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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final 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) | Room/suite
1800 DUKE STREET

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 $ 153,372,019

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

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)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	384
6	Total number of volunteers (estimate if necessary)	6	8,115
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	10,333,036
b	Net unrelated business taxable income from Form 990-T, line 34	7b	1,693,498

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	94,150,876	89,968,737
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,087,350	7,518,796
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,323,646	15,534,055
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	114,561,872	113,021,588
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,130,906	742,184
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	50,315,915	50,034,026
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	58,217,246	62,477,859
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	109,664,067	113,254,069
19	Revenue less expenses Subtract line 18 from line 12	4,897,805	-232,481
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	206,668,817	204,533,051
21	Total liabilities (Part X, line 26)	63,579,175	77,954,667
22	Net assets or fund balances Subtract line 21 from line 20	143,089,642	126,578,384

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

****** | 2015-11-13
Signature of officer | Date

MARY MOHNEY CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
FRANK H SMITH	FRANK H SMITH	2015-11-09		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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SHRM 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? . . . . . ☑ Yes ☐ No

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ including grants of $) (Revenue $)

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 PROGRAMS SHRM PROVIDES VARIOUS FORUMS AND PRODUCTS TO HELP EDUCATE HUMAN RESOURCE PROFESSIONALS AND DISSEMINATE INFORMATION ON HUMAN RESOURCE ISSUES AND PROVIDE A NETWORKING FORUM FOR SUCH PROFESSIONALS

See Additional Data

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses ▶**

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *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 domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		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? *If "Yes," complete Schedule J*	**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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**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), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**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? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		
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? *If "Yes," complete Schedule R, Part VI*	**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	1a	190		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	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	2a	384		
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)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	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*		3b	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)?		4a	Yes	
b	If "Yes," enter the name of the foreign country ▶ IN , CH , BD , AE See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
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?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
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?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
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	**1a**	13		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		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	
b	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				
a	The governing body?		**8a**	Yes	
b	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	
b	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	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	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?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	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
b	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, address, and telephone number of the person who possesses the organization's books and records ▶ MARY MOHNEY

1800 DUKE STREET
ALEXANDRIA, VA 223143499 (703) 548-3440

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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

(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			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								8,592,599	528,541	3,060,856

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶135

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such person*	**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	5,867,559
MARKETING GENERAL INC 625 NORTH WASHINGTON ST 450 ALEXANDRIA, VA 22314	MARKETING SERVICES	2,892,966
BULLY PULPIT INTERACTIVE LLC 1140 CONNECTICUT AVE NW 800 WASH, DC 20036	MARKETING SERVICES	2,627,443
INVNT LLC 138 SPRING STREET 4TH FLOOR NEW YORK, NY 10012	CONFERENCE SERVICES	2,548,721
BLUE WORLDWIDE INC 1875 EYE ST SUITE 900 WASHINGTON, DC 20006	MARKETING/PRODUCTION SERVICES	2,388,807

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 ▶116

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶				
Program Service Revenue		Business Code				
	2a	MEMBERSHIP DUES 900099	45,076,273	45,076,273		
	b	ANNUAL CONFERENCE 900099	24,267,105	19,068,683		5,198,422
	c	ADVERTISING 541800	10,215,883		10,215,883	
	d	SEMINARS 900099	6,562,799	6,562,799		
	e	OTHER CONFERENCES 900099	3,811,465	3,604,065		207,400
	f	All other program service revenue	35,212	35,212		
	g	**Total.** Add lines 2a–2f . . . . . ▶	89,968,737			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	4,618,648		93,561	4,525,087
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶	806,086			806,086
		(i) Real / (ii) Personal				
	6a	Gross rents 1,555,134				
	b	Less rental expenses 1,170,051				
	c	Rental income or (loss) 385,083				
	d	Net rental income or (loss) . . . . . ▶	385,083		11,508	373,575
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 36,254,385				
	b	Less cost or other basis and sales expenses 33,354,237				
	c	Gain or (loss) 2,900,148				
	d	Net gain or (loss) . . . . . ▶	2,900,148			2,900,148
Other Revenue	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 14,339,597				
	b	Less cost of goods sold . . b 5,826,143				
	c	Net income or (loss) from sales of inventory . . ▶	8,513,454	8,501,370	12,084	
		Miscellaneous Revenue / Business Code				
	11a	ADMINISTRATIVE FEES 900099	2,458,478			2,458,478
	b	INSURANCE RECOVERY 900099	1,682,682			1,682,682
	c	MISCELLANEOUS 900099	1,267,231			1,267,231
	d	All other revenue	421,041	283,268		137,773
	e	**Total.** Add lines 11a–11d . . . . . ▶	5,829,432			
	12	**Total revenue.** See Instructions . . . . . ▶	113,021,588	83,131,670	10,333,036	19,556,882

