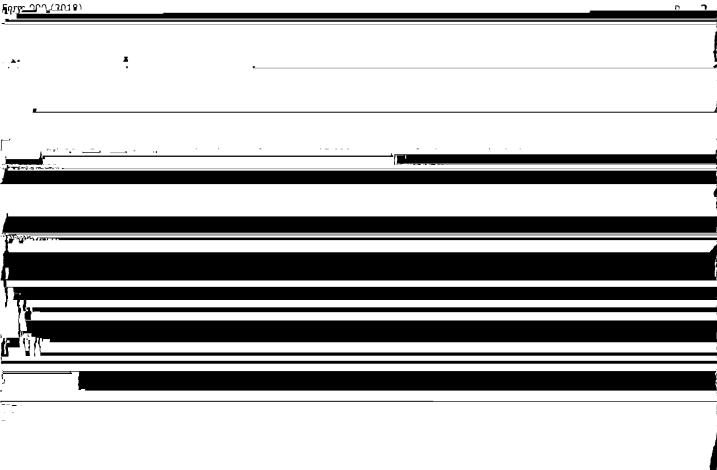
DLN: 93493319215099 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Treasury Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization
DALLAS HUMAN RESOURCE MANAGEMENT INC D Employer identification number B Check if applicable □ Address change 75-2499356 ☐ Name change Doing business as  $\square$  Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 5001 LBJ FREEWAY SUITE 800 ☐ Amended return ☐ Application pending (214) 631-8775 City or town, state or province, country, and ZIP or foreign postal code DALLAS, TX 75244 G Gross receipts \$ 3,895,749 Name and address of principal officer **H(a)** Is this a group return for BRAD SHANKI IN □Yes ☑No subordinates? 5001 LBJ FREEWAY SUITE 800 H(b) Are all subordinates DALLAS, TX 75244 ☐ Yes ☐No included? I Tax-exempt status □ 527 ☐ 501(c)(3) **☑** 501(c)(6) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW DALLASHR ORG L Year of formation 1993 M State of legal domicile TX Summary 1 Briefly describe the organization's mission or most significant activities TO SÉRVE OUR MEMBERS AND PARTNERS BY PROVIDING SUPERIOR DEVELOPMENT OFFERINGS, QUALITY RESOURCES AND VALUABLE NETWORKING OPPORTUNITIES THAT ENHANCE AND ELEVATE THE COMPETENCY, REPUTATION, REACH AND VISIBILITY OF THE HR Activities & Governance PROFESSION Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 9 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 8 **6** Total number of volunteers (estimate if necessary) . . . . 6 136 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 36,718 b Net unrelated business taxable income from Form 990-T, line 34 -1,011 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . Program service revenue (Part VIII, line 2g) . 1,943,627 2,236,419 159,123 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . 216,979 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 93,911 37,102 2,490,500 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,196,661 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14,000 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 702,530 825,388 Professional fundraising fees (Port IX\_column (A) line 11a\



Form	n 990 (2018)			Page <b>3</b>
Pa	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?			
5	If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		
	assessments, or similar amounts as defined in Revenue Procedure 98-19?	<u> </u>		L
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Pa	rt IV Checklist of Required Schedules (continued)
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
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<b>=</b> L (	1. PRY 1 1
_	
— а	Grassroots nontaxable amount (enter 25% of line 1f)
	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 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?
	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) 2015 (b) 2016 (c) 2017 (d) 2018 (e) Total
а	Lobbying nontaxable amount
b	Lobbying ceiling amount (150% of line 2a, column(e))
с	Total lobbying expenditures
d	Grassroots nontaxable amount
e	Grassroots ceiling amount (150% of line 2d, column (e))
,	

Form	990 (2018)			Page <b>5</b>
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			
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		No
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
Ь	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	
	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
D	If "Yes," enter the name of the foreign country   CDAD  (CDAD)			!
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Page **6** Part VI ✓

