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DLN: 93493346002361

OMB No 1545-0047

2010

Form **990** 

Department of the Treasury

**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)

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

Open to Public

A Fo	r the 2010	calendar year, or tax year beginning 05-	01-2010 and ending 04-30-2	011	_	-
_	eck if applicable Iress change	C Name of organization HUMAN & CIVIL RIGHTS ORGANIZATIONS O	F AMERICA		<b>D Employer</b> 94-3193	identification number
┌ Nan	ne change	Doing Business As			E Telephone	number
_ Initi	ıal return	Number and street (or P O box if mail is no	ot delivered to street address)	Room/suite	(978) 74	
Ten	mınated	10 CHESTNUT STREET				
	ended return	City or town, state or country, and ZIP + 4 SALEM, MA 019703131		<u> </u>	<b>G</b> Gross recei	pts \$ 1,872,043
App	olication pendin		***			
		F Name and address of principal MARSHALL STRAUSS	officer	H(a) Is this	a group return for affi	liates 7 Yes V No
		10 CHESTNUT STREET SALEM,MA 019703131		, ,	affiliates included	·
					o," attach a lis ip exemption n	t (see instructions)
<b>I</b> Tax	x-exempt statu	s	o)	H(c) Grou	p exemption in	idilibel F
J W	<b>ebsite: ►</b> W	WW HCR ORG				
		on Corporation Trust Association Ot	her 🟲	<b>L</b> Year of fo	rmation 1994	<b>M</b> State of legal domicile CA
Pa		nmary				
e X		describe the organization's mission or n SIST NOT-FOR-PROFITS IN WORKPL				
Activities & Governance						
VeII	Chack	 this box ┡─ if the organization disconti	nued its operations or dispose	d of more than 2	5% of its not	accato
9		r of voting members of the governing bo			3 % 01 113 1161	
න් ග		r of independent voting members of the				
#He		umber of individuals employed in calend			5	Ġ
ctiv	<b>6</b> Total n	umber of volunteers (estimate if necess	ary)		6	(
⋖		nrelated business revenue from Part VI	7a	(		
	<b>b</b> Net un	related business taxable income from Fo	orm 990-T, line 34		7b	
				Prio	r Year	Current Year
<u>a</u>	8 Contributions and grants (Part VIII, III 9 Program service revenue (Part VIII, III			•	947,848	1,235,070
Ravenue	_	ram service revenue (Part VIII, line 2g) stment income (Part VIII, column (A), l			416,703	636,973
Ή		r revenue (Part VIII, column (A), lines!	, , ,	•	0	
		revenue—add lines 8 through 11 (must		line	4.044.550	
		ts and similar amounts paid (Part IX, co			1,364,558 904,065	1,872,043
		fits paid to or for members (Part IX, col		•	904,065	1,241,862
		ries, other compensation, employee ben	s 5-	<u> </u>		
Expenses	10)				325,473	412,425
<u>æ</u>		essional fundraising fees (Part IX, colum			0	C
ភ្ន		fundraising expenses (Part IX, column (D), line 2		-	100 ====	
		r expenses (Part IX, column (A), lines 1 l expenses  Add lines 13-17 (must equ			108,570	108,477
		nue less expenses Subtract line 18 fro		1	26,450	1,762,764
Net Assets or Fund Balances		,		Beginning	g of Current ear	End of Year
esse Basa	<b>20</b> Tota	l assets (Part X, line 16)			1,123,239	1,516,578
et p		l liabilities (Part X, line 26)			1,047,932	1,331,992
		assets or fund balances Subtract line 2:	1 from line 20		75,307	184,586
Under	penalties of edge and bel edge.	nature Block perjury, I declare that I have examined this ief, it is true, correct, and complete. Declar		icer) is based on	all information	
Sign	' '	nature of officer		Da	ate	
Here	III   1117	RSHALL STRAUSS PRESIDENT De or print name and title				
	Print/Ty	·	s signature	Data	Check if self-	DTIN
D۷:۲	prepare	r's name STUART I GOLDMAN CPA	STUART I GOLDMAN CPA	10000	employed •	PTIN
Paid Prepa	Firm's r	ame ▶ BGCKO LLP				Firm's EIN
Use C	F /	ddress 10025 GOVERNOR WARFIELD PKWY 10		Phone no  (410) 772-8090		

