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Form **990**.

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012

Open to Public Inspection

benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning and ending D Employer identification number Check if applicable C Name of organization Address change HR POLICY ASSOCIATION Name change 52-0747972 Doing Business As Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated 1100 13TH STREET, NW 850 202-789-8670 Amended 7,838,873. City, town, or post office, state, and ZIP code G Gross receipts \$ Applica-WASHINGTON, DC 20005 H(a) Is this a group return pending Yes X No F Name and address of principal officer. JEFFREY C. MCGUINESS for affiliates? 20005 H(b) Are all affiliates included? 1100 13TH ST NW # 850, WASHINGTON, DC __Yes I Tax-exempt status \bigcirc 501(c)(3) \bigcirc 501(c)(\bigcirc 6) \bigcirc (insert no.) If "No," attach a list. (see instructions) J Website: ► HRPOLICY.ORG H(c) Group exemption number ▶ Other > Trust X Association Year of formation: 1985 M State of legal domicile: DC K Form of organization: Corporation Part I | Summary 1 Briefly describe the organization's mission or most significant activities RESEARCH AND DEVELOPMENT OF Governance HUMAN RESOURCES POLICY. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets 43 Number of voting members of the governing body (Part VI, line 1a) 39 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & Total number of individuals employed in calendar year 2012 (Part V, line 2a) 0 5 0 6 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 0. 7b **Prior Year Current Year** 347,000. Contributions and grants (Part VIII, line 1h) <u>347,000.</u> Revenue 7,168,384 7,429,950. Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 42,415 61,923. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 7,557,799. 7,838,873. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 6,736,727. 7,591,703. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A). line 7,591,703. 6,736,727. 821,072. 247,170. Revenue less expenses. Subtract line 18 from line 12 S-OSC **Beginning of Current Year** End of Year AUG 2 6 2013 4,447,293. 4,696,896. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 0. 2,433. 447 293. ,694,463. Net assets or fund balances Subtract line 21 from line 20 Rart II | Signature Block Under penalties of perjury, I declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is file, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any know<u>ledge</u> Sign JEFFREY C. MCGUINESS, Here Type or print name and title PTIN Preparer's signatur Check Print/Type preparer's name CHARLES R LEINS P00023132 Paid .. self-employed Firm's name GOLD, LEINS & ADOFF, 52-1636736 Preparer Firm's EIN Firm's address 51 MONROE PLACE, SUITE 1900 Use Only Phone no. 301-340-6300 ROCKVILLE, MD 20850 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

<u>orm</u>		<u>/4/9/2 Page 2</u>
Par	rt III Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission.	
	DEVELOPMENT OF HUMAN RESOURCES POLICY, ENCOURAGING AND CONDU	
	RESEARCH AND STUDY OF GOVERNMENTAL POLICIES AND LEGISLATION	AFFECTING
	EMPLOYEE-EMPLOYER RELATIONS.	
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 X No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
•	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	d by expenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to	
	revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$ including grants of \$) (Revenue \$	
48	(Code / (Expenses \$ including grants of \$ / (Nevertice \$	/
		<u> </u>
		
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
		
4c	(Code) (Expenses \$) (Revenue \$)
		
	<u> </u>	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$	
<u>4e</u>	Total program service expenses ▶	

Form 990 (2012) HR POLICY ASSOCIATION
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			v
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	 	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	•		х
	public office? If "Yes," complete Schedule C, Part I	3_	 	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		
_	during the tax year? If "Yes," complete Schedule C, Part II is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		<u> </u>	
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
_	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	-
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	 ^
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- ' ' '		
12a	Schedule D, Parts XI and XII	12a	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		İ	
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	1		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	١.		
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 	Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	(2010

	990 (2012) HR POLICY ASSOCIATION 52-074	<u> 972</u>	P	<u>age 4</u>
Pa	rt IV Checklist of Required Schedules (continued)			
		<u> </u>	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			}
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	ļi	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	ŀ		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		•	
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a	ļ	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	But the Mark the Mark the state of the state	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	i	ł	
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	<u></u>	Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
b	and the second s	28b		Х
c	the state of the s			
Ī	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		1	
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
•	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			1
	Part V, line 1	34		X
252	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	· · · · ·	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	323	†	† <u></u>
O	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	•	-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	وري	1	1
30	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1	1	<u> </u>
JI	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
	and that is treated as a partitionally for lederal income tax perposes in thes, complete concedering all VI	1 01	,	, 42

Form **990** (2012)

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

14a

X

organization is licensed to issue qualified health plans

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

c Enter the amount of reserves on hand

13b

13c

Part VI Goyernance, 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 in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			\mathbf{x}	
Sec	tion A. Governing Body and Management				
			Yes	No	
12	Enter the number of voting members of the governing body at the end of the tax year . 1a 43				
14	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
_	Enter the number of voting members included in line 1a, above, who are independent 1b 39				
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	:			
2		2	x		
_	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision		-12		
3		3		X	
_	of officers, directors, or trustees, or key employees to a management company or other person?	4		X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X	
6	Did the organization have members or stockholders?	6_		Α.	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		v		
	more members of the governing body?	7a	X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			7.5	
	persons other than the governing body?	7b		<u>X</u>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
	The governing body?	8a	X		
b	Each committee with authority to act on behalf of the governing body?	8b	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 in Schedule O	9		X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)				
			Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	10a		X	
ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х		
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u>X</u>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	in Schedule O how this was done	12c			
13	Did the organization have a written whistleblower policy?	13		X	
14	Did the organization have a written document retention and destruction policy?	14		Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	15a		Х	
b	Other officers or key employees of the organization	15b		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?	16a		Х	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?	16b			
Sec	tion C. Disclosure	•			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le		
. •	for public inspection. Indicate how you made these available. Check all that apply				
	Own website Another's website X Upon request Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial		
19	statements available to the public during the tax year.				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion 🖿	•		
20	THE ASSOCIATION - 202-789-8670				
	1100 13TH STREET, NW, NO. 850, WASHINGTON, DC 20005				
23200 12-10	6	Form	990	(2012)	
,,0					

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

Check if Schedule O contains a response to any question 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.