Se	ction 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	10			
	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	9			
2	Did any officer, director, trustee, or key employee have a family relationship or a busine officer, director, trustee, or key employee?		tionship with any other	2		No
3	Did the organization delegate control over management duties customarily performed by of officers, directors or trustees, or key employees to a management company or other process.	or ur erson	der the direct supervision?	3		No
4	Did the organization make any significant changes to its governing documents since the	prior F	form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organ	nizatio	n'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 members of the governing body?			7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) persons other than the governing body?			<b>7</b> b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions the following	under	aken during the year by			
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 organization's mailing address? If "Yes," provide the names and addresses in Schedule C			9		No
Se	ection B. Policies (This Section B requests information about policies not requ	ired b	y the Internal Revenu	e Cod	e.)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		No
b	If "Yes," did the organization have written policies and procedures governing the activitie and branches to ensure their operations are consistent with the organization's exempt procedure.			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its go form?	vernın	g body before filing the	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		No
b	Were officers, directors, or trustees, and key employees required to disclose annually integrated	erests	that could give rise to	12h		

	persons other than the governing body?	′	163	
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 Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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		
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		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
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	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		
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-A 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			

11a	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		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
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	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
Ь	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	ction 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-A 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  BRAD SHANKLIN 5001 LBJ FREEWAY SUITE 800 DALLAS, TX 75244 (214) 631-8775			
		F	orm <b>99</b>	<b>0</b> (20

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
- 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

Check this box if neither the organization no	r any related oi	<u>ʻganı</u> zat	ion c	omp	ens	ated a	ny c	urrent officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position than o	on (de one be	(C o no ox, i	) unle ficei trust	eck mo	ore son	(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
(1) MARK WALLER PRESIDENT	5 00	х		×				0	0	0
(2) BRAD SHANKLIN EXECUTIVE DIRECTOR	40 00	х		х				159,039	0	0
(3) THOMAS BARTON TRUSTEE	5 00	х						0	0	0
(4) TOMI MORRIS TRUSTEE	5 00	х						0	0	0
(5) COURTNEY DEWITT TRUSTEE	5 00	х						0	0	0
(6) ALLISON LYONS TRUSTEE	5 00	Х						0	0	0
(7) KJERSTEN FASELER TRUSTEE	5 00	х						0	0	0
(8) MIKE PIERCE TRUSTEE	5 00	Х						0	0	0
(9) ANGELA BELL TRUSTEE	5 00	Х						0	0	0
(10) LAUREN TRUELOVE TRUSTEE	5 00	Х						0	0	0
(11) CALLIE MILLER TRUSTEE	5 00	х						0	0	0
(12) KELLEY BARRINGER TRUSTEE	5 00	х						0	0	0
(13) CHRIS CHAILLOT TRUSTEE	5 00	Х						0	0	0
(14) PAIGE LUECKENMEYER TRUSTEE	5 00	Х						0	0	0
(15) ERNEST MARTINEZ	5 00	х						0	0	0

Form 990 (2018)										Page <b>8</b>			
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours		ne b	ox, u n off	che nles icer	s pers and a	on	( <b>D)</b> Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the			
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations			

			<u>.</u>		

1b Sub-Total	art VII <b>, Section</b>	Α		<b>&gt;</b>			
d Total (add lines 1b and 1c)				▶	159,039	0	0

1b Sub-Total												
c Total from continuation sheets to Part VII, Section A												
d Total (add lines 1b and 1c)						▶ 🗆		159,039	0	0		

1b Sub-Total												
c Total from continuation sheets to Pa	c Total from continuation sheets to Part VII, Section A											

1b Sub-Total						<b>&gt;</b>			•	
c Total from continuation sheets to Pa	art VII <b>, Section</b>	Α				▶				
d Total (add lines 1b and 1c)						▶		159,039	0	0
2 Total number of individuals (including	but not limited	to thos	o lista	-d -l	201/0	\ who	rocc	wad mara than	¢100 000	

b Sub-Total										
c Total from continuation sheets to Pa	rt VII <b>, Section</b> .	Α				▶[				
d Total (add lines 1b and 1c)										
2 Total number of individuals (including	but not limited	to thos	e liste	ed al	oove	e) who	o rece	eived more than	\$100,000	

