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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 By law, the IRS generally cannot redact the information on the form

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

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization
SOCIETY FOR HUMAN RESOURCE MANAGEMENT

Doing Business As

Number and street (or P O box if mail is not delivered to street address)
1800 DUKE STREET

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
ALEXANDRIA, VA 223143499

D Employer identification number

34-0948453

E Telephone number

(703) 548-3440

G Gross receipts \$ 199,974,984

F Name and address of principal officer
HENRY JACKSON
1800 DUKE STREET
ALEXANDRIA, VA 223143499

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number **▶** 4372

I Tax-exempt status ☐ 501(c)(3) ☒ 501(c) (6) ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: **▶** WWW.SHRM.ORG

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ 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 SHRM'S MISSION IS TO SERVE THE NEEDS OF HUMAN RESOURCE PROFESSIONALS	
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	13
Revenue	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	410
	6	Total number of volunteers (estimate if necessary)	7,590
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	12,581,177
	b	Net unrelated business taxable income from Form 990-T, line 34	2,817,374
		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	0
	9	Program service revenue (Part VIII, line 2g)	88,692,178
Expenses	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,411,005
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,138,259
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	104,241,442
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	578,720
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	47,217,853
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0
Net Assets or Fund Balances	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	55,429,533
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	103,226,106
	19	Revenue less expenses Subtract line 18 from line 12	1,015,336
		Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	188,197,236
	21	Total liabilities (Part X, line 26)	73,621,499
	22	Net assets or fund balances Subtract line 21 from line 20	114,575,737
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

2014-11-12

Date

MARY MOHNEY CHIEF FINANCIAL OFFICER

Type or print name and title

Print/Type preparer's name
FRANK H SMITH

Preparer's signature

Date
2014-11-11

Check ☐ if self-employed

PTIN
P00639053

Firm's name **▶** RAFFA PC

Firm's EIN **▶** 52-1511275

Firm's address **▶** 1899 L STREET NW SUITE 900
WASHINGTON, DC 20036

Phone no (202) 822-5000

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

Part IIISTatement 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 IS A GLOBAL HR PROFESSIONAL ORGANIZATION THAT EXISTS TO 1) BUILD AND SUSTAIN PARTNERSHIPS WITH HUMAN RESOURCE PROFESSIONALS, MEDIA, GOVERNMENTS, NON-GOVERNMENTAL ORGANIZATIONS, BUSINESSES AND ACADEMIC INSTITUTIONS TO ADDRESS PEOPLE MANAGEMENT CHALLENGES THAT INFLUENCE THE EFFECTIVENESS AND SUSTAINABILITY OF THEIR ORGANIZATIONS AND COMMUNITIES 2) PROVIDE A COMMUNITY FOR HUMAN RESOURCE PROFESSIONALS, MEDIA, GOVERNMENTS, NON-GOVERNMENTAL ORGANIZATIONS, BUSINESSES AND ACADEMIC INSTITUTIONS TO SHARE EXPERTISE AND CREATE INNOVATIVE SOLUTIONS ON PEOPLE MANAGEMENT ISSUES 3) PROACTIVELY PROVIDE THOUGHT LEADERSHIP, EDUCATION AND RESEARCH TO HUMAN RESOURCE PROFESSIONALS, MEDIA, GOVERNMENTS, NON-GOVERNMENTAL ORGANIZATIONS, BUSINESSES AND ACADEMIC INSTITUTIONS 4) SERVE AS AN ADVOCATE TO ENSURE THAT POLICY MAKERS, LAW MAKERS AND REGULATORS ARE AWARE OF KEY PEOPLE CONCERNS FACING ORGANIZATIONS AND THE HUMAN RESOURCE PROFESSION

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

YesNo

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?

YesNo

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 \$)

GOVERNMENT AND PUBLIC AFFAIRS SHRM MONITORS CONGRESSIONAL ACTIONS THAT IMPACT HUMAN RESOURCE MANAGEMENT ISSUES AND REPRESENTS MEMBERS' POSITIONS ON PENDING LEGISLATION AND REGULATORY ISSUES

4b

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

PUBLICATIONS SHRM DEVELOPS VARIOUS PUBLICATIONS WHICH EDUCATE MEMBERS AND NON-MEMBERS BY PROVIDING ARTICLES AND INFORMATION RELEVANT TO THE HUMAN RESOURCE MANAGEMENT FIELD

4c

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

SEMINARS AND EDUCATIONAL PRODUCTS 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

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses

Form 990 (2013)

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)? If "Yes," complete Schedule A	1	No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
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? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
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? If "Yes," complete Schedule D, Part VI	11a	Yes
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes
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? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	178	
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
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	410	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	Yes	
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)?	Yes	
b	If "Yes," enter the name of the foreign country IN , CH , CJ , AE See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
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?		No
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?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
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?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
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?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	15	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	13	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)	
19	Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization MARY MOHNEY 1800 DUKE STREET ALEXANDRIA, VA 223143499 (703) 548-3440	

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

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 compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or 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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

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

[illegible]

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	8,068,579	271,508	2,278,889

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 112

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
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? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

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
HOLMES CORPORATION 2975 LONE OAK DRIVE SUITE 180 EAGAN MN 55121	DEVELOPMENT/PROMOTION	5,676,909
MARKETING GENERAL INC 625 NORTH WASHINGTON ST SUITE 450 ALEXANDRIA VA 22314	MARKETING SERVICES	2,132,759
INVNT LLC 138 SPRING STREET 4TH FLOOR NEW YORK NY 10012	CONFERENCE SERVICES	1,975,326
SAVOR CHICAGO AT MCCORMICK PL 2301 SOUTH LAKESHORE DR CHICAGO IL 60616	CATERING SERVICES	1,432,693
QUAD GRAPHICS PO BOX 930505 ATLANTA GA 31193	PRINTING	1,428,418