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

- 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

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

(A) Name and Title	(B) Average hours per week	box,	not cl unle:	ss per	ntion more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SUSAN F. DAVIS VICE CHAIR	3.00	x						0.	0.	0.
(2) WILLIAM S. ALLEN DIRECTOR	1.00	x				_		0.	0.	0.
(3) MAUREEN K. AUSURA DIRECTOR	1.00	x						0.	0.	0.
(4) WILLIAM A. BLASE DIRECTOR	1.00	x						0.	0.	0.
(5) J. THOMAS BOWLER, JR. DIRECTOR	1.00	x						0.	0.	0.
(6) JEFFREY J. BRUNDAGE DIRECTOR	1.00	х						0.	0.	0.
(7) JOHN D. BUTLER DIRECTOR	1.00	x						0.	0.	0.
(8) KENNETH J. CARRIG	1.00	x						0.	0.	0.
(9) L. KEVIN COX DIRECTOR	1.00	х						0.	0.	0.
(10) TIMOTHY M. CROW DIRECTOR	3.00	х						0.	0.	0.
(11) MICHAEL L. DAVIS VICE CHAIR	1.00	х				_		0.	0.	0.
(12) PETER M. FASOLO DIRECTOR (13) RICHARD R. FLOERSCH	3.00	x						0.	0.	0.
VICE CHAIR (14) ROGER C. GASTON	1.00	x						0.	0.	0.
DIRECTOR (15) DALE W. GIBBENS	1.00	x						0.	0.	0.
DIRECTOR (16) MIRIAN GRADDICK-WEIR	5.00	x						0.	0.	0.
CHAIR (17) BONNIE C. HATHCOCK	1.00	х						0.	0.	0.
DIRECTOR		x					L.,	0.	0.	0.

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Part VII Section A. Officers, Directors, Trus	(B)	T			C)			(D)	(E)		(F)
Name and title	Average hours per week	Kod	Position (do not check more than one box, unless person is both an officer and a director/trustee)		th an	Reportable compensation	Reportable compensation	Estu amo	mated ount of		
	(list any hours for related organizations below line)	de or director	Institutional trustee	Officer		Highest compensated employee		the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compe from organ and i	ther ensation in the nization related izations
(18) ANNE HILL	1.00			Ī	<u> </u>	Ī					
DIRECTOR		X	├		ļ	ļ	_	0.	0	•	0.
(19) ANGELA S. LALOR	1.00			1		i			_		^
DIRECTOR	1 00	X	-	├-		-	_	0.	0		0.
(20) JOHN F. LYNCH	1.00	X						0.	О		0.
DIRECTOR	3.00	1	├	├	├	┢	├-	-	<u> </u>	•	<u> </u>
(21) J. RANDALL MACDONALD	3.00	X						0.	o		0.
VICE CHAIR (22) PAUL D. MCKINNON	1.00	<u> </u>	╁		-	\vdash		 		+	
DIRECTOR	1.00	X	•					0.	0		0.
(23) BRIAN M. MCNAMEE	1.00	<u> </u>			_	 				1	
DIRECTOR		X				İ		0.	0	.1	0.
(24) JACK T. MOLLEN	1.00		1								
DIRECTOR		X	l					0.	0		0.
(25) JOHN M. MURABITO	1.00										
DIRECTOR		X						0.	0	•	0.
(26) MOHEET NAGRATH	1.00										
DIRECTOR		X				<u> </u>	L_	0.	0		0.
1b Sub-total .								0.	0		0.
c Total from continuation sheets to Part VI	I, Section A							0.	0		0.
d Total (add lines 1b and 1c)				•				0.	0	•	0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wr	o r	received more than \$100	,000 of reportable		^
compensation from the organization											es No
3 Did the organization list any former officer,	dimeter erts				1-			highest companyated or	malayoo oo		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
line 1a? If "Yes," complete Schedule J for si			3, RU	y e n	ipio	y ce ,	Of	mignest compensated ei	прюуве оп	3	ພ່. X
4 For any individual listed on line 1a, is the su		-	·	enga	ition	anc	i ot	her compensation from t	the organization	- Same	,
and related organizations greater than \$150	•		-					•	ino organization	4	x
5 Did any person listed on line 1a receive or a	-		•						dual for services		
rendered to the organization? If "Yes," com	•				•					5	X
Section B. Independent Contractors		·									
1 Complete this table for your five highest con	mpensated inc	depe	nde	nt c	ontr	acto	rs t	that received more than	\$100,000 of compen	sation from	m
the organization. Report compensation for t	the calendar y	ear e	endii	ng w	ith (or w	thi	n the organization's tax y	ear.		
(A)							i	(B)		(C)	
Name and business							_	Description of s	ervices	Compens	ation
APPLIED ECONOMIC STRATEGI)				´		
13TH STREET, NW, #850, WASHINGTON, DC				_	CONSULTING		174	<u>,769.</u>			
FALL WORKFORCE CONSULTING										1 4 1	070
				141	,970.						
AMANDA H. BECK	ייסמישי	77 7		200			Į	CONCILL MENG		112	E C O
2355 DUNBAR LANE, FALLS C	nukch,	V F	1 4	. 20	4 0	·	-	CONSULTING		112	,560.
							ı				
							\dashv				

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization > 3 \$100,000 of compensation from the organization ► 3
SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2012)

Statement of Revenue Part VIII Check if Schedule O contains a response to any question in this Part VIII (D)
Revenue excluded from tax under sections 512, 513, or 514 (C) Unrelated (B) (A) Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b 1c c Fundraising events 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 347,000 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 347,000 Total. Add lines 1a-1f **Business Code** 3,602,719.3,602,719. 2 a MEMBERSHIP DUES 900099 Program Service Revenue 900099 3,223,455.3,223,455. b MEETING & SEMINAR FEE 603,776. 603,776. 900099 c TRAINING f All other program service revenue 429,950 Total. Add lines 2a-2f Investment income (including dividends, interest, and 61,923 61,923. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (II) Other 7 a Gross amount from sales of (i) Securities assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less. direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a All other revenue Total, Add lines 11a-11d 838,873.7,429,950. 61,923. Total revenue. See instructions. Form 990 (2012)