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	742,184			
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	10,043,082			
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	29,039,683			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,744,573			
9 Other employee benefits	4,779,407			
10 Payroll taxes	2,427,281			
11 Fees for services (non-employees)				
a Management				
b Legal	490,667			
c Accounting	78,005			
d Lobbying	376,849			
e Professional fundraising services See Part IV, line 17				
f Investment management fees	573,028			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	11,484,356			
12 Advertising and promotion	6,576,149			
13 Office expenses	9,123,293			
14 Information technology	3,011,914			
15 Royalties				
16 Occupancy	1,081,009			
17 Travel	3,640,708			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,609,891			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,193,550			
23 Insurance	294,811			
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 AGENCY/SALES COMMISSION	2,015,682			
b CHAPTER SUPPORT	1,610,408			
c FOOD & BEVERAGE	1,063,023			
d UBI TAXES	435,245			
e All other expenses	1,819,271			
25 **Total functional expenses.** Add lines 1 through 24e	113,254,069			
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) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		391	1	741
	2	Savings and temporary cash investments		14,758,155	2	12,670,913
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,936,898	4	2,131,509
	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		1,115,261	8	730,926
	9	Prepaid expenses and deferred charges		4,170,762	9	5,499,542
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 61,296,230			
	b	Less accumulated depreciation	10b 22,673,123	36,700,915	10c	38,623,107
	11	Investments—publicly traded securities		121,091,437	11	117,582,795
	12	Investments—other securities See Part IV, line 11		21,712,328	12	21,345,968
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		5,182,670	15	5,947,550
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		206,668,817	16	204,533,051
Liabilities	17	Accounts payable and accrued expenses		12,664,223	17	14,183,163
	18	Grants payable			18	
	19	Deferred revenue		30,803,441	19	32,385,168
	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		3,786,607	23	3,366,968
	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		16,324,904	25	28,019,368
	26	**Total liabilities.** Add lines 17 through 25		63,579,175	26	77,954,667
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		143,089,642	27	126,578,384
	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		143,089,642	33	126,578,384
	34	Total liabilities and net assets/fund balances		206,668,817	34	204,533,051

Part XI Reconcilliation 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	113,021,588
2	Total expenses (must equal Part IX, column (A), line 25)	2	113,254,069
3	Revenue less expenses Subtract line 2 from line 1	3	-232,481
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	143,089,642
5	Net unrealized gains (losses) on investments	5	-5,697,055
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	-10,581,722
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	126,578,384

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?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

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

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

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

OTHER PROGRAM SERVICES CERTIFICATION PROGRAM - SHRM HAS ESTABLISHED TWO COMPETENCY BASED CERTIFICATIONS WHICH ASSESS, THROUGH KNOWLEDGE AND SITUATIONAL JUDGEMENT QUESTIONS, HR PROFESSIONAL CAPABILITIES IN THE ASPECTS OF PRACTICING HR