Par	Check if Schedule O contains				
1	Briefly describe the organization's m	ission			
PUBI ASSI OF T SUC	VORK WITH OTHER NOT-FOR-PROFILIC-SECTOR WORKPLACE CHARITA ISTS WITH THE TRANSFER OF FUND HESE GROUPS SO THAT THEY BETT H GROUPS TO POTENTIAL DONORS ERATIONS ON A FEE FOR SERVICE	BLE FUND DRIVES T S FROM DONORS TO ER UNDERSTAND WO THE ORGANIZATION	HE FEDERATION SO THE BENEFITING O RKPLACE GIVING	CREENS APPLICATIONS GROUPS, EDUCATES TH PROGRAMS, AND ASSIS	FOR SUCH DRIVES, E STAFF AND VOLUNTEERS STS IN THE MARKETING OF
2	Did the organization undertake any s the prior Form 990 or 990-EZ? .				┌ Yes ┌ No
	If "Yes," describe these new services	on Schedule O			
3	Did the organization cease conducting services?				┌ Yes ┌ No
4	Describe the exempt purpose achieve Section 501(c)(3) and 501(c)(4) orgallocations to others, the total expen	ements for each of the a	4947(a)(1) trusts a	e required to report the a	
4a	(Code ) (Expenses S WE WORKED WITH ORGANIZATIONS TO HEI THE NATIONAL COMBINED FEDERAL CAMPAI WORKPLACE GIVING CAMPAIGNS WERE MO FROM ALL CAMPAIGNS DURING THE FISCAL SUPPORT SERVICES TO OTHER FEDERATION	P THEM PARTICIPATE IN AN GN (CFC) THIS INVOLVED I ST APPROPRIATE TO ENTER, YEAR, WE DISTRIBUTED O	HELPING MEMBER CHARI PROVIDING ADVICE ON	ΓΙΕS PREPARE SUCCESSFUL AP MARKETING, AND TRACKING A	NG CAMPAIGNS BEGINNING WITH PLICATIONS, ADVISING THEM WHIC ND DISTRIBUTING DONATIONS
4b	(Code ) (Expenses s	; in	cluding grants of \$	) (Revenue \$	)
4c	(Code ) (Expenses s	in	cluding grants of \$	) (Revenue \$	)
4d	Other program services (Describe	·			
	(Expenses \$	including grants of \$		) (Revenue \$	)
4e	Total program service expenses -\$	1,702,070			

Part IV	<b>Checklist of</b>	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		Νο
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a		Νο
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		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20ь		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		No
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-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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		Νο
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νo
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νo
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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νo
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Νο
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements Regarding Other IRS Filings and Tax Compliance

Form	990 (2010)			Page <b>5</b>
Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	Check is schedule of contains a response to any question in this Part V	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .		163	110
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	3		
	<b>1b</b> 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return	9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
h	year?	3a 3b		No
ъ 4а	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section $170(c)$ .			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7c		Na
d	file Form 8282?	/(		No
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
-	contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	8		
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b			
	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
	in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand  13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		(2010)

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

Se	ection A. Governing Body and Management			
			Yes	No
1_	Enter the number of voting members of the governing body at the and of the tay			
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		N o
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4		
5	filed?  Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
-	governing body?	7a		Νo
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
110	veriae code.		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10ь		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		103	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )	135	103	
	The state of the first the process in schedule of (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶CA , MA , NY			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

- (3)s only) available for public inspection. Indicate how you make these available. Check all that apply

  Own website. Another's website. Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization F
  THE ORGANIZATION

10 CHESTNUT STREET SALEM,MA 01970 (978) 744-2608

# 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, and **current** key employees 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

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

Check this box if neither the organiz	•	lated or	ganı	zatio	nco	mpen	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) Average hours	<b>(C)</b> Position (check all that apply)						(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Officer Institutional Trustee Individual trustee or director		Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
(1) MARSHALL STRAUSS PRESIDENT	40 00	х		х				105,000	0	0
(2) MIKHAIL KAZACHKOV VICE-PRESIDENT	1 00	Х		Х				0	0	0
(3) RICHARD O'CONNOR SECRETARY	1 00	х		х				0	0	0
(4) EVE SPANGLER DIRECTOR	1 00	х						0	0	0
(5) LORI PICCOLO DIRECTOR	1 00	х						0	0	0
(6) JESSE SAGE TREASURER	1 00	х		Х				0	0	0
(7) MICHAEL WASHBURN DIRECTOR	1 00	х						0	0	0