Section	on 501(c)(3) and 501(c)(4) organizations must comp			omplete column (A)	X
	Check if Schedule O contains a respon	se to any question in this	S Part IX . (B)	(C)	
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and	•			
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	-			
9	Other employee benefits			 	
10	Payroll taxes				
11	Fees for services (non-employees)	890,000.			
a	Management	950,141.			-
b	Legal Accounting	68,469.			· · · · · · · · · · · · · · · · · · ·
d	Lobbying	00,403.		· · · · · · · · · · · · · · · · · · ·	
u	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
•	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	15,563.			
13	Office expenses	78,871.			
14	Information technology	300,773.			
15	Royalties				
16	Occupancy	557,800.			
17	Travel	110,507.		-	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	4 440 550			
19	Conferences, conventions, and meetings	1,413,773.		<u> </u>	
20	Interest			-	
21	Payments to affiliates	3,747.			
22	Depreciation, depletion, and amortization	4,211.			
23	Other expenses. Itemize expenses not covered	4,211.			
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)	:			
	amount, list line 24e expenses on Schedule 0.)				
а	CENTER ON EXECUTIVE COM	1,608,814.			
b	COMPUTER TIME/SOFTWARE	319,746.			
c	ECONOMIC CONSULTING	183,900.	·		ļ
d	WORKFORCE DEVELOPMENT	175,056.			ļ
е	All other expenses SEE SCH O	910,332.		 	
25	Total functional expenses. Add lines 1 through 24e	7,591,703.		ļ	
26	Joint costs. Complete this line only if the organization				}
	reported in column (B) joint costs from a combined	1			
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)			<u> </u>	1

Form 990 (2012)
Part X Balance Sheet

Part	t X	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X			
	•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	1,263,576.	2	1,685,614.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
- 1	6	Loans and other receivables from other disqualified persons (as defined und	er		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribut	ng		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
_ω		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	15,140.	7	
Aŝ	8	Inventories for sale or use		8	· · · · · · · · · · · · · · · · · · ·
	9	Prepaid expenses and deferred charges		9	
- 1	10a	Land, buildings, and equipment, cost or other	_		
		basis Complete Part VI of Schedule D 10a 182, 38			6 020
	þ	Less. accumulated depreciation 10b 175,55	3,978.		6,832.
	11	Investments - publicly traded securities	2 164 500	11	2 004 450
i i	12	Investments - other securities See Part IV, line 11	3,164,599.	12	3,004,450.
- 1	13	Investments - program-related See Part IV, line 11		13	
- 1	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	4 447 202	15	1 606 006
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,447,293.	16	4,696,896
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ties	21	Escrow or custodial account liability Complete Part IV of Schedule D	· · · · · · · · · · · · · · · · · · ·	21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.			
Lia		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	23 24	Unsecured notes and loans payable to unrelated third parties		24	
	24 25	Other liabilities (including federal income tax, payables to related third			
	23	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	0.	25	2,433
	26	Total liabilities. Add lines 17 through 25	0.	_	2,433
		Organizations that follow SFAS 117 (ASC 958), check here			
S		complete lines 27 through 29, and lines 33 and 34.			
၁၁၂	27	Unrestricted net assets		27	
<u>a</u>	28	Temporarily restricted net assets		28	
Ø P	29	Permanently restricted net assets		29	
Š		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🗵			
5		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	4,447,293.	30	4,694,463
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund	0.		0.
¥	32	Retained earnings, endowment, accumulated income, or other funds	0.	32	0.
ž	33	Total net assets or fund balances	4,447,293.		4,694,463
	34	Total liabilities and net assets/fund balances	4,447,293.		4,696,896.
					Form 990 (2012

-orm	990 (2012) AR POLICY ASSOCIATION	<u> </u>	141714	Pa	ge 12
Pa	t XI Reconciliation of Net Assets	· · · · · · · · · · · · · · · · · · ·	·		
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,83	8,8	<u>73.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,59	1,7	03.
3	Revenue less expenses Subtract line 2 from line 1	3	24	<u>7,1</u>	<u>70.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,44	<u>7,2</u>	<u>93.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	_6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4,69	4,4	<u>63.</u>
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>
			Form	990	(2012)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2012
Open to Public Inspection

Name of the organization

HR POLICY ASSOCIATION

Employer identification number 52-0747972

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the					
	organization answered "Yes" to Form 990, Part IV, line	e 6						
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate contributions to (during year)							
3	Aggregate grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds					
-	are the organization's property, subject to the organization's		Yes No					
6	Did the organization inform all grantees, donors, and donor a		used only					
-	for charitable purposes and not for the benefit of the donor of							
	impermissible private benefit?	•	Yes No					
Par		ganization answered "Yes" to Form 990, F	Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization							
•	Preservation of land for public use (e.g., recreation or e		storically important land area					
	Protection of natural habitat		tified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last					
_	day of the tax year							
	ou, or me tax you.		Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements		2b					
c	Number of conservation easements on a certified historic str	2c						
d	Number of conservation easements included in (c) acquired		ure					
-	listed in the National Register		2d					
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the						
•	year ▶		3					
4	Number of states where property subject to conservation ea	sement is located						
5	Does the organization have a written policy regarding the per							
•	violations, and enforcement of the conservation easements i		Yes No					
6	Staff and volunteer hours devoted to monitoring, inspecting,		luring the year					
7	Amount of expenses incurred in monitoring, inspecting, and							
8	Does each conservation easement reported on line 2(d) above							
-	and section 170(h)(4)(B)(ii)?	•	Yes No					
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	e statement, and balance sheet, and					
	include, if applicable, the text of the footnote to the organiza							
	conservation easements							
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	ther Similar Assets.					
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.						
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,					
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furthera	ance of public service, provide, in Part XIII,					
	the text of the footnote to its financial statements that describes these items							
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical					
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	iblic service, provide the following amounts					
	relating to these items.							
	(i) Revenues included in Form 990, Part VIII, line 1		> \$					
	(ii) Assets included in Form 990, Part X		► \$ ► \$					
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia						
	the following amounts required to be reported under SFAS 1							
а	Revenues included in Form 990, Part VIII, line 1	· ·	\$					
b	Assets included in Form 990, Part X		\$					
	·							

