

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

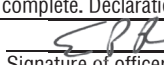

A For the **2020** calendar year, or tax year beginning and ending

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization SOCIETY FOR HUMAN RESOURCE MANAGEMENT		D Employer identification number 34-0948453
	Doing business as		E Telephone number 703-548-3440
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1800 DUKE STREET		G Gross receipts \$ 169,422,323.
City or town, state or province, country, and ZIP or foreign postal code ALEXANDRIA, VA 22314-3499		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: JOHNNY C. TAYLOR, JR. SAME AS C ABOVE		H(b) Are all subordinates included? Yes No	
I Tax-exempt status: 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) (insert no.) 4947(a)(1) or 527		If "No," attach a list. See instructions	
J Website: WWW.SHRM.ORG		H(c) Group exemption number ▶ 4372	
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		L Year of formation: 1949	M State of legal domicile: OH

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SHRM'S MISSION IS TO SERVE THE NEEDS OF HUMAN RESOURCE PROFESSIONALS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	480
	6 Total number of volunteers (estimate if necessary)	6	23746
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	8,605,106.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	1,415,758.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	0.	0.
	9 Program service revenue (Part VIII, line 2g)	129,065,474.	86,833,337.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,304,497.	4,167,581.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,997,575.	22,095,893.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	154,367,546.	113,096,811.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,243,496.	3,151,521.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	56,604,106.	59,206,907.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	89,085,146.	71,648,414.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	148,932,748.	134,006,842.	
19 Revenue less expenses. Subtract line 18 from line 12	5,434,798.	-20,910,031.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 238,668,602.	End of Year 254,620,010.
	21 Total liabilities (Part X, line 26)	91,649,090.	126,033,618.
	22 Net assets or fund balances. Subtract line 21 from line 20	147,019,512.	128,586,392.

Part II Signature Block

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

Sign Here	Signature of officer 	Date 11/05/2021			
	SEAN RODDY, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name AARON M. FOX	Preparer's signature 	Date 11/9/21	Check if self-employed <input type="checkbox"/>	PTIN P01365820
	Firm's name ▶ MARCUM LLP	Firm's EIN ▶ 11-1986323		Phone no. (202) 227-4000	
Firm's address ▶ 1899 L STREET, NW, SUITE 850 WASHINGTON, DC 20036					

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SHRM EMPOWERS PEOPLE AND WORKPLACES BY ADVANCING HR PRACTICES AND BY MAXIMIZING HUMAN POTENTIAL.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$) SEMINARS AND EDUCATIONAL PROGRAMS: SHRM PROVIDES VARIOUS FORUMS AND PRODUCTS TO HELP EDUCATE HUMAN RESOURCE PROFESSIONALS AND DISSEMINATE INFORMATION ON HUMAN RESOURCE ISSUES AND PROVIDE A NETWORKING FORUM FOR SUCH PROFESSIONALS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) GOVERNMENT AND PUBLIC AFFAIRS: SHRM MONITORS CONGRESSIONAL ACTIONS THAT IMPACT HUMAN RESOURCE MANAGEMENT ISSUES AND REPRESENTS MEMBERS' POSITIONS ON PENDING LEGISLATION AND REGULATORY ISSUES.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) PUBLICATIONS: SHRM PUBLISHES VARIOUS RESOURCES PROVIDING MEMBERS WITH THE LATEST UPDATES ON HR NEWS, RESEARCH, AND IN-DEPTH ANALYSIS OF HR TRENDS AND ISSUES.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 13; 1b Enter the number of voting members included... 12; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders? X; 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? X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? X; 8b Each committee with authority to act on behalf of the governing body? X; 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 on Schedule O X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official X; 15b Other officers or key employees of the organization X; 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? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
SEAN RODDY - 703-548-3440
1800 DUKE STREET, ALEXANDRIA, VA 22314-3499

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHNNY C. TAYLOR, JR, SHRM-SCP PRESIDENT AND CEO/SHRMF & HRPS DIR	37.00 3.00	X		X				1,288,782.	0.	668,405.
(2) MARY MOHNEY, CPA TREASURER & CFO - UNTIL 01/2020	40.00			X				1,435,412.	0.	7,514.
(3) JEANEEN ANDREWS-FELDMAN CHIEF MKTING AND EXPERIENCE OFFICER	40.00				X			610,904.	0.	405,198.
(4) NICHOLAS SCHACHT, SHRM-SCP CHIEF GLOBAL DEVELOPMENT OFFICER	40.00				X			500,803.	0.	186,939.
(5) SEAN SULLIVAN, SHRM-SCP CHIEF HUMAN RESOURCES OFFICER	40.00				X			465,552.	0.	130,282.
(6) ALEXANDER ALONSO, PHD, SHRM-SCP CHIEF KNOWLEDGE OFFICER	40.00				X			506,413.	0.	71,336.
(7) JAMES BANKS, JD GENERAL COUNSEL	40.00				X			404,726.	0.	155,157.
(8) EMILY DICKENS, JD SEC./ CHIEF OF STAFF	40.00			X				445,096.	0.	71,836.
(9) MARC GOLDBERG CHIEF TECHNOLOGY OFFICER	40.00				X			411,411.	0.	81,452.
(10) MICHAEL AITKEN SVP, MEMBERSHIP	40.00					X		303,851.	0.	128,067.
(11) ADAM SOHN CHIEF GROWTH OFFICER	40.00				X			316,511.	0.	102,847.
(12) TIM CANNY VP, ADVERTISING SALES	40.00					X		245,514.	0.	163,907.
(13) ARTHUR KEITH GREEN TREASURER & CFO - AS OF 04/2020	40.00			X				374,737.	0.	29,010.
(14) ANTHONY LEE VP, CONTENT	40.00					X		251,330.	0.	141,778.
(15) TRENT BURNER VP, RESEARCH	40.00					X		258,995.	0.	103,008.
(16) KRISTINA M. BEATY VP, MARKETING	40.00					X		258,995.	0.	50,460.
(17) DAVID WINDLEY, SHRM-SCP CHAIR	8.00	X		X				35,470.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JANET ALBERTI, CPA DIRECTOR	8.00	X						25,470.	0.	0.
(19) MICHELLE BOTTOMLEY DIRECTOR	8.00	X						25,470.	0.	0.
(20) GRETCHEN K. ZECH, SHRM-SCP DIRECTOR	8.00	X						23,888.	0.	0.
(21) ELIZABETH ADEFIOYE DIRECTOR	8.00	X						20,470.	0.	0.
(22) SALLY HORNICK ANDERSON, SHRM-SCP; DIRECTOR	8.00	X						20,470.	0.	0.
(23) STEVEN BROWNE, SHRM-SCP DIRECTOR	8.00	X						20,470.	0.	0.
(24) JAMES CLARK DIRECTOR	8.00	X						20,470.	0.	0.
(25) MICHAEL D'AMBROSE DIRECTOR	8.00	X						20,470.	0.	0.
(26) BETTY THOMPSON DIRECTOR	8.00	X						20,470.	0.	0.
1b Subtotal								8,312,150.	0.	2497196.
c Total from continuation sheets to Part VII, Section A								33,440.	0.	0.
d Total (add lines 1b and 1c)								8,345,590.	0.	2497196.

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 **163**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BULLY PULPIT INTERACTIVE LLC, 1445 NEW YORK AVE, NW, 5TH FL, WASH., DC 20005	MARKETING SERVICES	8,649,027.
HOLMES CORPORATION, 2975 LONE OAK DRIVE, SUITE 180, EAGON, MN 55121	PROMOTION SERVICES	6,387,931.
HEVE LLC 524 BROADWAY FLOOR 4, NEW YORK, NY 10012	CONTENT SERVICES	5,012,305.
PROMETRIC INC PO BOX 223608, PITTSBURGH, PA 15251	TESTING SERVICES	1,811,834.
MERITB2B LLC, 2 INTERNATIONAL DR, STE 300, RYE BROOK, NY 10573	MARKETING SERVICES	1,727,682.

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 **92**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) PATRICK M. WRIGHT, PHD DIRECTOR	8.00	X						20,470.	0.	0.
(28) MELISSA ANDERSON, SHRM-SCP CHAIR ELECT	8.00	X	X					12,970.	0.	0.
Total to Part VII, Section A, line 1c								33,440.		

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f					
Program Service Revenue	2 a	MEMBERSHIP DUES	Business Code 900099	54653784.	54653784.		
	b	CERTIFICATION PROGRAM	900099	11980102.	11980102.		
	c	SEMINARS	611430	8,750,737.	8,750,737.		
	d	ADVERTISING	541800	8,538,327.		8538327.	
	e	ANNUAL CONFERENCE	611430	2,603,022.	2,567,822.	35,200.	
	f	All other program service revenue	900099	307,365.	307,365.		
	g	Total. Add lines 2a-2f		86833337.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,966,309.		-2,968.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		590,417.		590,417.	
	6 a	Gross rents	(i) Real	6a 1138609.			
			(ii) Personal	6b 722,974.			
				6c 415,635.			
	d	Net rental income or (loss)		415,635.		-11,675.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	7a 49802086			
			(ii) Other	7b 49600814			
				7c 201,272.			
			d	Net gain or (loss)		201,272.	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
	b	Less: direct expenses	8b				
	c	Net income or (loss) from fundraising events					
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances		10a 20907156				
			10b 6001724.				
		c	Net income or (loss) from sales of inventory		14905432.	14890934.	14,498.
Miscellaneous Revenue	11 a	INSURANCE RECOVERIES	Business Code 900099	4,500,000.		4500000.	
	b	ADMINISTRATIVE FEES	561000	891,285.		891,285.	
	c	MISCELLANEOUS	900099	793,124.		66,924.	
	d	All other revenue					
	e	Total. Add lines 11a-11d		6,184,409.			
12	Total revenue. See instructions		113096811.	93150744.	8605106.	11340961.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,151,521.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	8,936,881.			
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	36,973,802.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,192,542.			
9 Other employee benefits	5,125,214.			
10 Payroll taxes	2,978,468.			
11 Fees for services (nonemployees):				
a Management				
b Legal	1,307,761.			
c Accounting	698,566.			
d Lobbying	719,874.			
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	430,798.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	13,362,806.			
12 Advertising and promotion	12,676,379.			
13 Office expenses	10,182,454.			
14 Information technology	7,745,826.			
15 Royalties				
16 Occupancy	2,410,379.			
17 Travel	550,945.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	4,429,464.			
20 Interest	102,917.			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,719,571.			
23 Insurance	506,237.			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UBI TAXES	361,607.			
b TESTING FEES	1,861,889.			
c CHAPTER SUPPORT	1,578,658.			
d AGENCY/SALES COMMISSION	1,560,709.			
e All other expenses	3,441,574.			
25 Total functional expenses. Add lines 1 through 24e	134,006,842.			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	1,023,749.	1	9,092,744.	
	2 Savings and temporary cash investments	21,917,149.	2	5,169,967.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	3,012,509.	4	4,084,496.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	454,310.	8	419,422.	
	9 Prepaid expenses and deferred charges	11,145,749.	9	12,659,353.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 81,770,178.			
	b Less: accumulated depreciation	10b 42,126,876.			
	11 Investments - publicly traded securities	37,391,771.	10c	39,643,302.	
	12 Investments - other securities. See Part IV, line 11	135,850,852.	11	159,253,656.	
	13 Investments - program-related. See Part IV, line 11	19,231,399.	12	14,881,235.	
	14 Intangible assets		13		
	15 Other assets. See Part IV, line 11	8,641,114.	14	9,415,835.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	238,668,602.	15	254,620,010.		
Liabilities	17 Accounts payable and accrued expenses	13,917,513.	17	10,434,958.	
	18 Grants payable		18		
	19 Deferred revenue	44,779,370.	19	54,924,058.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties	1,043,962.	23	530,737.	
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	10,000,000.	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	31,908,245.	25	50,143,865.	
	26 Total liabilities. Add lines 17 through 25	91,649,090.	26	126,033,618.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	147,019,512.	27	128,586,392.	
	28 Net assets with donor restrictions		28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	147,019,512.	32	128,586,392.	
	33 Total liabilities and net assets/fund balances	238,668,602.	33	254,620,010.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	113,096,811.
2	Total expenses (must equal Part IX, column (A), line 25)	2	134,006,842.
3	Revenue less expenses. Subtract line 2 from line 1	3	-20,910,031.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	147,019,512.
5	Net unrealized gains (losses) on investments	5	21,366,905.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-18,889,994.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	128,586,392.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2020)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

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

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

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

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

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2020

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1 Dues, assessments and similar amounts from members	1	54,653,784.
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	1,271,230.
b Carryover from last year	2b	-6,170,118.
c Total	2c	-4,898,888.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	1,639,614.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	-6,538,502.
5 Taxable amount of lobbying and political expenditures (See instructions)	5	

Part IV Supplemental Information

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including purpose(s), acreage, monitoring, and expenses. Includes a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions 1a, 1b, and 2 regarding art and historical treasures, including revenue and asset inclusion amounts.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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

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

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

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

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,883,311.		5,883,311.
b Buildings		40,079,929.	17,908,649.	22,171,280.
c Leasehold improvements				
d Equipment		6,568,031.	5,770,622.	797,409.
e Other		29,238,907.	18,447,605.	10,791,302.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				39,643,302.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) INVESTMENT IN SHRM -		
(B) INDIA	-4,426,103.	END-OF-YEAR MARKET VALUE
(C) INVESTMENT IN SHRM		
(D) CORPORATION	-1,296,597.	END-OF-YEAR MARKET VALUE
(E) HEDGE FUNDS	20,603,935.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	14,881,235.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED BENEFIT COST	49,603,000.
(3) DUE TO RELATED ENTITIES	368,143.
(4) DEPOSITS	102,540.
(5) DEFERRED RENT	70,182.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	50,143,865.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements		1	140,757,616.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	21,366,905.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	6,724,698.	
e	Add lines 2a through 2d	2e		28,091,603.
3	Subtract line 2e from line 1		3	112,666,013.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	430,798.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		430,798.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	113,096,811.

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

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

1	Total expenses and losses per audited financial statements		1	140,300,742.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	6,724,698.	
e	Add lines 2a through 2d	2e		6,724,698.
3	Subtract line 2e from line 1		3	133,576,044.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	430,798.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		430,798.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	134,006,842.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION EVALUATED ITS UNCERTAINTY IN INCOME TAXES FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS OR WHICH MIGHT HAVE ANY EFFECT ON THE ORGANIZATION'S TAX-EXEMPT STATUS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	722,974.
COST OF GOODS SOLD	6,001,724.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	6,724,698.

Part XIII Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 722,974.

COST OF GOODS SOLD 6,001,724.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 6,724,698.

Multiple horizontal lines for supplemental information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization SOCIETY FOR HUMAN RESOURCE MANAGEMENT	Employer identification number 34-0948453
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Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		251,540.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		295,158.
3 a Subtotal	0	0			546,698.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			546,698.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Schedule F (Form 990) 2020

Part V Supplemental Information

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

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HR PEOPLE & STRATEGY, INC. 1800 DUKE STREET ALEXANDRIA, VA 22314	13-2989471	501(C)(3)	1,490,180.	0.			GENERAL OPERATING SUPPORT
SHRM FOUNDATION, INC. 1800 DUKE STREET ALEXANDRIA, VA 22314	34-6610067	501(C)(3)	1,246,966.	0.			GENERAL OPERATING SUPPORT
STAND TOGETHER TRUST 1310 N. COURTHOUSE ROAD, SUITE 700 ARLINGTON, VA 22201	27-3197768	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
THE THIRD WAY FOUNDATION, INC. 1200 NEW HAMPSHIRE AVENUE, NW STE 5 WASHINGTON, DC 20036	52-1629221	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
AMERICAN RED CROSS 431 18TH STREET, NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
GEORGE WASHINGTON UNIVERSITY PO BOX 98131 WASHINGTON, DC 20090	53-0196584	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 6
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0

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

Schedule I (Form 990) 2020

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

DUE DILIGENCE IS PERFORMED FOR ALL POTENTIAL GRANT RECIPIENTS. GENERAL SUPPORT CONTRIBUTIONS ARE MADE TO WELL ESTABLISHED ORGANIZATIONS KNOWN FOR SUCCESSFUL OPERATIONS AND WORK THAT IS CLOSELY ALIGNED WITH SHRM'S MISSION AND OBJECTIVES.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

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

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

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

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

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

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHNNY C. TAYLOR, JR, SHRM-SCP PRESIDENT AND CEO/SHRMF & HRPS DIR	(i)	787,699.	480,000.	21,083.	645,592.	22,813.	1,957,187.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARY MOHNEY, CPA TREASURER & CFO - UNTIL 01/2020	(i)	104,372.	60,000.	1,271,040.	4,597.	2,917.	1,442,926.	1,071,707.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JEANEEN ANDREWS-FELDMAN CHIEF MKTING AND EXPERIENCE OFFICER	(i)	398,684.	210,000.	2,220.	376,793.	28,405.	1,016,102.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) NICHOLAS SCHACHT, SHRM-SCP CHIEF GLOBAL DEVELOPMENT OFFICER	(i)	372,449.	125,000.	3,354.	161,342.	25,597.	687,742.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SEAN SULLIVAN, SHRM-SCP CHIEF HUMAN RESOURCES OFFICER	(i)	363,332.	100,000.	2,220.	97,460.	32,822.	595,834.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ALEXANDER ALONSO, PHD, SHRM-SCP CHIEF KNOWLEDGE OFFICER	(i)	355,820.	150,000.	593.	51,776.	19,560.	577,749.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JAMES BANKS, JD GENERAL COUNSEL	(i)	311,372.	90,000.	3,354.	125,660.	29,497.	559,883.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) EMILY DICKENS, JD SEC./ CHIEF OF STAFF	(i)	316,629.	125,000.	3,467.	60,892.	10,944.	516,932.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MARC GOLDBERG CHIEF TECHNOLOGY OFFICER	(i)	310,571.	100,000.	840.	51,155.	30,297.	492,863.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MICHAEL AITKEN SVP, MEMBERSHIP	(i)	255,394.	46,600.	1,857.	98,470.	29,597.	431,918.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ADAM SOHN CHIEF GROWTH OFFICER	(i)	315,277.	0.	1,234.	74,832.	28,015.	419,358.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) TIM CANNY VP, ADVERTISING SALES	(i)	204,817.	37,900.	2,797.	138,223.	25,684.	409,421.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) ARTHUR KEITH GREEN TREASURER & CFO - AS OF 04/2020	(i)	373,275.	0.	1,462.	6,369.	22,641.	403,747.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) ANTHONY LEE VP, CONTENT	(i)	210,583.	37,900.	2,847.	116,762.	25,016.	393,108.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) TRENT BURNER VP, RESEARCH	(i)	200,196.	57,600.	1,199.	72,711.	30,297.	362,003.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) KRISTINA M. BEATY VP, MARKETING	(i)	206,622.	52,000.	373.	31,673.	18,787.	309,455.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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.

