Department of the Treasury

DLN: 93493319171527 OMB No 1545-0047

2016

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

Open to Public

| Fo | or the 2016 | calendar year, or tax year beginning 01 | -01-2016 , and ending 1 | 2-31-2016 | | | | |
|--|--|---|--|---|--|--|--|--|
| | ck ıf applıcable | C Name of organization WISCONSIN COUNCIL-SOCIETY FOR HUMAN | | | D Employe | r identific | cation number | |
| | dress change me change | RESOURCE MANAGEMENT | | | 39-1559 | 013 | | |
| | tial return | Doing business as | | | | | | |
| Fin | ial rn/terminated | | | | E Telephone | number | | |
| | nended return | Number and street (or P O box if mail is not 2820 WALTON COMMONS LN NO 103 | delivered to street address) Roo | m/suite | | | | |
| □App | plication pendir | City or town, state or province, country, and | ZIP or foreign postal code | | (608) 20 | 4-9827 | | |
| | | MADISON, WI 537188814 | err or releight postar code | | G Gross rec | eints \$ 67i | 6.813 | |
| | | F Name and address of principal officer | | H(a) Ic | this a group reti | • | | |
| | | JOHN KOMOSA | | 1 | bordinates? | 1111101 | □Yes ☑ No | |
| | | 2820 WALTON COMMONS LN NO 103 MADISON, WI 537188814 | | Н(b) Аг | e all subordinate | es | ☐ Yes ☐No | |
| Tax | x-exempt statu | ☐ 501(c)(3) ☑ 501(c)(6) ◀ (insert no |) | I | cluded? "No," attach a lis | t (see u | | |
| W | ehsite: > \W | NW WISHRM ORG | 7) | | oup exemption i | | • | |
| | CDSICCIP II | WW WISHING ONC | | | | | | |
| Form | n of organizatio | Corporation Trust 🗹 Association | Other ► | L Year of f | ormation 1948 | M State o | f legal domicile WI | |
| | | | | | | | | |
| Pa | | nmary | | | | | | |
| | | scribe the organization's mission or most s CONSIN COUNCIL-SOCIETY FOR HUMAN RI | | RESENTS HUM | AN RESOURCE P | ROFESSI | ONALS IN | |
| | | SIN AND IS SUPPORTED THROUGH THE NA | | | | | | |
| 2 | | IS TO BE THE RECOGNIZED STATE LEADE ANCING THE VALUE OF SHRM MEMBERSHI | | NAGEMENT BY | BRINGING THE S | OCIETY | CLOSER TO HOME | |
| | AND LINI | ANCING THE VALUE OF SHRM MEMBERSHI | r | | | | | |
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| ś | | ils box > | | | | sets 3 | 59 | |
| ٠, | | of independent voting members of the gov | , | | | 4 | 59 | |
| | | of independent voting members of the gov mber of individuals employed in calendar y | | 5 | 0 | | | |
| 12. | 1 | mber of individuals employed in calendar y | • • • • | | | 6 | 80 | |
| ` | 1 | related business revenue from Part VIII, co | | | • • | 7a | 7,200 | |
| | | elated business taxable income from Form 9 | | | • | 7a 7b | 7,200 | |
| | B Nec an | nated business taxable meanle from Form | 750 1, IIIIC 34 1 1 1 1 1 | | Prior Year | | Current Year | |
| | 8 Contrib | tions and grants (Part VIII, line 1h) | | | 18,9 | | 9,578 | |
| ēπι | | service revenue (Part VIII, line 2g) | | 645,3 | _ | | | |
| Ravenua | _ | ent income (Part VIII, column (A), lines 3, | | | <u> </u> | 415 | | |
| œ. | 1 | venue (Part VIII, column (A), lines 5, 6d, 8 | • | | | 1 | 508 | |
| | | venue (Part VIII. column (A). lines 5. 60. 8 | 3c. 9c. 10c. and 11e) | | 5.7 | 00 | 7.200 | |
| | | | | 2) | 5,7 ¹ 670,3 | | 7,200 676,813 | |
| | 13 Grants | venue—add lines 8 through 11 (must equal | Part VIII, column (A), line 1 | 2) | 670,3 | 82 | 676,813 | |
| | | | Part VIII, column (A), line 1 A), lines 1-3) | 2) | | 82 | | |
| ş | 14 Benefits | venue—add lines 8 through 11 (must equal and similar amounts paid (Part IX, column (| Part VIII, column (A), line 1 A), lines 1-3) | | 670,3 | 82 02 | 676,813 106,050 | |
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☑ Yes ☐ No