		Y ASSOCIA								Page 2
	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)									
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items									
	(check all that apply)									
а	Public exhibition	d			hange progra	ams				
b	Scholarly research	е	(Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explair	n how th	ey further t	he organizati	on's exemp	t purpos	se in Part	XIII	
5	During the year, did the organization solicit or	receive donations of	of art, his	storical trea	sures, or oth	er sımılar as	sets		_	
	to be sold to raise funds rather than to be ma	intained as part of t	he orgai	nization's co	ollection?				Yes	No_
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Part		te if the	organizatio	n answered '	'Yes" to Fo	rm 990,	Part IV, I	ine 9, or	
	Is the organization an agent, trustee, custodia		liant for	contribution	e or other as	eate not inc	rluded			
ıa	on Form 990, Part X?	an or other intermed	ilary ioi	Continuation	is or other as	3013 1101 1110	naaoa		Yes	No
	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llovena t	able:					_ 163	
D	if Yes, explain the arrangement in Part XIII a	ina complete the fo	nowing t	aule					Amount	
	Danisana halana						10		Amount	
	Beginning balance						1c			
	Additions during the year						1d	_		
e	Distributions during the year						1e	•		
f	Ending balance	000 D-+ V l	010	•			1f		Yes	□ No
	Did the organization include an amount on Fo				المرافعات ومسا	Dod VIII			」 Yes	
Par	If "Yes," explain the arrangement in Part XIII.									
Fai	t V Endowment Funds. Complete if				1		Theorem	ozo book	(-) Four	years back
_	_ , , ,	(a) Current year	(a) P	rior year	(c) Two year	S Dack (a)	Tillee ye	ars Dack	(e) Foul	years back
1a	Beginning of year balance									
b	Contributions			· 	-					
С	Net investment earnings, gains, and losses								<u> </u>	
d	Grants or scholarships				 					
е	Other expenditures for facilities					ļ				
	and programs									
f	Administrative expenses									
g	End of year balance				<u> </u>				L	
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1	g, column (a	a)) held as [.]					
а	Board designated or quasi-endowment		%							
þ	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organiza	ation tha	at are held a	ind administe	ered for the	organiza	ation	_	
	by									Yes No
	(ı) unrelated organizations								3a(i)	
	(ii) related organizations								3a(II)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required of	n Sched	dule R?					3b	
4	Describe in Part XIII the intended uses of the									
Pai	t VI Land, Buildings, and Equipm	ent. See Form 990), Part X	line 10						
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Accu	umulated	d	(d) Book	value
		basis (investr	nent)	basis	(other)	depre	ciation			
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
е	Other			18	2,385.	17	5,55	3.		5,832.
Tota	I. Add lines 1a through 1e (Column (d) must ed	qual Form 990, Part	X, colur	nn (B), line	10(c))					<u>5,832.</u>

Schedule D (Form 990) 2012

1.	(a) Description of liability	(b) Book value
(1) F	Federal income taxes	
(2)	REIMBURSED EXPENSES PAYABLE	2,433.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (C	column (b) must equal Form 990. Part X. col. (B) line 25.)	▶ 2,433.

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

chedule D (Form 990) 2012 HR POLICY ASSOCIATION		52-	0747972	Page 4
Part XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per R	eturr		
1 Total revenue, gains, and other support per audited financial statements		1	7,629	,402.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a Net unrealized gains on investments	2a			
b Donated services and use of facilities	2b			
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII)	2d]		
e Add lines 2a through 2d		2e		0.
3 Subtract line 2e from line 1		3	7,629	
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			
b Other (Describe in Part XIII)	4b 209,471.	1		
c Add lines 4a and 4b		4c	209	,471.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	•	5	7,838	
Part XII Reconciliation of Expenses per Audited Financial Statem	nents With Expenses per	Retu		
Total expenses and losses per audited financial statements		1	7,709	.667.
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	1		
00 1	2c	1 1		
	2d 117,964.	1		
d Other (Describe in Part XIII) e Add lines 2a through 2d	20, 12,7302	2e	117	,964.
•		3	7,591	
3 Subtract line 2e from line 1			7 7 5 5 1	, , , , ,
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	1 40 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	48	1		
b Other (Describe in Part XIII)	4b	ا 🚛 ا		Λ
c Add lines 4a and 4b		4c	7,591	703
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			1,391	, 103.
Part XIII Supplemental Information	III time to and A Doubly lines to	h and	Oh Dort V line	4 Dort
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part			20, Part V, IIII e	4, Part
K, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to	o provide any additional informa	tion		
				
AND THE TAXE AND COURT AND THE CONTRACT.				
PART XI, LINE 4B - OTHER ADJUSTMENTS:				
ACOUNT DIGITAL INVENTED DEVENTED AD THOMBUM			200	,471.
ACCRUAL BASIS UNEARNED REVENUES ADJUSTMENT			209	,4/1.
DADE WIT TAND OD OBUIED ADTUCOMENIC.				
PART XII, LINE 2D - OTHER ADJUSTMENTS:				
OTTO THE VEND DEED IT TO THE VOTE OF C			117	,964.
CURRENT YEAR PREPAID EXPENSES				, , , , , , , ,
		·····		
		Scho	dule D (Form !	990) 2012
		COLIC	P (1 OI III (, - 12

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

Open To Public Inspection

Name of the organization

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Employer identification number

-	HR POLIC	CY ASSOCIA	TIC	N				52	-07	479	72		
Part I Excess Bei					section 501(c)(4) org	anizations or	ıly)						
Complete if the	e organization a	nswered "Yes" on	Form 9	990, Pa	art IV, line 25a or 25b	o, or Form 99	0-EZ, F	art V, I	ne 40	b			
1,,,,,	(1) Relationship bet	ween d	disqual	rfied	.) Dogoription	of tran	acaatia	n		(d)	Correc	cted?
(a) Name of disqualified	person	person and o	rganıza	ation	, ,) Description	TOI II ai	isactio	''		Ye	s	No
											ļ		
											ļ		
											_	_	
								_					
2 Enter the amount of ta	x incurred by th	e organization mar	nagers	or disc	qualified persons du	ring the year	under						
section 4958									\$				
3 Enter the amount of ta	ıx, ıf any, on lıne	2, above, reimburs	sed by	the or	ganızatıon				\$		_	-	
		Interested Per											
Complete if th	e organization a	nswered "Yes" on	Form 9	990-EZ	, Part V, line 38a or I	Form 990, Pa	art IV, lii	ne 26; (or if th	e orga	ınızatı	on	
	nount on Form 9	990, Part X, line 5,								(h) Apı	roved	40. 184	
(a) Name of interested person	with	of loan	fror	oan to or	(e) Original principal amount	(f) Balance	e due	(g) defa		by bo	ard or	111 11	ritten ment?
interested person	organizatio	n Orloan		ization?	principal amount			-		comm			
· · · · ·			To	From				Yes	No	Yes	No	Yes	No
				+									
			-										
			ļ	ļ				 					
			-	 									
			 										