PART I, LINE 1A:

COMPANION TRAVEL IS PERMITTED FOR BOARD OF DIRECTORS SERVING AS CHAIR OR IMMEDIATE PAST CHAIR. IN 2020, 1 DIRECTOR RECEIVED COMPANION TRAVEL BENEFITS. SHRM PAID PERSONAL HEALTH-RELATED FEES AND A CAR ALLOWANCE FOR 1 OFFICER AND GROSS-UP TAX PAYMENTS FOR ALL KEY EMPLOYEES AS PART OF SHRM'S BIRTHDAY GIFT PROGRAM TO ALL EMPLOYEES.

PART I, LINES 4A-B:

SHRM MAINTAINS AN UNQUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN FOR EXECUTIVES WHO MEET CERTAIN CRITERIA. THE PLAN IS UNFUNDED AND MAINTAINS NO ASSETS. AS OF DECEMBER 2020, JOHNNY C. TAYLOR, JR. AND JEANEEN ANDREWS-FELDMAN WERE PARTICIPANTS IN THE PLAN.

IN 2020, MARY MOHNEY RECEIVED A SEVERANCE PAYMENT OF \$199,184 AND A DISTRIBUTION FROM THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN OF \$1,071,707.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

SOCIETY FOR HUMAN RESOURCE MANAGEMENT

Employer identification number

34-0948453

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

INDIA, CHINA, UNITED ARAB EMIRATES, CAYMAN ISLANDS

FORM 990, PART VI, SECTION A, LINE 6:

THE BYLAWS OF SHRM PROVIDE FOR 9 CLASSES OF MEMBERSHIP AS FOLLOWS:

1) PROFESSIONAL MEMBERS; 2) GENERAL MEMBERS; 3) ASSOCIATE MEMBERS; 4) LIFE

MEMBERS; 5) RETIRED ANNUAL MEMBERS; 6) STUDENT MEMBERS; 7) GLOBAL MEMBERS;

8) SPECIAL EXPERTISE MEMBERS; 9) ENTERPRISE MEMBERS. THE REQUIREMENTS AND

PRIVILEGES OF THE VARIOUS MEMBERSHIP CLASSES ARE SPECIFIED IN SHRM'S

BYLAWS.

FORM 990, PART VI, SECTION A, LINE 7A:

ELECTIONS OF OFFICERS AND DIRECTORS ARE CONDUCTED BY MAIL BALLOT IN

ACCORDANCE WITH PROVISIONS OUTLINED IN SHRM'S BYLAWS. EVERY PROFESSIONAL,

GENERAL, SPECIAL EXPERTISE, RETIRED LIFE, PROFESSIONAL LIFE AND PAST CHAIR

LIFE MEMBER OF SHRM, IN GOOD STANDING, SHALL BE ENTITLED TO ONE VOTE IN THE

ELECTION OF SHRM'S BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

SHRM'S FEDERAL FORM 990 IS REVIEWED BY THE ACCOUNTING STAFF OF SHRM,

INCLUDING THE CFO. SUCH REVIEW TAKES PLACE UPON RECEIPT OF THE DRAFT FORM

990 FROM THE INDEPENDENT PUBLIC ACCOUNTING FIRM WHO CONDUCTS THE FINANCIAL

STATEMENT AUDIT OF SHRM. ADDITIONALLY, THE BOARD OF DIRECTORS HAS DELEGATED

REVIEW OF THE FEDERAL FORM 990 TO THE CHAIR OF THE AUDIT COMMITTEE. THE

FORM IS THEN SENT TO THE FULL BOARD OF DIRECTORS BEFORE FILING.

Name of the organization

SOCIETY FOR HUMAN RESOURCE MANAGEMENT

Employer identification number

34-0948453

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

THE SHRM BOARD CONFLICT OF INTEREST POLICY PROVIDES THE FOLLOWING PROCEDURES FOR ADDRESSING POTENTIAL CONFLICTS OF INTEREST THAT MAY REQUIRE BOARD OR COMMITTEE ACTION, SUCH AS: 1) THE INTERESTED PERSON MUST DISCLOSE ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST AND SUCH DISCLOSURE MUST BE REFLECTED IN THE MINUTES OF THE MEETING WHERE SUCH MATTER IS BEING REVIEWED; 2) THE INTERESTED PERSON IS PROHIBITED FROM PARTICIPATING IN DISCUSSIONS ABOUT THE MATTER EXCEPT TO DISCLOSE MATERIAL FACTS AND RESPOND TO QUESTIONS; 3) SUCH PERSON SHALL NOT ATTEMPT TO EXERT HIS OR HER PERSONAL INFLUENCE WITH RESPECT TO THE MATTER EITHER AT OR OUTSIDE OF THE MEETING; 4) SUCH PERSON MAY NOT BE PRESENT TO HEAR THE BOARD OR COMMITTEE DISCUSSIONS ON THE MATTER; 5) SUCH INTERESTED PERSON IS PRECLUDED FROM VOTING ON THE MATTER AND SUCH PERSON'S PRESENCE MAY NOT BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM FOR PURPOSES OF THE VOTE AT THE MEETING; 6) SUCH PERSON MAY NOT BE PRESENT DURING THE VOTE UNLESS THE VOTE IS BY SECRET BALLOT; AND 7) SUCH PERSON'S INELIGIBILITY TO VOTE SHOULD BE REFLECTED IN THE MINUTES.

ADDITIONALLY, THE SHRM EMPLOYEE CODE OF CONDUCT APPLIES TO ALL SHRM EMPLOYEES; AND ALL SHRM EMPLOYEES RECEIVE A COPY OF THE CODE OF CONDUCT AND RETURN AN ACKNOWLEDGEMENT TO THE SHRM HR DEPARTMENT THAT THEY UNDERSTAND AND WILL COMPLY WITH THE CODE OF CONDUCT. SECTION IV(K) OF THE CODE OF CONDUCT SETS FORTH THE CONFLICT OF INTEREST RULES APPLICABLE TO ALL EMPLOYEES.

IT IS SHRM'S INTENT TO AVOID IMPROPRIETY IN ALL OF ITS DECISIONS AND ACTIONS. THE CODE OF CONDUCT REQUIRES EMPLOYEES TO AVOID TRANSACTIONS, ACTIVITIES AND RELATIONSHIPS WHICH PLACE THEIR PERSONAL INTERESTS IN

Name of the organization SOCIETY FOR HUMAN RESOURCE MANAGEMENT	Employer identification number 34-0948453
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CONFLICT WITH SHRM'S; NOT TO USE SHRM ASSETS OR THEIR POSITION AT SHRM FOR PERSONAL USE OR GAIN; NOT TO ACCEPT GIFTS FROM VENDORS UNLESS WITHIN SPECIFIED GIFT GUIDELINES. EMPLOYEES ARE INFORMED THAT ACTUAL OR POTENTIAL CONFLICTS OF INTEREST MAY GO BEYOND DEALINGS WITH MEMBERS, CUSTOMERS, VENDORS OR SUPPLIERS. CONFLICTS MAY ALSO INVOLVE DEALINGS WITH MANAGERS, SUBORDINATES OR OTHER STAFF MEMBERS. IF A CONFLICT OR POTENTIAL CONFLICT ARISES, EMPLOYEES UNDER THE POLICY MAY CONSULT WITH THEIR SUPERVISOR, THEIR DEPARTMENT HEAD, SVP OR HUMAN RESOURCES. AT MINIMUM, IF AN EMPLOYEE OR HIS/HER IMMEDIATE FAMILY MEMBER HAVE AN INTEREST IN A VENDOR THE EMPLOYEE IS REQUIRED TO DISCLOSE SUCH CONFLICT OF INTEREST TO THEIR SVP (OR CEO IF THEY ARE A SVP) AND THE EMPLOYEE MUST NOT BE INVOLVED IN THE SELECTION, MANAGEMENT OR OVERSIGHT OF SUCH VENDOR.

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

CEO COMPENSATION IS SET BY THE BOARD OF DIRECTORS' COMPENSATION AND ORGANIZATION COMMITTEE. COMPENSATION OF EMPLOYEE OFFICERS, CHIEFS AND SENIOR VICE PRESIDENTS ARE RECOMMENDED BY AN INDEPENDENT COMPENSATION CONSULTANT, THROUGH REVIEW OF RELEVANT COMPARABILITY DATA. THE RECOMMENDATION IS DISCUSSED AND SUBSTANTIATED BY THE CEO AND/OR CHRO AND APPROVED BY THE COMPENSATION AND ORGANIZATION COMMITTEE. ALL OTHER KEY EMPLOYEE COMPENSATION IS RECOMMENDED THROUGH A REVIEW OF RELEVANT COMPARABILITY DATA. THE RECOMMENDATION IS DISCUSSED AND SUBSTANTIATED BY THE CEO AND/OR CHRO. COMPENSATION AMOUNTS ARE DIRECTLY LINKED TO THE INDIVIDUAL'S PERFORMANCE RATING.

THE SHRM BOARD OF DIRECTORS APPROVES A REASONABLE LEVEL OF HONORARIA FOR ALL BOARD MEMBERS, INCLUDING THE BOARD CHAIR AND IMMEDIATE PAST CHAIR, WHO ARE OFFICERS OF THE CORPORATION. THE SHRM GOVERNANCE COMMITTEE OF THE BOARD

Name of the organization SOCIETY FOR HUMAN RESOURCE MANAGEMENT	Employer identification number 34-0948453
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OF DIRECTORS RECOMMENDS THE HONORARIA FOR ALL BOARD MEMBERS, AND THE FULL BOARD THEN APPROVES THE HONORARIA LEVEL. AT THE TIME OF RECOMMENDING AND APPROVING THE HONORARIA AND ITS LEVEL, THE GOVERNANCE COMMITTEE AND BOARD OF DIRECTORS RELY UPON SURVEYS AND AN OPINION OF AN OUTSIDE NATIONALLY RECOGNIZED COMPENSATION EXPERT SUPPORTING THE REASONABLENESS OF THE HONORARIA. THE OHIO NON-PROFIT CORPORATION ACT (CODE SECTION 1702.301), UNDER WHICH SHRM IS INCORPORATED, EXPRESSLY ALLOWS DIRECTORS TO VOTE TO ESTABLISH REASONABLE COMPENSATION FOR THEMSELVES, "IRRESPECTIVE OF ANY FINANCIAL OR PERSONAL INTEREST OF ANY OF THE DIRECTORS."

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

SHRM'S ANNUAL FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON SHRM'S ANNUAL REPORT. SHRM'S BYLAWS ARE AVAILABLE TO THE PUBLIC ON SHRM'S WEBSITE; AND THE ARTICLES OF INCORPORATION ARE AVAILABLE ON THE OHIO SECRETARY OF STATE CORPORATE DIVISION WEBSITE. SHRM WILL CONSIDER MAKING ITS CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PENSION-RELATED CHANGES OTHER THAN NET PERIODIC BENEFIT	
COSTS	-18,862,377.
CURRENCY TRANSLATION ADJUSTMENT	-27,617.
TOTAL TO FORM 990, PART XI, LINE 9	-18,889,994.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
PARAGONLABS, LLC - 86-1347356 1800 DUKE STREET ALEXANDRIA, VA 22314	WORKPLACE TECHNOLOGY INVESTMENT	DELAWARE	0.	0.	SOCIETY FOR HUMAN RESOURCE MANAGEMENT

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
SHRM FOUNDATION, INC. - 34-6610067 1800 DUKE STREET ALEXANDRIA, VA 22314-3499	RESEARCH/SUPPORT HR STANDARDS	OHIO	501(C)(3)	LINE 7	SOCIETY FOR HUMAN RESOURCE MANAGEMENT	X	
HR PEOPLE & STRATEGY, INC. - 13-2989471 1800 DUKE STREET ALEXANDRIA, VA 22314-3499	STRATEGIC HR EDUCATION	NEW YORK	501(C)(3)	LINE 10	SOCIETY FOR HUMAN RESOURCE MANAGEMENT	X	

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

Schedule R (Form 990) 2020

SEE PART VII FOR CONTINUATIONS

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
SHRM CORPORATION - 76-0839798 1800 DUKE STREET ALEXANDRIA, VA 22314-3499	ON-LINE JOBS ADVERTISING PROGRAM	VA	SOCIETY FOR HUMAN RESOURCE MANAGEMENT	C CORP	1,654,358.	421,534.	100%	X	
STRATEGIC HUMAN RESOURCE MGM'T INDIA PVT LTD - 80-2212005, REGUS ORCHID BUS. CTR, #311, CORINTHIAN BLDG, KHAR, MUMBAI, INDIA 40052	HR RESEARCH AND EDUCATIONAL PROGRAMS IN INDIA	INDIA	SOCIETY FOR HUMAN RESOURCE MANAGEMENT	C CORP	3,401,253.	2,241,057.	100%	X	
SHRM MEA FZ-LLC EXECUTIVE OFFICE NO. 21, BLOCK #09, GROUND FL DUBAI, UNITED ARAB EMIRATES	EDUCATIONAL PROGRAMS IN THE MIDDLE EAST	UNITED ARAB EMIR	SHRM CORPORATION	C CORP					X
SHRM MANAGEMENT CONSULTING (BEIJING) CO., LTD., GATEWAY PLAZA, 18 XIAGUANGLI, E. 3RD RING RD. N., BEIJING, CHINA 100027	HR RESEARCH AND EDUCATIONAL PROGRAMS IN CHINA	CHINA	SHRM CORPORATION	C CORP					X

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SHRM FOUNDATION, INC.	B	1,246,966.	CASH
(2) HR PEOPLE & STRATEGY, INC.	B	1,490,180.	CASH
(3) SHRM CORPORATION	F	500,000.	CASH
(4) HR PEOPLE & STRATEGY, INC.	L	612,817.	FMV
(5) SHRM CORPORATION	L	432,385.	FMV
(6) LTD STRATEGIC HUMAN RESOURCE MGM'T INDIA PVT	M	525,173.	FMV

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) HR PEOPLE & STRATEGY, INC.	N	77,550.	FMV
(8) SHRM CORPORATION	O	195,550.	COST
(9) SHRM FOUNDATION, INC.	P	50,092.	COST
(10) SHRM CORPORATION	P	173,055.	COST
(11) STRATEGIC HUMAN RESOURCE MGM'T INDIA PVT LTD	P	176,484.	COST
(12) SHRM MEA FZ-LLC	P	129,571.	COST
(13) SHRM FOUNDATION, INC.	Q	1,158,815.	COST
(14) HR PEOPLE & STRATEGY, INC.	Q	271,653.	COST
(15) STRATEGIC HUMAN RESOURCE MGM'T INDIA PVT LTD	Q	223,555.	COST
(16) SHRM MEA FZ-LLC	Q	477,008.	COST
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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

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

Table with 11 main columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Predominant income (related, unrelated, excluded from tax under sections 512-514); (e) Are all partners sec. 501(c)(3) orgs.? (Yes/No); (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations? (Yes/No); (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065); (j) General or managing partner? (Yes/No); (k) Percentage ownership.

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

SHRM FOUNDATION, INC.

DIRECT CONTROLLING ENTITY: SOCIETY FOR HUMAN RESOURCE MANAGEMENT

NAME OF RELATED ORGANIZATION:

HR PEOPLE & STRATEGY, INC.

DIRECT CONTROLLING ENTITY: SOCIETY FOR HUMAN RESOURCE MANAGEMENT

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

SHRM CORPORATION

DIRECT CONTROLLING ENTITY: SOCIETY FOR HUMAN RESOURCE MANAGEMENT

NAME OF RELATED ORGANIZATION:

STRATEGIC HUMAN RESOURCE MGM'T INDIA PVT LTD

DIRECT CONTROLLING ENTITY: SOCIETY FOR HUMAN RESOURCE MANAGEMENT

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2020

Department of the Treasury
Internal Revenue Service

For calendar year 2020 or other tax year beginning _____, and ending _____

▶ **Go to www.irs.gov/Form990T for instructions and the latest information.**
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(6) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529S</p>	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) SOCIETY FOR HUMAN RESOURCE MANAGEMENT Number, street, and room or suite no. If a P.O. box, see instructions. 1800 DUKE STREET City or town, state or province, country, and ZIP or foreign postal code ALEXANDRIA, VA 22314-3499	<p>D Employer identification number 34-0948453</p> <p>E Group exemption number (see instructions) 4372</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year ▶ 254,620,010.</p>			

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entity

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

J Enter the number of attached Schedules A (Form 990-T) ▶ **4**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

L The books are in care of ▶ **SEAN RODDY** Telephone number ▶ **703-548-3440**

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	1,574,065.
2 Reserved	2	
3 Add lines 1 and 2	3	1,574,065.
4 Charitable contributions (see instructions for limitation rules) STMT 1 STMT 2	4	157,307.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	1,416,758.
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	1,416,758.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	1,415,758.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	297,309.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	297,309.

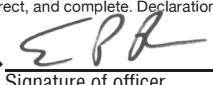
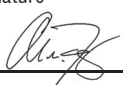
LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments			
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a	
b	Other credits (see instructions)	1b	
c	General business credit. Attach Form 3800 (see instructions)	1c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d	
e	Total credits. Add lines 1a through 1d	1e	
2	Subtract line 1e from Part II, line 7	2	297,309.
3	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 Other (attach statement)	3	
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4	297,309.
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5	0.
6a	Payments: A 2019 overpayment credited to 2020	6a	146,926.
b	2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	250,400.
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Other credits, adjustments, and payments: Form 2439 _____ Form 4136 _____ Other _____ Total	6g	
7	Total payments. Add lines 6a through 6g	7	397,326.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	100,017.
11	Enter the amount of line 10 you want: Credited to 2021 estimated tax 100,017. Refunded	11	0.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
1	At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here SEE STATEMENT 3	X	
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		
4a	Did the organization change its method of accounting? (see instructions)		X
b	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
		11/05/2021	CFO	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	AARON M. FOX		11/9/21		P01365820
	Firm's name MARCUM LLP	Firm's EIN 11-1986323			
Firm's address 1899 L STREET, NW, SUITE 850 WASHINGTON, DC 20036			Phone no. (202) 227-4000		

FORM 990-T

CONTRIBUTIONS

STATEMENT 1

DESCRIPTION/KIND OF PROPERTY

METHOD USED TO DETERMINE FMV

AMOUNT

2020 CHARITABLE CONTRIBUTION

N/A

3,151,521.