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			
(1) BETTE J FRANCIS CHAIR	8 00	X		X				38,797	0	0
(1) BRIAN D SILVA CHAIR DESIGNATE	8 00	X		X				30,000	0	0
(2) LORI O CARLSON DIRECTOR	8 00	X						20,000	0	0
(3) JEFFREY M CAVA DIRECTOR	8 00	X						20,000	0	0
(4) JORGE CONSUEGRA DIRECTOR	8 00	X						20,000	0	0
(5) THOMAS W DERRY DIRECTOR (AS OF 08/2014)	8 00	X						10,000	0	0
(6) JAMES A KAITZ DIRECTOR (UNTIL 06/2014)	8 00	X						0	0	0
(7) MY-CHAU NGUYEN DIRECTOR	8 00	X						25,000	0	0
(8) JENNIFER POLLINO DIRECTOR	8 00	X						20,000	0	0
(9) CORETHA M RUSHING DIRECTOR	8 00	X						25,000	0	0
(10) JOSE TOMAS DIRECTOR	8 00	X						25,000	0	0
(11) SCOTT WASHBURN DIRECTOR	8 00	X						20,000	0	0
(12) DAVID WINDLEY DIRECTOR	8 00	X						20,000	0	0
(13) HENRY G JACKSON PRESIDENT & CEO	37 50	X		X				1,091,454	0	683,000
(14) HENRY A HART SECRETARY/GENERAL COUNSEL	37 50			X				459,455	0	256,522
(15) MARY MOHNEY TREASURER/CFO	37 50			X				419,872	0	58,152
(16) J ROBERT CARR SVP, MEM'SHIP, MRKTNG & EXT AFFAIRS	37 50				X			463,235	0	221,215
(17) JEFF TH PON CHRO	37 50 1 00				X			414,255	0	53,925
(18) DEBRA J COHEN SVP, KNOWLEDGE DEVELOPMENT	37 50				X			401,042	0	141,693
(19) BRIAN DICKSON SVP, PROFESSIONAL DEVELOPMENT	37 50				X			374,571	0	130,484
(20) HEIDI BYERLY CHIEF INFORMATION OFFICER	37 50				X			313,913	0	68,075
(21) GARY K RUBIN SVP, PUBL & E-MEDIA (THRU 6/2014)	37 50				X			294,371	0	61,053
(22) MICHAEL AITKEN VP, GOVERNMENT AFFAIRS	37 50				X			278,919	0	72,637
(23) ALEXANDER ALONSO VP, RESEARCH	37 50				X			259,794	0	44,741
(24) MARGO VICKERS CHIEF OF STAFF	37 50				X			255,040	0	125,378

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			
(26) ELISSA O'BRIEN VP, MEMBERSHIP	37 50				X			233,254	0	26,841
(1) ELIZABETH W BLOCK VP, MEETINGS & CONFERENCES	37 50				X			226,671	0	96,416
(2) TIM CANNY VP, ADVERTISING SALES	37 50				X			226,324	0	80,856
(3) AMY THOMPSON VP, PUBLIC RELATIONS	37 50				X			223,557	0	46,514
(4) ELIZABETH O BILLE VP & ASSOCIATE GENERAL COUNSEL	37 50				X			223,540	0	26,858
(5) STACEY B HOLVENSTOT VP, MARKETING	37 50				X			223,424	0	22,764
(6) VLADAN DASIC SR DIR , TECHNOLOGY/INFRASTRUCTURE	37 50				X			220,724	0	52,035
(7) LEON J RUBIS VP, EDITORIAL	37 50				X			208,288	0	150,861
(8) MEGAN SMITH CONTROLLER	37 50				X			206,294	0	27,441
(9) FRANK COLE DIRECTOR, ADMIN SERVICES	37 50				X			176,621	0	114,469
(10) SHIRLEY DAVIS VP, DIVERSITY & INCL (THRU 7/2014)	37 50				X			186,999	0	60,077
(11) MARY K FERRARI DIR, BUSINESS MGMT (THRU 12/2014)	37 50					X		202,946	0	53,445
(12) ROBERT GARCIA DIR, GLOBAL BUS DEVELOPMEN	37 50					X		195,400	0	49,566
(13) HOWARD A WALLACK DIR, GLOBAL MEMBER PROGRAMMING	37 50					X		191,732	0	98,763
(14) MARY ANNE BUI DIR, MARKET RESEARCH	37 50					X		176,169	0	37,827
(15) JESSICA COLLISON DIR, STRATEGIC PLANNING	37 50					X		170,938	0	37,915
(16) LISA L CONNELL FORMER VP EDU /EXECUTIVE DIRECTOR, HRPS	0 00 37 50						X	0	258,167	71,930
(17) MARK SCHMIT FORMER VP RESEARCH/EXECUTIVE DIR , FOUNDATION	0 00 37 50						X	0	270,374	89,403

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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.