Lb Sub-Total						•			
c Total from continuation sheets to Pa	rt VII <b>, Section</b>	Α				▶[			
d Total (add lines 1b and 1c)						<b>&gt;</b>	159,039	0	0
Total number of individuals (including of reportable compensation from the c			e list	ed a	bov	e) wh	o received more than	\$100,000	

c T	otal from continuation sheets to Part VII, Section A	•				
d Total (add lines 1b and 1c)						0
2	·					
					Yes	No

С	Total from continuation sheets to Part Ⅶ, Section A ▶					
d	Total (add lines 1b and 1c)	0		0		
2	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 ► 1					
			Yes	No		
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on					

·	Total from Continuation Sheets to Fait Vii, Section A			
d.	Fotal (add lines 1b and 1c)	0		0
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 $\blacktriangleright$ 1			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
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			

d.	Total (add lines 1b and 1c)	0		0
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 $\blacktriangleright$ 1			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
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		.,	
	marriada	4	Yes	
_	Did any manage baked on line 4 a manage of a manage based on a manage baked annual based on a manage based on the decided of the state	1	I	1

_	of reportable compensation from the organization ▶ 1			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		No
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	162	No

	line 1a <sup>7</sup> If "Yes," complete Schedule J for such individual	3		No
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		Yes	
		-	165	
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
Se	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of cor	npensa	ition	

	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	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
Se	ction B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of confrom the organization. Report compensation for the calendar year ending with or within the organization's tax year.	npensa	ation	

5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization services rendered to the organization $^7$ If "Yes," complete Schedule $^7$ for such person		No				
Se							
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						

_ 56	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)	(B)	(C)						
	Name and business address	Description of services	Compensation						

Form **990** (2018)

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 ▶ 0

	90 (2018)							Page <b>9</b>	
Part \									
	Check If Schedule O contains	a response or		this Part VII (A) Il revenue	( <b>B</b> ) Related exemp function	or t	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections	
	1a Federated campaigns	1a			revenue	e		512 - 514	
nts nts	<b>b</b> Membership dues	1b							
rar	c Fundraising events	<u> </u>							
», G		1c							
3 <u>if</u>	d Related organizations  e Government grants (contributions)	1d							
s, C		1e							
io S	<b>f</b> All other contributions, gifts, grants, and similar amounts not included	1f							
but the	above								
Contributions, Giffs, Grants and Other Similar Amounts	g Noncash contributions included in lines 1a - 1f \$								
G a a B	h Total. Add lines 1a-1f		. •						
			Business Code	Τ					
F.	2a CONVENTION/TRADE SHOWS		61171	0 1,	,216,461	1,216,461			
34	b PROF DEV SEMINARS		61171		742,277	742,277			
Ce Revenue	c MEMBER DUES				277,681	277,681			
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orm 99	00 (2018)				Page <b>10</b>
Part IX Section	Statement of Functional Expenses 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	anizations must com	plete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .			🗹
Do not 7b, 8b,	include amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
	ants and other assistance to domestic organizations and mestic governments See Part IV, line 21				
	ants and other assistance to domestic individuals. See rt IV, line 22				
gov	ants and other assistance to foreign organizations, foreign vernments, and foreign individuals. See Part IV, line 15 d 16				
4 Ber	nefits paid to or for members				
	mpensation of current officers, directors, trustees, and vemployees	159,039			
def	mpensation not included above, to disqualified persons (as ined under section $4958(f)(1)$ ) and persons described in the third third third $4958(c)(3)(B)$				
<b>7</b> Oth	ner salaries and wages	502,314			
	nsion plan accruals and contributions (include section 401 and 403(b) employer contributions)				
9 Oth	ner employee benefits	103,084			
<b>10</b> Pay	yroll taxes	60,951			
<b>11</b> Fee	es for services (non-employees)				
<b>a</b> Ma	nagement				
<b>b</b> Led	gal	407			
_	counting	51,400			
	bying				
	ofessional fundraising services See Part IV, line 17				
	restment management fees				
	ner (If line 11g amount exceeds 10% of line 25, column	102,151			
(A)	amount, list line 11g expenses on Schedule O)				
	vertising and promotion	37,729			
	rice expenses	21,389			
	ormation technology	195,913			
	yalties				
<b>16</b> Occ	cupancy	116,197			
<b>17</b> Tra	vel	52,376			
	ments of travel or entertainment expenses for any leral, state, or local public officials				
<b>19</b> Co	nferences, conventions, and meetings	73,469			
<b>20</b> Int	erest				
<b>21</b> Pay	yments to affiliates				
<b>22</b> De	preciation, depletion, and amortization	2,353			
<b>23</b> Ins	urance	5,847			
mis exc	ner expenses Itemize expenses not covered above (List scellaneous expenses in line 24e If line 24e amount seeds 10% of line 25, column (A) amount, list line 24e penses on Schedule O )				
a II	NCOME TAX	2,800			
b F	OOD & BEVERAGE	286,609			
c B	ELOW THE LINE EXPENSES	260,054			
d A	UDIO VISUAL	169,254			
e A	ll other expenses	625,643			
25 To	tal functional expenses. Add lines 1 through 24e	2,828,979			
rep edu	int costs. Complete this line only if the organization ported in column (B) joint costs from a combined ucational campaign and fundraising solicitation eck here   if following SOP 98-2 (ASC 958-720)				