TOTAL TO FORM 990-T, PART I, LINE 4

3,151,521.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 2

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS
 FOR TAX YEAR 2015 1,667,487
 FOR TAX YEAR 2016 2,420,278
 FOR TAX YEAR 2017 2,232,545
 FOR TAX YEAR 2018 3,002,005
 FOR TAX YEAR 2019 3,264,148

TOTAL CARRYOVER 12,586,463
 TOTAL CURRENT YEAR 10% CONTRIBUTIONS 3,151,521

TOTAL CONTRIBUTIONS AVAILABLE 15,737,984
 TAXABLE INCOME LIMITATION AS ADJUSTED 157,307

EXCESS CONTRIBUTIONS 15,580,677
 EXCESS 100% CONTRIBUTIONS 0
 TOTAL EXCESS CONTRIBUTIONS 15,580,677

ALLOWABLE CONTRIBUTIONS DEDUCTION 157,307

TOTAL CONTRIBUTION DEDUCTION 157,307

FORM 990-T

NAME OF FOREIGN COUNTRY IN WHICH
ORGANIZATION HAS FINANCIAL INTEREST

STATEMENT 3

NAME OF COUNTRY

INDIA
CHINA
UNITED ARAB EMIRATES
CAYMAN ISLANDS

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY 1

OMB No. 1545-0047

2020

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization SOCIETY FOR HUMAN RESOURCE MANAGEMENT	B Employer identification number 34-0948453
C Unrelated business activity code (see instructions) ▶ 541800	D Sequence: 1 of 4

E Describe the unrelated trade or business ▶ **ADVERTISING & OTHER SERVICES**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a			
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10	3,553,241.	1,889,359.	1,663,882.
11 Advertising income (Part IX)	11	5,052,010.	2,606,393.	2,445,617.
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	8,605,251.	4,495,752.	4,109,499.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)				
2 Salaries and wages				
3 Repairs and maintenance				
4 Bad debts				
5 Interest (attach statement) (see instructions)				
6 Taxes and licenses				86,984.
7 Depreciation (attach Form 4562) (see instructions)	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a			8b
9 Depletion				
10 Contributions to deferred compensation plans				
11 Employee benefit programs				
12 Excess exempt expenses (Part VIII)				
13 Excess readership costs (Part IX)				2,445,950.
14 Other deductions (attach statement) SEE STATEMENT 4				2,500.
15 Total deductions. Add lines 1 through 14				2,535,434.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)				1,574,065.
17 Deduction for net operating loss (see instructions)				0.
18 Unrelated business taxable income. Subtract line 17 from line 16				1,574,065.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Includes a Yes/No checkbox for section 263A rules.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Row 1: Description of property with checkboxes A, B, C, D. Rows 2-4: Rent received or accrued from personal/real property and total rents. Row 3: Total rents received or accrued. Row 4: Deductions directly connected with the income. Row 5: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property with checkboxes A, B, C, D. Rows 2-8: Gross income from debt-financed property, deductions, and total gross income. Rows 9-11: Allocable deductions and total dividends-received deductions.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
Totals			0.	0.		

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

STATEMENT 5

1	Description of exploited activity: <u>CONSOLIDATED</u>		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	3,553,241.
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	1,889,359.
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	1,663,882.
5	Gross income from activity that is not unrelated business income	5	0.
6	Expenses attributable to income entered on line 5	6	0.
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	0.

Schedule A (Form 990-T) 2020

Part IX Advertising Income

STATEMENT 14

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A E-NEWSLETTER

B PERIODICALS

C

D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income	65,863.	4986147.		
Add columns A through D. Enter here and on Part I, line 11, column (A)				5052010.

a

3 Direct advertising costs by periodical	66,196.	2540197.		
a Add columns A through D. Enter here and on Part I, line 11, column (B)				2606393.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8	-333.	2,445,950.		
5 Readership costs		5695424.		
6 Circulation income		3193180.		
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero		2,502,244.		
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7		2,445,950.		
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13				2445950.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 4

DESCRIPTION	AMOUNT
TAX RETURN PREPARATION	2,500.
TOTAL TO SCHEDULE A, PART II, LINE 14	2,500.

FORM 990-T (A) PART VIII - EXPLOITED EXEMPT ACTIVITY INCOME STATEMENT 5

(1) DESCRIPTION OF ACTIVITY	(2) GROSS UBI	(3) UBI EXPENSES	(4) NET INCOME	(5) GROSS INCOME	(6) NON UBI EXPENSES
ONLINE ADVERTISING	2,924,958.	1,477,130.	1,447,828.	0.	0.
ADVERTISINGS - WORKPAPERS & QUIZZES	561,359.	219,725.	341,634.	0.	0.
SPEAKERS BUREAU	66,924.	192,504.	-125,580.	0.	0.
COLUMN TOTALS	3,553,241.	1,889,359.	1,663,882.	0.	0.

FORM 990-T (A) PART VIII - EXPENSES DIRECTLY CONNECTED WITH PRODUCTION OF UNRELATED BUSINESS INCOME STATEMENT 6

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
ONLINE ADVERTISING EXPENSES		1,477,130.	
- SUBTOTAL -	1		1,477,130.
ADVERTISINGS - WORKPAPERS & QUIZZES EXPENSES		219,725.	
- SUBTOTAL -	2		219,725.
SPEAKERS BUREAU EXPENSES		192,504.	
- SUBTOTAL -	3		192,504.
TOTAL OF FORM 990-T, SCHEDULE A, PART VIII, COLUMN 3			1,889,359.

SEPARATE PERIODICALS INCLUDED IN
A CONSOLIDATED PERIODICAL

STATEMENT 14

		GROSS INCOME	DIRECT COSTS	CIRC. INCOME	RDRSHIP COSTS
PERIODICALS	- HR MAGAZINE	515,506.	394,346.	950,114.	2020114.
	- ONLINE PERIODICALS	4470641.	2145851.	2243066.	3675310.

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY 2

OMB No. 1545-0047

2020

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization SOCIETY FOR HUMAN RESOURCE MANAGEMENT	B Employer identification number 34-0948453
C Unrelated business activity code (see instructions) ▶ 453000	D Sequence: 2 of 4

E Describe the unrelated trade or business ▶ **ACCESSORIES**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales <u>42,424.</u>				
b Less returns and allowances _____ c Balance ▶	1c	42,424.		
2 Cost of goods sold (Part III, line 8)	2	27,926.		
3 Gross profit. Subtract line 2 from line 1c	3	14,498.		14,498.
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a			
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	14,498.		14,498.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1			
2 Salaries and wages	2			97,511.
3 Repairs and maintenance	3			
4 Bad debts	4			-238.
5 Interest (attach statement) (see instructions)	5			
6 Taxes and licenses	6			
7 Depreciation (attach Form 4562) (see instructions)	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a			
9 Depletion	9			
10 Contributions to deferred compensation plans	10			
11 Employee benefit programs	11			
12 Excess exempt expenses (Part VIII)	12			
13 Excess readership costs (Part IX)	13			
14 Other deductions (attach statement)	14	SEE STATEMENT 7		169,103.
15 Total deductions. Add lines 1 through 14	15			266,376.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16			-251,878.
17 Deduction for net operating loss (see instructions)	17			0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18			-251,878.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold		Enter method of inventory valuation	▶ LOWER OF COST OR MARKET	
1	Inventory at beginning of year		1	149,326.
2	Purchases		2	46,862.
3	Cost of labor		3	0.
4	Additional section 263A costs (attach statement)		4	0.
5	Other costs (attach statement)		5	0.
6	Total. Add lines 1 through 5		6	196,188.
7	Inventory at end of year		7	168,262.
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2		8	27,926.
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)				
1	Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)			
A	<input type="checkbox"/>			
B	<input type="checkbox"/>			
C	<input type="checkbox"/>			
D	<input type="checkbox"/>			
		A	B	C
2	Rent received or accrued			
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)			
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)			
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D			
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)			0.
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)			
5	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)			0.

Part V Unrelated Debt-Financed Income (see instructions)				
1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)			
A	<input type="checkbox"/>			
B	<input type="checkbox"/>			
C	<input type="checkbox"/>			
D	<input type="checkbox"/>			
		A	B	C
2	Gross income from or allocable to debt-financed property			
3	Deductions directly connected with or allocable to debt-financed property			
a	Straight line depreciation (attach statement)			
b	Other deductions (attach statement)			
c	Total deductions (add lines 3a and 3b, columns A through D)			
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)			
5	Average adjusted basis of or allocable to debt-financed property (attach statement)			
6	Divide line 4 by line 5	%	%	%
7	Gross income reportable. Multiply line 2 by line 6			
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)			0.
9	Allocable deductions. Multiply line 3c by line 6			
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)			0.
11	Total dividends-received deductions included in line 10			0.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
Totals			0.	0.		

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A B C D checkboxes

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) for Gross advertising income. Total 0.

Table with 4 columns (A, B, C, D) for Direct advertising costs by periodical. Total 0.

Table with 4 columns (A, B, C, D) for Advertising gain (loss). Subtract line 3 from line 2.

Table with 4 columns (A, B, C, D) for Readership costs.

Table with 4 columns (A, B, C, D) for Circulation income.

Table with 4 columns (A, B, C, D) for Excess readership costs.

Table with 4 columns (A, B, C, D) for Excess readership costs allowed as a deduction.

Table with 4 columns (A, B, C, D) for Total. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13. Total 0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business.

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

Blank lines for supplemental information.

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 7

DESCRIPTION

AMOUNT

POSTAGE/SHIPPING (ALLOCABLE TO ACCESSORY SALES)	3,571.
PRINTING (ALLOCABLE TO ACCESSORY SALES)	385.
MISC. (ALLOCABLE TO ACCESSORY SALES)	2,449.
BENEFITS, OCCUPANCY, TECH & OVERHEAD (ALLOCABLE TO ACCESSORY SALES)	162,698.
TOTAL TO SCHEDULE A, PART II, LINE 14	169,103.

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY 3

OMB No. 1545-0047

2020

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization SOCIETY FOR HUMAN RESOURCE MANAGEMENT	B Employer identification number 34-0948453
C Unrelated business activity code (see instructions) ▶ 531120	D Sequence: 3 of 4

E Describe the unrelated trade or business ▶ **DFI- OFFICE BUILDING**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a			
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7	60,037.	71,712.	-11,675.
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	60,037.	71,712.	-11,675.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)				1
2 Salaries and wages				2
3 Repairs and maintenance				3
4 Bad debts				4
5 Interest (attach statement) (see instructions)				5
6 Taxes and licenses				6
7 Depreciation (attach Form 4562) (see instructions)	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a			8b
9 Depletion				9
10 Contributions to deferred compensation plans				10
11 Employee benefit programs				11
12 Excess exempt expenses (Part VIII)				12
13 Excess readership costs (Part IX)				13
14 Other deductions (attach statement)				14
15 Total deductions. Add lines 1 through 14				15 0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)				16 -11,675.
17 Deduction for net operating loss (see instructions)				17 0.
18 Unrelated business taxable income. Subtract line 17 from line 16				18 -11,675.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold

Enter method of inventory valuation ▶

1 Inventory at beginning of year	1	
2 Purchases	2	
3 Cost of labor	3	
4 Additional section 263A costs (attach statement)	4	
5 Other costs (attach statement)	5	
6 Total. Add lines 1 through 5	6	
7 Inventory at end of year	7	
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)				
A <input type="checkbox"/>				
B <input type="checkbox"/>				
C <input type="checkbox"/>				
D <input type="checkbox"/>				
	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶				0.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶				0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)				
A <input type="checkbox"/>	OFFICE BUILDING	1800 DUKE STREET, ALEXANDRIA, VA	22314	
B <input type="checkbox"/>				
C <input type="checkbox"/>				
D <input type="checkbox"/>				
	A	B	C	D
2 Gross income from or allocable to debt-financed property	1,081,755.			
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement) STMT 8	385,817.			
b Other deductions (attach statement) STMT 9	906,283.			
c Total deductions (add lines 3a and 3b, columns A through D)	1,292,100.			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) STMT 10	810,159.			
5 Average adjusted basis of or allocable to debt-financed property (attach statement) STMT 11	14,594,996.			
6 Divide line 4 by line 5	5.55%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6	60,037.			
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ▶				60,037.
9 Allocable deductions. Multiply line 3c by line 6	71,712.			
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶				71,712.
11 Total dividends-received deductions included in line 10 ▶				0.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
Totals			0.	0.		

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A B C D checkboxes

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) and 2 rows (Gross advertising income, Add columns A through D)

Table with 4 columns (A, B, C, D) and 2 rows (Direct advertising costs by periodical, Add columns A through D)

Table with 4 columns (A, B, C, D) and 1 row (Advertising gain (loss). Subtract line 3 from line 2)

Table with 4 columns (A, B, C, D) and 1 row (Readership costs)

Table with 4 columns (A, B, C, D) and 1 row (Circulation income)

Table with 4 columns (A, B, C, D) and 1 row (Excess readership costs)

Table with 4 columns (A, B, C, D) and 1 row (Excess readership costs allowed as a deduction)

Table with 4 columns (A, B, C, D) and 1 row (Add line 8, columns A through D)

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

Blank lines for supplemental information

FORM 990-T (A) PART V - DEPRECIATION DEDUCTION STATEMENT 8

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		385,817.	
- SUBTOTAL -	1		385,817.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(A)			385,817.

FORM 990-T (A) PART V - OTHER DEDUCTIONS STATEMENT 9

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
INTEREST		12,993.	
MAINTENANCE		204,238.	
PROFESSIONAL FEES		179,789.	
UTILITIES		91,690.	
REAL ESTATE TAXES		109,419.	
SALES COMMISSIONS		53,661.	
DUES AND SUBSCRIPTIONS		8,759.	
INSURANCE		23,990.	
TELEPHONE		2,120.	
OFFICE SUPPLIES		8,475.	
POSTAGE AND SHIPPING		217.	
ALLOCATED OVERHEAD COSTS		210,932.	
- SUBTOTAL -	1		906,283.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(B)			906,283.

FORM 990-T (A) AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY STATEMENT 10

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ACQUISITION INDEBTEDNESS		810,159.	
- SUBTOTAL -	1		810,159.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 4			810,159.

FORM 990-T (A)

AVERAGE ADJUSTED BASIS OF OR
ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 11

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ADJUSTED BASIS		14,594,996.	
- SUBTOTAL -	1		14,594,996.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 5			14,594,996.

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY 4

OMB No. 1545-0047

2020

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization SOCIETY FOR HUMAN RESOURCE MANAGEMENT	B Employer identification number 34-0948453
C Unrelated business activity code (see instructions) ▶ 523000	D Sequence: 4 of 4

E Describe the unrelated trade or business ▶ **K-1 PARTNERSHIP REVENUE**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales _____			
b Less returns and allowances _____ c Balance ▶	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a		
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 12	5 -2,968.		-2,968.
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13 -2,968.		-2,968.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1		
2 Salaries and wages	2		
3 Repairs and maintenance	3		
4 Bad debts	4		
5 Interest (attach statement) (see instructions)	5		
6 Taxes and licenses	6		
7 Depreciation (attach Form 4562) (see instructions)	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b
9 Depletion	9		
10 Contributions to deferred compensation plans	10		
11 Employee benefit programs	11		
12 Excess exempt expenses (Part VIII)	12		
13 Excess readership costs (Part IX)	13		
14 Other deductions (attach statement) SEE STATEMENT 13	14		65,816.
15 Total deductions. Add lines 1 through 14	15		65,816.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		-68,784.
17 Deduction for net operating loss (see instructions)	17		0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18		-68,784.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Includes a 'Yes/No' checkbox for section 263A rules.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Row 1: Description of property with checkboxes A, B, C, D. Rows 2-4: Rent received or accrued from personal/real property and total rents. Row 3: Total rents received or accrued. Row 4: Deductions directly connected with the income. Row 5: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property with checkboxes A, B, C, D. Rows 2-8: Gross income from debt-financed property, deductions (depreciation), average acquisition debt, and total gross income. Rows 9-11: Allocable deductions, total allocable deductions, and total dividends-received deductions.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
Totals			0.	0.		

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A B C D checkboxes

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) for Gross advertising income. Total 0.

Table with 4 columns (A, B, C, D) for Direct advertising costs by periodical. Total 0.

Table with 4 columns (A, B, C, D) for Advertising gain (loss). Subtract line 3 from line 2.

Table with 4 columns (A, B, C, D) for Readership costs.

Table with 4 columns (A, B, C, D) for Circulation income.

Table with 4 columns (A, B, C, D) for Excess readership costs.

Table with 4 columns (A, B, C, D) for Excess readership costs allowed as a deduction.

Table with 4 columns (A, B, C, D) for Total. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13. Total 0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business.

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

Blank lines for supplemental information.

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 12
DESCRIPTION		NET INCOME OR (LOSS)
INVESTMENT - OTHER INCOME (LOSS)		-2,968.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5		-2,968.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 13
DESCRIPTION		AMOUNT
PROFESSIONAL FEES		63,750.
LEGAL FEES		2,066.
TOTAL TO SCHEDULE A, PART II, LINE 14		65,816.

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2021

Name SOCIETY FOR HUMAN RESOURCE MANAGEMENT	Employer Identification Number 34-0948453
--	---

Based on the information provided with this return, the following are possible carryover amounts to next year.

FEDERAL POST-2017 NET OPERATING LOSS - ACCESSORIES	356,567.
FEDERAL POST-2017 NET OPERATING LOSS - DFI- OFFICE BUILDING	11,675.
FEDERAL POST-2017 NET OPERATING LOSS - K-1 PARTNERSHIP REVEN	68,784.
FEDERAL CONTRIBUTION - 50% CASH	13,913,190.
CA CONTRIBUTION - 50% CASH	7,228,866.