			+	-				-					-
			+	ļ			-	-		ļ			
					<u> </u>			 					
													
								 					
otal Part III Grants or <i>I</i>	Accietanca F	Benefiting Inte	roete	d Da	reone \$			<u> </u>					•
 		•											
		nswered "Yes" on					all Tune		T	1-	Dur	000.01	
(a) Name of intereste	a person	(b) Relationship interested per	son an		(c) Amount of assistance		d) Type assistar				assista	ose of ance	ı
		the organiz	ation										
									_				
									_				
										_			
									_				
													

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answ	ered "Yes" on Form 990, Part IV, line 28a, 28	8b, or 28c			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	
				Yes	No
JEFFREY C. MCGUINESS	OFFICER	60,000.	JEFFREY C.		Х
DANIEL V. YAGER	OFFICER	20,000.	DANIEL V. Y		X
TIMOTHY J. BARTL	OFFICER	20,000.	TIMOTHY J.		X
					
				_	
					i
					
				l	

Part V | Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

- (A) NAME OF PERSON: JEFFREY C. MCGUINESS
- (D) DESCRIPTION OF TRANSACTION: JEFFREY C. MCGUINESS WHO IS AN OFFICER

 OF THE ORGANIZATION IS ALSO A PARTNER IN THE LAW FIRM OF MCGUINESS &

 YAGER, LLP. DANIEL V. YAGER AND TIMOTHY J. BARTL ARE ALSO PARTNERS IN

 THE SAME LAW FIRM AND ARE OFFICERS OF THE ORGANIZATION.
- (A) NAME OF PERSON: DANIEL V. YAGER
- (D) DESCRIPTION OF TRANSACTION: DANIEL V. YAGER WHO IS AN OFFICER OF THE ORGANIZATION IS ALSO A PARTNER IN THE LAW FIRM OF MCGUINESS & YAGER, LLP.

 JEFFREY C. MCGUINESS AND TIMOTHY J. BARTL ARE ALSO PARTNERS IN THE SAME

 LAW FIRM AND ARE OFFICERS OF THE ORGANIZATION.
- (A) NAME OF PERSON: TIMOTHY J. BARTL
- (D) DESCRIPTION OF TRANSACTION: TIMOTHY J. BARTL WHO IS AN OFFICER OF

 THE ORGANIZATION IS ALSO A PARTNER IN THE LAW FIRM OF MCGUINESS & YAGER,

 LLP. JEFFREY C. MCGUINESS AND DANIEL Y. YAGER ARE ALSO PARTNERS IN THE

 SAME LAW FIRM AND OFFICERS OF THE ORGANIZATION.

SCHEDULE 0

(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.

2012
Open to Public Inspection

Name of the organization

HR POLICY ASSOCIATION

Employer identification number 52-0747972

FORM 990, PART VI, SECTION A, LINE 2: THREE OF THE OFFICERS IN THE
ORGANIZATION JEFFREY C. MCGUINESS, DANIEL V. YAGER AND TIMOTHY J. BARTL ARE
ALSO PARTNERS IN THE LAW FIRM OF MCGUINESS & YAGER, LLP.
FORM 990, PART VI, SECTION A, LINE 7A: THE ORGANIZATION'S BY-LAWS PERMIT
THE MEMBERS TO ELECT PERSONS TO THE GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM 990 WILL BE
PROVIDED TO EACH MEMBER OF THE EXECUTIVE COMMITTEE FOR REVIEW AND COMMENTS
BY EITHER REGULAR MAIL OR BY E-MAIL PRIOR TO FILING OF THE RETURN IF SUCH
REVIEW CAN BE COMPLETED BEFORE THE FILING DEADLINE. SHOULD THE FILING
DEADLINE PROHIBIT A REVIEW PRIOR TO FILING, SUCH REVIEW WILL BE COMPLETED
AS SOON THEREAFTER AS POSSIBLE.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, SUCH AS FORM 990, BY-LAWS, ARTICLES OF INCORPORATION
AND FORM 1023, AVAILABLE TO THE PUBLIC UPON REQUEST. THE FINANCIAL
STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC.
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:
PUBLIC AFFAIRS AND RELATIONS:
TOTAL EXPENSES 129,600.
LABOR RELATIONS TRAINING INITIATIVES:
TOTAL EXPENSES 122,778.

Schedule O (Form 990 or 990-EZ) (2012) Name of the organization HB. DOLLICY, A SCOCIA INTON	Employer identification number 52-0747972
HR POLICY ASSOCIATION	1 32-0141312
MEMBERSHIP DEVELOPMENT RETENTION:	
TOTAL EXPENSES	110,000
PUBLICATIONS/SUBSCRIPTIONS/DUES:	
TOTAL EXPENSES	90,780
MEDIA ANALYSIS RESEARCH:	
TOTAL EXPENSES	70,000
MEDIA MONITORING:	
TOTAL EXPENSES	69,582
AMICUS BRIEF ACTIVITY:	
TOTAL EXPENSES	55,000
HEALTH CARE INITIATIVES SUPPORT:	
TOTAL EXPENSES	40,045
POSTAGE AND EXPRESS MAIL:	
TOTAL EXPENSES	38,995
TELECOMMUNICATIONS:	
TOTAL EXPENSES	37,373
LEGISLATIVE MONITORING ACTIVITY:	
TOTAL EXPENSES	36,000
STATIONARY/COPYING/PRINTING:	
232212 01-04-13 2.1	Schedule O (Form 990 or 990-EZ) (2012

Schedule O (Form 990 or 990-EZ) (2012) Name of the organization	Page 2 Employer identification number
HR POLICY ASSOCIATION	52-0747972
TOTAL EXPENSES	33,639.
PUBLIC/SUBSCRIBER RELATIONS:	
TOTAL EXPENSES	33,340.
ONLINE RESEARCH SERVICES:	
TOTAL EXPENSES	18,854.
REPAIRS AND MAINTENANCE:	
TOTAL EXPENSES	9,370.
EBRI CONTRIBUTION:	
TOTAL EXPENSES	7,500.
ASIAN GLOBAL LABOR RELATIONS:	
TOTAL EXPENSES	6,640.
TAXES AND LICENSES:	
TOTAL EXPENSES	836.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24	4E, COL A 910,332.