Form 990	(2018)		Page <b>11</b>
Part X	Balance Sheet		
	Check if Schedule O contains a response or note to any line in this Part IX .		🗆
	·	(A) Beginning of year	( <b>B</b> ) End of year
1	Cash-non-interest-bearing	71,213	
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orm	990 (2018)				Page <b>12</b>
Pa	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		2	,490,500
2	Total expenses (must equal Part IX, column (A), line 25)	2			,430,300
3	Revenue less expenses Subtract line 2 from line 1	3			-338,479
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			,126,497
5	Net unrealized gains (losses) on investments	5			,120,49 <i>7</i> -499.944
_		6			-499,944
6	Donated services and use of facilities				
7	Investment expenses	7			
8	Prior period adjustments	8			85,238
9	Other changes in net assets or fund balances (explain in Schedule O)	9			32,485
10		10		4	,405,797
Pa	TXII 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  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	Yes	1
	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		No
	Tetho organization changed either its eversight agreess as coloction process during the tax year evaluin is Sch	م مانام			
gs. 60		مطبيام ٨			

### Additional Data

Software ID:

Software Version:

**EIN:** 75-2499356

Name: DALLAS HUMAN RESOURCE MANAGEMENT INC.

Form 990 (2018)

Form 990, Part III, Line 4a:

CONTINUING TO RAISE THE STANDARDS WITHIN OUR PROFESSION

EDUCATION - EDUCATION IS THE CORNERSTONE OF DALLAS HR'S PURPOSE. WE SEEK TO INCREASE KNOWLEDGE AND PROFESSIONALISM OF OUR MEMBERS WHILE



Form 990, Part III, Line 4b: CONFERENCE - ANNUALY HR PROFESSIONALS MEET TO GAIN ADDITIONAL TRAINING, PROVIDE OPPORTUNITIES FOR INTERACTION WITH FOCUSED VENDORS WHILE MEETING WITH FELLOW HR PROFESSIONALS

#### Form 990, Part III, Line 4c: MEMBERSHIP - BELONGING TO DALLAS HR AFFORD HR EMPLOYEES A VARIETY OF BENEFITS AT A SUBSTANTIAL SAVING THAT NOT ONLY INCREASES THEIR OPPORTUNITIES FOR EMPLOYMENT, BUT ALSO MAKES THEM MORE VALUABLE TO THEIR EMPLOYEES

SCHEDULE C

## **Political Campaign and Lobbying Activities**

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

DLN: 93493319215099

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

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

▶Go to www.irs.gov/Form990 for instructions and the latest information. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