Form **5471**

Information Return of U.S. Persons With Respect to Certain Foreign Corporations

OMB No. 1545-0123

(Rev. December 2020)
Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning **JAN 1, 2020**, and ending **DEC 31, 2020**

Attachment
Sequence No. **121**

Name of person filing this return SOCIETY FOR HUMAN RESOURCE MANAGEMENT <small>Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)</small> 1800 DUKE STREET City or town, state, and ZIP code ALEXANDRIA, VA 22314-3499	A Identifying number 34-0948453 B Category of filer (See instructions. Check applicable box(es).): 1a <input checked="" type="checkbox"/> 1b <input type="checkbox"/> 1c <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5a <input checked="" type="checkbox"/> 5b <input type="checkbox"/> 5c <input type="checkbox"/> C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period 100.00 %
Filer's tax year beginning JAN 1, 2020 , and ending DEC 31, 2020	

D Check box if this is a final Form 5471 for the foreign corporation

E Check if any excepted specified foreign financial assets are reported on this form (see instructions)

F Check the box if this Form 5471 has been completed using "Alternative Information" under Rev. Proc. 2019-40

G If the box on line F is checked, enter the corresponding code for "Alternative Information" (see instructions) ▶

H Person(s) on whose behalf this information return is filed:

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

1a Name and address of foreign corporation STRATEGIC HUMAN RESOURCE MGMT. INDIA PVT LTD OFFICE #302, 3RD FL, SUSHMORE KHAR, LINKING RD KHAR, MUMBAI 400052 INDIA	b(1) Employer identification number, if any 80-2212005 b(2) Reference ID number (see instructions) NONE c Country under whose laws incorporated INDIA			
d Date of incorporation 10/10/05	e Principal place of business MUMBAI INDIA	f Principal business activity code number 813000	g Principal business activity HR RESEARCH/ED	h Functional currency code INR

2 Provide the following information for the foreign corporation's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States	b If a U.S. income tax return was filed, enter: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">(i) Taxable income or (loss)</td> <td style="width:50%;">(ii) U.S. income tax paid (after all credits)</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)		
(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)				
c Name and address of foreign corporation's statutory or resident agent in country of incorporation	d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different				

Schedule A Stock of the Foreign Corporation		
(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
COMMON	55,565,243	55,565,243

LHA For Paperwork Reduction Act Notice, see instructions. Form **5471** (Rev. 12-2020)

Schedule B Shareholders of Foreign Corporation

Part I U.S. Shareholders of Foreign Corporation (see instructions)

(a) Name, address, and identifying number of shareholder	(b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of Subpart F income (enter as a percentage)
SHRM 1800 DUKE ST. ALEXANDRIA VA 22314-3499 34-0948453	COMMON	55,565,243	55,565,243	

Part II Direct Shareholders of Foreign Corporation (see instructions)

(a) Name, address, and identifying number of shareholder. Also, include country of incorporation or formation, if applicable.	(b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period

Schedule C Income Statement

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

		Functional Currency	U.S. Dollars	
Income	1a Gross receipts or sales	1a		
	b Returns and allowances	1b		
	c Subtract line 1b from line 1a	1c		
	2 Cost of goods sold	2		
	3 Gross profit (subtract line 2 from line 1c)	3		
	4 Dividends	4		
	5 Interest	5	2,541,031.	38,610.
	6a Gross rents	6a		
	b Gross royalties and license fees	6b		
	7 Net gain or (loss) on sale of capital assets	7		
8a Foreign currency transaction gain or loss - unrealized	8a			
	b Foreign currency transaction gain or loss - realized	8b		
9 Other income (attach statement) SEE STATEMENT 15	9	221,305,052.	3,362,643.	
10 Total income (add lines 3 through 9)	10	223,846,083.	3,401,253.	
Deductions	11 Compensation not deducted elsewhere	11	102,579,966.	1,558,663.
	12a Rents	12a	6,982,494.	106,096.
	b Royalties and license fees	12b		
	13 Interest	13	220,153.	3,345.
	14 Depreciation not deducted elsewhere	14	930,386.	14,137.
	15 Depletion	15		
	16 Taxes (exclude income tax expense (benefit))	16		
	17 Other deductions (attach statement - exclude income tax expense (benefit)) SEE STATEMENT 16	17	142,795,260.	2,169,717.
18 Total deductions (add lines 11 through 17)	18	253,508,259.	3,851,958.	
Net Income	19 Net income or (loss) before unusual or infrequently occurring items, and income tax expense (benefit) (subtract line 18 from line 10)	19	-29,662,176.	-450,705.
	20 Unusual or infrequently occurring items	20		
	21a Income tax expense (benefit) - current	21a		
	b Income tax expense (benefit) - deferred	21b		
22 Current year net income or (loss) per books (combine lines 19 through 21b)	22	-29,662,176.	-450,705.	
Other Comprehensive Income	23a Foreign currency translation adjustments	23a		
	b Other	23b		
	c Income tax expense (benefit) related to other comprehensive income	23c		
	24 Other comprehensive income (loss), net of tax (line 23a plus line 23b less line 23c)	24		

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash	218,318.	182,073.
2a	Trade notes and accounts receivable	1,014,435.	989,827.
b	Less allowance for bad debts	(162,979.)	(182,934.)
3	Derivatives		
4	Inventories	25,140.	55,861.
5	Other current assets (attach statement) SEE STATEMENT 17	32,880.	32,679.
6	Loans to shareholders and other related persons		
7	Investment in subsidiaries (attach statement)		
8	Other investments (attach statement) SEE STATEMENT 18	12,559.	971,855.
9a	Buildings and other depreciable assets	110,426.	116,540.
b	Less accumulated depreciation	(86,233.)	(95,117.)
10a	Depletable assets		
b	Less accumulated depletion	()	()
11	Land (net of any amortization)		
12	Intangible assets:		
a	Goodwill		
b	Organization costs		
c	Patents, trademarks, and other intangible assets		
d	Less accumulated amortization for lines 12a, 12b, and 12c	()	()
13	Other assets (attach statement) SEE STATEMENT 19	116,609.	170,273.
14	Total assets	1,281,155.	2,241,057.
Liabilities and Shareholders' Equity			
15	Accounts payable	723,692.	777,029.
16	Other current liabilities (attach statement) SEE STATEMENT 20	126,023.	203,821.
17	Derivatives		
18	Loans from shareholders and other related persons		
19	Other liabilities (attach statement) SEE STATEMENT 21	3,541,031.	4,690,179.
20	Capital stock:		
a	Preferred stock		
b	Common stock	19,221,843.	19,221,843.
21	Paid-in or capital surplus (attach reconciliation)		0.
22	Retained earnings	-22,331,434.	-22,651,815.
23	Less cost of treasury stock	()	()
24	Total liabilities and shareholders' equity	1,281,155.	2,241,057.

Schedule G Other Information

	Yes	No
1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? If "Yes," see the instructions for required statement.		X
2 During the tax year, did the foreign corporation own an interest in any trust?		X
3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as separate from their owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation own any foreign branches (see instructions)? If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions).		X
4a During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to the foreign corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect to a base erosion payment made or accrued to the foreign corporation (see instructions)? If "Yes," complete lines 4b and 4c.		X
b Enter the total amount of the base erosion payments ▶ \$ _____		
c Enter the total amount of the base erosion tax benefit ▶ \$ _____		
5a During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? If "Yes," complete line 5b.		X
b Enter the total amount of the disallowed deductions (see instructions) ▶ \$ _____		

FORM 5471

OTHER INCOME

STATEMENT 15

DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
SEMINARS AND EDUCATIONAL PROGRAMS	30,560,275.	65.812814	464,351.
OTHER	190,744,777.	65.812814	2,898,292.
TOTAL TO 5471, SCHEDULE C, LINE 9	221,305,052.		3,362,643.

FORM 5471

OTHER DEDUCTIONS

STATEMENT 16

DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
ADVERTISING	31,860,084.	65.812814	484,102.
AMORTIZATION	58,191.	65.812814	884.
ART & PHOTOGRAPHY	81,086.	65.812814	1,232.
BAD DEBT	9,345,398.	65.812814	142,000.
COST OF GOODS SOLD	13,162,228.	65.812814	199,995.
DUES & SUBSCRIPTIONS	1,035,483.	65.812814	15,734.
FEEES	329,666.	65.812814	5,009.
FOOD & BEVERAGE	1,513,945.	65.812814	23,004.
FOREIGN EXCHANGE LOSS	3,032,875.	65.812814	46,083.
INSURANCE	1,814,922.	65.812814	27,577.
LEGAL & AUDIT	2,292,605.	65.812814	34,835.
MAINTENANCE	2,805,378.	65.812814	42,627.
MISCELLANEOUS	4,556,694.	65.812814	69,237.
POSTAGE & SHIPPING	586,983.	65.812814	8,919.
PRINTING	210,687.	65.812814	3,201.
PROFESSIONAL FEES	61,068,624.	65.812814	927,914.
SUPPLIES	1,222,244.	65.812814	18,571.
TAXES	2,758,356.	65.812814	41,912.
TELEPHONE	1,585,198.	65.812814	24,086.
TRAVEL	3,322,447.	65.812814	50,483.
UTILITIES	152,166.	65.812814	2,312.
TOTAL TO 5471, SCHEDULE C, LINE 17	142,795,260.		2,169,717.

FORM 5471	OTHER CURRENT ASSETS	STATEMENT 17
DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
PREPAID EXPENSES	26,561.	26,846.
ADVANCES	6,319.	5,833.
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 5	32,880.	32,679.

FORM 5471	OTHER INVESTMENTS	STATEMENT 18
DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
OTHER INVESTMENTS	12,559.	971,855.
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 8	12,559.	971,855.

FORM 5471	OTHER ASSETS	STATEMENT 19
DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
DUE TO HRPS	3,452.	4,735.
DUE TO SHRM MEA	68,330.	121,927.
DEPOSITS	44,827.	43,611.
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 13	116,609.	170,273.

FORM 5471	OTHER CURRENT LIABILITIES	STATEMENT 20
DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
DEFERRED REVENUE	126,023.	203,821.
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 16	126,023.	203,821.

FORM 5471

OTHER LIABILITIES

STATEMENT 21

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
DUE TO SHRM DEPOSITS	3,415,351. 125,680.	4,534,951. 155,228.
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 19	3,541,031.	4,690,179.

Schedule G Other Information (continued)

Table with 3 columns: Question, Yes, No. Contains questions 6a through 22a regarding foreign-derived intangible income deduction, cost-sharing arrangements, platform contributions, and extraordinary reductions.

Schedule I Summary of Shareholder's Income From Foreign Corporation

If item H on page 1 is completed, a separate Schedule I must be filed for each Category 4, 5a, or 5b filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for:

Table with columns: Name of U.S. shareholder, Identifying number, and rows 1a through 6 for various income categories.

Table with columns: Question (7a, 7b, 8a, 8b, 8c, 9), Yes, No, and checkboxes for answers.

**SCHEDULE H
(Form 5471)**

(Rev. December 2020)
Department of the Treasury
Internal Revenue Service

Current Earnings and Profits

▶ Attach to Form 5471.

OMB No. 1545-0123

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471 SOCIETY FOR HUMAN RESOURCE MANAGEMENT		Identifying number 34-0948453
Name of foreign corporation STRATEGIC HUMAN RESOURCE MGMT. IN	EIN (if any) 80-2212005	Reference ID number (see instr.) NONE

IMPORTANT: Enter the amounts on lines 1 through 5c in **functional** currency.

1	Current year net income or (loss) per foreign books of account	1	-29662176.
2	Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):		
		Net Additions	Net Subtractions
a	Capital gains or losses	2a	
b	Depreciation and amortization	2b	
c	Depletion	2c	
d	Investment or incentive allowance	2d	
e	Charges to statutory reserves	2e	
f	Inventory adjustments	2f	
g	Income taxes (see Schedule E, Part I, Section 1, line 6, column (l), and Part III, line 3, column (i))	2g	
h	Foreign currency gains or losses	2h	
i	Other (attach statement)	2i	
3	Total net additions	3	
4	Total net subtractions	4	
5a	Current earnings and profits (line 1 plus line 3 minus line 4)	5a	-29662176.
b	DASTM gain or (loss) for foreign corporations that use DASTM (see instructions)	5b	
c	Combine lines 5a and 5b and enter the result on line 5c. Then enter on lines 5c(i), 5c(ii), and 5c(iii)(A) through 5c(iii)(C) the portion of the line 5c amount with respect to the categories of income shown on those lines	5c	-29662176.
	(i) General category (enter amount on applicable Schedule J, Part I, line 3, column (a))	5c(i)	
	(ii) Passive category (enter amount on applicable Schedule J, Part I, line 3, column (a))	5c(ii)	
	(iii) Section 901(j) category:		
	(A) Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(A) and on the applicable Schedule J, Part I, line 3, column (a)	5c(iii)(A)	
	(B) Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(B) and on the applicable Schedule J, Part I, line 3, column (a)	5c(iii)(B)	
	(C) Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(C) and on the applicable Schedule J, Part I, line 3, column (a)	5c(iii)(C)	
d	Current earnings and profits in U.S. dollars (line 5c translated at the average exchange rate, as defined in section 989(b)(3) and the related regulations (see instructions))	5d	-450,705.
e	Enter exchange rate used for line 5d		65.812814

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule H (Form 5471) (Rev. 12-2020)

**SCHEDULE J
(Form 5471)**

(Rev. December 2020)
Department of the Treasury
Internal Revenue Service

Accumulated Earnings & Profits (E&P) of Controlled Foreign Corporation

▶ Attach to Form 5471.

OMB No. 1545-0123

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471

Identifying number

SOCIETY FOR HUMAN RESOURCE MANAGEMENT

34-0948453

Name of foreign corporation

EIN (if any)

Reference ID number

STRATEGIC HUMAN RESOURCE MGMT. INDIA PVT LTD

80-2212005

NONE

a Separate Category (Enter code - see instructions.) ▶ **GEN**

b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ▶

Part I Accumulated E&P of Controlled Foreign Corporation

Check the box if person filing return does not have all U.S. shareholders' information to complete an amount in column (e) (see instructions).

Important: Enter amounts in functional currency.

		(a) Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance)	(b) Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance)	(c) Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance)	(d) Hovering Deficit and Deduction for Suspended Taxes	(e) Previously Taxed E&P (see instructions)	
						(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP
1a	Balance at beginning of year (as reported on prior year Schedule J)		-741016222.				
b	Beginning balance adjustments (attach statement)						
c	Adjusted beginning balance (combine lines 1a and 1b)		-741016222.				
2a	Reduction for taxes unsuspending under anti-splitter rules						
b	Disallowed deduction for taxes suspended under anti-splitter rules						
3	Current year E&P (or deficit in E&P) (enter amount from applicable line 5c of Schedule H)		-29662176.				
4	E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation						
5a	E&P carried over in nonrecognition transaction						
b	Reclassify deficit in E&P as hovering deficit after nonrecognition transaction						
6	Other adjustments (attach statement)						
7	Total current and accumulated E&P (combine lines 1c through 6)		-770678398.				
8	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P						
9	Actual distributions						
10	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P						
11	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)						
12	Other adjustments (attach statement)						
13	Hovering deficit offset of undistributed post-transaction E&P (see instructions)						
14	Balance at beginning of next year (combine lines 7 through 13)		-770678398.				

Part I Accumulated E&P of Controlled Foreign Corporation *(continued)*

(e) Previously Taxed E&P (see instructions)					
	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP
1a					
b					
c					
2a					
b					
3					
4					
5a					
b					
6					
7					
8					
9					
10					
11					
12					
13					
14					

(e) Previously Taxed E&P (see instructions)				(f)
	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP	Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x))
1a				-741,016,222.
b				
c				-741,016,222.
2a				
b				
3				-29,662,176.
4				
5a				
b				
6				
7				-770,678,398.
8				
9				
10				
11				
12				
13				
14				-770,678,398.

Part II Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))

Important: Enter amounts in functional currency.

1	Balance at beginning of year	▶	1	
2	Additions (amounts subject to future recapture)	▶	2	
3	Subtractions (amounts recaptured in current year)	▶	3	
4	Balance at end of year (combine lines 1 through 3)	▶	4	

Schedule J (Form 5471) (Rev. 12-2020)

**SCHEDULE M
(Form 5471)**

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

**Transactions Between Controlled Foreign Corporation
and Shareholders or Other Related Persons**

OMB No. 1545-0123

▶ Attach to Form 5471.

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471 SOCIETY FOR HUMAN RESOURCE MANAGEMENT	Identifying number 34-0948453
---	---

Name of foreign corporation STRATEGIC HUMAN RESOURCE MGMT. IN	EIN (if any) 80-2212005	Reference ID number NONE
---	-----------------------------------	------------------------------------

Important: Complete a separate Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ **INDIA, RUPEE** **65.812814**

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1 Sales of stock in trade (inventory) ...					
2 Sales of tangible property other than stock in trade					
3 Sales of property rights (patents, trademarks, etc.)					
4 Platform contribution transaction payments received					
5 Cost sharing transaction payments received					
6 Compensation received for technical, managerial, engineering, construction, or like services	701,657.	4,735.	54,072.		
7 Commissions received					
8 Rents, royalties, and license fees received					
9 Hybrid dividends received (see instr.)					
10 Dividends received (exclude hybrid dividends, deemed distributions under subpart F, and distributions of previously taxed income)					
11 Interest received					
12 Premiums received for insurance or reinsurance					
13 Add lines 1 through 12	701,657.	4,735.	54,072.		
14 Purchases of stock in trade (inventory)					
15 Purchases of tangible property other than stock in trade					
16 Purchases of property rights (patents, trademarks, etc.)					
17 Platform contribution transaction payments paid					
18 Cost sharing transaction payments paid					
19 Compensation paid for technical, managerial, engineering, construction, or like services	223,555.	63,964.	147,284.		
20 Commissions paid					
21 Rents, royalties, and license fees paid					
22 Hybrid dividends paid (see instructions)					
23 Dividends paid (exclude hybrid dividends paid)					
24 Interest paid					
25 Premiums paid for insurance or reinsurance					
26 Add lines 14 through 25	223,555.	63,964.	147,284.		
27 Accounts Payable					
28 Amounts borrowed (enter the maximum loan balance during the year) - see instr.					
29 Accounts Receivable					
30 Amounts loaned (enter the maximum loan balance during the year) - see instr.					