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

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political 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		
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-		

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

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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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) Yes	(a) No	(b) 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	Yes	

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	45,076,273
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	1,899,475
b	Carryover from last year	2b	-7,255,368
c	Total	2c	-5,355,893
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	2,704,576
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	-8,060,469

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493317023075

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SOCIETY FOR HUMAN RESOURCE MANAGEMENT

Employer identification number
34-0948453

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 value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ 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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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) Revenue 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 Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided 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	(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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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		5,883,311		5,883,311
b Buildings		33,804,064	12,105,270	21,698,794
c Leasehold improvements				
d Equipment		7,828,558	1,774,562	6,053,996
e Other		13,780,297	8,793,291	4,987,006
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				38,623,107

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTMENT IN SHRM - INDIA	-2,666,108	F
(B) INVESTMENT IN SHRM CORPORATION	351,647	F
(C) HEDGE FUNDS	23,660,429	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	21,345,968	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
ACCRUED BENEFIT COST	27,636,149
DUE TO RELATED ENTITIES	217,353
DEPOSITS	165,866
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	28,019,368

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	113,747,699
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-5,697,055		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	6,996,194		
e	Add lines **2a** through **2d**			2e	1,299,139
3	Subtract line **2e** from line **1**			3	112,448,560
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	573,028		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	573,028
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	113,021,588

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	119,677,235
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	6,996,194		
e	Add lines **2a** through **2d**			2e	6,996,194
3	Subtract line **2e** from line **1**			3	112,681,041
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	573,028		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	573,028
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	113,254,069

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, 2014 AND 2013, 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 1,170,051 COST OF GOODS SOLD 5,826,143
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 1,170,051 COST OF GOODS SOLD 5,826,143

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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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.

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

OMB No 1545-0047

2014

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			3,389,907
b Total from continuation sheets to Part I	0	0			98,009
c **Totals** (add lines 3a and 3b)	0	0			3,487,916

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; do not file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*	☑ 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'S WHOLLY OWNED SUBSIDIARY, STRATEGIC HUMAN RESOURCE MANAGEMENT INDIA PRIVATE LIMITED (SHRM- INDIA), MAINTAINS 3 OFFICES WITH APPROXIMATELY 31 EMPLOYEES AND INDEPENDENT CONTRAC TORS AND PROVIDES PROGRAM SERVICES THROUGH BUSINESS EDUCATION IN SOUTH ASIA SHRM'S WHOLLY OWNED SUBSIDIARY, SHRM CORPORATION, HAS A BEIJING WHOLLY FOREIGN OWNED ENTERPRISE, WHICH MAINTAINS 1 OFFICE WITH 4 EMPLOYEES AND FACILITATES PROGRAM SERVICES THROUGH BUSINESS EDUC ATION IN EAST ASIA AND THE PACIFIC SHRM CORPORATION ESTABLISHED SHRM MANAGEMENT CONSULTIN G (BEIJING) CO , LTD TO PROVIDE HR RESEARCH AND EDUCATIONAL PROGRAMS IN CHINA SHRM CORPO RATION ALSO HAS ANOTHER WHOLLY OWNED SUBSIDIARY, SHRM MIDDLE EAST & AFRICA FZ LLC (SHRM ME A), WHICH MAINTAINS ONE OFFICE WITH APPROXIMATELY 3 EMPLOYEES AND PROVIDES EDUCATIONAL PRO GRAMS IN THE MIDDLE EAST

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
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		2,000,000
SOUTH ASIA	0	0	PROGRAM-RELATED INVESTMENTS		750,000
SUB-SAHARAN AFRICA	0	0	IT SERVICES		455,377

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
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	CERTIFICATION	57,891
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	EDUCATIONAL PROGRAMS	51,424
NORTH AMERICA (INCLUDING CANADA AND MEXICO, BUT NOT THE U S)	0	0	PROGRAM SERVICES	EDUCATIONAL PROGRAMS	29,356

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
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	CERTIFICATION	25,528
SOUTH ASIA	0	0	PROGRAM SERVICES	CERTIFICATION	20,331
NORTH AMERICA (INCLUDING CANADA AND MEXICO, BUT NOT THE U S)	0	0	IT SERVICES		12,255

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
NORTH AMERICA (INCLUDING CANADA AND MEXICO, BUT NOT THE U S)	0	0	PROGRAM SERVICES	EDUCATIONAL PRODUCTS	9,658
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	EDUCATIONAL PROGRAMS	9,079
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	EDUCATIONAL PROGRAMS	7,557

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	CERTIFICATION	6,531
NORTH AMERICA	0	0	PROGRAM SERVICES	CERTIFICATION	6,443
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	EDUCATIONAL PRODUCTS	6,228

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	EDUCATIONAL PRODUCTS	6,200
EAST ASIA AND THE PACIFIC	0	0	MANAGEMENT & GENERAL		5,000
SOUTH AMERICA	0	0	PROGRAM SERVICES	CERTIFICATION	5,000