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶98

Part VIII

Statement of Revenue

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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 \$				
	h	Total. Add lines 1a-1f				
Program Service Revenue	2a	MEMBERSHIP DUES	Business Code			
			900099	43,596,380	43,596,380	
	b	ANNUAL CONFERENCE	900099	26,907,199	21,435,827	5,471,372
	c	ADVERTISING	541800	12,415,181	12,415,181	
	d	SEMINARS	900099	7,278,160	7,278,160	
	e	OTHER CONFERENCES	900099	3,941,848	3,753,748	188,100
	f	All other program service revenue		12,108	12,108	
	g	Total. Add lines 2a-2f		94,150,876		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	2,526,199		81,714	2,444,485
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties	902,079			902,079
	6a	(i) Real				
		1,584,624				
		(ii) Personal				
		1,209,321				
	b	Less rental expenses				
	c	Rental income or (loss)	375,303			
	d	Net rental income or (loss)	375,303		-2,576	377,879
	7a	(i) Securities				
		82,978,607				
		(ii) Other				
		78,417,456				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)	4,561,151			
	d	Net gain or (loss)	4,561,151			4,561,151
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18				
		a				
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19				
		a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances				
		a	15,288,403			
	b	Less cost of goods sold b	5,786,335			
	c	Net income or (loss) from sales of inventory	9,502,068	9,415,210	86,858	
	Miscellaneous Revenue		Business Code			
	11a	ADMINISTRATIVE FEES	900099	2,880,185		2,880,185
	b	MISCELLANEOUS	900099	1,055,182		1,055,182
	c	MAILING LIST RENTAL	900099	930,073		930,073
	d	All other revenue		-2,321,244		-2,321,244
	e	Total. Add lines 11a-11d		2,544,196		
	12	Total revenue. See Instructions		114,561,872	85,491,433	12,581,177
						16,489,262

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 governments and organizations in the United States. See Part IV, line 21.	1,130,906			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	9,110,543			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	28,776,644			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	6,031,910			
9	Other employee benefits.	4,067,546			
10	Payroll taxes.	2,329,272			
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	260,802			
c	Accounting.	170,904			
d	Lobbying.	354,669			
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	496,216			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	11,404,417			
12	Advertising and promotion.	3,004,434			
13	Office expenses.	9,037,285			
14	Information technology.	2,962,280			
15	Royalties.				
16	Occupancy.	1,079,163			
17	Travel.	2,653,094			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	13,431,588			
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	4,377,928			
23	Insurance.	283,601			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	UBI TAXES	1,619,482			
b	AGENCY/SALES COMMISSION	2,624,173			
c	CHAPTER SUPPORT	1,634,518			
d	FOOD & BEVERAGE	965,414			
e	All other expenses	1,857,278			
25	Total functional expenses. Add lines 1 through 24e.	109,664,067			
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 ☐ 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)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		391	1	391
	2	Savings and temporary cash investments		12,749,903	2	14,758,155
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		2,290,825	4	1,936,898
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,439,099	8	1,115,261
	9	Prepaid expenses and deferred charges		4,832,114	9	4,170,762
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	58,801,685		
	b	Less: accumulated depreciation	10b	22,100,770	10c	36,700,915
	11	Investments—publicly traded securities		107,527,304	11	121,091,437
	12	Investments—other securities. See Part IV, line 11.		18,525,564	12	21,712,328
	13	Investments—program-related. See Part IV, line 11.			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11.		4,663,556	15	5,182,670
	16	Total assets. Add lines 1 through 15 (must equal line 34).		188,197,236	16	206,668,817
Liabilities	17	Accounts payable and accrued expenses		12,157,247	17	12,664,223
	18	Grants payable			18	
	19	Deferred revenue		30,393,145	19	30,803,441
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.			22	
	23	Secured mortgages and notes payable to unrelated third parties		4,192,400	23	3,786,607
	24	Unsecured notes and loans payable to unrelated third parties			24	
	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.		26,878,707	25	16,324,904
	26	Total liabilities. Add lines 17 through 25.		73,621,499	26	63,579,175
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		114,575,737	27	143,089,642
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		114,575,737	33	143,089,642
	34	Total liabilities and net assets/fund balances		188,197,236	34	206,668,817

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	114,561,872
2	Total expenses (must equal Part IX, column (A), line 25)	2	109,664,067
3	Revenue less expenses Subtract line 2 from line 1	3	4,897,805
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	114,575,737
5	Net unrealized gains (losses) on investments	5	11,287,355
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 in Schedule O)	9	12,328,745
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	143,089,642

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in 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		No
2b	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	Yes	
2c	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 in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:
Software Version:
EIN: 34-0948453
Name: SOCIETY FOR HUMAN RESOURCE MANAGEMENT

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
JOSE A BERRIOS IMMEDIATE PAST CHAIR	8 00	X		X				51,299	0	0
BETTE J FRANCIS CHAIR	8 00	X		X				37,258	0	0
LORI O CARLSON DIRECTOR	8 00	X						15,300	0	0
JEFFREY M CAVA DIRECTOR	8 00	X						20,300	0	0
JORGE CONSUEGRA DIRECTOR	8 00	X						20,300	0	0
JAMES A KAITZ DIRECTOR	8 00	X						25,300	0	0
GARY P LATHAM DIRECTOR	8 00	X						20,667	0	0
MY-CHAU NGUYEN DIRECTOR	8 00	X						20,300	0	0
JENNIFER POLLINO DIRECTOR	8 00	X						20,300	0	0
VIRDA M RHEM DIRECTOR	8 00	X						20,300	0	0
CORETHA M RUSHING DIRECTOR	8 00	X						25,300	0	0
BRIAN D SILVA DIRECTOR	8 00	X						25,300	0	0
JOSE TOMAS DIRECTOR	8 00	X						20,300	0	0
DAVID WINDLEY DIRECTOR	8 00	X						20,300	0	0
HENRY G JACKSON PRESIDENT & CEO	37 50	X		X				965,803	0	566,555
HENRY A HART SECRETARY/GENERAL COUNSEL	37 50			X				418,055	0	194,767
MARY MOHNEY TREASURER/CFO	37 50			X				377,038	0	49,517
GARY K RUBIN SVP, PUBLISHING & E-MEDIA	37 50				X			407,624	0	80,489
DEBRA J COHEN SVP, KNOWLEDGE DEVELOPMENT	37 50				X			378,239	0	104,910
J ROBERT CARR SVP, MEMBERSHIP, MARKETING & COMM	37 50				X			396,721	0	123,709
BRIAN DICKSON SVP, PROFESSIONAL DEVELOPMENT	37 50				X			358,847	0	61,084
MICHAEL AITKEN VP, GOVERNMENT AFFAIRS	37 50				X			261,514	0	59,570
HEIDI BYERLY CHIEF INFORMATION OFFICER	37 50				X			283,443	0	58,910
SHIRLEY DAVIS VP, DIVERSITY & INCLUSION	37 50				X			257,860	0	45,378
MARGO VICKERS CHIEF OF STAFF	37 50				X			241,031	0	84,289