| Form | 990 (2 | 016) | | | | Page 2 | | | | | | |
|---|-----------------|--|---------------------------------------|-----------------------------|---|---------------------|--|--|--|--|--|--|
| Par | t III | Statement of Program | Service Accomplis | hments | | | | | | | | |
| | | Check if Schedule O contain | s a response or note to | any line in this Part III . | | 🗆 | | | | | | |
| 1 | Briefly | / describe the organization's r | nission | | | | | | | | | |
| | | Y'S MISSION IS TO BE THE R ENHANCING THE VALUE OF S | | DER IN HUMAN RESOURC | E MANAGEMENT BY BRINGING TH | E SOCIETY CLOSER TO | | | | | | |
| 2 | | e organization undertake any | | - · | ch were not listed on | ☐ Yes ☑ No | | | | | | |
| | | for 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 | | | | | | | | | | | | |
| 3 | servic | es? | | - | | ☐ Yes ☑ No | | | | | | |
| 4 | Sectio | | ganizations are required | to report the amount of | rgest program services, as measu grants and allocations to others, t | | | | | | | |
| 4a | (Code |) (Expense | es \$ | including grants of \$ |) (Revenue \$ |) | | | | | | |
| | See Ad | dditional Data | · | | | | | | | | | |
| 4b | (Code See Ad |) (Expensi Iditional Data | es \$ | including grants of \$ |) (Revenue \$ |) | | | | | | |
| 4c | (Code |) (Expense | es \$ | including grants of \$ |) (Revenue \$ |) | | | | | | |
| | | | | | | | | | | | | |
| 4d | | program services (Describe i | n Schedule O) including grants of | \$ |) (Revenue \$ |) | | | | | | |
| 4e | Total | program service expenses | s ≯ | | | | | | | | | |
| | | | | | | | | | | | | |

or X as applicable

Section 501(c)(3) organizations.

Checklist of Required Schedules Part IV Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3 for public office? If "Yes," complete Schedule C, Part I

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

b Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

lines 1c and 8a? If "Yes," complete Schedule G, Part II

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

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

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "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

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space.

Did the organization maintain collections of works of art, historical treasures, or other similar assets?

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

4

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9

10

11a

11b

11c

11d

11e

11f

12a

12b

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14a

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No

Form 990 (2016)

| Part IV | Checklist of Required Schedules (continued) | | |
|---------|---|-----|----|
| | | Yes | No |
| | 2.76 // // // // // // // // // // // // // | | |

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

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 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

current and former officers, directors, trustees, key employees, and highest compensated employees If "Yes,"

20a 20b

21

22

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24a

24b

24c

24d

25a

25b

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28a

28b

28c

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35a

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Yes

Form 990 (2016)

Yes

Page 4

Nο

Νo

Nο

Νo

Nο

| orm ' | 990 (2016) | | | Page ! |
|-------|--|------------|-----|--------|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 29 | 1 1 | | |
| | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | |
| | 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 | | | |
| | | 2b | | |
| 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) | 20 | | |
| За | 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 | | No |
| b | If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | 110 |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| | | 20 | | |
| С | 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 |
| | 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). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor? | 7a | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | - | | |
| 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? | 9 a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 0 | Section 501(c)(7) organizations. Enter | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | 1 | | |
| 1 | Section 501(c)(12) organizations. Enter | 1 | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) |] | | |
| .2a | 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 | | | |
| .3 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | 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 | | | |
| С | Enter the amount of reserves on hand |] | | |
| | | 1 | | No |
| 4a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | NO |

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|------|--|------------|-----------|---------------|
| Par | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions | " respo | nse to li | _ |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | ✓ |
| Se | ction A. Governing Body and Management | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 59 | | Yes | No |
| | 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 59 | | | |
| 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 | | No |
| 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 | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7 b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | 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 |
| Se | ection B. Policies (This Section B requests information about policies not required by the Internal Revenu | e Code | ⊋.) | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | Yes | |
| | 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 | | No |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> | 12c | | No |
| 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? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | No |
| b | Other officers or key employees of the organization | 15b | | No |
| | 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 | | |
| Se | ection C. Disclosure | | | |
| 17 | List the States with which a copy of this Form 990 is required to be filed▶ | | | |
| 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 | | | |
| 19 | Own website Another's website Upon request Other (explain in Schedule O) 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 | | | |
| | State the name, address, and telephone number of the person who possesses the organization's books and records | | | |

