIEF (OR CEO IF THEY ARE A CHIEF) AND THE EMPLOYEE MUST NOT BE INVOLVED IN THE SELECTION, MANAGEMENT OR OVERSIGHT OF SUCH VENDOR.

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

CEO COMPENSATION IS SET BY THE BOARD OF DIRECTORS' COMPENSATION AND ORGANIZATION COMMITTEE. COMPENSATION OF EMPLOYEE OFFICERS, CHIEFS AND SENIOR VICE PRESIDENTS ARE RECOMMENDED BY AN INDEPENDENT COMPENSATION CONSULTANT, THROUGH REVIEW OF RELEVANT COMPARABILITY DATA. THE

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

SOCIETY FOR HUMAN RESOURCE MANAGEMENT

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2022

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Inspection**

Employer identification number

34-0948453

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 OF DIRECTORS RECOMMENDS THE HONORARIA FOR ALL BOARD MEMBERS, AND THE FULL BOARD THEN APPROVES THE HONORARIA LEVEL. AT THE TIME OF RECOMMENDING AND APPROVING THE HONORARIA AND ITS LEVEL, THE GOVERNANCE COMMITTEE AND BOARD OF DIRECTORS RELY UPON SURVEYS AND AN OPINION OF AN OUTSIDE NATIONALLY RECOGNIZED COMPENSATION EXPERT SUPPORTING THE REASONABLENESS OF THE HONORARIA. THE OHIO NON-PROFIT CORPORATION ACT (CODE SECTION 1702.301), UNDER WHICH SHRM IS INCORPORATED, EXPRESSLY ALLOWS DIRECTORS TO VOTE TO ESTABLISH REASONABLE COMPENSATION FOR THEMSELVES, "IRRESPECTIVE OF ANY FINANCIAL OR PERSONAL INTEREST OF ANY OF THE DIRECTORS."

FORM 990, PART VI, SECTION C, LINE 19:

SHRM'S FINANCIAL STATEMENTS ARE INCLUDED IN SHRM'S ANNUAL REPORT AVAILABLE ON THE ORGANIZATIONS WEBSITE ALONG WITH THE FORM 990. 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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2022

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Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

SOCIETY FOR HUMAN RESOURCE MANAGEMENT

34-0948453

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:

POSTRETIREMENT AND PENSION-RELATED CHARGES: \$18,201,865

EQUITY IN EARNINGS OF SUBSIDIARIES: \$ 777,774

TOTAL \$18,979,639

Name of the organization

Employer identification number

SOCIETY FOR HUMAN RESOURCE MANAGEMENT

34-0948453

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES
=====

INDIA
UNITED ARAB EMIRATES

Name of the organization

Employer identification number

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

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

| NAME AND ADDRESS | DESCRIPTION OF SERVICES | COMPENSATION |
|---|-------------------------|--------------|
| HEVE LLC 524 BROADWAY FL 4 NEW YORK, NY 10012-4408 | CONTENT SERVICES | 5,597,927. |
| MERITB2B LLC 2 INTERNATIONAL DR STE 300 RYE BROOK, NY 10573-1063 | MARKETING SERVICES | 2,002,655. |
| NAVISTAR DIRECT MARKETING 4612 NAVISTAR DRIVE FREDERICK, MD 21703 | MARKETING SERVICES | 1,863,066. |
| DANIEL J EDELMAN INC 21992 NETWORK PLACE CHICAGO, IL 60673 | MARKETING SERVICES | 1,048,313. |
| WILLIAM MORRIS ENDEAVOR ENTMT., LLC 9601 WILSHIRE BLVD FL 3 BEVERLY HILLS, CA 90210 | ENTERTAINMENT SERVS | 600,000. |

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2022

**Open to Public
Inspection**

SOCIETY FOR HUMAN RESOURCE MANAGEMENT

Employer identification number

34-0948453

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 |
|--|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) PARAGONLABS, LLC 1800 DUKE STREET ALEXANDRIA, VA 22314 86-1347356 | TECH INV | DE | NONE | 1,770,000. | SHRM |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

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 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| (1) SHRM FOUNDATION, INC. 1800 DUKE STREET ALEXANDRIA, VA 22314 34-6610067 | RESEARCH | OH | 501(C)(3) | 7 | SHRM | X | |
| (2) HR PEOPLE & STRATEGY, INC. 1800 DUKE STREET ALEXANDRIA, VA 22314 13-2989471 | EDUCATION | NY | 501(C)(3) | 10 | SHRM | X | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |

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

Schedule R (Form 990) 2022

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (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 | (i) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
| | | | | | | | | Yes | No |
| (1) SHRM CORPORATION 76-0839798 1800 DUKE STREET, ALEXANDRIA, VA 22314-3499 | ADVERTISING P | VA | SHRM | C CORP | 2,845,505. | 843,494. | 100.0000 | X | |
| (2) STRATEGIC HUMAN RESOURCE MGM'T INDIA PVT 80-2212005 REGUS ORCHID BUS. CTR, #311, KHAR, MUMBAI IN 40052 | HR RESEARCH & | IN | SHRM | C CORP | 5,310,023. | 3,035,977. | 100.0000 | X | |
| (3) SHRM MEA FZ-LLC EXECUTIVE OFFICE NO. 21, BLOCK #09, GROUND FL, DUBAI AE | EDUCATIONAL P | AE | SHRM CORP | C CORP | NONE | NONE | NONE | | X |
| (4) LINKAGE, INC. 04-3021427 1800 DUKE STREET ALEXANDRIA, VA 22314-3499 | ORG DEVELOPMENT | MA | SHRM CORP | C CORP | NONE | NONE | NONE | | X |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

| | Yes | No |
|--|-----|----|
| 1 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 | | X |
| 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) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | X | |
| g Sale of assets to related organization(s) | X | |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | X | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | X | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | X | |
| o Sharing of paid employees with related organization(s) | X | |
| p Reimbursement paid to related organization(s) for expenses | X | |
| q Reimbursement paid by related organization(s) for expenses | X | |
| r Other transfer of cash or property to related organization(s) | X | |
| s Other transfer of cash or property from related organization(s) | X | |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of related organization | (b) Transaction type (a - s) | (c) Amount involved | (d) Method of determining amount involved |
|--|---------------------------------|------------------------|--|
| (1) SHRM FOUNDATION, INC. | B | 2,808,093. | CASH |
| (2) SHRM MEA FZ-LLC | B | 411,620. | CASH |
| (3) STRATEGIC HUMAN RESOURCE MGM'T INDIA PVT LTD | B | 385,369. | COST |
| (4) SHRM CORPORATION | F | 1,700,000. | CASH |
| (5) SHRM FOUNDATION, INC. | G | 222,431. | COST |
| (6) STRATEGIC HUMAN RESOURCE MGM'T INDIA PVT LTD | G | 143,280. | COST |

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

| | Yes | No |
|--|-----------|----|
| 1 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 | |
| b Gift, grant, or capital contribution to related organization(s) | 1b | |
| c Gift, grant, or capital contribution from related organization(s) | 1c | |
| d Loans or loan guarantees to or for related organization(s) | 1d | |
| e Loans or loan guarantees by related organization(s) | 1e | |
| f Dividends from related organization(s) | 1f | |
| g Sale of assets to related organization(s) | 1g | |
| h Purchase of assets from related organization(s) | 1h | |
| i Exchange of assets with related organization(s) | 1i | |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | |
| o Sharing of paid employees with related organization(s) | 1o | |
| p Reimbursement paid to related organization(s) for expenses | 1p | |
| q Reimbursement paid by related organization(s) for expenses | 1q | |
| r Other transfer of cash or property to related organization(s) | 1r | |
| s Other transfer of cash or property from related organization(s) | 1s | |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of related organization | (b) Transaction type (a - s) | (c) Amount involved | (d) Method of determining amount involved |
|--|---------------------------------|------------------------|--|
| (1) SHRM CORPORATION | L | 334,047. | FMV |
| (2) SHRM FOUNDATION, INC. | L | 187,534. | FMV |
| (3) STRATEGIC HUMAN RESOURCE MGM'T INDIA PVT LTD | M | 769,747. | FMV |
| (4) SHRM MEA FZ-LLC | M | 158,400. | FMV |
| (5) SHRM CORPORATION | O | 107,418. | COST |
| (6) SHRM FOUNDATION, INC. | Q | 105,222. | COST |

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

| | Yes | No |
|--|-----------|----|
| 1 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 | |
| b Gift, grant, or capital contribution to related organization(s) | 1b | |
| c Gift, grant, or capital contribution from related organization(s) | 1c | |
| d Loans or loan guarantees to or for related organization(s) | 1d | |
| e Loans or loan guarantees by related organization(s) | 1e | |
| f Dividends from related organization(s) | 1f | |
| g Sale of assets to related organization(s) | 1g | |
| h Purchase of assets from related organization(s) | 1h | |
| i Exchange of assets with related organization(s) | 1i | |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | |
| o Sharing of paid employees with related organization(s) | 1o | |
| p Reimbursement paid to related organization(s) for expenses. | 1p | |
| q Reimbursement paid by related organization(s) for expenses | 1q | |
| r Other transfer of cash or property to related organization(s) | 1r | |
| s Other transfer of cash or property from related organization(s) | 1s | |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of related organization | (b) Transaction type (a - s) | (c) Amount involved | (d) Method of determining amount involved |
|--|---------------------------------|------------------------|--|
| (1) STRATEGIC HUMAN RESOURCE MGM'T INDIA PVT LTD | Q | 96,115. | COST |
| (2) SHRM CORPORATION | Q | 190,326. | COST |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

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 all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
| (1) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | | |
| (12) | | | | | | | | | | | | | |
| (13) | | | | | | | | | | | | | |
| (14) | | | | | | | | | | | | | |
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |

Part VII **Supplemental Information**

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