\$100,000 in compensation from the organization ▶0

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

	<b>(A)</b> Name and Title	(B) A verage hours per	1	tion (	(che		II		( <b>D)</b> Reportable compensation from the	(E) Reportable compensation from related	ו ר	(F) Estimated amount of othe	
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)		from organizat relat organiza	the ion and ed
							<u> </u>						
							<u> </u>						
							-				+		
1b	Sub-Total					٠.		<b>-</b>					
С	Total from continuation sheets						<b>&gt;</b>						
d							•	<b>F</b>	105,000		0		0
2	Total number of individuals (inc \$100,000 in reportable comper					ted	above	) who	received more tha	an			
												Yes	No
3	Did the organization list any <b>fo</b> i on line 1a? <i>If</i> "Yes," complete Sc								r highest compens	ated employee	3		N o
4	For any individual listed on line organization and related organization												110
5	Did any person listed on line 1a	receive or accri	· ·	• oensa	• ition	• fror	n anv	• unrel	ated organization	or individual for	4		No
	services rendered to the organi						-		_	•	5		No
Se	ction B. Independent Cor	ntractors											
1	Complete this table for your five \$100,000 of compensation from			ndep	ende	ent c	ontra	ctors	that received mor	e than			
		(A) me and business ad							Desc	(B) ription of services		( <b>C</b> Comper	
											+		
	Total number of Independent con	tractors (maled)	na but -	ot lin	nıta -	1+0	these	licto:	t above \ who rece:	vad mara than			

orm 990							Р	age <b>9</b>
Part VI	***	Statement of Reven	це		(A) Total revenue	(B) Related or exempt	(C) Unrelated business revenue	( <b>D</b> ) Revenu
						function		from tax under section
								512, 513, or 514
<u>2</u> 42 1	1a	Federated campaigns	1a	1,235,070				
and other similar amounts	b	Membership dues	. 1b					
3 €	c	Fundraising events	. 1c					
<u> </u>	d	Related organizations	. 1d					
H	e	Government grants (contributions)	1e					
2	f	All other contributions, gifts, grants similar amounts not included above	, and <b>1f</b>	i		İ	j	İ
<u> </u>		Noncash contributions included in le						
5 ₩	h	Total. Add lines 1a-1f			1,235,070			
				Business Code				
	2a	PROGRAM SERVICE FEES		900099	636,973	636,973		
Program Service Revenue	b		<u></u>					
956	<b>c</b>							
38	d		<u> </u>					
Ē	e f	All other program service re	wonue.					
<u> </u>								
		Total. Add lines 2a-2f			636,973			
ا ا		Investment income (including and other similar amounts)		•				
4		Income from investment of tax-ex						
5	5	Royalties						
			(ı) Real	(II) Personal				
6		Gross Rents Less rental						
	-	expenses						
		Rental income or (loss)						
F	d	Net rental income or (loss)		(v) O th - v				
7		Gross amount	(ı) Securities	(II) O ther				
		from sales of assets other						
		than inventory Less cost or						
		other basis and sales expenses						
	_	Gain or (loss)						
_		Net gain or (loss)						
֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֡֓֓֡֓֓֡֓		Gross income from fundraisi (not including	ng events					
		\$ of contributions reported on	line 1c)					
-		See Part IV, line 18						
<u>ן</u>	L		a					
		Less direct expenses . Net income or (loss) from ful						
<b>—</b>			ctivities See Part IV, line 19 . a					
	b	Less direct expenses .		b				
<u> </u>		Net income or (loss) from ga						
		Gross sales of inventory, les returns and allowances .	s <b>a</b>					
		Less cost of goods sold .						
<u> </u>	С	Net income or (loss) from sa Miscellaneous Revenue	les of inventory •	Business Cada				
1	11a			Business Code				
	ь							
	c							
	d	All other revenue	·					
	e	<b>Total.</b> Add lines 11a-11d						
								<u> </u>
1		Total revenue. See Instructi	ons		1,872,043	636,973	0	