	CY ASSOCI								52-074	1314
Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	yee	s, ar	<u>1d H</u>	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours	(ct		(C Posr all t	tion		ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
27) WALTER M. OLIVER	1.00	х						0.	0.	0
28) DENISE M. PEPPARD IRECTOR	1.00	x						0.	0.	0
29) MARC C. REED	1.00	х						0.	0.	0
30) DAVID A. RODRIGUEZ IRECTOR	1.00	х						0.	0.	0
31) EVA SAGE-GAVIN ICE CHAIR	3.00	x						0.	0.	0
32) LAURIE A. SIEGEL DIRECTOR	1.00	x						0.	0.	c
33) JILL B. SMART FIRECTOR	1.00	х						0.	0.	
34) LARRY E. STEWARD DIRECTOR	1.00	X						0.	0.	C
35) SUSAN M. SUVER	1.00	x						0.	0.	C
36) MARA E. SWAN DIRECTOR	1.00	x						0.	0.	C
37) SHARON C. TAYLOR DIRECTOR	1.00	x						0.	0.	c
38) JOHNNA G. TORSONE DIRECTOR	1.00	x						0.	0.	С
39) ELEASE E. WRIGHT DIRECTOR	1.00	x						0.	0.	
40) DENNIS ZELENY DIRECTOR	1.00	X	_		ļ			0.	0.	(
41) JEFFREY C. MCGUINESS EO & TREASURER	15.00			х				0.	0.	
42) DANIEL V. YAGER PRESIDENT & GENERAL COUNSE	5.00	<u> </u>		х				0.	0.	
43) TIMOTHY J. BARTL	5.00	_		х				0.	0.	(
		-								
		<u></u>								

2012 DEPRECIATION AND AMORTIZATION REPORT

	-	f	F	6	06						
Date Acquired		Life	No No			Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
09/30/02		3.00	116	26.			26.	26.		0.	26.
09/30/02		3.00	16	1,084.			1,084.	1,084.		0	1,084.
09/30/02		3.00	16	992.			992.	992.		0	992.
10/28/05		00.5	16	3,390.			3,390.	2,848.		0	2,848.
11/28/05		00.5	16	2,352.			2,352.	1,927.		0	1,927.
12/14/05		3.00	16	204.			204.	204.		0	204.
12/14/05		3.00	16	774.			774.	774.		0.	774.
12/14/05		00.5	16	452.			452.	452.		•	452.
12/30/02		00.5	16	2,203.			2,203.	2,203.		•	2,203.
12/30/05	-	00.5	16	1,861.	_		1,861.	1,860.		o	1,860.
12/30/05		00.5	16	508.			508.	508.		0	508.
03/16/06		3.00	76	490.			490.	490.		o	490.
08/31/06		3.00	16	144,562.			144,562.	144,562.		0.	144,562.
10/10/01		00.5	16	1,027.			1,027.	1,008.		19.	1,027.
10/19/07		2.00	16	2,043.			2,043.	1,976.		67.	2,043.
01/29/08		3.00	16	1,226.	<u>-</u>		1,226.	1,226.		0	1,226.
04/28/08		3.00	16	1,222.	,		1,222.	1,222.		0	1,222.
06/28/08		3.00	16	2,225.			2,225.	2,225.		0.	2,225.
			_	D) - Asset dispos	peg	•	ITC, Salvage,	Bonus, Comn	nercial Revita	alization Deduc	tion, GO Zone
	Date Description Acquired I	Date Acquired Method 09/30/05 SL 09/30/05 SL 10/28/05 SL 11/28/05 SL 12/14/05 SL 12/14/05 SL 12/14/05 SL 12/14/05 SL 12/30/05 SL 03/16/06 SL 03/16/06 SL 03/16/06 SL 03/16/06 SL 03/16/06 SL 03/16/06 SL 03/16/06 SL 03/16/06 SL 03/16/06 SL 03/16/06 SL 03/16/06 SL 03/16/06 SL 03/16/06 SL 03/16/06 SL	Date Acquired Method Life 09/30/05 SL	Date Acquired Method Life of No No No No No No No No No No No No No	Date Acquired Acquired Acquired Acquired Acquired St. Life Out One Cost Or Basis Curve Cost Or Basis 09/30/05 St. 3.00 16 26. 09/30/05 St. 3.00 16 1,084. 09/30/05 St. 3.00 16 992. 11/28/05 St. 3.00 16 2,352. 12/14/05 St. 3.00 16 2,352. 12/14/05 St. 3.00 16 2,203. 12/14/05 St. 5.00 16 2,203. 12/30/05 St. 5.00 16 2,203. 12/30/05 St. 5.00 16 2,203. 12/30/05 St. 5.00 16 2,043. 12/30/05 St. 5.00 16 1,227. 12/30/05 St. 5.00 16 1,226. 10/19/07 St. 5.00 16 1,226. 10/19/07 St. 5.00 16 1,222. 04/28/08 St. 3.00 16 1,225. 06/28/08 St. 3.00 16 2,225.	Acquired Method Life of Nos Cost Or Basis Excl 09/30/05 St. 3.00 16 1,084. 09/30/05 St. 3.00 16 1,084. 09/30/05 St. 3.00 16 3,390. 11/28/05 St. 3.00 16 3,390. 11/28/05 St. 3.00 16 2,352. 12/14/05 St. 3.00 16 2,034. 12/30/05 St. 5.00 16 1,861. 12/30/05 St. 5.00 16 1,861. 12/30/05 St. 5.00 16 1,222. 10/10/07 St. 5.00 16 1,222. 10/12/08 St. 3.00 16 1,222. 10/12/08 St. 3.00 16 1,222. 10/12/08 St. 3.00 16 1,222. 10/28/08 St. 3.00 16 1,222. 10/28/08 St. 3.00 16 1,222. 10/28/08 St. 3.00 16 1,222.	Acquired Method Life 0, two Cost Or Basis Exci Basis B	Acquired Method Life 0, two Cost Or Basis Exci Basis B	Acquired Method Life 0, two Cost Or Basis Exci Basis B	Acquired Method Life 0, two Cost Or Basis Exci Basis B	Particular Par