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
JEFF PON CHRO	37 50				X			373,146	0	35,613
TIM CANNY VP, ADVERTISING SALES	37 50				X			212,809	0	62,761
STACEY B HOLVENSTOT VP, MARKETING	37 50				X			210,353	0	21,540
DEBORAH A KEARY VP, HUMAN RESOURCES	37 50				X			226,902	0	109,776
AMY THOMPSON VP, PUBLIC RELATIONS	37 50				X			205,828	0	36,557
LISA L CONNELL VP, EDUC (UNTIL 08/2013)/HRPS ED	37 50				X			205,196	14,923	45,451
ELIZABETH W BLOCK VP, MEETINGS & CONFERENCES	37 50				X			215,459	0	58,484
VLADAN DASIC DIR , TECHNOLOGY & INFRASTRUCTURE	37 50				X			195,340	0	41,862
ELIZABETH O BILLE VP & ASSOCIATE GENERAL COUNSEL	37 50				X			199,900	0	17,849
LEON J RUBIS VP, EDITORIAL	37 50				X			193,331	0	99,915
ALEXANDER ALONSO VP, RESEARCH	37 50				X			199,568	0	27,939
SUSAN E BERGMAN DIRECTOR, KNOWLEDGE CENTER	37 50					X		212,181	0	144,561
STEVEN WILLIAMS DIRECTOR, E-MEDIA & BUS DEVELOPMENT	37 50					X		191,810	0	21,522
MARY K FERRARI DIRECTOR, BUSINESS MANAGEMENT	37 50					X		186,421	0	44,239
ROBERT GARCIA DIR, GLOBAL BUS DEVELOPMENT	37 50					X		170,864	0	23,235
RODNEY WALDHOFF DIR, INTERNET OPS & USER EXPERIENCE	37 50					X		180,772	0	15,446
MARK SCHMIT FORMER VP, RESEARCH/SHRMF ED	0 00 37 50						X	0	256,585	42,961

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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

OMB No 1545-0047

2013

Open to Public
Inspection

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

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization SOCIETY FOR HUMAN RESOURCE MANAGEMENT	Employer identification number 34-0948453
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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-

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 (grass roots 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><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><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></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?		☐ Yes ☐ 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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i.			
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).

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

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."

1 Dues, assessments and similar amounts from members	1	43,596,380
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).		
a Current year	2a	1,674,359
b Carryover from last year	2b	-5,877,980
c Total	2c	-4,203,621
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	3,051,747
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 expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	-7,255,368

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, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation

[illegible]

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization SOCIETY FOR HUMAN RESOURCE MANAGEMENT	Employer identification number 34-0948453
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate 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? ☐ Yes ☐ No	
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? ☐ Yes ☐ No	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, 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)?

☐ Yes ☐ No

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" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (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

b

If the organization elected, as permitted under SFAS 116 (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) Revenues included in 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 SFAS 116 (ASC 958) relating to these items

a

Revenues included in 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.

Cat No 52283D

Schedule D (Form 990) 2013

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 are a 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 programs

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" to 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
- c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

- | | (a)Current year | (b)Prior year | b (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 Temporarily restricted endowment ▶
- The percentages in 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" to 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' to 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		34,584,516	11,518,428	23,066,088
c Leasehold improvements				
d Equipment		5,239,540	3,199,733	2,039,807
e Other		13,094,319	7,382,609	5,711,710
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				36,700,915

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	132,348,667
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	11,287,355
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	6,995,656
e	Add lines 2a through 2d	2e	18,283,011
3	Subtract line 2e from line 1	3	114,065,656
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	496,216
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	496,216
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	114,561,872

Part XII

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	116,163,507
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	6,995,656
e	Add lines 2a through 2d	2e	6,995,656
3	Subtract line 2e from line 1	3	109,167,851
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	496,216
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	496,216
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	109,664,067

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.

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS OR WHICH MAY HAVE ANY EFFECT ON THE ORGANIZATION'S TAX-EXEMPT STATUS
PART XI, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 1,209,321 COST OF GOODS SOLD 5,786,335
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 1,209,321 COST OF GOODS SOLD 5,786,335

[illegible]

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization
SOCIETY FOR HUMAN RESOURCE MANAGEMENT

Employer identification number
34-0948453

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to 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 Activites 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 region	(d) Activities conducted in region (by type) (e g , 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 region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			1,458,280
b Total from continuation sheets to Part I	0	0			5,150,000
c Totals (add lines 3a and 3b)	0	0			6,608,280

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt 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" to 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 non-cash assistance	(g) Description of non-cash 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 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)*

☐ 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 file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☒ Yes ☐ No