	990 (2010)				Page <b>10</b>
Part	IX Statement of Functional Expenses				
_	Section 501(c)(3) and 501(c)(4) organizations mus			(D)	
	ll other organizations must complete column (A) but are not required to c		(B), (C), and (B)	(D).	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	( <b>A)</b> Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,241,862	1,241,862		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	105,000	84,000	21,000	
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	262,842	244,884	17,958	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	·	·		
9	Other employee benefits	10,253	7,690	2,563	
10	Payroll taxes	34,330	30,694	3,636	
а	Fees for services (non-employees) Management	- 7-2-2	,		
ь	Legal				
c	Accounting	8,400		8,400	
d	Lobbying	0,.55		3,100	
	Professional fundraising services See Part IV, line 17				
e					
f	Investment management fees				
g	Other	36,986	36,782	204	
12	Advertising and promotion				
13	Office expenses	18,676	16,248	2,428	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	10,526	10,526		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,055		1,055	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)			·	
а	TELEPHONE	12,151	10,936	1,215	
ь	BANK CHARGES	6,341	5,706	635	
	UTILITIES	5,036	4,029	1	
	POSTAGE	4,734	4,261	473	
	DUES & SUBSCRIPTIONS	2,998	2,878	+	
	All other expenses	1,574	1,574	120	
25	Total functional expenses. Add lines 1 through 24f	1,762,764	1,702,070	60,694	0
		1,/02,/64	1,702,070	00,694	0
26	Joint costs. Check here ► ☐ If following  SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		177,381	2	257,795
	3	Pledges and grants receivable, net	•	863,844	3	1,158,452
	4	Accounts receivable, net		76,650	4	97,279
	5	Receivables from current and former officers, directors, trustees, building the compensated employees. Complete Part II of	cey employees, and			
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined under sec persons described in section $4958(c)(3)(B)$ , and contributing empsponsoring organizations of section $501(c)(9)$ voluntary employee organizations (see instructions)	loyers, and			
\$		Schedule L			6	
ssets	7	Notes and loans receivable, net			7	
₹	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		5,364	9	3,052
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a			
	ь	Less accumulated depreciation	10b	0	10c	
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		1,123,239	16	1,516,578
	17	Accounts payable and accrued expenses .		11,572	17	9,038
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
es.	21	Escrow or custodial account liability Complete Part IV of Schedule I	·		21	
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
Ē		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties .			24	
	25	Other liabilities Complete Part X of Schedule D		1,036,360	25	1,322,954
	26	Total liabilities. Add lines 17 through 25		1,047,932	26	1,331,992
<u></u>		Organizations that follow SFAS 117, check here ▶ 🔽 and complete	te lines 27			
ψ		through 29, and lines 33 and 34.				
먑	27	Unrestricted net assets		75,307	27	184,586
B	28	Temporarily restricted net assets			28	
Fund Balance	29	Permanently restricted net assets			29	
or Fu		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.	complete			
	30	Capital stock or trust principal, or current funds			30	
še	31	Paid-in or capital surplus, or land, building or equipment fund			31	
Assets	32	Retained earnings, endowment, accumulated income, or other fund			32	
Net	33	Total net assets or fund balances		75,307	33	184,586
Z	34	Total liabilities and net assets/fund balances		1,123,239		1,516,578
	L			1 .,,		:,=:=,=:0

Ра	Check if Schedule O contains a response to any question in this Part XI			.୮	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,8	372,04
2	Total expenses (must equal Part IX, column (A), line 25)	2		•	762,76
3	Revenue less expenses Subtract line 2 from line 1	3		1	109,27
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			75,30
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		1	L84,58
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			৮	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 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 in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis	sued			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		Νο
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