(A)

Name and Title

Part VII

(F)

Estimated

amount of other

(E)

Reportable

compensation

| Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Emp | loyees, |
|---|---------|
| and Independent Contractors | |

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

(C)

Position (do not check more

than one box, unless person

(D)

Reportable

compensation

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

(B)

Average

hours per

week (list is both an officer and a from the from related compensation anv hours director/trustee) organization (Worganizations from the for related 2/1099-MISC) (W- 2/1099organization and Highest or employee Individual trustee or director Former organizations related MISC) Institutional Trustee below dotted employee organizations line) compensated See Additional Data Table

Form 990 (2016) Page 8 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 | | | ox, u in off tor/t | t che unles ficer ruste | (E) Reportable compensation from related organizations (W- | Estima amount o compens from t | ited f other sation the | | | |
|-------|--|---|---|-------------------|--------------------------|----------------------------------|--|---|----------------------------------|-------------|-----|----|
| | | for related organizations below dotted line) | Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee | | 2/1099-MISC) | 2/1099-MISC) | organizati relate organiza | ed | | | | |
| See / | Additional Data Table | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 1b S | Sub-Total | | | <u> </u> | | | <u> </u> | | | | | |
| сТ | otal from continuation sheets to Pa | art VII, Sectio | nΑ. | | | | • | | | | | |
| | otal (add lines 1b and 1c) | | | | | | > | | 0 | 0 | | 0 |
| 2 | Total number of individuals (including of reportable compensation from the | | | e liste | ed al | bove | ₃) who | rece | eived more than \$10 | 00,000 | | |
| | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 2</i> | | | ee, ke | ey eı • | mplo • | yee, c | or his | ghest compensated | employee on | | No |
| 4 | For any individual listed on line 1a, is | | | | | | | | | the | | |
| | organization and related organization individual | s greater than \$ | .150,000 | ס? <i>If</i> • | "Yes | ," cc | mplet. | e Sc | hedule J for such | 4 | , | No |

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

| 4 | For any ind | ividua | al liste | o D | n lin | e la | a, IS | th |
|---|--------------|--------|----------|------|-------|------|-------|-----|
| | organizatioi | n and | relate | ed c | rga | nıza | tion | s c |
| | ındıvıdual | | • | • | • | ٠ | • | |
| | | | | | | | | |

Section B. Independent Contractors

compensation from the organization ▶ 0

5

Nο Νo

(C)

Compensation

Form 990 (2016)

5

(B)