Return of U.S. Persons With Respect to Certain Foreign Partnerships

▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

2020

Department of the Treasury
Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning **AUG 3**, 2020, and ending **DEC 31**, 2020

Attachment Sequence No. **865**

Name of person filing this return

Filer's identification number

34-0948453

SOCIETY FOR HUMAN RESOURCE MANAGEMENT

Filer's address (if you aren't filing this form with your tax return)

A Category of filer (see Categories of Filers in the instructions and check applicable box(es)):

1 2 3 4

B Filer's tax year beginning **JAN 1**, 2020, and ending **DEC 31**, 2020

C Filer's share of liabilities: Nonrecourse \$ _____ Qualified nonrecourse financing \$ _____ Other \$ _____

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name

EIN

Address

E Check if any excepted specified foreign financial assets are reported on this form. See instructions

F Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

G1 Name and address of foreign partnership

**GLOBAL RENEWABLE POWER INFRASTRUCTURE FUND III (B). L.P. C/O BLACKROCK
40 EAST 52ND STREET
NEW YORK, NY 10022**

2(a) EIN (if any)

98-1517557

2(b) Reference ID number

001

3 Country under whose laws organized

CAYMAN ISLANDS

4 Date of organization 08/03/2020	5 Principal place of business CAYMAN ISLANDS	6 Principal business activity code number 523900	7 Principal business activity INVESTING	8a Functional currency USD	8b Exchange rate (see instructions) 1.000000
--	---	---	--	---	---

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States

2 Check if the foreign partnership must file:

Form 1042 Form 8804 Form 1065

Service Center where Form 1065 is filed:

E-FILE

3 Name and address of foreign partnership's agent in country of organization, if any

**C/O BLACKROCK
UGLAND HOUSE
GRAND CAYMAN, CAYMAN ISLANDS KY1-110**

4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different

5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which one or more partners aren't allowed a deduction under section 267A? See instructions

▶ Yes No

If "Yes," enter the total amount of the disallowed deductions

\$

6 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?

▶ Yes No

7 Were any special allocations made by the foreign partnership?

▶ Yes No

8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

9 How is this partnership classified under the law of the country in which it's organized?

▶ **LTD PARTNERSHIP**

10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b

▶ Yes No

b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)?

▶ Yes No

11 Does this partnership meet both of the following requirements?

- 1. The partnership's total receipts for the tax year were less than \$250,000.
 - 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.
- If "Yes," don't complete Schedules L, M-1, and M-2.

▶ Yes No

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **8865** (2020)

- 12 a** Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N? ▶ Yes No
- b** If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) ▶ _____
- c** If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI ▶ _____
- d** If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI ▶ _____
- 13** Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership ▶ _____
- 14** At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? ▶ Yes No
- 15 a** Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure under Regs. 1.707-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions ▶ Yes No
- b** Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transferred, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment ▶ Yes No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

▶ _____ ▶ _____
Signature of general partner or limited liability company member Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no.

Schedule A	Constructive Ownership of Partnership Interest. Check the boxes that apply to the filer. If you check box b , enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.			
a <input checked="" type="checkbox"/> Owns a direct interest	b <input type="checkbox"/> Owns a constructive interest			
Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

Schedule A-1	Certain Partners of Foreign Partnership (see instructions)		
Name	Address	Identification number (if any)	Check if foreign person

Schedule A-2	Foreign Partners of Section 721(c) Partnership (see instructions)					
Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				<input type="checkbox"/>	%	%
				<input type="checkbox"/>	%	%

Does the partnership have any other foreign person as a direct partner? Yes No

Schedule A-3	Affiliation Schedule. List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.			
STATEMENT ^{Name} 22	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

**SCHEDULE O
(Form 8865)**

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

**Transfer of Property to a Foreign Partnership
(Under Section 6038B)**

▶ **Attach to Form 8865. See the Instructions for Form 8865.**
▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor **SOCIETY FOR HUMAN RESOURCE MANAGEMENT** Filer's identifying number **34-0948453**

Name of foreign partnership **GLOBAL RENEWABLE POWER INFRASTRUC FUND III (B). L.P. C/O BLACKROCK** EIN (if any) **98-1517557** Reference ID number (see instr) **001**

- 1 a** Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions Yes No
- b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? Yes No
- 2** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Part I Transfers Reportable Under Section 6038B

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	12/31/20		251,540.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			251,540.				

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer **.0000** % (b) After the transfer **.2780** %

Supplemental Information Required To Be Reported (see instructions):

Part II Dispositions Reportable Under Section 6038B

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 12-2018

Return of U.S. Persons With Respect to Certain Foreign Partnerships

▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

2020

Department of the Treasury
Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning **JAN 1**, 2020, and ending **DEC 31**, 2020

Attachment Sequence No. **865**

Name of person filing this return

Filer's identification number

34-0948453

SOCIETY FOR HUMAN RESOURCE MANAGEMENT

Filer's address (if you aren't filing this form with your tax return)

A Category of filer (see Categories of Filers in the instructions and check applicable box(es)):

1 2 3 4

B Filer's tax year beginning **JAN 1**, 2020, and ending **DEC 31**, 2020

C Filer's share of liabilities: Nonrecourse \$ Qualified nonrecourse financing \$ Other \$

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name

EIN

Address

E Check if any excepted specified foreign financial assets are reported on this form. See instructions

F Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

G1 Name and address of foreign partnership

GLENDOWER CAPITAL SECONDARY OPPORTUNITIES FUND IV LP FLOOR 4, 1ST. JAMES' MARKET LONDON, UNITED KINGDOM SW1Y4AH

2(a) EIN (if any)

98-1403246

2(b) Reference ID number

002

3 Country under whose laws organized

UNITED KINGDOM

4 Date of organization 04/16/2018	5 Principal place of business UNITED KINGDOM	6 Principal business activity code number 523900	7 Principal business activity INVESTMENTS	8a Functional currency USD	8b Exchange rate (see instructions) 1.000000
--	---	---	--	---	---

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States

2 Check if the foreign partnership must file:

Form 1042 Form 8804 Form 1065

Service Center where Form 1065 is filed:

E-FILE

3 Name and address of foreign partnership's agent in country of organization, if any

AZTEC FINANCIAL SERVICES LIMTIED FORUM 4, SOLENT BUSINESS PARK, PKWY S WHITELEY, UNITED KINGDOM PO15 7AD

4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different

GEN II FUND SERVICES, LLC 125 HIGH ST. OLIVER ST. TOWER, 18TH BOSTON, MA 02110

5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which one or more partners aren't allowed a deduction under section 267A? See instructions

Yes No

If "Yes," enter the total amount of the disallowed deductions

\$

6 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?

Yes No

7 Were any special allocations made by the foreign partnership?

Yes No

8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

9 How is this partnership classified under the law of the country in which it's organized?

LTD. PARTNERSHIP

10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b

Yes No

b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)?

Yes No

11 Does this partnership meet both of the following requirements?

- The partnership's total receipts for the tax year were less than \$250,000.
 - The value of the partnership's total assets at the end of the tax year was less than \$1 million.
- If "Yes," don't complete Schedules L, M-1, and M-2.

Yes No

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **8865** (2020)

- 12 a** Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N? Yes No
- b** If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) ▶ _____
- c** If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI ▶ _____
- d** If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI ▶ _____
- 13** Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership ▶ _____
- 14** At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? Yes No
- 15 a** Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure under Regs. 1.707-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions Yes No
- b** Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transferred, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment Yes No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

▶ _____ Signature of general partner or limited liability company member ▶ _____ Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

Schedule A Constructive Ownership of Partnership Interest. Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

a Owns a direct interest **b** Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

Schedule A-1 Certain Partners of Foreign Partnership (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

Schedule A-2 Foreign Partners of Section 721(c) Partnership (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				<input type="checkbox"/>	%	%
				<input type="checkbox"/>	%	%

Does the partnership have any other foreign person as a direct partner? Yes No

Schedule A-3 Affiliation Schedule. List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

**SCHEDULE O
(Form 8865)**

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

**Transfer of Property to a Foreign Partnership
(Under Section 6038B)**

▶ **Attach to Form 8865. See the Instructions for Form 8865.**
▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor **SOCIETY FOR HUMAN RESOURCE MANAGEMENT** Filer's identifying number **34-0948453**

Name of foreign partnership **GLENDOWER CAPITAL SECONDARY OPPORTUNITIES FUND IV LP** EIN (if any) **98-1403246** Reference ID number (see instr) **002**

- 1 a** Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions Yes No
b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? Yes No
2 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Part I Transfers Reportable Under Section 6038B

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	12/31/20		295,154.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			295,154.				

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer **.0753** % (b) After the transfer **.0753** %

Supplemental Information Required To Be Reported (see instructions):

Part II Dispositions Reportable Under Section 6038B

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 12-2018

Return of U.S. Persons With Respect to Certain Foreign Partnerships

▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

2020

Department of the Treasury
Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning **DEC 4**, 2020, and ending **DEC 31**, 2020

Attachment Sequence No. **865**

Name of person filing this return

Filer's identification number

34-0948453

SOCIETY FOR HUMAN RESOURCE MANAGEMENT

Filer's address (if you aren't filing this form with your tax return)

A Category of filer (see Categories of Filers in the instructions and check applicable box(es)):

1 2 3 4

B Filer's tax year beginning **JAN 1**, 2020, and ending **DEC 31**, 2020

C Filer's share of liabilities: Nonrecourse \$ _____ Qualified nonrecourse financing \$ _____ Other \$ _____

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name

EIN

Address

E Check if any excepted specified foreign financial assets are reported on this form. See instructions

F Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

G1 Name and address of foreign partnership
GLENDOWER CAPITAL STRATEGIC PARTNERSHIP
423 (LUX), SCSP
22-24 BOULEVARD ROYAL
LUXEMBOURG L-2449

2(a) EIN (if any)
98-1571379

2(b) Reference ID number
003

3 Country under whose laws organized
LUXEMBOURG

4 Date of organization 12/04/2020	5 Principal place of business LUXEMBOURG	6 Principal business activity code number 523900	7 Principal business activity INVESTMENTS	8a Functional currency EUROS	8b Exchange rate (see instructions) .820500
--	---	---	--	---	--

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States

2 Check if the foreign partnership must file:
 Form 1042 Form 8804 Form 1065

Service Center where Form 1065 is filed:

E-FILE

3 Name and address of foreign partnership's agent in country of organization, if any
GLENDOWER CAPITAL GPCO LU SARL
22-24 BOULEVARD ROYAL
, LUXEMBOURG L-2449

4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different
CARLOS PIRZIO-BIROLI
1ST. JAMES'S MARKET
LONDON, UNITED KINGDOM SW1Y 4AH

5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which one or more partners aren't allowed a deduction under section 267A? See instructions Yes No

If "Yes," enter the total amount of the disallowed deductions \$ _____

6 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? Yes No

7 Were any special allocations made by the foreign partnership? Yes No

8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

9 How is this partnership classified under the law of the country in which it's organized? **LTD. PARTNERSHIP**

10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b Yes No

b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)? Yes No

11 Does this partnership meet both of the following requirements?
1. The partnership's total receipts for the tax year were less than \$250,000.
2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.
If "Yes," don't complete Schedules L, M-1, and M-2. Yes No

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **8865** (2020)

- 12 a Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction...
b If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions...
c If "Yes," enter the amount of gross income derived from a license of property...
d If "Yes," enter the amount of gross income derived from services provided...
13 Enter the number of foreign partners subject to section 864(c)(8)...
14 At any time during the tax year were any transfers between the partnership and its partners...
15 a Were there any transfers of property or money within a 2-year period...
b Did the partnership assume a liability or receive property subject to a liability...

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Paid Preparer Use Only. Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no.

Schedule A Constructive Ownership of Partnership Interest. Table with columns: Name, Address, Identification number (if any), Check if foreign person, Check if direct partner.

Schedule A-1 Certain Partners of Foreign Partnership (see instructions). Table with columns: Name, Address, Identification number (if any), Check if foreign person.

Schedule A-2 Foreign Partners of Section 721(c) Partnership (see instructions). Table with columns: Name of foreign partner, Address, Country of organization, U.S. taxpayer identification number, Check if related to U.S. transferor, Percentage interest (Capital, Profits).

Does the partnership have any other foreign person as a direct partner? Yes No

Schedule A-3 Affiliation Schedule. List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest. Table with columns: Name, Address, EIN (if any), Total ordinary income or loss, Check if foreign partnership.

**SCHEDULE O
(Form 8865)**

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

**Transfer of Property to a Foreign Partnership
(Under Section 6038B)**

▶ **Attach to Form 8865. See the Instructions for Form 8865.**
▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor **SOCIETY FOR HUMAN RESOURCE MANAGEMENT** Filer's identifying number **34-0948453**

Name of foreign partnership **GLENDOWER CAPITAL STRATEGIC PARTN 423 (LUX), SCSP** EIN (if any) **98-1571379** Reference ID number (see instr) **003**

- 1 a** Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions Yes No
- b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? Yes No
- 2** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Part I Transfers Reportable Under Section 6038B

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	12/31/20		128,711.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			128,711.				

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer **.0000** % (b) After the transfer **.0753** %

Supplemental Information Required To Be Reported (see instructions):

Part II Dispositions Reportable Under Section 6038B

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 12-2018

Return of U.S. Persons With Respect to Certain Foreign Partnerships

▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

2020

Department of the Treasury
Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning **JAN 22**, 2020, and ending **DEC 31**, 2020

Attachment Sequence No. **865**

Name of person filing this return

Filer's identification number

34-0948453

SOCIETY FOR HUMAN RESOURCE MANAGEMENT

Filer's address (if you aren't filing this form with your tax return)

A Category of filer (see Categories of Filers in the instructions and check applicable box(es)):

1 2 3 4

B Filer's tax year beginning **JAN 1**, 2020, and ending **DEC 31**, 2020

C Filer's share of liabilities: Nonrecourse \$ Qualified nonrecourse financing \$ Other \$

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name

EIN

Address

E Check if any excepted specified foreign financial assets are reported on this form. See instructions

F Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

G1 Name and address of foreign partnership
GLENDOWER CAPITAL STRATEGIC PARTNERSHIP
421, LP
FLOOR 4, 1ST. JAMES' MARKET
LONDON, UNITED KINGDOM SW1Y4AH

2(a) EIN (if any)
98-1526969

2(b) Reference ID number
004

3 Country under whose laws organized
UNITED KINGDOM

4 Date of organization 01/22/2020	5 Principal place of business UNITED KINGDOM	6 Principal business activity code number 523900	7 Principal business activity INVESTMENTS	8a Functional currency USD	8b Exchange rate (see instructions) 1.000000
--	---	---	--	---	---

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States

2 Check if the foreign partnership must file:
 Form 1042 Form 8804 Form 1065

Service Center where Form 1065 is filed:

E-FILE

3 Name and address of foreign partnership's agent in country of organization, if any
GLENDOWER CAPITAL (HOLDINGS) LTD
FLOOR 4, 1ST ST. JAMES MARKET
LONDON, UNITED KINGDOM SW1Y 4AH

4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different

5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which one or more partners aren't allowed a deduction under section 267A? See instructions Yes No

If "Yes," enter the total amount of the disallowed deductions \$

6 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? Yes No

7 Were any special allocations made by the foreign partnership? Yes No

8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

9 How is this partnership classified under the law of the country in which it's organized? **LTD. PARTNERSHIP**

10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b Yes No

b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)? Yes No

11 Does this partnership meet both of the following requirements?
1. The partnership's total receipts for the tax year were less than \$250,000.
2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.
If "Yes," don't complete Schedules L, M-1, and M-2. Yes No

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **8865** (2020)

- 12 a Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N? Yes No
- b If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) ▶ _____
- c If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI ▶ _____
- d If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI ▶ _____
- 13 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership ▶ _____
- 14 At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? Yes No
- 15 a Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure under Regs. 1.707-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions Yes No
- b Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transferred, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment Yes No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

▶ _____ Signature of general partner or limited liability company member ▶ _____ Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no.

Schedule A Constructive Ownership of Partnership Interest. Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

a Owns a direct interest b Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

Schedule A-1 Certain Partners of Foreign Partnership (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

Schedule A-2 Foreign Partners of Section 721(c) Partnership (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				<input type="checkbox"/>	%	%
				<input type="checkbox"/>	%	%

Does the partnership have any other foreign person as a direct partner? Yes No

Schedule A-3 Affiliation Schedule. List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

**SCHEDULE O
(Form 8865)**

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

**Transfer of Property to a Foreign Partnership
(Under Section 6038B)**

▶ **Attach to Form 8865. See the Instructions for Form 8865.**
▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor **SOCIETY FOR HUMAN RESOURCE MANAGEMENT** Filer's identifying number **34-0948453**

Name of foreign partnership **GLENDOWER CAPITAL STRATEGIC PARTN 421, LP** EIN (if any) **98-1526969** Reference ID number (see instr) **004**

- 1 a** Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions Yes No
b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? Yes No
2 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Part I Transfers Reportable Under Section 6038B

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	12/31/20		130,609.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			130,609.				