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
MIDDLE EAST AND NORTH AFRICA	0	0	LEGAL TRADEMARK FEES		4,300
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	MEMBER SERVICES	4,202
EAST ASIA AND THE PACIFIC	0	0	LEGAL TRADEMARK FEES		3,302

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
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	EDUCATIONAL PROGRAMS	3,091
SOUTH AMERICA	0	0	PROGRAM SERVICES	EDUCATIONAL PROGRAMS	2,591
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	LEGAL TRADEMARK FEES		2,200

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	EDUCATIONAL PRODUCTS	1,750
CENTRAL AMERICA AND THE CARIBBEAN	0	0	LEGAL TRADEMARK FEES		1,227
SOUTH AMERICA	0	0	PROGRAM SERVICES	EDUCATIONAL PRODUCTS	1,000

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 AMERICA	0	0	LEGAL TRADEMARK FEES		260
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	MEMBER SERVICES	135

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," 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*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SOCIETY FOR HUMAN RESOURCE MANAGEMENT

Employer identification number
34-0948453

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SHRM FOUNDATION INC 1800 DUKE STREET ALEXANDRIA,VA 223143499	34-6610067	501(C)(3)	640,149				GENERAL OPERATING SUPPORT
(2) HR PEOPLE & STRATEGY INC 1800 DUKE STREET ALEXANDRIA,VA 223143499	13-2989471	501(C)(3)	102,035				GENERAL OPERATING SUPPORT

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 Domestic Individuals.** 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

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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.**

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

OMB No 1545-0047

2014

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 appropiate 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	**1b**	Yes	
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?	**2**	Yes	
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?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations 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?	**5b**		
	If "Yes," to line 5a or 5b, describe in Part III			
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?	**6b**		
	If "Yes," to line 6a or 6b, describe in Part III			
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 accured 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 in column(B) 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 2014, 2 HIGHEST COMPENSATED EMPLOYEES, 5 KEY EMPLOYEES AND 9 DIRECTORS/OFFICERS RECEIVED FIRST CLASS TRAVEL/BUSINESS BENEFITS 1 DIRECTOR 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 2014, J ROBERT CARR, DEBRA J COHEN, HENRY A HART AND HENRY G JACKSON 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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
1 HENRY G JACKSON, PRESIDENT & CEO	(I)	626,841	464,613	0	672,355	10,645	1,774,454	0
	(II)	0	0	0	0	0	0	0
1 HENRY A HART, SECRETARY/GENERAL COUNSEL	(I)	324,327	135,128	0	244,037	12,485	715,977	0
	(II)	0	0	0	0	0	0	0
2 MARY MOHNEY, TREASURER/CFO	(I)	305,886	113,986	0	43,766	14,386	478,024	0
	(II)	0	0	0	0	0	0	0
3 J ROBERT CARR, SVP, MEM'SHIP, MRKTNG & EXT AFFAIRS	(I)	348,236	114,999	0	208,730	12,485	684,450	0
	(II)	0	0	0	0	0	0	0
4 JEFF TH PON, CHRO	(I)	319,881	94,374	0	36,524	17,401	468,180	0
	(II)	0	0	0	0	0	0	0
5 DEBRA J COHEN, SVP, KNOWLEDGE DEVELOPMENT	(I)	294,172	106,870	0	128,191	13,502	542,735	0
	(II)	0	0	0	0	0	0	0
6 BRIAN DICKSON, SVP, PROFESSIONAL DEVELOPMENT	(I)	271,460	103,111	0	124,283	6,201	505,055	0
	(II)	0	0	0	0	0	0	0
7 HEIDI BYERLY, CHIEF INFORMATION OFFICER	(I)	221,306	92,607	0	63,280	4,795	381,988	0
	(II)	0	0	0	0	0	0	0
8 GARY K RUBIN, SVP, PUBL & E-MEDIA (THRU 6/2014)	(I)	161,718	132,653	0	59,253	1,800	355,424	0
	(II)	0	0	0	0	0	0	0
9 MICHAEL AITKEN, VP, GOVERNMENT AFFAIRS	(I)	214,590	64,329	0	55,767	16,870	351,556	0
	(II)	0	0	0	0	0	0	0
10 ALEXANDER ALONSO, VP, RESEARCH	(I)	215,450	44,344	0	27,871	16,870	304,535	0
	(II)	0	0	0	0	0	0	0
11 MARGO VICKERS, CHIEF OF STAFF	(I)	196,996	58,044	0	120,583	4,795	380,418	0
	(II)	0	0	0	0	0	0	0
12 ELISSA O'BRIEN, VP, MEMBERSHIP	(I)	204,810	28,444	0	9,440	17,401	260,095	0
	(II)	0	0	0	0	0	0	0
13 ELIZABETH W BLOCK, VP, MEETINGS & CONFERENCES	(I)	174,315	52,356	0	91,621	4,795	323,087	0
	(II)	0	0	0	0	0	0	0
14 TIM CANNY, VP, ADVERTISING SALES	(I)	181,015	45,309	0	66,470	14,386	307,180	0
	(II)	0	0	0	0	0	0	0
15 AMY THOMPSON, VP, PUBLIC RELATIONS	(I)	171,721	51,836	0	35,412	11,102	270,071	0
	(II)	0	0	0	0	0	0	0
16 ELIZABETH O BILLE, VP & ASSOCIATE GENERAL COUNSEL	(I)	189,043	34,497	0	26,858	0	250,398	0
	(II)	0	0	0	0	0	0	0
17 STACEY B HOLVENSTOT, VP, MARKETING	(I)	172,346	51,078	0	22,764	0	246,188	0
	(II)	0	0	0	0	0	0	0
18 VLADAN DASIC, SR DIR , TECHNOLOGY/INFRASTRUCTURE	(I)	186,546	34,178	0	41,390	10,645	272,759	0
	(II)	0	0	0	0	0	0	0
19 LEON J RUBIS, VP, EDITORIAL	(I)	160,507	47,781	0	136,475	14,386	359,149	0
	(II)	0	0	0	0	0	0	0