Part V

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3	SHRM HAS A WHOLLY OWNED SUBSIDIARY, STRATEGIC HUMAN RESOURCE MANAGEMENT INDIA PRIVATE LIMITED (SHRM- INDIA), WHICH MAINTAINS THREE OFFICES WITH APPROXIMATELY 33 EMPLOYEES AND INDEPENDENT CONTRACTORS AND PROVIDES PROGRAM SERVICES THROUGH BUSINESS EDUCATION IN SOUTH ASIA. SHRM INDIA HAS A WHOLLY OWNED SUBSIDIARY SHRM MIDDLE EAST & AFRICA FZ LLC (SHRM MEA), WHICH MAINTAINS ONE OFFICE WITH APPROXIMATELY 2 EMPLOYEES AND PROVIDES EDUCATIONAL PROGRAMS IN THE MIDDLE EAST. SHRM HAS A WHOLLY OWNED SUBSIDIARY, SHRM CORPORATION WITH A BEIJING REGISTERED OFFICE, WHICH MAINTAINS ONE OFFICE WITH APPROXIMATELY 4 EMPLOYEES AND FACILITATES PROGRAM SERVICES THROUGH BUSINESS EDUCATION IN EAST ASIA AND THE PACIFIC. SHRM CORPORATION ESTABLISHED SHRM MANAGEMENT CONSULTING (BEIJING) CO., LTD. TO PROVIDE HR RESEARCH AND EDUCATIONAL PROGRAMS IN CHINA.

Additional Data

Software ID:
Software Version:
EIN: 34-0948453
Name: SOCIETY FOR HUMAN RESOURCE MANAGEMENT

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	0	0	PROGRAM SERVICES	PROFESSIONAL EDUCATION	536,090
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	PROFESSIONAL EDUCATION	7,334
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	PROFESSIONAL EDUCATION	85,556

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	PROFESSIONAL EDUCATION	116,171
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	PROFESSIONAL EDUCATION	90,952
NORTH AMERICA (WHICH INCLUDES CANADA AND MEXICO, BUT NOT THE U S)	0	0	PROGRAM SERVICES	PROFESSIONAL EDUCATION	270,914

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA	0	0	PROGRAM SERVICES	PROFESSIONAL EDUCATION	10,758
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	PROFESSIONAL EDUCATION	340,505
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		2,000,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
SOUTH ASIA	0	0	PROGRAM RELATED INVESTMENT		3,000,000
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM RELATED INVESTMENT		150,000

OMB No 1545-0047

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

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number
34-0948453

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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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.

[illegible]

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	▶	2
3	Enter total number of other organizations listed in the line 1 table	▶	0

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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

Part IV

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

Return Reference	Explanation
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 CONTRIBUTIONS FOR PARTICULAR PROJECTS OR EVENTS SUPPORT PROJECTS/EVENTS CLOSELY ALIGNED WITH SHRM'S MISSION AND OBJECTIVES

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SOCIETY FOR HUMAN RESOURCE MANAGEMENT

Employer identification number
34-0948453

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☒ First-class or charter travel ☐ Housing allowance or residence for personal use ☒ Travel for companions ☐ Payments for business use of personal residence ☒ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in 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	1bYes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2Yes	
3 Indicate which, if any, of the following the filing 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 ☒ Compensation committee ☒ Written employment contract ☒ Independent compensation consultant ☒ Compensation survey or study ☐ Form 990 of other organizations ☒ Approval by the board or compensation committee		
4 During the year, did any person listed in 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?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4bYes	
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	4c	No
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?	5a	
b Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5b	
6 For persons listed in 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?	6a	
b Any related organization? If "Yes," to line 6a or 6b, describe in Part III	6b	
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	
8 Were any amounts reported in 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	8	
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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 in 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 are not 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 compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

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.

Return Reference	Explanation
PART I, LINE 1A	IT IS SHRM'S POLICY TO ALLOW BUSINESS CLASS TRAVEL TO ANY EMPLOYEE OR DIRECTOR FLYING INTERNATIONAL OR FLYING 5 HOURS OR LONGER. ALL BOARD OF DIRECTORS AND THE CEO ARE PERMITTED TO FLY BUSINESS/FIRST CLASS. COMPANION TRAVEL IS PERMITTED FOR BOARD OF DIRECTORS SERVING AS CHAIR OR IMMEDIATE PAST CHAIR. SHRM MAY ALSO PROVIDE TAX INDEMNIFICATION PAYMENTS FOR RELOCATION EXPENSES AND COMPANION TRAVEL AND RELATED EXPENSES. IN 2013, 2 HIGHEST COMPENSATED EMPLOYEES, 8 KEY EMPLOYEES AND 10 DIRECTORS/OFFICERS RECEIVED FIRST CLASS TRAVEL/BUSINESS BENEFITS. 2 DIRECTORS RECEIVED TAX INDEMNIFICATION BENEFITS.
PART I, LINE 4B	SHRM MAINTAINS AN UNQUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN FOR EXECUTIVES WHO MEET CERTAIN CRITERIA. THE PLAN IS UNFUNDED AND MAINTAINS NO ASSETS. AS OF DECEMBER 2013, J ROBERT CARR, DEBRA J COHEN, HENRY A HART, HENRY G JACKSON, AND GARY K RUBIN WERE PARTICIPANTS IN THE PLAN.