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer **.0000** % (b) After the transfer **.0753** %

Supplemental Information Required To Be Reported (see instructions):

Part II Dispositions Reportable Under Section 6038B

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 12-2018

Return of U.S. Persons With Respect to Certain Foreign Partnerships

▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

2020

Department of the Treasury
Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning **OCT 20**, 2020, and ending **DEC 31**, 2020

Attachment Sequence No. **865**

Name of person filing this return

Filer's identification number

34-0948453

SOCIETY FOR HUMAN RESOURCE MANAGEMENT

Filer's address (if you aren't filing this form with your tax return)

A Category of filer (see Categories of Filers in the instructions and check applicable box(es)):

1 2 3 4

B Filer's tax year beginning **JAN 1**, 2020, and ending **DEC 31**, 2020

C Filer's share of liabilities: Nonrecourse \$ _____ Qualified nonrecourse financing \$ _____ Other \$ _____

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name

EIN

Address

E Check if any excepted specified foreign financial assets are reported on this form. See instructions

F Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

G1 Name and address of foreign partnership
LION/SIMBA INVESTORS LP
EAST WING, TRAFALGAR COURT
LES BANQUES
ST. PETER PORT, GUERNSEY GY1 3PP

2(a) EIN (if any)
98-1571296

2(b) Reference ID number
005

3 Country under whose laws organized
GUERNSEY

4 Date of organization 10/10/2020	5 Principal place of business GUERNSEY	6 Principal business activity code number 523900	7 Principal business activity INVESTMENTS	8a Functional currency EUROS	8b Exchange rate (see instructions) .835400
--	---	---	--	---	--

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States

2 Check if the foreign partnership must file:
 Form 1042 Form 8804 Form 1065

Service Center where Form 1065 is filed:

E-FILE

3 Name and address of foreign partnership's agent in country of organization, if any
LION/SIMBA INVESTORS. GEN PART. LTD
EAST WING, TRAFALGAR COURT
ST. PETER PORT, GUERNSEY GY1 3PP

4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different

5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which one or more partners aren't allowed a deduction under section 267A? See instructions Yes No

If "Yes," enter the total amount of the disallowed deductions \$ _____

6 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? Yes No

7 Were any special allocations made by the foreign partnership? Yes No

8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

9 How is this partnership classified under the law of the country in which it's organized? **LTD. PARTNERSHIP**

10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b Yes No

b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)? Yes No

11 Does this partnership meet both of the following requirements?
1. The partnership's total receipts for the tax year were less than \$250,000.
2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.
If "Yes," don't complete Schedules L, M-1, and M-2. Yes No

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **8865** (2020)

- 12 a Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N? Yes No
- b If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) ▶ _____
- c If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI ▶ _____
- d If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI ▶ _____
- 13 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership ▶ _____
- 14 At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? Yes No
- 15 a Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure under Regs. 1.707-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions Yes No
- b Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transferred, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment Yes No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

▶ _____ Signature of general partner or limited liability company member ▶ _____ Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no.

Schedule A Constructive Ownership of Partnership Interest. Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

a Owns a direct interest b Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

Schedule A-1 Certain Partners of Foreign Partnership (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

Schedule A-2 Foreign Partners of Section 721(c) Partnership (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				<input type="checkbox"/>	%	%
				<input type="checkbox"/>	%	%

Does the partnership have any other foreign person as a direct partner? Yes No

Schedule A-3 Affiliation Schedule. List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

**SCHEDULE O
(Form 8865)**

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

**Transfer of Property to a Foreign Partnership
(Under Section 6038B)**

▶ **Attach to Form 8865. See the Instructions for Form 8865.**
▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor SOCIETY FOR HUMAN RESOURCE MANAGEMENT		Filer's identifying number 34-0948453
Name of foreign partnership LION/SIMBA INVESTORS LP EAST WING, TRAFALGAR COURT	EIN (if any) 98-1571296	Reference ID number (see instr) 005
1 a Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? <input type="checkbox"/> Yes <input type="checkbox"/> No 2 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Part I Transfers Reportable Under Section 6038B							
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	12/31/20		129,120.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			129,120.				

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer **.0000** % (b) After the transfer **.0273** %

Supplemental Information Required To Be Reported (see instructions):

Part II Dispositions Reportable Under Section 6038B							
(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865. Schedule O (Form 8865) 12-2018

FORM 8865

AFFILIATION SCHEDULE

STATEMENT 22

NAME	ADDRESS	IDENTIFYING NUMBER	TOTAL ORDINARY INCOME OR (LOSS)	CK IF FOR- EIGN P'SH
GRP III NEPTUNE, L.P.	C/O BLACKROCK, 40 E. 52ND NEW YORK, NY 10022	85-2820741		
GLOBAL RENEWABLE POWER FUN	C/O BLACKROCK, 40 E. 52ND NEW YORK, NY 10022	98-1523614		X

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment
 Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor SOCIETY FOR HUMAN RESOURCE MANAGEMENT	Identifying number (see instructions) 34-0948453
--	--

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? Yes No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made? Yes No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
GLOBAL RENEWABLE POWER INFRASTRUCTURE FUND III(B), L.P.	98-1517557

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its **entire** interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation) GRP III NEPTUNE CORPORATE LLC	5a Identifying number, if any
---	--------------------------------------

6 Address (including country) UGLAND HOUSE GRAND CAYMAN, KY1-1104 CAYMAN ISLANDS	5b Reference ID number 001
---	---

7 Country code of country of incorporation or organization
CJ

8 Foreign law characterization (see instructions)
LIMITED LIABILITY COMPANY

- 9** Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2000		190,466.		

10 Was cash the only property transferred? **Yes** **No**
 If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? **Yes** **No**

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? **Yes** **No**
 If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? **Yes** **No**
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? **Yes** **No**
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ► \$ _____

13 Did the transferor transfer property described in section 367(d)(4)? **Yes** **No**
 If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ _____
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)

Part IV Additional Information Regarding Transfer of Property (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before .000 % (b) After .280 %
- 17 Type of nonrecognition transaction (see instructions) ▶ _____
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) Yes No
 - b Gain recognition under section 904(f)(5)(F) Yes No
 - c Recapture under section 1503(d) Yes No
 - d Exchange gain under section 987 Yes No
- 19 Did this transfer result from a change in entity classification? Yes No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) Yes No
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ _____
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions Yes No

Form 926 (Rev. 11-2018)

Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4960, 4965, 4966, 4967, and 4968)

2020

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form4720 for instructions and the latest information.

For calendar year 2020 or other tax year beginning _____, 2020, and ending _____,

Name of organization, entity, or person subject to tax SOCIETY FOR HUMAN RESOURCE MANAGEMENT Number, street, and room or suite no. (or P.O. box if mail is not delivered to street address) 1800 DUKE STREET City or town, state or province, country, and ZIP or foreign postal code ALEXANDRIA, VA 22314-3499	EIN or SSN 34-0948453 <input type="checkbox"/> Amended return Check box for type of annual return: <input checked="" type="checkbox"/> Form 990 <input type="checkbox"/> Form 990-EZ <input type="checkbox"/> Form 990-PF <input type="checkbox"/> Other <input type="checkbox"/> Form 5227
---	--

	Yes	No	N/A
A Is the organization a foreign private foundation within the meaning of section 4948(b)?		X	
Show conversion rate to U.S. dollars. See instructions ▶ _____			
B Has corrective action been taken on any taxable event that resulted in Chapter 42 taxes being reported on this form?			X
If "Yes," attach a detailed description of the corrective action taken and, if applicable, enter the fair market value of any property recovered as a result of the correction ▶ \$ _____ . If "No," (that is, any uncorrected acts or transactions), attach an explanation (see instructions).			

Part I Taxes on Organization (Sections 170(f)(10), 664(c)(2), 4911(a), 4912(a), 4942(a), 4943(a), 4944(a)(1), 4945(a)(1), 4955(a)(1), 4959, 4960(a), 4965(a)(1), 4966(a)(1), and 4968(a))

1 Tax on undistributed income - Schedule B, line 4	1	
2 Tax on excess business holdings - Schedule C, line 7	2	
3 Tax on investments that jeopardize charitable purpose - Schedule D, Part I, column (e)	3	
4 Tax on taxable expenditures - Schedule E, Part I, column (g)	4	
5 Tax on political expenditures - Schedule F, Part I, column (e)	5	
6 Tax on excess lobbying expenditures - Schedule G, line 4	6	
7 Tax on disqualifying lobbying expenditures - Schedule H, Part I, column (e)	7	
8 Tax on premiums paid on personal benefit contracts	8	
9 Tax on being a party to prohibited tax shelter transactions - Schedule J, Part I, column (h)	9	
10 Tax on taxable distributions - Schedule K, Part I, column (f)	10	
11 Tax on a charitable remainder trust's unrelated business taxable income. Attach statement	11	
12 Tax on failure to meet the requirements of section 501(r)(3) - Schedule M, Part II, line 2	12	
13 Tax on excess executive compensation - Schedule N	13	62,476.
14 Tax on net investment income of private colleges and universities - Schedule O	14	
15 Total (add lines 1 - 14)	15	62,476.

Part II Taxes on a Manager, Self-Dealer, Disqualified Person, Donor, Donor Advisor, or Related Person (Sections 4912(b), 4941(a), 4944(a)(2), 4945(a)(2), 4955(a)(2), 4958(a), 4965(a)(2), 4966(a)(2), and 4967(a))

Name and address of related organization; city or town, state or province, country, ZIP or foreign postal code	Employer identification number
1 Tax on self-dealing - Schedule A, Part II, column (d); and Part III, column (d)	1
2 Tax on investments that jeopardize charitable purposes - Schedule D, Part II, column (d)	2
3 Tax on taxable expenditures - Schedule E, Part II, column (d)	3
4 Tax on political expenditures - Schedule F, Part II, column (d)	4
5 Tax on disqualifying lobbying expenditures - Schedule H, Part II, column (d)	5
6 Tax on excess benefit transactions - Schedule I, Part II, column (d); and Part III, column (d)	6
7 Tax on being a party to prohibited tax shelter transactions - Schedule J, Part II, column (d)	7
8 Tax on taxable distributions - Schedule K, Part II, column (d)	8
9 Tax on prohibited benefits - Schedule L, Part II, column (d); and Part III, column (d)	9
10 Total - Add lines 1 through 9	10

Part III Tax Payments	
1 Total tax (Part I, line 15 or Part II, line 10)	62,476.
2 Total payments including amount paid with Form 8868 (see instructions)	62,476.
3 Tax due. If line 1 is larger than line 2, enter amount owed (see instructions)	0.
4 Overpayment. If line 1 is smaller than line 2, enter the difference. This is your refund	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 4720 (2020)

SCHEDULE A - Initial Taxes on Self-Dealing (Section 4941)

Part I Acts of Self-Dealing and Tax Computation				
(a) Act number	(b) Date of act	(c) Description of act		
1				
2				
3				
4				
5				
(d) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VI-B, applicable to the act		(e) Amount involved in act	(f) Initial tax on self-dealer (10% of col. (e))	(g) Tax on foundation managers (if applicable) (lesser of \$20,000 or 5% of col. (e))

Part II Summary of Tax Liability of Self-Dealers and Proration of Payments			
(a) Names of self-dealers liable for tax	(b) Act no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Self-dealer's total tax liability (add amounts in col. (c)) (see instructions)

Part III Summary of Tax Liability of Foundation Managers and Proration of Payments			
(a) Names of foundation managers liable for tax	(b) Act no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE B - Initial Tax on Undistributed Income (Section 4942)

1	Undistributed income for years before 2019 (from Form 990-PF for 2020, Part XIII, line 6d)	1	
2	Undistributed income for 2019 (from Form 990-PF for 2020, Part XIII, line 6e)	2	
3	Total undistributed income at end of current tax year beginning in 2020 and subject to tax under section 4942 (add lines 1 and 2)	3	
4	Tax - Enter 30% of line 3 here and on Part I, line 1	4	

SCHEDULE C - Initial Tax on Excess Business Holdings (Section 4943)

Business Holdings and Computation of Tax

If you have taxable excess holdings in more than one business enterprise, attach a separate schedule for each enterprise. Refer to the instructions for each line item before making any entries.

Name and address of business enterprise

Employer identification number

Form of enterprise (corporation, partnership, trust, joint venture, sole proprietorship, etc.)

		(a) Voting stock (profits interest or beneficial interest)	(b) Value	(c) Nonvoting stock (capital interest)
1	Foundation holdings in business enterprise	1		
2	Permitted holdings in business enterprise	2		
3	Value of excess holdings in business enterprise	3		
4	Value of excess holdings disposed of within 90 days; or, other value of excess holdings not subject to section 4943 tax (attach statement)	4		
5	Taxable excess holdings in business enterprise - line 3 minus line 4	5		
6	Tax - Enter 10% of line 5	6		
7	Total tax - Add amounts on line 6, columns (a), (b), and (c); enter total here and on Part I, line 2	7		

SCHEDULE D - Initial Taxes on Investments That Jeopardize Charitable Purpose (Section 4944)

Part I Investments and Tax Computation

(a) Investment number	(b) Date of investment	(c) Description of investment	(d) Amount of investment	(e) Initial tax on foundation (10% of col. (d))	(f) Initial tax on foundation managers (if applicable) - (lesser of \$10,000 or 10% of col. (d))
1					
2					
3					
4					
5					
Total - Column (e). Enter here and on Part I, line 3					
Total - Column (f). Enter total (or prorated amount) here and in Part II, column (c), below					

Part II Summary of Tax Liability of Foundation Managers and Proration of Payments

(a) Names of foundation managers liable for tax	(b) Investment no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE E - Initial Taxes on Taxable Expenditures (Section 4945)

Table with 5 columns: (a) Item number, (b) Amount, (c) Date paid or incurred, (d) Name and address of recipient, (e) Description of expenditure and purposes for which made. Includes Total rows for columns (g) and (h).

Table with 4 columns: (a) Names of foundation managers liable for tax, (b) Item no. from Part I, col. (a), (c) Tax from Part I, col. (h), or prorated amount, (d) Manager's total tax liability.

SCHEDULE F - Initial Taxes on Political Expenditures (Section 4955)

Table with 6 columns: (a) Item number, (b) Amount, (c) Date paid or incurred, (d) Description of political expenditure, (e) Initial tax imposed on organization or foundation, (f) Initial tax imposed on managers. Includes Total rows for columns (e) and (f).

Table with 4 columns: (a) Names of organization managers or foundation managers liable for tax, (b) Item no. from Part I, col. (a), (c) Tax from Part I, col. (f), or prorated amount, (d) Manager's total tax liability.

SCHEDULE G - Tax on Excess Lobbying Expenditures (Section 4911)

1	Excess of grass roots expenditures over grass roots nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1h). (See the instructions before making an entry.)	1
2	Excess of lobbying expenditures over lobbying nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1i). (See the instructions before making an entry.)	2
3	Excess lobbying expenditures - enter the larger of line 1 or line 2	3
4	Tax - Enter 25% of line 3 here and on Part I, line 6	4

SCHEDULE H - Taxes on Disqualifying Lobbying Expenditures (Section 4912)

Part I Expenditures and Computation of Tax					
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of lobbying expenditures	(e) Tax imposed on organization (5% of col. (b))	(f) Tax imposed on organization managers (if applicable) - (5% of col. (b))
1					
2					
3					
4					
5					
Total - Column (e). Enter here and on Part I, line 7					
Total - Column (f). Enter total (or prorated amount) here and in Part II, column (c), below					

Part II Summary of Tax Liability of Organization Managers and Proration of Payments			
(a) Names of organization managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c) (see instructions))

SCHEDULE I - Initial Taxes on Excess Benefit Transactions (Section 4958)

Part I Excess Benefit Transactions and Tax Computation		
(a) Transaction number	(b) Date of transaction	(c) Description of transaction
1		
2		
3		
4		
5		
(d) Amount of excess benefit	(e) Initial tax on disqualified persons (25% of col. (d))	(f) Tax on organization managers (if applicable) (lesser of \$20,000 or 10% of col. (d))

SCHEDULE I - Initial Taxes on Excess Benefit Transactions (Section 4958) *Continued*

Part II Summary of Tax Liability of Disqualified Persons and Proration of Payments			
(a) Names of disqualified persons liable for tax	(b) Trans. no. from Part I, col. (a)	(c) Tax from Part I, col. (e), or prorated amount	(d) Disqualified person's total tax liability (add amounts in col. (c)) (see instructions)

Part III Summary of Tax Liability of 501(c)(3), (c)(4) & (c)(29) Organization Managers and Proration of Payments			
(a) Names of 501(c)(3), (c)(4) & (c)(29) organization managers liable for tax	(b) Trans. no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE J - Taxes on Being a Party to Prohibited Tax Shelter Transactions (Section 4965)

Part I Prohibited Tax Shelter Transactions (PTST) and Tax Imposed on the Tax-Exempt Entity (see instructions)				
(a) Transaction number	(b) Transaction date	(c) Type of transaction 1 - Listed 2 - Subsequently listed 3 - Confidential 4 - Contractual protection	(d) Description of transaction	
1				
2				
3				
4				
5				
(e) Did the tax-exempt entity know or have reason to know this transaction was a PTST when it became a party to the transaction? Answer Yes or No		(f) Net income attributable to the PTST	(g) 75% of proceeds attributable to the PTST	(h) Tax imposed on the tax-exempt entity (see instructions)
Total - Column (h). Enter here and on Part I, line 9				

Part II Tax Imposed on Entity Managers (Section 4965) *Continued*

(a) Name of entity manager	(b) Transaction number from Part I, col. (a)	(c) Tax - enter \$20,000 for each transaction listed in col. (b) for each manager in col. (a)	(d) Manager's total tax liability (add amounts in col. (c))

SCHEDULE K - Taxes on Taxable Distributions of Sponsoring Organizations Maintaining Donor Advised Funds (Section 4966). See the instructions.

Part I Taxable Distributions and Tax Computation			
(a) Item number	(b) Name of sponsoring organization and donor advised fund	(c) Description of distribution	
1			
2			
3			
4			
(d) Date of distribution	(e) Amount of distribution	(f) Tax imposed on organization (20% of col. (e))	(g) Tax on fund managers (lesser of 5% of col. (e) or \$10,000)
Total - Column (f). Enter here and on Part I, line 10			
Total - Column (g). Enter total (or prorated amount) here and in Part II, column (c), below			

Part II Summary of Tax Liability of Fund Managers and Proration of Payments

(a) Name of fund managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (g) or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE L - Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967).

See the instructions.

Part I Prohibited Benefits and Tax Computation		
(a) Item number	(b) Date of prohibited benefit	(c) Description of benefit
1		
2		
3		
4		
5		
(d) Amount of prohibited benefit	(e) Tax on donors, donor advisors, or related persons (125% of col. (d)) (see instructions)	(f) Tax on fund managers (if applicable) (lesser of 10% of col. (d) or \$10,000) (see instructions)

Part II Summary of Tax Liability of Donors, Donor Advisors, Related Persons, and Proration of Payments			
(a) Names of donors, donor advisors, or related persons liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (e) or prorated amount	(d) Donor's, donor advisor's, or related person's total tax liability (add amounts in col. (c)) (see instructions)

Part III Summary of Tax Liability of Fund Managers and Proration of Payments			
(a) Names of fund managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f) or prorated amount	(d) Fund manager's total tax liability (add amounts in col. (c)) (see instructions)

Schedule M - Tax on Hospital Organization for Failure to Meet the Community Health Needs Assessment Requirements (Sections 4959 and 501(r)(3)). (See instructions.)