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

(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 in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 MEGAN SMITH, CONTROLLER	(I)	162,213	44,081	0	10,040	17,401	233,735	0
	(II)	0	0	0	0	0	0	0
1 FRANK COLE, DIRECTOR, ADMIN SERVICES	(I)	148,359	28,262	0	112,569	1,900	291,090	0
	(II)	0	0	0	0	0	0	0
2 SHIRLEY DAVIS, VP, DIVERSITY & INCL (THRU 7/2014)	(I)	124,477	62,522	0	49,432	10,645	247,076	0
	(II)	0	0	0	0	0	0	0
3 MARY K FERRARI, DIR, BUSINESS MGMT (THRU 12/2014)	(I)	180,280	22,666	0	51,045	2,400	256,391	0
	(II)	0	0	0	0	0	0	0
4 ROBERT GARCIA, DIR, GLOBAL BUS DEVELOPMEN	(I)	167,275	28,125	0	35,180	14,386	244,966	0
	(II)	0	0	0	0	0	0	0
5 HOWARD A WALLACK, DIR, GLOBAL MEMBER PROGRAMMING	(I)	154,569	37,163	0	84,377	14,386	290,495	0
	(II)	0	0	0	0	0	0	0
6 MARY ANNE BUI, DIR, MARKET RESEARCH	(I)	146,527	29,642	0	37,827	0	213,996	0
	(II)	0	0	0	0	0	0	0
7 JESSICA COLLISON, DIR, STRATEGIC PLANNING	(I)	147,075	23,863	0	25,430	12,485	208,853	0
	(II)	0	0	0	0	0	0	0
8 LISA L CONNELL FORMER VP, EDU /EXECUTIVE DIRECTOR, HRPS	(I)	0	0	0	0	0	0	0
	(II)	203,385	54,782	0	58,428	13,502	330,097	0
9 MARK SCHMIT FORMER VP, RESEARCH/EXECUTIVE DIR , FOUNDATION	(I)	0	0	0	0	0	0	0
	(II)	207,452	62,922	0	83,202	6,201	359,777	0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **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.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SOCIETY FOR HUMAN RESOURCE MANAGEMENT

Employer identification number
34-0948453

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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	(d) Corrected? 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? To	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? No

Total ▶ $			

Part III Grants or Assistance Benefiting 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	533,615	EVENTSSHRM 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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

Return Reference	Explanation
FORM 990, PART III, LINE 2	SEE PART III, LINE 4E RESPONSE