2012 DEPRECIATION AND AMORTIZATION REPORT

FORM 9	FORM 990 PAGE 10						990						į	
Asset	Description	Date Acquired	Method	Lıfe	No C No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated. Depreciation
19	LAPTOP	07/28/08	TS	3.00	16	1,163.				1,163.	1,163.		0	1,163.
20	20 LAPTOP	05/28/08	SL	3.00	16	1,007.				1,007.	1,007.		0	1,007.
21	21 ADJUSTMENT	07/01/09		000.	HX16				-		1,726.		0	1,726.
22	EQUIPMENT	07/01/10 200DB	200DE	5.00	HW17	4,580.		· · · · · · · · · · · · · · · · · · ·		4,580.	2,323.		879.	3,202.
23	COMPUTER HARDWARE	07/01/11 200DB	200DB	5.00	HX17	2,393.		-		2,393.			766.	766.
24	24 COMPUTER EQUIPMENT	07/01/12	200DE	5.00	нх19в	в 3,590.				3,590.			1,012.	1,012.
25	SOFTWARE	07/01/12 200DB	200DB	3.00	HY19A	3,011.				3,011.			1,004.	1,004.
	* TOTAL 990 PAGE 10 DEPR					182,385.				182,385.	171,806.		3,747.	175,553.
· · · · · · · · · · · · · · · · · · ·														
228111 05-01-12						(D) - Asset disposed	pesoc		*	ITC, Salvage,	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zoni	ercial Revita	Ization Deduc	tion, GO Zon

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property) 990

➤ See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No 179

Business or activity to which this form relates

Identifying number

R POLICY ASSOCIATION	•					AGE 10		52-0747972
Part Election To Expense Certain Property	Under Section 17	9 Note: If you ha	ave any list	ed pro	perty, c	complete Part	V before y	
1 Maximum amount (see instructions)							1	500,000.
2 Total cost of section 179 property placed	ın service (see i	nstructions)					2	
3 Threshold cost of section 179 property be	efore reduction i	n limitation					3	2,000,000.
4 Reduction in limitation. Subtract line 3 fro	m line 2. If zero	or less, enter -0					4	
5 Dollar limitation for tax year Subtract line 4 from line 1	If zero or less, enter -	0- If married filing se	eparately, see	instructi	ions		5	
6 (a) Description of prope	erty	(6) Cost (busine	ess use o	only)	(c) Elected	cost	
7 Listed property Enter the amount from lin	ne 29				7			
8 Total elected cost of section 179 property		in cotumn (c) lir	nes 6 and 1	7 7	• •		8	
9 Tentative deduction Enter the smaller of	-	00.0 (0),	1100 0 4110	•			9	
O Carryover of disallowed deduction from li		111 Form 4562					10	
In Business income limitation. Enter the small	-		e than zer	a) ar lu	no 5		11	
		•			110 3		12	
2 Section 179 expense deduction. Add line				• II	40			
13 Carryover of disallowed deduction to 201 Note: Do not use Part II or Part III below for II					13			
				la kata	d araas			
Part II Special Depreciation Allowand								
14 Special depreciation allowance for qualifi	ed property (oth	er than listed pr	roperty) pia	aced ir	n service	e auring		
the tax year							14	
15 Property subject to section 168(f)(1) elect	15	0.6						
16 Other depreciation (including ACRS)	16	86.						
Part III MACRS Depreciation (Do not	include listed pre							
		Section						4 645
17 MACRS deductions for assets placed in	service in tax ye	ars beginning b	efore 2012	?		. —	_ 17 _	1,645.
18 If you are electing to group any assets placed in service						<u> </u>		
Section B - Assets P	laced in Service		1	Jsing '	the Gen	eral Deprecia	tion Syst	em
(a) Classification of property	(b) Month and year placed in service	(c) Basis for dep (business/invest only - see instr	ment use		Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property		3	,011.	3	YRS.	HY	200DB	1,004.
b 5-year property		3	,590.	5	YRS.	HY	200DB	
c 7-year property	•							
d 10-year property								
e 15-year property	-							
f 20-year property	-							
g 25-year property	•			2	5 yrs	-	S/L	
g 20 year property					5 yrs	MM	S/L	
h Residential rental property	',				5 yrs	MM	S/L	
	',				9 yrs	MM	S/L	
i Nonresidential real property	', 		-	3:	o yrs	MM	S/L	
Section C - Assets Pla	ood in Sonios	During 2012 To		ina th	o Altori			tom.
	iced iii Sei vice	During 2012 18	ax rear Os	ing tr	ie Aitei	lative Deprec		otenii
20a Class life	}					-	S/L	
b 12-year					2 yrs		S/L	
c 40-year	/			4	0 yrs.	MM	S/L	
Part IV Summary (See instructions.)								-
21 Listed property Enter amount from line 2	Ω						21	
							·	
22 Total. Add amounts from line 12, lines 14	through 17, line							
	through 17, line					r	22	3,747.
22 Total. Add amounts from line 12, lines 14	through 17, line of your return Pa	rtnerships and	S corporat			r		3,747.

Form	4562	(2012)
7 01111	7002	(2012)