Part I Failures to Meet Section 501(r)(3)				
(a) Item number	(b) Name of hospital facility	(c) Description of the failure	(d) Tax year hospital facility last conducted a CHNA	(e) Tax year hospital facility last adopted an implementation strategy
1				
2				
3				
4				
5				

Part II Computation of Tax	
1	Number of hospital facilities operated by the hospital organization that failed to meet the Community Health Needs Assessment requirements of section 501(r)(3) 1
2	Tax - Enter \$50,000 multiplied by line 1 here and on Part I, line 12 2

SCHEDULE N - Tax on Excess Executive Compensation (Section 4960). (See instructions.)


(a) Item number	(b) Name of covered employee	(c) Excess remuneration	(d) Excess parachute payment	(e) Total. Add column (c) and (d)
1	SEE STATEMENT 1			
2				
3				
4				
5				
6	Attachment, if necessary. See instructions			
Total (add column (e) items 1 - 6)				297,505.
Tax. Enter 21% of the amount above here and on Part I, line 13				62,476.

SCHEDULE O - Excise Tax on Net Investment Income of Private Colleges and Universities (Section 4968)

	(a) Name	(b) EIN	(c) Gross investment income (See instructions.)	(d) Capital gain net income	(e) Administrative expenses allocable to income included in cols. (c) and (d)	(f) Net investment income (See instructions.)
1	Filing Organization					
2	Related Organization					
3	Related Organization					
4	Related Organization					
5	Total from attachment, if necessary					
6	Total					
7	Excise Tax on Net Investment Income. Enter 1.4% of the amount in 6(f) here and on Part I, line 14					


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

Sign Here

	CFO	11/05/2021
Signature of officer or trustee	Title	Date
Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person		Date

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

Paid Preparer Use Only

Print/Type preparer's name AARON M. FOX	Preparer's signature 	Date 11/9/21	Check if self-employed <input type="checkbox"/>	PTIN P01365820
Firm's name MARCUM LLP	Firm's EIN 11-1986323			
Firm's address 1899 L STREET, NW, SUITE 850 WASHINGTON, DC 20036	Phone no. (202) 227-4000			

Form 4720 (2020)

(A) ITEM NO	(B) NAME OF COVERED EMPLOYEE	(C) EXCESS REMUNERATION	(D) EXCESS PARACHUTE PAYMENT	(E) TOTAL
1.	JOHNNY C. TAYLOR, JR.	297,505.		297,505.
TOTAL EXCESS EXECUTIVE COMPENSATION				297,505.

**California Exempt Organization
Annual Information Return**

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

Corporation/Organization name: **SOCIETY FOR HUMAN RESOURCE MANAGEMENT**

California corporation number: **3165919**

Additional information. See instructions.

FEIN: **34-0948453**

Street address (suite or room): **1800 DUKE STREET**

PMB no. _____

City: **ALEXANDRIA** State: **VA** ZIP code: **22314-3499**

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____

A First return Yes No

B Amended return Yes No

C IRC Section 4947(a)(1) trust Yes No

D Final information return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) _____

E Check accounting method: (1) Cash (2) Accrual (3) Other

F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series

G Is this a group filing? See instructions Yes No

H Is this organization in a group exemption Yes No
 If "Yes," what is the parent's name? _____

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No

K Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter the gross receipts from nonmember sources \$ _____

L Is the organization a limited liability company? Yes No

M Did the organization file Form 100 or Form 109 to report taxable income? Yes No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

O Is federal Form 1023/1024 pending? Yes No
 Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	169,422,323	00				
	2	Gross dues and assessments from members and affiliates	2		00				
	3	Gross contributions, gifts, grants, and similar amounts received	3		00				
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	169,422,323	00				
	5	Cost of goods sold STMT 1	5	6,001,724	00				
	6	Cost or other basis, and sales expenses of assets sold	6	49,600,814	00				
	7	Total costs. Add line 5 and line 6	7	55,602,538	00				
	8	Total gross income. Subtract line 7 from line 4	8	113,819,785	00				
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	134,729,816	00				
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-20,910,031	00				
Filing Fee	11	Total payments	11		00				
	12	Use tax. See General Information K	12		00				
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00				
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00				
	15	Penalties and Interest. See General Information J	15		00				
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00				
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.								
Paid Preparer's Use Only	Signature of officer		Title	CFO	Date	11/05/2021	Telephone	703-548-3440	
	Preparer's signature		Date	11/9/21	Check if self-employed	<input type="checkbox"/>	PTIN	P01365820	
	Firm's name (or yours, if self-employed) and address	MARCUM LLP 1899 L STREET, NW, SUITE 850 WASHINGTON, DC 20036						Firm's FEIN	11-1986323
								Telephone	(202) 227-4000
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

028951 12-22-20

SEE PART II SUBSTITUTE ATTACHMENT

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00	
	2	Interest	•	2		00	
	3	Dividends	•	3		00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See Instructions)	•	6		00	
	7	Other income	•	7		00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8		00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9		00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees	•	11		0 00	
	12	Other salaries and wages	•	12		00	
	Expenses and Disbursements	13	Interest	•	13		00
		14	Taxes	•	14		00
		15	Rents	•	15		00
		16	Depreciation and depletion (See instructions)	•	16		00
		17	Other expenses and disbursements	•	17		00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18		00

Schedule L Balance Sheet	Beginning of taxable year			End of taxable year
	(a)	(b)	(c)	(d)
Assets				
1 Cash				•
2 Net accounts receivable				•
3 Net notes receivable				•
4 Inventories				•
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock				•
8 Mortgage loans				•
9 Other investments				•
10 a Depreciable assets				
b Less accumulated depreciation	()		()	
11 Land				•
12 Other assets				•
13 Total assets				
Liabilities and net worth				
14 Accounts payable				•
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable				•
17 Mortgages payable				•
18 Other liabilities				
19 Capital stock or principal fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund				•
22 Total liabilities and net worth				

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1 Net income per books	•	7 Income recorded on books this year not included in this return	•
2 Federal income tax	•	8 Deductions in this return not charged against book income this year	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	
4 Income not recorded on books this year	•	10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return	•	Subtract line 9 from line 6	
6 Total. Add line 1 through line 5			

FORM 199

COST OF GOODS SOLD
INCLUDED ON PART I, LINE 5

STATEMENT 1

COST OF GOODS SOLD

1.	INVENTORY AT BEGINNING OF YEAR		454,310
2.	MERCHANDISE PURCHASED.	5,966,836	
3.	COST OF LABOR.		
4.	MATERIALS AND SUPPLIES		
5.	OTHER COSTS.		
6.	ADD LINES 1 THROUGH 5		6,421,146
7.	INVENTORY AT END OF YEAR		419,422
8.	COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		6,001,724

California Exempt Organization
Business Income Tax Return

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Corporation/Organization name
SOCIETY FOR HUMAN RESOURCE MANAGEMENT

California corporation number
3165919

Additional information. See instructions.
FEIN
34-0948453

Street address (suite/room no.)
1800 DUKE STREET

PMB no.

City (If the corporation has a foreign address, see instructions.)
ALEXANDRIA

State
VA

ZIP code
22314-3499

Foreign country name Foreign province/state/county Foreign postal code

- A First return filed? Yes No
- B Is this an education IRA within the meaning of R&TC Section 23712? Yes No
- C Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
- D Final return?
 - Dissolved Surrendered (Withdrawn) Merged/Reorganized
 - Enter date (mm/dd/yyyy) _____
- E Amended return? Yes No
- F Accounting method used: (1) Cash (2) Accrual (3) Other
- G Nature of trade or business **NONPROFIT: 501(C)(6)**
- H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? Yes No
- I Is this organization claiming any former; Enterprise Zone (EZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? Yes No
- J Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? Yes No
- K Unrelated Business Activity (UBA) code **541800**
- L Is this a hospital? Yes No

Taxable Corporation	1	Unrelated business taxable income from Side 2, Part II, line 30	1	1,116,655	00
	2	Mult. In 1 by the avg. apport. pctg 10.0133 % from the Sch. R, Apport. Formula Wksht, Part A, In 2 or Part B, In 5. See instr.	2	111,814	00
	3	Enter the lesser amt from In 1 or In 2. If the unrelated bus. activity is wholly in CA and Sch. R was not compltd, enter the amt from In 1	3	111,814	00
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II, line 30	4		00
Tax Computation	5	Unrelated business taxable income from line 3 or line 4	5	111,814	00
	6	EZ, LAMBRA, or TTA NOL carryover deduction	6		00
	7	Net Operating Loss deduction. See General Information N	7		00
	8	Add line 6 and line 7	8		00
	9	Net unrelated business taxable income. Subtract line 8 from line 5	9	111,814	00
	10	Tax 8.84 % x line 9. See General Information J	10	9,884	00
	11	Tax credits from Schedule B. See instructions	11		00
Total Tax	12	Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-	12	9,884	00
	13	Alternative minimum tax. See General Information O	13		00
	14	Total tax. Add line 12 and line 13	14	9,884	00
Payments	15	Overpayment from a prior year allowed as a credit	15	6,555	00
	16	2020 estimated tax payments. See instructions	16	16,400	00
	17	Withholding (Form 592-B and/or 593). See instructions	17	27	00
	18	Amount paid with extension (form FTB 3539)	18		00
	19	Total payments and credits. Add line 15 through line 18	19	22,982	00
Use Tax/Tax Due/Overpayment	20	Use tax. See instructions	20		00
	21	Payments balance. If line 19 is more than line 20, subtract line 20 from line 19	21	22,982	00
	22	Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20	22		00
	23	Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions	23		00
	24	Overpayment. Subtract line 14 from line 21. See instructions	24	13,098	00
	25	Enter amount of line 24 to be applied to 2021 estimated tax	25	13,098	00

Refund or Amount Due	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24	• 26		00
	a Fill in the account information to have the refund directly deposited. Routing number	• 26a		
	b Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number	• 26c		
	27 Penalties and interest. See General Information M	• 27		00
	28 • Check if estimate penalty computed using Exception B or C and attach form FTB 5806			
	29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24	• 29		00

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1 a Gross receipts or gross sales	42,424	b Less returns and allowances		c Balance	• 1c	42,424	00
2 Cost of goods sold and/or operations (Schedule A, line 7)					• 2	27,926	00
3 Gross profit. Subtract line 2 from line 1c					• 3	14,498	00
4 a Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)					• 4a		00
b Net gain (loss) from Part II, Schedule D-1					• 4b		00
c Capital loss deduction for trusts					• 4c		00
5 Income (or loss) from partnerships, limited liability companies, or S corporations. See Specific Line Instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule					• 5	-2,968	00
6 Rental income (Schedule C)					• 6		00
7 Unrelated debt-financed income (Schedule D)					• 7	-11,675	00
8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)					• 8		00
9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)					• 9		00
10 Exploited exempt activity income (Schedule G)					• 10	1,663,882	00
11 Advertising income (Schedule H, Part III, Column A)					• 11	0	00
12 Other income. Attach schedule					• 12		00
13 Total unrelated trade or business income. Add line 3 through line 12					• 13	1,663,737	00

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees from Schedule I		• 14		00
15 Salaries and wages		• 15	97,511	00
16 Repairs		• 16		00
17 Bad debts		• 17	-238	00
18 Interest		• 18		00
19 Taxes	SEE STATEMENT 2	• 19	86,984	00
20 Contributions	SEE STATEMENT 3	• 20	124,073	00
21 a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)	• 21a			00
b Less: depreciation claimed on Schedule A	• 21b			00
22 Depletion		• 22		00
23 a Contributions to deferred compensation plans		• 23a		00
b Employee benefit programs		• 23b		00
24 Other deductions	SEE STATEMENT 4	• 24	237,419	00
25 Total deductions. Add line 14 through line 24		• 25	545,749	00
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13		• 26	1,117,988	00
27 Excess advertising costs (Schedule H, Part III, Column B)		• 27	333	00
28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26		• 28	1,117,655	00
29 Specific deduction		• 29	1,000	00
30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28		• 30	1,116,655	00

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for 1131. To request this notice by mail, call 800.852.5711.

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

Sign Here	Signature of officer		Title	CFO	Date	11/05/2021	• Telephone	703-548-3440	
	Preparer's signature		Date	11/9/21	Check if self-employed	<input type="checkbox"/>	• PTIN	P01365820	
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address	MARCUM LLP 1899 L STREET, NW, SUITE 850 WASHINGTON, DC 20036			• Firm's FEIN	11-1986323			
					• Telephone	(202) 227-4000			
	May the FTB discuss this return with the preparer shown above? See instructions							• <input checked="" type="checkbox"/> Yes	No

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify)

N/A

1	Inventory at beginning of year	1	149,326	00
2	Purchases	2	46,862	00
3	Cost of labor	3		00
4	a Additional IRC Section 263A costs. Attach schedule	4a		00
	b Other costs. Attach schedule	4b		00
5	Total. Add line 1 through line 4b	5	196,188	00
6	Inventory at end of year	6	168,262	00
7	Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2	7	27,926	00

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? Yes No

Schedule B Tax Credits.

1	Enter credit name	code	1	00
2	Enter credit name	code	2	00
3	Enter credit name	code	3	00
4	Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits on line 4. Enter here and on Side 1, line 11	4		00

Schedule K Add-On Taxes or Recapture of Tax.

1	Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834	1		00
2	Interest on tax attributable to installment: a Sales of certain timeshares or residential lots	2a		00
	b Method for non-dealer installment obligations	2b		00
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles	3		00
4	Credit recapture. Credit name	4		00
5	Total. Combine the amounts on line 1 through line 4	5		00

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.

Part A. Standard Method - Single-Sales Factor Formula. Complete this part only if the corporation uses the single-sales factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Total sales	• 10,302,033	• 1,031,574	
2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2.			• 10.0133%

Part B. Three Factor Formula. Complete this part only if the corporation uses the three-factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Property factor:	•	•	•
2 Payroll factor: Wages and other compensation of employees	•	•	•
3 Sales factor: Gross sales and/or receipts less returns and allowances	•	•	•
4 Total percentage: Add the percentages in column (c)			
5 Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions			

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

1 Description of property	2 Rent received or accrued	3 Percentage of rent attributable to personal property
		%
		%
		%
4 Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income	5 Complete if any item in column 3 is more than 10%, but not more than 50%	
(a) Deductions directly connected	(b) Income includible, column 2 less column 4(a)	(a) Gross income reportable, column 2 x column 3
		(b) Deductions directly connected with personal property
		(c) Net income includible, column 5(a) less column 5(b)

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6

Schedule D Unrelated Debt-Financed Income

1 Description of debt-financed property			2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property			
				(a) Straight-line depreciation	(b) Other deductions		
				STATEMENT 7	STATEMENT 8		
OFFICE BUILDING			1,081,755	385,817	906,283		
4 Amount of average acquisition indebtedness on or allocable to debt-financed property			5 Average adjusted basis of or allocable to debt-financed property	6 Debt basis percentage, column 4 ÷ column 5	7 Gross income reportable, column 2 x column 6	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6	9 Net income (or loss) includible, column 7 less column 8
STATEMENT 9							
810,159			14,594,996	5.55 %	60,037	71,712	-11,675
				%			
				%			
Total. Enter here and on Side 2, Part I, line 7						-11,675	

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

1 Description	2 Amount	3 Deductions directly connected	4 Net investment income, column 2 less column 3	5 Set-asides	6 Balance of investment income, column 4 less column 5
Total. Enter here and on Side 2, Part I, line 8					
Enter gross income from members (dues, fees, charges, or similar amounts)					

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

Exempt Controlled Organizations					
1 Name of controlled organizations	2 Employer identification number	3 Net unrelated income (loss)	4 Total of specified payments made	5 Part of column (4) that is included in the controlling organization's gross income	6 Deductions directly connected with income in column (5)
1					
2					
3					
Nonexempt Controlled Organizations					
7 Taxable income	8 Net unrelated income (loss)	9 Total of specified payments made	10 Part of column (9) that is included in the controlling organization's gross income	11 Deductions directly connected with income in column (10)	
1					
2					
3					
4 Add columns 5 and 10					
5 Add columns 6 and 11					
6 Subtract line 5 from line 4. Enter here and on Side 2, Part I, line 9					

Schedule G Exploited Exempt Activity Income, other than Advertising Income

1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income *	4 Net income from unrelated trade or business, column 2 less column 3	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expense, column 6 less column 5 but not more than column 4	8 Net income includible, column 4 less column 7 but not less than zero
SEE STATEMENT 6							
Total. Enter here and on Side 2, line 10							1,663,882

* STMT 11

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising income or excess advertising costs, 5 Circulation income, 6 Readership costs, 7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b).

Part II Income from Periodicals Reported on a Separate Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising income or excess advertising costs, 5 Circulation income, 6 Readership costs, 7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b).

Part III Column A - Net Advertising Income

Part III Column B - Excess Advertising Costs

Table with 4 columns: (a) Enter "consolidated periodical" and/or names of non-consolidated periodicals, (b) Enter total amount from Part I, columns 4 or 7, and amount listed in Part II, columns 4 or 7, (a) Enter "consolidated periodical" and/or names of non-consolidated periodicals, (b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4.

Enter total here and on Side 2, Part I, line 11

Enter total here and on Side 2, Part II, line 27

Schedule I Compensation of Officers, Directors, and Trustees

Table with 6 columns: 1 Name of officer, 2 SSN or ITIN, 3 Title, 4 Percent of time devoted to business, 5 Compensation attributable to unrelated business, 6 Expense account allowances.

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

Table with 7 columns: 1 Group and guideline class or description of property, 2 Date acquired (mm/dd/yyyy), 3 Cost or other basis, 4 Depreciation allowed or allowable in prior years, 5 Method of computing depreciation, 6 Life or rate, 7 Depreciation for this year.

CA 109 INCOME OR (LOSS) FROM PARTNERSHIPS, LIMITED LIABILITY COMPANIES OR S CORPORATIONS STATEMENT 2

DESCRIPTION	AMOUNT
INVESTMENT - OTHER INCOME (LOSS)	-2,968.
TOTAL TO FORM 109, PAGE 2, LINE 5	-2,968.

CA 109 TAXES PAID STATEMENT 3

DESCRIPTION	AMOUNT
VA TAXES	76,407.
CA TAXES	10,577.
TOTAL TO FORM 109, PAGE 2, LINE 19	86,984.