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 DEPARTMENT HEAD, SVP OR HUMAN RESOURCES AT MINIMUM, IF AN EMPLOYEE OR HIS/HER IMMEDIATE FAMILY MEMBER HAVE AN INTEREST IN A VENDOR THE EMPLOYEE IS REQUIRED TO DISCLOSE SUCH CONFLICT OF INTEREST TO THEIR SVP (OR CEO IF THEY ARE A SVP) AND THE EMPLOYEE MUST NOT BE INVOLVED IN THE SELECTION, MANAGEMENT OR OVERSIGHT OF SUCH VENDOR ALL CONTRACTS OVER $10,000 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	ADMINISTRATIVE SERVICES 799,178 BUILDING SERVICES 530,770 COMMUNICATION SERVICES 83,696 DIGITAL SERVICES 132,457 EDUCATION SERVICES 2,757,403 EXECUTIVE SERVICES 9,092 FINANCIAL SERVICES 829,177 FULFILLMENT SERVICES 97,212 HR SERVICES 261,461 MARKETING SERVICES 3,524,058 MEMBERSHIP SERVICES 151,442 PUBLICATION SERVICES 821,926 RESEARCH SERVICES 519,358 STAFF DEVELOPMENT 313,626 STRATEGIC MANAGEMENT SERVICES 640,396 TECHNOLOGY SERVICES 13,104

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PENSION-RELATED CHANGES OTHER THAN NET PERIODIC BENEFIT COSTS -10,581,722

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

OMB No 1545-0047

2014

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	(g) No
(1) SHRM FOUNDATION INC 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 INC 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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) No
(1) SHRM CORPORATION 1800 DUKE STREET ALEXANDRIA, VA 223143499 76-0839798	ON-LINE JOBS ADVERTISING PROGRAM	VA	SOCIETY FOR HUMAN RESOURCE MANAGEMENT	C	2,799,493	377,814	100 000 %	Yes	
(2) STRATEGIC HUMAN RESOURCE MGM'T INDIA PVT LTD TRADE CENTER LEVEL1 1056 BANDRA KURLA COMPLEX, MUMBAI 40051 IN 80-2212005	HR RESEARCH AND EDUCATIONAL PROGRAMS IN INDIA	IN	SOCIETY FOR HUMAN RESOURCE MANAGEMENT	C	1,476,562	1,455,648	100 000 %	Yes	
(3) SHRM MEA FZ-LLC EXECUTIVE OFFICE NO 21 BLOCK 09 DUBAI AE	EDUCATIONAL PROGRAMS IN THE MIDDLE EAST	AE	SHRM CORPORATION	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.

		Yes	No
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 orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f	Yes	
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h	Yes	
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	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			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

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 related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
COUNCIL FOR GLOBAL IMMIGRATION	L	203,600	FMV
COUNCIL FOR GLOBAL IMMIGRATION	N	89,200	FMV
COUNCIL FOR GLOBAL IMMIGRATION	Q	269,184	COST
HR PEOPLE & STRATEGY INC	B	102,035	CASH
HR PEOPLE & STRATEGY INC	L	148,644	FMV
HR PEOPLE & STRATEGY INC	Q	135,984	COST
SHRM CORPORATION	F	1,075,000	CASH
SHRM CORPORATION	L	415,363	FMV
SHRM CORPORATION	P	337,339	COST
SHRM CORPORATION	Q	188,994	COST
SHRM CORPORATION	O	271,833	COST
SHRM FOUNDATION INC	B	640,149	CASH
SHRM FOUNDATION INC	L	527,368	COST
SHRM FOUNDATION INC	N	73,100	FMV
SHRM FOUNDATION INC	Q	269,184	COST
SHRM MANAGEMENT CONSULTING (BEIJING) CO LTD	L	89,977	FMV
SHRM MANAGEMENT CONSULTING (BEIJING) CO LTD	P	59,937	COST
SHRM MEA FZ-LLC	Q	372,168	COST
STRATEGIC HUMAN RESOURCE MGM'T INDIA PVT LTD	B	750,000	CASH
STRATEGIC HUMAN RESOURCE MGM'T INDIA PVT LTD	G	59,690	COST
STRATEGIC HUMAN RESOURCE MGM'T INDIA PVT LTD	L	542,900	FMV
STRATEGIC HUMAN RESOURCE MGM'T INDIA PVT LTD	P	209,658	COST
STRATEGIC HUMAN RESOURCE MGM'T INDIA PVT LTD	Q	426,452	COST