(Proxy Tax) (see separate instructions), then

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

	ne of the organization	Employer identification number					
DALI	AS HUMAN RESOURCE MANAGEMENT INC						
		75-2499356					
Pari	I-A Complete if the organization is exempt under section 501(c) or is a section	n 527 organi	zation.				
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV ( "political campaign activities")	see instructions (	or definition of				
2	Political campaign activity expenditures (see instructions)	<b>&gt;</b>	\$				
3	Volunteer hours for political campaign activities (see instructions)						

	Total total tot perioral annipulgit destricte (one medianology		
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	<b>&gt;</b>	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	•	\$

If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes ☐ No Was a correction made? ☐ Yes ☐ No 4a If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3).

Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year?

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated

fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				

Sch	edule C (Form	n 990 or 990-EZ) 2018			Page
P		Complete if the organization is section 501(h)).	exempt under section $501(c)(3)$ and file	ed Form 5768 (ele	ction under
	Check ▶ 🗆	if the filing organization belongs to all expenses, and share of excess lobbying	n affiliated group (and list in Part IV each affiliated ng expenditures)	group member's name,	address, EIN,
	Check ▶ □	$\operatorname{I}$ if the filing organization checked box	A and "limited control" provisions apply		
		Limits on Lobbyin (The term "expenditures" mean	g Expenditures	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
a	Total lobbyir	ng expenditures to influence public opin	ion (grass roots lobbying)		
b	Total lobbyir	ng expenditures to influence a legislativ	e body (dırect lobbyıng)		
С	Total lobbyir	ng expenditures (add lines 1a and 1b)			
d	Other exemp	pt purpose expenditures			
e	Total exemp	ot purpose expenditures (add lines 1c ar	nd 1d)		
f	·	ntaxable amount Enter the amount fro	•		
	If the amo	unt on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500	0,000	20% of the amount on line 1e		
	Over \$500,00	0 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,0	000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1 500 0	000 but not over \$17.000.000	\$225 000 plus 5% of the excess over \$1 500 000		
<u> </u>					
	) <del>)</del>	<b>-</b>			
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activity

Volunteers?

Media advertisements?

Return Reference

1

b

(b)

Amount

(a)

No

Yes

#### Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? 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)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 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 Were substantially all (90% or more) dues received nondeductible by members? 1 Nο 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Yes Did the organization agree to carry over lobbying and political expenditures from the prior year? No Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B 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." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year С Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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) 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

Explanation

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

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

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

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

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493319215099 OMB No 1545-0047 **SCHEDULE D Supplemental Financial Statements** (Form 990) ▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. Department of the Treasury ▶ Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service Name of the organization **Employer identification number** DALLAS HUMAN RESOURCE MANAGEMENT INC 75-2499356 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