CA 109 CHARITABLE CONTRIBUTIONS CARRYOVER STATEMENT 4

DESCRIPTION	AMOUNT
CARRYOVER FROM PRIOR YEAR(S)	8,896,353.
LESS EXCESS CONTRIBUTIONS	-8,772,280.
TOTAL INCLUDED ON FORM 109, PAGE 2, LINE 20	124,073.

CA 109 OTHER DEDUCTIONS STATEMENT 5

DESCRIPTION	AMOUNT
TAX RETURN PREPARATION	2,500.
POSTAGE/SHIPPING (ALLOCABLE TO ACCESSORY SALES)	3,571.
PRINTING (ALLOCABLE TO ACCESSORY SALES)	385.
MISC. (ALLOCABLE TO ACCESSORY SALES)	2,449.
BENEFITS, OCCUPANCY, TECH & OVERHEAD (ALLOCABLE TO ACCESSORY SALES)	162,698.
PROFESSIONAL FEES	63,750.
LEGAL FEES	2,066.
TOTAL TO FORM 109, PAGE 2, LINE 24	237,419.

CA SCHEDULE G EXPLOITED EXEMPT ACTIVITY INCOME STATEMENT 6

1 DESCRIPTION OF ACTIVITY	2 GROSS UBI	3 UBI EXPENSES	4 NET INCOME	5 GROSS INCOME	6 COL 5 EXPENSES	7 EXCESS EXEMPT EXP	8 NET INCOME INCLUDIBLE
ONLINE ADVERTISING	2,924,958.	1,477,130.	1,447,828.	0.		0.	1,447,828.

1 DESCRIPTION OF ACTIVITY	2 GROSS UBI	3 UBI EXPENSES	4 NET INCOME	5 GROSS INCOME	6 COL 5 EXPENSES	7 EXCESS EXEMPT EXP	8 NET INCOME INCLUDIBLE
ADVERTISINGS - WORKPAPERS & QUIZZES	561,359.	219,725.	341,634.	0.		0.	341,634.

1 DESCRIPTION OF ACTIVITY	2 GROSS UBI	3 UBI EXPENSES	4 NET INCOME	5 GROSS INCOME	6 COL 5 EXPENSES	7 EXCESS EXEMPT EXP	8 NET INCOME INCLUDIBLE
SPEAKERS BUREAU	66,924.	192,504.	-125,580.	0.		0.	-125,580.

TOTAL TO FORM 109, SCHEDULE G 1,663,882.

CA 109 DEPRECIATION DEDUCTION STATEMENT 7

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		385,817.	
- SUBTOTAL -	1		385,817.
TOTAL TO FORM 109, SCHEDULE D, LINE 3A			<u>385,817.</u>

CA 109 OTHER DEDUCTIONS STATEMENT 8

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
INTEREST		12,993.	
MAINTENANCE		204,238.	
PROFESSIONAL FEES		179,789.	
UTILITIES		91,690.	
REAL ESTATE TAXES		109,419.	
SALES COMMISSIONS		53,661.	
DUES AND SUBSCRIPTIONS		8,759.	
INSURANCE		23,990.	
TELEPHONE		2,120.	
OFFICE SUPPLIES		8,475.	
POSTAGE AND SHIPPING		217.	
ALLOCATED OVERHEAD COSTS		210,932.	
- SUBTOTAL -	1		906,283.
TOTAL TO FORM 109, SCHEDULE D, LINE 3B			906,283.

CA 109 AVERAGE ACQUISITION DEBT ON DEBT-FINANCED PROPERTY STATEMENT 9

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ACQUISITION INDEBTEDNESS		810,159.	
- SUBTOTAL -	1		810,159.
TOTAL TO FORM 109, SCHEDULE D, LINE 4			810,159.

CA 109 AVERAGE ADJUSTED BASIS OF DEBT-FINANCED PROPERTY STATEMENT 10

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ADJUSTED BASIS		14,594,996.	
- SUBTOTAL -	1		14,594,996.
TOTAL TO FORM 109, SCHEDULE D, LINE 5			14,594,996.

CA SCHEDULE G EXPENSES DIRECTLY CONNECTED WITH STATEMENT 11
 PRODUCTION OF UNRELATED BUSINESS INCOME

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
ONLINE ADVERTISING EXPENSES		1,477,130.	
- SUBTOTAL -	1		1,477,130.
ADVERTISINGS - WORKPAPERS & QUIZZES EXPENSES		219,725.	
- SUBTOTAL -	2		219,725.
SPEAKERS BUREAU EXPENSES		192,504.	
- SUBTOTAL -	3		192,504.
TOTAL TO FORM 109, SCHEDULE G, COLUMN 3			1,889,359.

**2020 Virginia Corporation
 Income Tax Return**



Attention: Return must be filed electronically. Use this form only if you have an approved waiver.
 Do not file this form to carry back a net operating loss. Use Form 500NOLD.

Official Use Only

FISCAL or
 SHORT Year Filer: **Beginning Date** _____ ; **Ending Date** _____
 Short Year Return Change in Accounting Period

FEIN 34-0948453		Name SOCIETY FOR HUMAN RESOURCE MANAGEME		Check all that apply: <input type="checkbox"/> Initial Filer <input type="checkbox"/> Name Change <input type="checkbox"/> Mailing Address Change <input type="checkbox"/> Physical Address Change	
Mailing Address 1800 DUKE STREET					
City or Town ALEXANDRIA		State VA	ZIP Code 22314-3499		
Physical Address (if different from Mailing Address)				Entity Type Code NP	
Physical City or Town		State	ZIP Code 813000		
Date Incorporated 06/03/1949	State or Country of Incorporation OHIO	Description of Business Activity 501(C)(6) TRADE ASSOC.			

Check Applicable Boxes	Final Return	Corporate Telecommunications Company
<input type="checkbox"/> Consolidated - Sch. 500AC Enclosed	<input type="checkbox"/> Final Return - Check here and applicable boxes below.	Enter amount from Form 500T, Line 7: _____ .00
<input type="checkbox"/> Combined - Sch. 500AC Enclosed	<input type="checkbox"/> Withdrawn	Noncorporate Telecommunications Company
<input type="checkbox"/> Change in Filing Status	<input type="checkbox"/> Dissolved - No longer liable for tax.	Check box and enter amount from Form 500T, Line 10: <input type="checkbox"/> _____ .00
<input checked="" type="checkbox"/> Sch. 500A Enclosed	Dissolved Date: _____	Electric Supplier Company
<input type="checkbox"/> Sch. 500AB Enclosed	<input type="checkbox"/> Merged	Enter amount from Sch. 500EL, Line 7 or 14: _____ .00
<input checked="" type="checkbox"/> Nonprofit Corporation	Merger Date: _____	Home Service Contract Provider
<input type="checkbox"/> Certified Company Apportionment - Sch. 500AP Enclosed	Merged FEIN: _____	Enter amount from Form 500HS, Line 10: <input type="checkbox"/> Check box if a noncorporate HSCP. _____ .00
Enter number of affiliates: _____	<input type="checkbox"/> S Corp Effective: _____	
<input type="checkbox"/> Amended Return (See instructions)		
Enter reason code: _____		

Questions and Related Information

A. Have you made any payments to an affiliated corporation, a related individual, or other related entity for interest, royalties or other expenses related to intangible property (patents, trademarks, copyrights, and similar intangible property)? If yes, complete and enclose Schedule 500AB.
 Enter exception amount from Schedule 500AB, Line 8. **A.** _____ **.00**

B. Coalfield Employment Enhancement Tax Credit earned from 2020 Form 306, Line 11. **B.** _____ **.00**

C. If a net operating loss deduction was claimed in computing federal taxable income on the U.S. Corporation Income Tax Return, provide the requested information. If a NOL resulted from a merger, enter the FEIN of the company generating the NOL prior to the merger date.
(1) Year of Loss _____
(2) Federal NOL _____
(3) Percent of federal NOL used this year _____ %
 FEIN _____
 (If there are NOLs for more than one year, enclose a schedule for each year with the information requested in Section C.)

D. If pass-through entity withholding is claimed, enter the number of Schedules VK-1 and complete and enclose Schedule 500ADJ, Page 2. **D.** _____

E. Has your federal income tax liability been redetermined with the IRS and finalized for any prior year(s) that has not previously been reported to the Department? If yes, provide the year(s).
 Year **E.** _____
 Year _____
 Year _____

F. Location of corporation's books 1800 DUKE STREET, ALEXANDRIA,

Contact for corporation's books **SEAN RODDY** Contact Phone Number **703-548-3440**

**2020 Virginia
Form 500**

Page 2

FEIN
34-0948453



INCOME

1. Federal taxable income (from enclosed federal return)	1.	1415758	.00
2. Total additions from Schedule 500ADJ, Section A, Line 7	2.		.00
3. Total (add Lines 1 and 2)	3.	1415758	.00
4. Total subtractions from Schedule 500ADJ, Section B, Line 10	4.		.00
5. Balance (subtract Line 4 from Line 3)	5.	1415758	.00
6. Savings and Loan Association's Bad Debt Deduction (see instructions)	6.		.00
7. Virginia taxable income (subtract Line 6 from Line 5)	7.	1415758	.00

TAX COMPUTATION

8. Apportionable Income (Schedule 500A Filers) - Complete Lines 8(a) through 8(d). See instructions.			
(a) Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j)	8(a).	1206719	.00
(b) Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(f)	8(b).	85.234804	%
(c) Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c)	8(c).		.00
(d) Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e)	8(d).		.00
9. Income tax (6% of Line 7 or 6% of Line 8(a))	9.	72403	.00

PAYMENTS AND CREDITS

10. Nonrefundable tax credits: Enter the amount from Schedule 500CR, Section 2, Part 1, Line 1B	10.		.00
11. Adjusted corporate tax (subtract Line 10 from Line 9)	11.	72403	.00
12. 2020 estimated Virginia income tax payments including overpayment credit from 2019	12.	100345	.00
13. Extension payment	13.		.00
14. Refundable tax credits from Schedule 500CR, Section 4, Part 1, Line 1A	14.		.00
15. Pass-through entity total withholding from Schedule 500ADJ, Section D	15.		.00
16. Total payments and credits (add Lines 12 through 15)	16.	100345	.00

REFUND OR TAX DUE

17. Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)	17.		.00
18. Penalty (see instructions)	18.		.00
19. Interest (see instructions)	19.		.00
20. Additional charge from Form 500C, Line 17 (enclose Form 500C)	20.		.00
21. Total due (add Lines 17 through 20)	21.		.00
22. Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)	22.	27942	.00
23. Amount to be credited to 2021 estimated tax	23.	27942	.00
24. Amount to be refunded (subtract Line 23 from Line 22)	24.		.00

I, the undersigned president, vice-president, treasurer, assistant treasurer, chief accounting officer, or other officer duly authorized to act on behalf of the corporation for which this return is made, declare under the penalties provided by law that this return (including any accompanying schedules and statements) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the income tax laws of the Commonwealth of Virginia. If prepared by a person other than the taxpayer, this declaration is based on all information of which he or she has any knowledge.

By checking the box to the right, I (we) authorize the Department to discuss this return with the undersigned preparer. →

Date 11/05/2021	Signature of Officer 	Title CFO
Printed Name of Officer SEAN RODDY		Phone Number 703-548-3440
Print Preparer's Name and Firm Name AARON M. FOX MARCUM LLP		Preparer Phone Number (202) 227-4000
Date 11/9/21	Individual or Firm, Signature of Preparer 	Address of Preparer 1899 L STREET, NW, #850 WASHINGTON, DC 20036
Preparer's FEIN, PTIN, or SSN 11-1986323		Approved Vendor Code 1019

IMPORTANT: INCLUDE A COPY OF YOUR FEDERAL RETURN WITH THIS RETURN

083402 12-16-20

TAXPAYER COPY
*** ELECTRONICALLY FILED ON 11/09/2021 ***

**2020 Virginia
Schedule 500FED**

**Corporation Schedule of
Federal Line Items**



Enclose Schedule 500FED with your Virginia Corporation Income Tax Return, Form 500.
Schedule 500FED does not replace the requirement to enclose a complete federal Form 1120 with your Virginia return.

Name as shown on Virginia return **SOCIETY FOR HUMAN RESOURCE MANAGEMENT** FEIN **34-0948453**

Form 1120 - Deductions and Taxable Income

1. Federal Taxable Income before NOL and Special Deductions	1.	1416758	.00
2. Net Operating Loss Deduction	2.		.00
3. Special Deductions	3.	1000	.00
4. Federal Taxable Income after NOL and Special Deductions	4.	1415758	.00

Form 1120, Schedule C - Dividends and Special Deductions

5. Subpart F Income and/or Global Intangible Low-Taxed Income	5.		.00
6. Gross-Up for Foreign Taxes Deemed Paid	6.		.00

Form 1120, Schedule K or M-1

7. Tax Exempt Interest	7.		.00
------------------------------	----	--	-----

Form 5884 - Work Opportunity Credit

8. Salaries and Wages not deducted due to the WOTC	8.		.00
--	----	--	-----

Form 4562 - Special Depreciation Allowance and Other Depreciation

9. Special depreciation allowance for qualified property placed in service during the taxable year	9.		.00
10. Property subject to 168(f)(1) election	10.		.00
11. Other depreciation	11.		.00

Form 1118, Schedule A - Income or Loss Before Adjustments - Gross Income or Loss

12. Total: Dividends (Exclude Gross-up)	12.		.00
13. Total: Dividends (Gross-up)	13.		.00
14. Total: Inclusions (Exclude Gross-up)	14.		.00
15. Total: Inclusions (Gross-up)	15.		.00
16. Total: Interest	16.		.00
17. Total: Gross Rents, Royalties, and License Fees	17.		.00
18. Total: Gross Income from Performance of Services	18.		.00
19. Total: Other	19.		.00
20. Total: Total Gross Income or Loss from Outside the US	20.		.00

Form 1118, Schedule A - Income or Loss Before Adjustments - Deductions

21. Total: Allocable - Rental, Royalty, and Licensing Expenses - Depreciation, Depletion, and Amortization	21.		.00
22. Total: Allocable - Rental, Royalty, and Licensing Expenses - Other Expenses	22.		.00
23. Total: Allocable - Expenses Related to Gross Income from Performance of Services	23.		.00
24. Total: Allocable - Other Allocable Deductions	24.		.00
25. Total: Total Allocable Deductions	25.		.00
26. Total: Apportioned Share of Deductions	26.		.00
27. Total: Net Operating Loss Deduction	27.		.00
28. Total: Total Deductions	28.		.00

Form 1118, Schedule A - Income or Loss Before Adjustments - Total Income

29. Total: Total Income or (Loss) Before Adjustments	29.		.00
--	-----	--	-----

2020 Virginia
Schedule 500A

Corporation Allocation and
Apportionment of Income



Name as shown on Form 500 SOCIETY FOR HUMAN RESOURCE MANAGEM	FEIN 34-0948453
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Check if you are - Filing a consolidated or combined return.
 A certified company conducting business in certain disadvantaged localities electing to use a modified apportionment method (enclose Schedule 500AP).

Section A - Apportionment Method

- | | |
|--|--|
| <p>1. Motor Carrier Mileage Factor <input type="checkbox"/>
 If an exception applies, check the applicable box below
 <input type="checkbox"/> Exception 1 <input type="checkbox"/> Exception 2</p> <p>2. Financial Corporation Cost of Performance Factor <input type="checkbox"/></p> <p>3. Construction Corporation Completed Contract Basis Sales Factor <input type="checkbox"/></p> <p>4. Railway Company Revenue Car Miles <input type="checkbox"/></p> <p>5. Retail Company Apportionment <input type="checkbox"/></p> <p>6. Debt Buyers Apportionment <input type="checkbox"/></p> | <p>7. Manufacturer's Modified Apportionment Method Sales Factor <input type="checkbox"/></p> <p>(a) Enter beginning date of election year _____</p> <p>(b) Wage and employment certification required each year:
 Check to certify that the average weekly wages of the full-time employees is greater than the lower of the state or local average weekly wages for its industry, and that the average annual number of full-time employees of the manufacturing company is at least 90% of the base year employment <input type="checkbox"/></p> <p>8. Enterprise Data Center Operation <input type="checkbox"/></p> <p>9. Multi-Factor Formula With Double-Weighted Sales <input checked="" type="checkbox"/></p> |
|--|--|

Section B - Apportionment Computation

	Column A Total	Column B Virginia	Column C Percentage
1. Single Factor Computation Motor carriers, financial corporations, construction corporations, railway companies, retail companies, debt buyers, manufacturers who elected the modified apportionment method in Section A, and certain enterprise data center operations 1	.00	.00	%
2. Multi-Factor Computation			
(a) Property Factor 2(a)	1939814 .00	1768799 .00	91.183949 %
(b) Payroll Factor 2(b)	1630214 .00	1252859 .00	76.852426 %
(c) Sales Factor 2(c)	8647674 .00	7476037 .00	86.451420 %
(d) Double-Weighted Sales Factor Apportionment: Multiply the sales factor from Line 2(c) by 2 2(d)			172.902840 %
(e) Sum of Percentages. Add Lines 2(a), 2(b), and 2(d) 2(e)			340.939215 %
(f) Multi-Factor Percentage (Double-Weighted Sales): Divide Line 2(e) by 4, reduced by the number of factors, if any, having no denominator 2(f)			85.234804 %
3. Income Subject to Virginia Tax			
(a) Virginia Taxable Income from Form 500, Line 7 3(a)			1415758 .00
(b) Total Dividends (total amount of allocable income) 3(b)			.00
(c) Nonapportionable Investment Function Income. Enter on Form 500, Line 8(c) 3(c)			.00
(d) Add Lines 3(b) and 3(c) 3(d)			.00
(e) Nonapportionable Investment Function Loss. Enter on Form 500, Line 8(d) 3(e)			.00
(f) Total Nonapportionable Income. Line 3(d) minus Line 3(e) 3(f)			.00
(g) Income Subject to Apportionment. Line 3(a) minus Line 3(f) 3(g)			1415758 .00
(h) Income Apportioned to Virginia. Multiply the percentage from Line 1 or Line 2(f) by Line 3(g) 3(h)			1206719 .00
(i) Dividends Allocated to Virginia. Portion of dividends reported on Line 3(b) 3(i)			.00
(j) Income Subject to Virginia Tax. Add Lines 3(h) and 3(i). Enter on Form 500, Line 8(a) 3(j)			1206719 .00