Additional Data

Software ID:

Software Version:

EIN: 34-0948453

Name: SOCIETY FOR HUMAN RESOURCE MANAGEMENT

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
HENRY G JACKSON PRESIDENT & CEO	(i) (ii)	597,515 0	368,288 0	0 0	554,925 0	11,630 0	1,532,358 0	0 0
HENRY A HART SECRETARY/GENERAL COUNSEL	(i) (ii)	309,601 0	108,454 0	0 0	189,529 0	5,238 0	612,822 0	0 0
MARY MOHNEY TREASURER/CFO	(i) (ii)	274,824 0	102,214 0	0 0	33,801 0	15,716 0	426,555 0	0 0
GARY K RUBIN SVP, PUBLISHING & E-MEDIA	(i) (ii)	299,676 0	107,948 0	0 0	72,175 0	8,314 0	488,113 0	0 0
DEBRA J COHEN SVP, KNOWLEDGE DEVELOPMENT	(i) (ii)	276,457 0	101,782 0	0 0	93,280 0	11,630 0	483,149 0	0 0
J ROBERT CARR SVP, MEMBERSHIP, MARKETING & COMM	(i) (ii)	303,280 0	93,441 0	0 0	112,079 0	11,630 0	520,430 0	0 0
BRIAN DICKSON SVP, PROFESSIONAL DEVELOPMENT	(i) (ii)	259,989 0	98,858 0	0 0	57,340 0	3,744 0	419,931 0	0 0
MICHAEL AITKEN VP, GOVERNMENT AFFAIRS	(i) (ii)	201,521 0	59,993 0	0 0	43,854 0	15,716 0	321,084 0	0 0
HEIDI BYERLY CHIEF INFORMATION OFFICER	(i) (ii)	193,044 0	90,399 0	0 0	47,280 0	11,630 0	342,353 0	0 0
SHIRLEY DAVIS VP, DIVERSITY & INCLUSION	(i) (ii)	198,910 0	58,950 0	0 0	33,748 0	11,630 0	303,238 0	0 0
MARGO VICKERS CHIEF OF STAFF	(i) (ii)	185,022 0	56,009 0	0 0	72,659 0	11,630 0	325,320 0	0 0
JEFF PON CHRO	(i) (ii)	286,962 0	86,184 0	0 0	24,378 0	11,235 0	408,759 0	0 0
TIM CANNY VP, ADVERTISING SALES	(i) (ii)	170,480 0	42,329 0	0 0	47,045 0	15,716 0	275,570 0	0 0
STACEY B HOLVENSTOT VP, MARKETING	(i) (ii)	162,951 0	47,402 0	0 0	21,540 0	0 0	231,893 0	0 0
DEBORAH A KEARY VP, HUMAN RESOURCES	(i) (ii)	175,537 0	51,365 0	0 0	104,538 0	5,238 0	336,678 0	0 0
AMY THOMPSON VP, PUBLIC RELATIONS	(i) (ii)	165,197 0	40,631 0	0 0	28,243 0	8,314 0	242,385 0	0 0
LISA L CONNELL VP, EDUC (UNTIL 08/2013)/HRPS ED	(i) (ii)	156,081 14,923	49,115 0	0 0	37,137 0	0 8,314	242,333 23,237	0 0
ELIZABETH W BLOCK VP, MEETINGS & CONFERENCES	(i) (ii)	169,173 0	46,286 0	0 0	53,246 0	5,238 0	273,943 0	0 0
VLADAN DASIC DIR , TECHNOLOGY & INFRASTRUCTURE	(i) (ii)	162,418 0	32,922 0	0 0	30,232 0	11,630 0	237,202 0	0 0
ELIZABETH O BILLE VP & ASSOCIATE GENERAL COUNSEL	(i) (ii)	167,576 0	32,324 0	0 0	17,849 0	0 0	217,749 0	0 0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
LEON J RUBIS VP, EDITORIAL	(i)	149,159	44,172	0	84,199	15,716	293,246	0
	(ii)	0	0	0	0	0	0	0
ALEXANDER ALONSO VP, RESEARCH	(i)	167,414	32,154	0	12,223	15,716	227,507	0
	(ii)	0	0	0	0	0	0	0
SUSAN E BERGMAN DIRECTOR, KNOWLEDGE CENTER	(i)	178,149	34,032	0	132,931	11,630	356,742	0
	(ii)	0	0	0	0	0	0	0
STEVEN WILLIAMS DIRECTOR, E-MEDIA & BUS DEVELOPMENT	(i)	169,909	21,901	0	21,522	0	213,332	0
	(ii)	0	0	0	0	0	0	0
MARY K FERRARI DIRECTOR, BUSINESS MANAGEMENT	(i)	159,706	26,715	0	35,925	8,314	230,660	0
	(ii)	0	0	0	0	0	0	0
ROBERT GARCIA DIR, GLOBAL BUS DEVELOPMENT	(i)	159,513	11,351	0	7,519	15,716	194,099	0
	(ii)	0	0	0	0	0	0	0
RODNEY WALDHOFF DIR, INTERNET OPS & USER EXPERIENCE	(i)	154,788	25,984	0	15,446	0	196,218	0
	(ii)	0	0	0	0	0	0	0
MARK SCHMIT FORMER VP, RESEARCH/SHRMF ED	(i)	0	0	0	0	0	0	0
	(ii)	201,187	55,398	0	12,750	30,211	299,546	0

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.
► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

Name of the organization
SOCIETY FOR HUMAN RESOURCE MANAGEMENT

Employer identification number
34-0948453

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			Yes	No		Yes	No
Total ► \$											

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) STARWOOD HOTELS & RESORTS WORLDWIDE INC (STARWOOD HOTELS)	JEFFERY M CAVA IS A DIRECTOR OF SHRM AND AN OFFICER OF STARWOOD HOTELS	1,006,564	SHRM CONTRACTS WITH STARWOOD HOTELS, AMONG OTHERS, FOR EVENTS THE DIRECTOR'S RELATIONSHIP IS NOT A FACTOR CONSIDERED IN THE DECISION TO DO BUSINESS WITH STARWOOD HOTELS		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 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