	t III	Organizations Maintaining Co	lections of Art	listori	ical T	reas	ures o	r Othe	r Similar	Assets (co	antinued)	Page 2
3	Using	the organization's acquisition, accession (check all that apply)										
а		Public exhibition		d		Loar	or exch	ange pr	ograms			
b		Scholarly research		e		Oth	er					
С		Preservation for future generations										
4	Provi Part :	de a description of the organization's co XIII	llections and explain	how the	ey furtl	her th	ne organiz	zation's	exempt pu	rpose in		
5		ng the year, did the organization solicit ones to be sold to raise funds rather than to							ımılar	☐ Yes	. □ No	,
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		m 990	, Part	IV,	ine 9, o	r repor	ted an an	nount on Fo	orm 990, P	'art
1a		e organization an agent, trustee, custod ded on Form 990, Part X?	an or other intermed	liary for	contri	butio	ns or othe	er asset	s not	☐ Yes	. □ No	ı
ь	If "Y€	es," explain the arrangement in Part XII	and complete the fo	llowing	table					Amount		
С	Begir	nning balance	·	_				1c				
d	Addıt	ions during the year						1d				_
е		ibutions during the year						1e				
f	Endır	ng balance						1f				
<b>2</b> a	Dıd tl	he organization include an amount on Fo	orm 990, Part X, line	21, for	escrov	vorc	ustodial a	account	liability? .	🗆 Yes	□ No	ı
b	If "Ye	es," explain the arrangement in Part XIII										
Pa	rt V	Endowment Funds. Complete if										
4_	D = ====		(a)Current year	<b>(b)</b> P	rior yea	r	<b>(c)</b> Two y	ears back	( (d)Three	years back (	(e)Four years	back
		ning of year balance				-			_			
		vestment earnings, gains, and losses				_						
		s or scholarships							+			
		expenditures for facilities				-						
_		ograms										
f	Admın	ıstratıve expenses										
g	End of	year balance										
2 a		de the estimated percentage of the curr d designated or quasi-endowment <b>&gt;</b>	ent year end balance	(line 1	g, colu	mn (a	a)) held a	is				
b	Perm	anent endowment <b>&gt;</b>										
μ	Rc-	<u> </u>										
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Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Total revenue, gains, and other support per audited financial statements		dule D (Form 990) 2018		Page <b>4</b>
Total revenue, gains, and other support per audited financial statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12  a Net unrealized gains (losses) on investments  Donated services and use of facilities  Recoveries of prior year grants  Other (Describe in Part XIII )  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12, but not on line 1  Investment synchronic included on Form 990. Part VIII Line 7b  Analysis Analysi	Pa		turn	
Amounts included on line 1 but not on Form 990, Part VIII, line 12  a Net unrealized gains (losses) on investments .	<u> </u>		1	1 964 407
a Net unrealized gains (losses) on investments			_	1,501,107
b Donated services and use of facilities 2c Recoveries of prior year grants 2c 2c 2d				
c Recoveries of prior year grants				
d Other (Describe in Part XIII )				
e Add lines 2a through 2d				
Subtract line 2e from line 1	_		26	-499 946
Amounts included on Form 990, Part VIII, line 12, but not on line 1  a Investment expenses not included on Enrin 990. Part VIII_line_7b		-		
Investment expenses not included on Enrin 990. Part VIII Line 7b				2,404,555
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Schedule D (Fo	orm 990) 2018	Page <b>5</b>	
Part XIII	Supplemental Info	rmation (continued)	
Ret	urn Reference	Explanation	
			Schedule D (Form 990) 2018

efil	e GRAPHIC pr	rint - DO NOT PROCESS As	Filed Data	a -	DLN: 934	19331	9215	099
Sch	nedule J	Com	pensati	ion Information	00	1B No	1545-0	0047
(For	m 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest						
		► Complete if the organi	zation answ	ited Employees ered "Yes" on Form 990, Part IV	, line 23.	<b>20</b>	118	5
Denar	tment of the Treasury	► Go to www.irs.gov/F		to Form 990. instructions and the latest inform	mation.	pen t	o Pul	olic
Intern	al Revenue Service					Insp	ectio	n
	me of the organiza LAS HUMAN RESOU	ation RCE MANAGEMENT INC			Employer identificat	ion nu	ımber	
	- Ougsti	one Decarding Companyatio			75-2499356			
7.	rt I Questi	ons Regarding Compensatio	n				Yes	No
1a				the following to or for a person liste y relevant information regarding the			100	
	First-class	s or charter travel		Housing allowance or residence for	personal use			
	_	companions		Payments for business use of perso				
		nification and gross-up payments		Health or social club dues or initiati				
	☐ Discretion	nary spending account		Personal services (e g , maid, chaut	feur, chef)			
b		xes in line 1a are checked, did the call of the expenses described above?		ollow a written policy regarding payn plete Part III to explain	nent or reimbursement	1b		
2		ation require substantiation prior to		or allowing expenses incurred by all r, regarding the items checked in line	. 1.2	2		
	directors, truste	es, officers, including the CEO/Exec	utive Director	r, regarding the items checked in line	e la'			
3		if any, of the following the filing org EO/Executive Director Check all the		d to establish the compensation of the	ne			
	_	•		CEO/Executive Director, but explain	n Part III			
	☐ Compens	ation committee	П	Written employment contract				
		ent compensation consultant		Compensation survey or study				
		of other organizations	$\checkmark$	Approval by the board or compensa	tion committee			
4	During the year related organiza		, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-control	pavment?			4a		No
b		r receive payment from, a suppleme		ified retirement plan?		4b		No
c	Participate in, o	r receive payment from, an equity-b	pased comper	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and pr	ovide the app	licable amounts for each item in Par	t III			
	Only 501(c)(3	), 501(c)(4), and 501(c)(29) or	nanizations	must complete lines 5-9.				
5	For persons liste	ed on Form 990, Part VII, Section A ontingent on the revenues of	=					
а	The organization	n <sup>2</sup>				5a		
b	Any related orga					5b		
	If "Yes," on line	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section A ontingent on the net earnings of	, line 1a, did t	the organization pay or accrue any				
а	The organization	n <sup>2</sup>				<b>6</b> a		
b	Any related orga					6b		
_	•	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section A escribed in lines 5 and 67 If "Yes," o		the organization provide any nonfixe rt III	d	7		
8		nts reported on Form 990, Part VII, nitial contract exception described in		red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe	8		
9	If "Yes" on line 5 53 4958-6(c)?	8, did the organization also follow th	ne rebuttable	presumption procedure described in	Regulations section	9		
For F	Panerwork Redu	action Act Notice, see the Instru	ctions for Fo	orm 990. Cat No. 5	50053T Schedule J	(Form	990)	2018