Description of services

| Part | | I Statement of | Revenue | | | | | | | | rage 3 |
|--|----------|---|---------------|------------|---------------------------------------|--------------|---------------|----------------------------|-----------------------|--------------------------------|--|
| . arc | | | | a respo | onse or note to any | / line in th | ns Part VIII | | | | \square |
| | | Check ii Schedule | o contains | и горк | And of field to unity | (4 | A) revenue | (I Relat exe fund | ed or mpt ction | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections |
| | 1 2 | Federated campaign | | | | reve | enue | 1 | 512-514 | | |
| ats at | | b Membership dues . | | 1a | | | | | | | |
| ran oui | | • | | 1b | | | | | | | |
| . G | | c Fundraising events | | 1c | | | | | | | |
| ifts ar / | ۱ ۹ | d Related organization | าร | 1 d | | | | | | | |
| ບ ຼີ | • | e Government grants (co | ntributions) | 1e | | | | | | | |
| Sir | 1 | All other contributions, and similar amounts no | | | | | | | | | |
| Contributions, Giffs, Grants and Other Similar Amounts | | above | e meiadea | 1f | 9,578 | | | | | | |
| 音音 | | 9 Noncash contribution | ns included | | | | | | | | |
| Cont and | | ın lınes 1a-1f \$ | | | | | | | | | |
| ع ت | <u> </u> | Total.Add lines 1a-1f | f | | | | 9,578 | | | | |
| ile L | | | | | Business | s Code | | | | | |
| ven | 2a | CONFERENCE INCOME | | | | 561920 | 6 | 02,827 | 602, | 327 | |
| æ | | WISCONSIN HR JOBS | | | | 541519 | | 33,575 | 33,. | | |
| Service Revenue | С | EDUCATIONAL PARTNER | | | | 511140 | | 23,125 | 23, | 125 | |
| Ser | d | | | _ | | | | | | | + |
| Ē | e | | | _ | | | | | | | + |
| Program | f | All other program ser | vice revenue | | | 650 537 | | | | I | 1 |
| ď | g | Total.Add lines 2a-2f | | | > | 659,527 | | | | | |
| | 3 | Investment income (in | cluding divid | ends, i | nterest, and other | | 500 | Ţ | | | 500 |
| | | similar amounts) | | | | ▶} | 508 | 3 | | | 508 |
| | | Income from investme | | | | - | | | | | |
| | 5 | Royalties Г | (ı) Rea | | | <u> </u> | | | | | |
| | 62 | Gross rents | (I) Rea | ı | (II) Personal | \dashv | | | | | |
| | - | | | | | | | | | | |
| | b | Less rental expenses | | | | | | | | | |
| | _ | Rental income or | | | | 4 | | | | | |
| | ٠ | (loss) | | | | | | | | | |
| | d | Net rental income or | (loss) | | | | | | | | |
| | | | (ı) Securit | ies | (II) Other | | | | | | |
| | 7a | Gross amount from sales of | | | | | | | | | |
| | | assets other than inventory | | | | | | | | | |
| | | , , , , , , , , , , , , , , , , , , , | | | | 4 | | | | | |
| | b | Less cost or other basis and | | | | | | | | | |
| | | sales expenses Gain or (loss) | | | | \dashv | | | | | |
| | | Net gain or (loss) | | | ▶ | \dashv | | | | | |
| | | Gross income from fu | | | | 1 | | | | | |
| e n | | (not including \$ | | of | | | | | | | |
| Other Revenue | | contributions reported See Part IV, line 18 | | a | } | | | | | | |
| ₹ev | ь | Less direct expenses | | ь | | 1 | | | | | |
| er [| | : Net income or (loss) f | | sing ev | ents 🕨 | | | | | | |
| th | 9a | Gross income from ga | | es | | | | | | | |
| U | | See Part IV, line 19 | | а | | | | | | | |
| | ь | Less direct expenses | | b | | \dashv | | | | | |
| | | : Net income or (loss) f | | | les • | | | | | | |
| | | Gross sales of invento | | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | | returns and allowance | es | | J | | | | | | |
| | | | | a | | 4 | | | | | |
| | | Less cost of goods so | | Ь | | | | | | | |
| | С | Net income or (loss) f Miscellaneous I | | invent | | | | | | | |
| | 11 | Miscellaneous I | | | Business Code 54180 | 20 | 7,200 | | | 7,200 | |
| | | ADVERTISING REVE | NUE | | 34100 | , | 7,200 | | | 7,200 | |
| | | | | | | | | | | | |
| | b |) | | | | | | | | | |
| | | | | | | | | | | | |
| | c | : | | | | | | | | | |
| | | | | | | | | | | | |
| | d | All other revenue . | | | | | | | | | |
| | e | Total. Add lines 11a- | -11d | | | | 7,200 | o | | | |
| | 12 | Total revenue. See | Instructions | | | | | | 650 5 | = | |
| | | | | | <u> </u> | | 676,813 | PI . | 659,527 | 7,200 | 508 Form 990 (2016) |

| Forr | n 990 (2016) | | | | Page 10 |
|------|---|----------------------|---------------------|--------------------|--|
| | ITLIX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co | Jumps All other ergs | nizations must com | ploto column (A) | |
| seci | Check if Schedule O contains a response or note to any | - | | | \square |
| Do | not include amounts reported on lines 6b, | (A) | (B) Program service | (C) Management and | (D) |
| 7b, | 8b, 9b, and 10b of Part VIII. | Total expenses | expenses | general expenses | Fundraisingexpenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 106,050 | | | |
| 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, line 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | | | | |
| 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 | | | | |
| 8 | Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees) | | | | |
| a | a Management | 52,664 | | | |
| Ŀ | Legal | | | | |
| (| : Accounting | 1,350 | | | |
| c | iLobbying | | | | |
| • | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 7,963 | | | |
| 14 | Information technology | 21,600 | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | 25,546 | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials • | | | | |
| 19 | Conferences, conventions, and meetings | 393,088 | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | 1,051 | | | |
| | 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 | | | | |
| | <u>b</u> | | | | |
| | c | | | | |
| | d All other synances | | | | |
| | e All other expenses | 600.242 | | | |
| | Total functional expenses. Add lines 1 through 24e | 609,312 | | | |
| ∠0 | 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) | | | | |

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Liabilities 22

Fund Balances

Assets or 30

Net

Check if Schedule O contains a response or note to any line in this Part IX . (A) (B) Beginning of year End of year

Cash-non-interest-bearing . Savings and temporary cash investments . .