2013

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Inspection

Name of the organization SOCIETY FOR HUMAN RESOURCE MANAGEMENT	Employer identification number 34-0948453
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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE BYLAWS OF SHRM PROVIDE FOR 8 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 NO CORPORATE MEMBERSHIPS ARE PERMITTED THE REQUIREMENTS AND PRIVILEGES OF THE VARIOUS MEMBERSHIP CLASSES ARE SPECIFIED IN ARTICLE II OF SHRM'S BYLAWS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	ELECTIONS OF OFFICERS AND DIRECTORS ARE CONDUCTED BY MAIL BALLOT IN ACCORDANCE WITH PROVISIONS OUTLINED IN ARTICLE VIII OF 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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	IN ACCORDANCE WITH THE OHIO NONPROFIT CORPORATION ACT, MEMBERS MUST APPROVE CERTAIN CHANGES TO THE ORGANIZATION'S ARTICLES OF INCORPORATION, SUCH AS INSTANCES OF MERGERS OR CONSOLIDATIONS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	SHRM'S FEDERAL FORM 990 IS REVIEWED BY THE ACCOUNTING STAFF OF SHRM, INCLUDING THE CONTROLLER AND CFO. SUCH REVIEW TAKES PLACE UPON RECEIPT OF THE DRAFT FORM 990 FROM THE INDEPENDENT PUBLIC ACCOUNTING FIRM WHO CONDUCTS THE FINANCIAL STATEMENT AUDIT OF SHRM. THE REVIEW INCLUDES THE COMPARISON OF FINANCIAL DATA IN THE FEDERAL FORM 990 WITH THE AUDITED FINANCIAL STATEMENTS AND THE BOOKS AND RECORDS OF SHRM, AND THE NARRATIVE INFORMATION FOR ACCURACY AND COMPLETENESS. ADDITIONALLY, THE BOARD OF DIRECTORS HAS DELEGATED REVIEW OF THE FEDERAL FORM 990 TO THE CHAIR OF THE AUDIT COMMITTEE. AFTER THE REVIEW OF THE FORM 990 BY THE CHAIR OF THE AUDIT COMMITTEE, THE FORM IS SENT TO THE FULL BOARD OF DIRECTORS BEFORE FILING.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE SHRM BOARD CONFLICT OF INTEREST POLICY PROVIDES THE FOLLOWING PROCEDURES FOR ADDRESSING POTENTIAL CONFLICTS OF INTEREST THAT MAY REQUIRE BOARD OR COMMITTEE ACTION, SUCH AS: 1) THE INTERESTED PERSON MUST DISCLOSE ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST AND SUCH DISCLOSURE MUST BE REFLECTED IN THE MINUTES OF THE MEETING WHERE SUCH MATTER IS BEING REVIEWED, 2) THE INTERESTED PERSON IS PROHIBITED FROM PARTICIPATING IN DISCUSSIONS EXCEPT TO DISCLOSE MATERIAL FACTS AND RESPOND TO QUESTIONS, 3) SUCH PERSON SHALL NOT ATTEMPT TO EXERT HIS OR HER PERSONAL INFLUENCE WITH RESPECT TO THE MATTER EITHER AT OR OUTSIDE OF THE MEETING, 4) SUCH PERSON MAY NOT BE PRESENT TO HEAR THE BOARD OR COMMITTEE DISCUSSIONS ON THE MATTER, 5) SUCH INTERESTED PERSON IS PRECLUDED FROM VOTING ON THE MATTER AND SUCH PERSON'S PRESENCE MAY NOT BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM FOR PURPOSES OF THE VOTE AT THE MEETING, 6) SUCH PERSON MAY NOT BE PRESENT DURING THE VOTE UNLESS THE VOTE IS BY SECRET BALLOT, AND 7) SUCH PERSON'S INELIGIBILITY TO VOTE SHOULD BE REFLECTED IN THE MINUTES. ADDITIONALLY, THE SHRM EMPLOYEE CODE OF CONDUCT APPLIES TO ALL SHRM EMPLOYEES, AND ALL SHRM EMPLOYEES RECEIVE A COPY OF THE CODE OF CONDUCT AND RETURN AN ACKNOWLEDGEMENT TO THE SHRM HR DEPARTMENT THAT THEY UNDERSTAND AND WILL COMPLY WITH THE CODE OF CONDUCT. SECTION IV(K) OF THE CODE OF CONDUCT SETS FORTH THE CONFLICT OF INTEREST RULES APPLICABLE TO ALL EMPLOYEES. IT IS SHRM'S INTENT TO AVOID IMPROPRIETY IN ALL OF ITS DECISIONS AND ACTIONS. THE CODE OF CONDUCT REQUIRES EMPLOYEES TO AVOID TRANSACTIONS, ACTIVITIES AND RELATIONSHIPS WHICH PLACE THEIR PERSONAL INTERESTS IN CONFLICT WITH SHRM'S, NOT TO USE SHRM ASSETS OR THEIR POSITION AT SHRM FOR PERSONAL USE OR GAIN, NOT TO ACCEPT GIFTS FROM VENDORS UNLESS WITHIN SPECIFIED GIFT GUIDELINES. EMPLOYEES ARE INFORMED THAT ACTUAL OR POTENTIAL CONFLICTS OF INTEREST MAY GO BEYOND DEALINGS WITH MEMBERS, CUSTOMERS, VENDORS OR SUPPLIERS. CONFLICTS MAY ALSO INVOLVE DEALINGS WITH MANAGERS, SUBORDINATES OR OTHER STAFF MEMBERS. IF A CONFLICT OR POTENTIAL CONFLICT ARISES, EMPLOYEES UNDER THE POLICY MAY CONSULT WITH THEIR SUPERVISOR, THEIR DIVISION CHIEF OR HUMAN RESOURCES. AT MINIMUM, IF AN EMPLOYEE OR HIS/HER IMMEDIATE FAMILY MEMBER HAVE AN INTEREST IN A VENDOR THE EMPLOYEE IS REQUIRED TO DISCLOSE SUCH CONFLICT OF INTEREST TO THEIR DIVISION CHIEF (OR CEO IF THEY ARE A DIVISION CHIEF) AND THE EMPLOYEE MUST NOT BE INVOLVED IN THE SELECTION, MANAGEMENT OR OVERSIGHT OF SUCH VENDOR. IN ADDITION, ALL CONTRACTS OVER \$5,000 ARE REQUIRED TO BE REVIEWED BY THE GENERAL COUNSEL'S OFFICE AND TO BE PRESENTED TO GENERAL COUNSEL UNDER A COMPLETED SHRM CONTRACT ROUTING FORM. THE CONTRACT ROUTING FORM REQUIRES THE INDIVIDUAL WHO INITIATES THE CONTRACT TO "COMMENT ON PERSONAL RELATIONSHIPS OR FRIENDSHIPS WITH VENDORS."