	Page <b>2</b>
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.	
or each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII	
Iote. The sum of columns (B)(ı)-(ııı) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	
(B) Production of W. 2 and/or 1000 MTCC componentian (C) Determent and (D) Nontemble (E) Table of seliment (E) Component	
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Schedule J (Form 990) 2018 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Schedule J (Form 990) 2018

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493319215099 OMB No 1545-0047 **SCHEDULE O** Supplemental Information to Form 990 or 990-EZ (Form 990 or 990-Complete to provide information for responses to specific questions on EZ) Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990 for the latest information. Inspection Department of the Treasury Name Betherorganization **Employer identification number** DALLAS HUMAN RESOURCE MANAGEMENT INC 75-2499356 990 Schedule O, Supplemental Information Return **Explanation** Reference DALLAS HUMAN RESOURCE MANAGEMENT, INC. HAS SIX CLASSES OF MEMBERSHIP PROFESSIONAL MEMBER FORM 990. A PROFESSIONAL MEMBER IS AN INDIVIDUAL THAT IS EITHER 1) ENGAGED IN THE HUMAN RESOURCES PART VI. SECTION A. PROFESSION WITH AT LEAST THREE YEARS OF EXPERIENCE, OR 2) CERTIFIED BY A HUMAN RESOURCE CR

Reference

FORM 990, PART VI, SECTION A, LINE 6

DALLAS HUMAN RESOURCE MANAGEMENT, INC HAS SIX CLASSES OF MEMBERSHIP PROFESSIONAL MEMBER RAPROFESSIONAL MEMBER IS AN INDIVIDUAL THAT IS EITHER 1) ENGAGED IN THE HUMAN RESOURCE CR EDENTIALING AGENCY, OR 3) A FACULTY MEMBER WIT HTHREE OR MORE YEARS OF EXPERIENCE HOLDING AT LEAST ASSISTANT PROFESSIONAL MEMBERS ARE DUES-PAYING MEMBERS, HAVE FULL VOTING RIGHTS AND MAY HOLD ANY OFFICE GENERAL MEMBER A GENERAL MEMBER IS AN INDIVIDUAL THAT IS 1) ENGAGED IN THE HUMAN RESOURCE PROFESSION BUT DOES NOT MEET THE REQUIREMENTS FOR PROFESSIONAL MEMBERSHIP GENERAL MEMBERS ARE DUES-PAYING MEMBERS, HAVE FULL VOTING RIGHTS AND MAY NOT HOLD ELECTED OFFICE ASSOCIATE MEMBER AN ASSOCIATE MEMBER IS AN INDIVIDUAL THAT 1) DOES NOT MEET ANY OF THE FOREGOING CATEGORIES, BUT HAS A BONA FIDE INTEREST IN THE HUMAN RESOURCE PROFESSION N ASSOCIATE MEMBERS ARE DUES-PAYING MEMBERS, HAVE FULL VOTING RIGHTS AND MAY NOT HOLD ELECTED OFFICE STUDENT MEMBERS A STUDENT MEMBER IS AN INDIVIDUAL THAT 15 1) ENROLLED AT A COLLEGE OR UNIVERSITY AS A FULL-TIME UNDERGRADUATE (12 OR MORE CREDIT HOURS) OR GRADUATE STUDENT (6 OR MORE CREDIT HOURS), AND 2) NOT EMPLOYED OR WORKING ON A FULL-TIME BASIS IN AN EXEMPT HR POSITION STUDENT MEMBERS ARE DUES-PAYING MEMBERS, BUT DO NOT HAVE VOTING RIGHTS