3 Pledges and grants receivable, net . . Accounts receivable, net . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 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 Notes and loans receivable, net

Assets Inventories for sale or use .

Prepaid expenses and deferred charges .

10a Land, buildings, and equipment cost or other

10a basis Complete Part VI of Schedule D

10b

Less accumulated depreciation Investments—publicly traded securities .

11 12 Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11

Intangible assets Other assets See Part IV, line 11 . Total assets.Add lines 1 through 15 (must equal line 34) . . .

13 14 15 Accounts payable and accrued expenses Grants payable . .

16 17 18 19 Deferred revenue . . . 20 Tax-exempt bond liabilities

Escrow or custodial account liability Complete Part IV of Schedule D

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 . Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties . Other liabilities (including federal income tax, payables to related third parties,

and other liabilities not included on lines 17-24)

Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 .

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Unrestricted net assets

Temporarily restricted net assets

1.250

361,287 27

361,287

362.537

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Page **11**

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428,788

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Form **990** (2016)

| Form | 990 (2016) | | | | Page 12 |
|------|---|--------|-----|-----|----------------|
| Par | t 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 | | | 676,813 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 609,312 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | | 67,501 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | 361,287 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 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 | | | |
| _ | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | _ | | | 428,788 |
| | t XII Financial Statements and Reporting | 10 | | | 420,700 |
| FGI | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | • • | ••• | Yes | No. |
| | | | | res | NO |
| 1 | Accounting method used to prepare the Form 990 | | | | |
| | 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 separate basis, consolidated basis, or both | on a | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | |
| | | | _, | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both | basis, | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | |
| С | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sche | dule O | | | |
| _ | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Su | | | | |

Audit Act and OMB Circular A-133? За Νo

3b

Form **990** (2016)

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

Additional Data

Software ID: Software Version:

EIN: 39-1559013

Name: WISCONSIN COUNCIL-SOCIETY FOR HUMAN

RESOURCE MANAGEMENT

Form 990 (2016)

Form 990, Part III, Line 4a: THE WISCONSIN COUNCIL-SOCIETY FOR HUMAN RESOURCE MANAGEMENT SPONSORED FOUR CONFERENCES DURING THE YEAR. THE SOCIETY'S ANNUAL CONFERENCE, A LEADERSHIP CONFERENCE, A STUDENT CONFERENCE, AND A DAY ON THE HILL

Form 990, Part III, Line 4b: WISCONSIN HR JOBS ATTRACTS CANDIDATES FOR HUMAN RESOURCES POSITIONS AND FACILITATES THE CONTINUING CAREER DEVELOPMENT OF HUMAN RESOURCES. PROFESSIONALS THROUGHOUT WISCONSIN

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation compensation amount of other hours per person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest compens Former Individual trustee or director Institutional organizations MISC) MISC) related below dotted organizations employee line)

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SHRM-RACINE & KENOSHA AREA

SOCIAL MEDIA DIRECTOR

SUSAN RICHARDSON

SHELLY TRENT

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CALLIE ZIPPLE

| STATE DIRECTOR | | | | | | | |
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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours organizations and a director/trustee) organization from the for related (W-2/1099-(W-2/1099organization and Highest compensate Former Individual trustee or director Key employee Institutional MISC) organizations MISC) related below dotted organizations line) Trustee

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W- 2/1099-(W- 2/1099organization and Individual trustee or director Highest compensat Former key employee Institutional MISC) MISC) organizations related below dotted organizations line) Trustee 1 00

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent, Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organizations organization from the for related (W-2/1099-(W-2/1099organization and Highest compensated employee Former Individual trustee or director Key employee Institutional MISC) organizations MISC) related below dotted organizations line)

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Compensated Employees, and Independent, Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours organizations and a director/trustee) organization from the for related (W-2/1099-(W-2/1099organization and Highest compensate Former Individual trustee or director Key employee Institutional organizations MISC) MISC) related below dotted organizations line) Trustee