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	CEO COMPENSATION IS SET BY THE BOARD OF DIRECTORS' COMPENSATION AND ORGANIZATION COMMITTEE. COMPENSATION OF THE 10% HIGHEST PAID SHRM EMPLOYEES ARE RECOMMENDED BY AN INDEPENDENT COMPENSATION CONSULTANT, THROUGH REVIEW OF RELEVANT COMPARABILITY DATA. THE RECOMMENDATION IS DISCUSSED AND SUBSTANTIATED BY THE CEO AND/OR CHRO. 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."

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	SHRM'S ANNUAL FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON SHRM'S WEBSITE. SHRM'S BYLAWS ARE ALSO AVAILABLE TO THE PUBLIC ON SHRM'S WEBSITE, AND THE ARTICLES OF INCORPORATION ARE AVAILABLE ON THE OHIO SECRETARY OF STATE CORPORATE DIVISION WEBSITE. SHRM WILL CONSIDER MAKING ITS CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST.

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	ADMIN SERVICES 71,272 BUILDING SERVICES 539,652 COMMUNICATION SERVICES 168,380 CONFERENCE SERVICES 66 DIGITAL SERVICES 834,874 EDITORIAL SERVICES 186,600 EXECUTIVE SERVICES 589,760 FINANCIAL SERVICES 343,793 HR SERVICES 470,492 INTERNATIONAL SERVICES 862,234 MARKETING SERVICES 1,613,308 MEMBERSHIP SERVICES 3,855,149 PUBLICATION SERVICES 515,136 RESEARCH SERVICES 876,078 STAFF DEVELOPMENT 477,623

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PENSION-RELATED CHANGES OTHER THAN NET PERIODIC BENEFIT COSTS 12,328,745

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
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

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 1800 DUKE STREET ALEXANDRIA, VA 223143499 34-6610067	RESEARCH/SUPPORT HR STANDARDS	OH	501(C)(3)	LINE 7	SOCIETY FOR HUMAN RESOURCE MANAGEMENT	Yes	
(2) COUNCIL FOR GLOBAL IMMIGRATION 1800 DUKE STREET ALEXANDRIA, VA 223143499 13-2781857	EDUCATION & ADVOCACY ON EMPLOYMENT-BASED IMMIGRATION	DC	501(C)(6)	N/A	SOCIETY FOR HUMAN RESOURCE MANAGEMENT	Yes	
(3) HR PEOPLE & STRATEGY 1800 DUKE STREET ALEXANDRIA, VA 223143499 13-2989471	STRATEGIC HR EDUCATION	NY	501(C)(3)	LINE 9	SOCIETY FOR HUMAN RESOURCE MANAGEMENT	Yes	

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) Disproporionate 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	

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 1800 DUKE STREET ALEXANDRIA, VA 223143499 76-0839798	ON-LINE JOBS ADVERTISING PROGRAM	VA	SOCIETY FOR HUMAN RESOURCE MANAGEMENT	C	2,996,797	493,414	100 000 %	Yes	
(2) STRATEGIC HUMAN RESOURCE MGM'T INDIA PVT LTD 702 VIBGYOR TOWERS PLOT NO C-62 7 MUMBAI IN 80-2212005	HR RESEARCH AND EDUCATIONAL PROGRAMS IN INDIA	IN	SOCIETY FOR HUMAN RESOURCE MANAGEMENT	C	765,858	1,547,272	100 000 %	Yes	
(3) SHRM MEA FZ-LLC EXECUTIVE OFFICE NO 21 BLOCK 09 DUBAI AE	EDUCATIONAL PROGRAMS IN THE MIDDLE EAST	AE	STRATEGIC HUMAN RESOURCE MGM'T INDIA	C				Yes	
(4) SHRM MANAGEMENT CONSULTING (BEIJING) CO LTD GATEWAY PLAZA 18 XIAGUANGLI N RO CHAOYANG DISTRICT, BEIJING 100027 CH	HR RESEARCH AND EDUCATIONAL PROGRAMS IN CHINA	CH	SHRM CORPORATION	C				Yes	

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

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
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c		No
1d		No
1e		No
1f	Yes	
1g	Yes	
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m	Yes	
1n	Yes	
1o	Yes	
1p	Yes	
1q	Yes	
1r	Yes	
1s		No

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
See Additional Data Table			

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.

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 34-0948453

Name: SOCIETY FOR HUMAN RESOURCE MANAGEMENT

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
SHRM CORPORATION	O	269,570	FMV
SHRM CORPORATION	P	588,097	COST
SHRM CORPORATION	Q	334,636	COST
SHRM CORPORATION	L	489,519	FMV
SHRM CORPORATION	F	1,130,000	CASH
STRATEGIC HUMAN RESOURCE MGM'T INDIA PVT LTD	B	3,000,000	CASH
SHRM FOUNDATION	B	642,756	CASH
SHRM FOUNDATION	L	410,098	FMV
SHRM FOUNDATION	N	64,440	FMV
SHRM FOUNDATION	O	67,743	COST
SHRM FOUNDATION	Q	376,552	COST
SHRM FOUNDATION	P	138,977	COST
COUNCIL FOR GLOBAL IMMIGRATION	L	290,100	FMV
COUNCIL FOR GLOBAL IMMIGRATION	Q	145,565	COST
COUNCIL FOR GLOBAL IMMIGRATION	N	79,900	FMV
STRATEGIC HUMAN RESOURCE MGM'T INDIA PVT LTD	L	398,436	FMV
STRATEGIC HUMAN RESOURCE MGM'T INDIA PVT LTD	G	106,106	COST
STRATEGIC HUMAN RESOURCE MGM'T INDIA PVT LTD	M	231,583	FMV
STRATEGIC HUMAN RESOURCE MGM'T INDIA PVT LTD	Q	249,690	COST
HR PEOPLE & STRATEGY	L	58,267	FMV
HR PEOPLE & STRATEGY	B	500,000	CASH/PLEDGE
SHRM MEA FZ-LLC	R	150,000	CASH