Return Explanation
Reference

FORM 990,	DALLAS HUMAN RESOURCE MANAGEMENT, INC. HAS MEMBERS WHO VOTE TO ELECT MEMBERS OF THE GOVERN
PART VI,	ING BODY PLEASE SEE THE DESCRIPTION OF MEMBERSHIP LEVELS FOR THE CLASSES OF MEMBERSHIP TH
SECTION A,	AT DO VOTE
LINE 7A	

Return Explanation
Reference

LINE 7B

FORM 990, PART VI, SUBJECT TO APPROVAL BY THE MEMBERS
SECTION A,

Return Explanation

FORM 990, DALLAS HUMAN RESOURCE MANAGEMENT, INC. HAS AN INDEPENDENT CONTRACTOR WHO DOES THE BOOKKEEP ING AND THE RETURN IS REVIEWED BY THIS BOOKKEEPER FOR ACCURACY ONCE THE FORM 990 HAS BEEN SECTION B, FINALIZED IT IS PROVIDED TO THE FULL BOARD FOR REVIEW AND APPROVAL PRIOR TO FILING

Return Explanation
Reference

FORM 990, DALLAS HUMAN RESOURCE MANAGEMENT, INC. HAS ALL OFFICERS, DIRECTORS AND TRUSTEES SIGN A DOC UMENT STATING THEY DO NOT HAVE A CONFLICT OF INTEREST IF THERE IS A CONFLICT OF INTEREST THOSE DOCUMENTS ARE THEN REVIEWED BY THE BOARD

LINE 12

Return Explanation
Reference

LINE 15B

FORM 990, DALLAS HUMAN RESOURCE MANAGEMENT, INC'S BOARD APPROVES ALL COMPENSATION RAISES PART VI, SECTION B.

Return Explanation
Reference

FORM 990, PART VI, SECTION C, LINE 19

Return Reference	Explanation	
FORM 990, PART IX, LINE 24E	DECORATOR 142,909 EVENT EXPENSE 104,137 SPEAKER FEES 68,500 PRINTING 48,026 EVENT FACI LITY 43,804 TELEPHONE 41,464 POSTAGE 31,027 MEALS 27,438 SCHOLARSHIPS 18,637 MEDIA/PR ODUCTION 16,798 SECURITY 10,391 PROMOTION 10,235 ONLINE LEARNING EXPENSE 10,146 AWARDS /GIFTS 8,879 EDUCATION & TRAINING 6,585 DUES & SUBSCRIPTIONS 6,016 TAXES - LOCAL, STATE & FEDERAL 5,710 DIRECTORS EXPENSE 5,607 REBATE EXPENSE 3,354 PROFESSIONAL DEVELOPMENT 3,095 MARKETING 3,029 STATE COUNCIL DINNER 2,834 ENTERTAINMENT 2,300 FOREIGN TAXES 1,8 60 BOARD ORIENTATION TRAINING 1,000 MISCELLANEOUS 986 PRIZES 776 REFERRAL PROGRAM 100	

990 Schedule O, Supplemental Information Return Explanation Reference

FORM 990, PART XI, LINE 9