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

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MARGO BRONK

CHRISTA BIGA

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| | organizations below dotted line) | Indradual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | MISC) | MISC) | related organizations |
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| Schedule I (Form 990) Department of the Treasury Internal Revenue Service | | OMB No 1545-0047 2016 Open to Public Inspection | | | | | |
| Name of the organization | CIETY FOR HUMAN | | | | | Employer identi | fication number |
| WISCONSIN COUNCIL-SO RESOURCE MANAGEMEN | | | | | | 39-1559013 | |
| Part I General I | Information on Grants | and Assistance | | | | | |
| the selection criter | ion maintain records to sub ia used to award the grants the organization's procedu | or assistance? | | | | e, and | ☑ Yes □ No |
| | Other Assistance to Don d more than \$5,000 Part I | | | nts. Complete if the or | ganızatıon answered "Yes" | on Form 990, Part IV, li | ne 21, for any recipient |
| (a) Name and addre organization or government | ss of (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 |
| 2 Enter total number | of section 501(c)(3) and g | overnment organizations | s listed in the line 1 table . | | | • | |
| 3 Enter total number | of other organizations liste | ed in the line 1 table. | | | | • | 5 |
| For Paperwork Reduction | Act Notice, see the Instruction | ons for Form 990. | | Cat No 50055 | P | S | chedule I (Form 990) 2016 |

| Schedule I (Form 990) 2016 | | | | | | Page 2 |
|----------------------------|----------------|--|--------------------------|-----------------------------------|---|---|
| | | Domestic Individuational space is needed | als. Complete if the org | ganızatıon answered "Yes" | on Form 990, Part IV, line 22 | |
| (a) Type of grant or a | essistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
| Part IV Supplemen | ntal Informati | on. Provide the inf | ormation required in | Part I, line 2, Part III, | , column (b), and any other a | dditional information. |
| Return Reference | Explanati | on | | | | |
| PART I. LINE 2 | THE SOCIE | TY HAS 19 LOCAL SH | RM CHAPTERS ACROSS | THE STATE, EACH THAT | PROVIDE PROGRAMMING AND NE | TWORKING OPPORTUNITIES IN THE LOCAL AREA. |

WHICH THEY HELP TO SUPPORT

Additional Data

| | | Software ID: | : | | | | | | |
|--|------------|----------------------------------|-----------------------------|--|---|--|---------------------------------------|--|--|
| | | Software Version: | : | | | | | | |
| | | EIN: | : 39-1559013 | | | | • | | |
| | | Name: | RESOURCE MANAGE | | UMAN | | | | |
| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
| (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 | | |
| FOX VALLEY SOCIETY FOR HUMAN RESOURCE MANAGEMENT PO BOX 871 APPLETON, WI 549120871 | 20-0296487 | 501(C)(6) | 13,372 | | | | GENERAL SUPPORT | | |
| GREATER MADISON AREA SOCIETY FOR HUMAN RESOURCE MANAGEMENT INC 2820 WALTON COMMONS LN STE 103 MADISON, WI 537188814 | 39-1431601 | 501(C)(6) | 18,917 | | | | GENERAL SUPPORT | | |

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 39-1797616 501(C)(6) 23.140 GREEN BAY AREA CHAPTER IGENERAL SUPPORT SOCIETY FOR HUMAN RESOURCE MANAGEMENT PO BOX 12761 8,702 39-1735487 501(C)(6) IGENERAL SUPPORT

GREEN BAY, WI 543072761 LA CROSSE AREA SOCIETY FOR HUMAN RESOURCE MANAGEMENT PO BOX 513

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

LA CROSSE, WI 546020513

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant **(b)** EIN organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(C)(6) 24.900 METRO MILWAUKEE SHRM INC 39-1131159 GENERAL SUPPORT PO BOX 833 GERMANTOWN, WI

| efile GRAPH | IC print - DO NOT PROCESS As Filed Data - | D | LN: 93493319171527 | | | | |
|---|---|--|---------------------|--|--|--|--|
| SCHEDUL (Form 990 or EZ) | 99()- Complete to provide information for Form 990 or 990-EZ or to provi ► Attach to Form ► Information about Schedule O (Form 900) www.irs.go | al Information to Form 990 or 990-EZ vide information for responses to specific questions on or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. | | | | | |
| RESOURCE MANAG | CIL-SOCIETY FOR HUMAN | 39-1559013 | entification number | | | | |
| Return Reference | | Explanation | | | | | |
| FORM 990, PART VI, SECTION B, LINE 11B | THE PREPARED FORM 990 IS REVIEWED BY THE EXE BEFORE THE RETURN IS FILED WITH THE IRS | CUTIVE COMMITTEE AND APPROVED BY | THE GOVERNING BODY | | | | |

Return Explanation

990 Schedule O, Supplemental Information

FORM 990, PART VI, SECTION C, LINE 19