HR POLICY ASSOCIATION

Part V Listed Proper amusement)	ty (Include a	utomobiles, c	ertain otl	her vehic	cles, ce	rtain con	nputers	s, and pro	perty us	ed for e	ntertainn	nent, rec	reation,	or
, Note: For any							r dedu	cting lease	e expens	se, comp	olete onl	y 24a, 2	4b, colui	nns (a)
through (c) of Section A		of Section B, on and Other					ınstruc	tions for li	mits for	nasseno	ner autor	nobiles '		
24a Do you have evidence to						res _		24b If "Y					Yes [□ No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percenta		(d) Cost or ther basis	Ba	(e) usis for deprivations use onl	eciation	(f) Recovery period	Me	(g) thod/ vention	Depre	(h) eciation uction	Ele sectio	(i) cted on 179 ost
25 Special depreciation all		<u> </u>		y placed	ın servi	ice durin	g the t	ax year an	d		 			
used more than 50% in										25			<u> </u>	
26 Property used more that	in 50% in a q			·									, 	
			%						 -		 		 	
	 		%					1	 		+		 	
OZ Droposty wood 500/ or l			%					1	<u> </u>					
27 Property used 50% or I	ess in a quaii		wse.					<u> </u>	S/L ·		T		Τ	
			%						S/L -		 		1	
	· · · · · · · · · · · · · · · · · · ·		%					ļ ———	S/L·		 		1	
28 Add amounts in column	(h) lines 25			e and or	line 21	I nage 1		l	10/2	28	 		1	
29 Add amounts in column		-				i, pago i						29	 	
20 / 100 Gillourito in Column	1 10, 1110 20 2			B - Infor		on Use	of Vel	hicles						
Complete this section for ve if you provided vehicles to those vehicles												ing this s	section f	or
			((a)		(b)		(c)	(d)	(e)	(f)
30 Total business/investment	miles driven d	uring the	Vel	hicle	Ve	hicle	 	/ehicle	Vel	hicle	Vel	hicle	Ver	nicle
year (do not include com	muting miles)						ļ		ļ		——		——	
31 Total commuting miles	driven during	the year			ļ .		-		<u> </u>		<u> </u>		 	
32 Total other personal (no	oncommuting	ı) mıles												
driven					-						 		——	
33 Total miles driven durin	-													
Add lines 30 through 32		_1		T		T	1		1				 _	
34 Was the vehicle availab during off-duty hours?	ne for person	ai use	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used p	rimarily by a	more	— —	1	-	+	 -	_	· · · · · · · · · · · · · · · · · · ·	+		 	 	
than 5% owner or relat		111016								1				
36 Is another vehicle availa	•	onal		1	1	 	+			 	 	 	 	
use?	2010 101 p0100	,a.					İ		ļ					
	Section C	- Questions	for Emp	lovers V	Vho Pro	ovide Ve	hicles	for Use b	y Their	Employ	ees	.1	.L	
Answer these questions to												re not n	nore thar	า 5%
owners or related persons.		_												
37 Do you maintain a writt	en policy stat	tement that p	rohibits a	all perso	nal use	of vehic	ies, ınc	luding coi	nmuting	, by you	ır		Yes	No
employees?	an nakau atai	tamant that a	robibito i		una af	vobsoloo	0400	at aammud	una huu				<u> </u>	+
38 Do you maintain a writte employees? See the in:		•	•							youi				1
39 Do you treat all use of v					ilicers, i	ullectors	, 01 17	0 01 111010	Owileis				<u> </u>	+
40 Do you provide more th	-				ınforma	ation fron	n vour	emplovee	s about				<u> </u>	+
the use of the vehicles,		•		•	,,,,,,,,,,,		, you	on ployee	Jubbut				İ	
41 Do you meet the require					monstr	ation use	∍?							1
Note: If your answer to		• .						covered ve	hicles					
Part VI Amortization	<u> </u>								-					
(a) Description o	of costs	Date	(b) amortization begins		(C) Amortiza amour			(d) Code section		(e) Amortizz period or pe	ation		(f) mortization or this year	
42 Amortization of costs th	nat begins du	ring your 201		ar:										
				Γ										
43 Amortization of costs th	nat began be	fore your 201	2 tax yea	ar	_						43			
44 Total. Add amounts in		-	-		o report	<u> </u>					44			

Form **8868**

(Rev. January 2013)

Application for Extension of Time To File an Exempt Organization Return

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

► File a separate application for each return.

vi

	are filing for an Additional (Not Automatic) 3-Month Ext							
	complete Part II unless you have already been granted a							
	nic filing (e-file). You can electronically file Form 8868 if y							
	to file Form 990-T), or an additional (not automatic) 3-mor							
of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain								
Person	al Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details o	n the elec	tronic filing of this	form,		
	w irs.gov/efile and click on e-file for Chanties & Nonprofits			- al a al\				
Part								
	ration required to file Form 990-T and requesting an auton	natic 6-mo	inth extension - check this box and o	complete	_			
Part I o	•				.	, L		
	r corporations (including 1120-C filers), partnerships, REM come tax retums	ICs, and ti	rusts must use Form 7004 to reques	t an exten	sion of time			
Type or Name of exempt organization or other filer, see instructions. Employer identification					identification num	number (EIN) or		
orint								
	HR POLICY ASSOCIATION			<u></u>	<u>52-07479</u>	72		
tile by the due date f		ee instruc	tions.	Social se	curity number (SSN	1)		
iling your eturn Se		350						
nstruction	·	oreign add	ress, see instructions.					
	WASHINGTON, DC 20005							
Enter th	ne Return code for the return that this application is for (file	a separa	te application for each return)			0 1		
								
Application		Return	Application			Return		
s For C		Code	Is For			Code		
Form 9	rm 990 or Form 990-EZ 01 Form 990-T (corporation)			07				
Form 9	orm 990-BL 02 Form 1041-A				08			
Form 4	n 4720 (individual) 03 Form 4720			09				
Form 9	90-PF	04	Form 5227			10		
Form 9	90-T (sec 401(a) or 408(a) trust)	05 Form 6069			11			
om obe t (made only man above)						12		
	THE ASSOCIATION		a NO DEO MAGNET	NTOMON	DG 2000	-		
	books are in the care of \triangleright 1100 13TH STREI	ET, N	W, NO. 850 - WASHI	NGTON	, DC 2000:	<u> </u>		
	phone No ► 202-789-8670		FAX No					
If the organization does not have an office or place of business in the United States, check this box								
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)								
box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.								
1	request an automatic 3-month (6 months for a corporation				The extension			
-	AUGUST 15, 2013 , to file the exempt organization return for the organization named above. The extension							
	is for the organization's return for.							
	X calendar year 2012 or tax year beginning , and ending							
•	tax year beginning	, an	d ending		<u> </u>			
9 14	2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return Change in accounting period							
_ "								
	Change in accounting period							
3a 11	this application is for Form 990-BL 990-PF 990-T 4720	or 6069 e	nter the tentative tax less any					
	3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 3a \$				s	0.		
_		enter anv	refundable credits and		· · · · · · · · · · · · · · · · · · ·			
	b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$				0.			
_								
	by using EFTPS (Electronic Federal Tax Payment System) See instructions 3c \$				s	0.		
	n. If you are going to make an electronic fund withdrawal							
LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2013)								
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