TY 2013 Itemized Other Current Liabilities Schedule

Name: SOCIETY FOR HUMAN RESOURCE MANAGEMENT

EIN: 34-0948453

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
STRATEGIC HUMAN RESOURCE MANAGEMENT INDI	80-2212005	DEFERRED REVENUE	44,433	32,376

TY 2013 Itemized Other Current Liabilities Schedule

Name: SOCIETY FOR HUMAN RESOURCE MANAGEMENT

EIN: 34-0948453

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
SHRM MEA FZ-LLC	000000000	DEPOSITS	2,496	0

TY 2013 Itemized Other Assets Schedule**Name:** SOCIETY FOR HUMAN RESOURCE MANAGEMENT**EIN:** 34-0948453

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
STRATEGIC HUMAN RESOURCE MANAGEMENT INDI	80-2212005	DEPOSITS	233,930	77,395
STRATEGIC HUMAN RESOURCE MANAGEMENT INDI	80-2212005	OTHER ASSETS	49,674	92,181

TY 2013 Itemized Other Assets Schedule

Name: SOCIETY FOR HUMAN RESOURCE MANAGEMENT

EIN: 34-0948453

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
SHRM MEA FZ-LLC	000000000	DEPOSITS	0	2,723

TY 2013 Itemized Other Current Assets Schedule**Name:** SOCIETY FOR HUMAN RESOURCE MANAGEMENT**EIN:** 34-0948453

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
STRATEGIC HUMAN RESOURCE MANAGEMENT INDI	80-2212005	PREPAID EXPENSES	23,867	4,052

TY 2013 Itemized Other Current Assets Schedule

Name: SOCIETY FOR HUMAN RESOURCE MANAGEMENT

EIN: 34-0948453

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
SHRM MEA FZ-LLC	000000000	PREPAID EXPENSES	2,142	1,498

TY 2013 Other Deductions Schedule**Name:** SOCIETY FOR HUMAN RESOURCE MANAGEMENT**EIN:** 34-0948453

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
PROFESSIONAL FEES	44,497,146	762,541
INSURANCE	220,259	3,775
OFFICE EXPENSES	9,061,438	155,284
ART & PHOTOGRAPHY	799,629	13,703
TRAVEL	17,753,610	304,241
DUES & SUBSCRIPTIONS	943,976	16,177
UTILITIES	481,654	8,254
FOOD & BEVERAGE	6,009,134	102,978
MAINTENANCE	2,166,862	37,133
FEES	229,661	3,936
ADVERTISING	4,434,103	75,987
MISCELLANEOUS	2,603,980	44,624
DONATED SERVICES	27,592,271	472,844
BAD DEBT	9,096,425	155,884
DISPOSAL OF FIXED ASSETS	1,225,738	21,005
COST OF RESALE	3,735,400	64,013
STAFF DEVELOPMENT	318,576	5,459

TY 2013 Other Deductions Schedule**Name:** SOCIETY FOR HUMAN RESOURCE MANAGEMENT**EIN:** 34-0948453

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
LEGAL & AUDIT	4,139	1,127
ADVERTISING	33,066	9,004
PROFESSIONAL FEES	15,119	4,117
SUPPLIES	31,959	8,702
TELEPHONE	12,867	3,504
POSTAGE & SHIPPING	4,778	1,301
PRINTING	6,122	1,667
STAFF TRAVEL	90,620	24,676
MISCELLANEOUS	725	197
BANK FEES	7,075	1,927
AWARDS	1,311	357
DUES & SUBSCRIPTIONS	16,665	4,538

TY 2013 Itemized Other Investments Schedule**Name:** SOCIETY FOR HUMAN RESOURCE MANAGEMENT**EIN:** 34-0948453

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
STRATEGIC HUMAN RESOURCE MANAGEMENT INDI	80-2212005	INVESTMENT IN SHRM MEA	-39,346	-130,198

TY 2013 Itemized Other Liabilities Schedule**Name:** SOCIETY FOR HUMAN RESOURCE MANAGEMENT**EIN:** 34-0948453

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
STRATEGIC HUMAN RESOURCE MANAGEMENT INDI	80-2212005	DUE TO SHRM	1,863,149	3,080,785
STRATEGIC HUMAN RESOURCE MANAGEMENT INDI	80-2212005	DEPOSITS	3,490	21,018

TY 2013 Itemized Other Liabilities Schedule

Name: SOCIETY FOR HUMAN RESOURCE MANAGEMENT

EIN: 34-0948453

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
SHRM MEA FZ-LLC	000000000	INTERCOMPANY PAYABLE - SHRM	9,228	204,275

TY 2013 Other Income Statement**Name:** SOCIETY FOR HUMAN RESOURCE MANAGEMENT**EIN:** 34-0948453

Description	Foreign Amount	Amount
SEMINARS AND EDUCATIONAL PROGRAMS	26,147,754	448,090
OTHER	15,173,393	260,024
EQUITY EARNINGS IN SHRM MEA	-5,891,065	-100,954

TY 2013 Other Income Statement**Name:** SOCIETY FOR HUMAN RESOURCE MANAGEMENT**EIN:** 34-0948453

Description	Foreign Amount	Amount
MISCELLANEOUS INCOME	30,359	8,267
SEMINARS AND EDUCATIONAL PROGRAMS	390,077	106,219