HUMAN & CIVIL RIGHTS ORGANIZATIONS OF AMERICA

**Employer identification number** 

# SCHEDULE A Public C

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2010

Open to Public Inspection

		94-3193388			
Part	ΞĪ	Reason for Public Charity Status (All organizations must complete this part.) See instruc	tions		
he or	ganız	zation is not a private foundation because it is (For lines 1 through 11, check only one box )			
1	Γ	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).			
2	$\sqcap$	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )			
3	$\Gamma$	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>			
4	Γ	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)</b> hospital's name, city, and state	(iii). Ente	r the	
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental uni section 170(b)(1)(A)(iv). (Complete Part II)	t describe	d ın	
6	_	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).			
	도	An organization that normally receives a substantial part of its support from a governmental unit or from th described in section 170(b)(1)(A)(vi) (Complete Part II)	e general	public	
8	Г	A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )			
9	Γ	An organization that normally receives (1) more than 331/3% of its support from contributions, membersh receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more that its support from gross investment income and unrelated business taxable income (less section 511 tax) from	n 331/3%	of	ss
	_	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)			
.0	<u></u>	An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b>			
.1	Γ	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carr one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See sectihe box that describes the type of supporting organization and complete lines 11e through 11h  a Type I  b Type II  c Type III - Functionally integrated  d Type III - Functionally integrated		a)(3).	Check
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more d other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2)			
f g		If the organization received a written determination from the IRS that it is a Type I, Type II or Type III superheck this box  Since August 17, 2006, has the organization accepted any gift or contribution from any of the	pporting o	rganız	ation,
		following persons?			
		(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)		Yes	No
		and (III) below, the governing body of the the supported organization?	11g(i)		
		(ii) a family member of a person described in (i) above?	11g(ii)		
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		
h		Provide the following information about the supported organization(s)			

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	organızatı col (ı) lıst your gove	Is the organization in col (i) listed in your governing document?		ify the on in your t?	(vi) Is the organization in col (i) organized in the U S ?  Yes No		(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

# Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	under Part III. If the	e organization	rails to qualify u	inder the tests i	istea below, pie	ease co	mpiete i	art III.)
	ection A. Public Support endar year (or fiscal year beginning	T	T					
-	in) F	(a) 2006	<b>(b)</b> 2007	(c) 2008	<b>(d)</b> 2009	<b>(e)</b> 2	010	(f) Total
1								
	membership fees received (Do not	792,50	4 1,159,680	955,654	947,848	1	,235,070	5,090,756
	include any "unusual grants ")							
2	Tax revenues levied for the							
_	organization's benefit and either							
	paid to or expended on its							
_	behalf							
3	The value of services or facilities furnished by a governmental unit to							
	the organization without charge	<b>'</b>						
4	<b>Total.</b> Add lines 1 through 3	792,50	4 1,159,680	955,654	947,848	1	,235,070	5,090,756
	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the amount shown on line 11, column							
	(f)							
6	Public Support. Subtract line 5 from	n						F 000 7F6
	line 4							5,090,756
S	ection B. Total Support		<del>_</del>					
Cale	endar year (or fiscal year	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	(e) 20	10	(f) Total
_	beginning in)	792,504		955,654	947,848		,235,070	5,090,756
7	A mounts from line 4 Gross income from interest,	792,304	1,159,680	933,034	947,040	1	,233,070	3,090,730
8	dividends, payments received on							
	securities loans, rents, royalties	4,671	4,646	233	7			9,557
	and income from similar							
	sources							
9	Net income from unrelated							
	business activities, whether or							
	not the business is regularly carried on							
10	Other income Do not include							
	gain or loss from the sale of							
	capital assets (Explain in Part							
	IV)							
11	Total support (Add lines 7							5,100,313
12	through 10) L Gross receipts from related activity	los etc (See ins	tructions )			140		4 072 522
	·		•			12		1,872,523
13	First Five Years If the Form 990 is check this box and stop here	for the organizat	ion's first, second	, third, fourth, or fi	fth tax year as a	501(c)(s	3) organiz	ation, ►
	check this box and stop here							-,
S	ection C. Computation of Pul	blic Support I	Percentage					
14	Public Support Percentage for 201			11 column (f))		14		99 810 %
15	Public Support Percentage for 200	9 Schedule A. Pa	rt II. line 14			15		99 790 %
	33 1/3% support test—2010. If the	· ·	ř	contino 12 and b	ma 14 ta 22 1/20/		a baale t	
LUa	and <b>stop here.</b> The organization qua				ille 14 is 33 1/376	or more	, check ti	⊪√
Ь	33 1/3% support test—2009. If the	•			a, and line 15 is 3	3 1/3%	or more,	. ,
	box and <b>stop here.</b> The organizatio				,		•	▶┌
17a	10%-facts-and-circumstances test							
	is 10% or more, and if the organiza			· ·		-	•	
	in Part IV how the organization med	ets the "facts and	d circumstances"	test The organiza	ation qualifies as	a publicl	y support	· —
h	organization 10%-facts-and-circumstances test	2009 Ifthe era	anization did not	hack a hov on lin	a 13 16a 16h a	r 172 25	nd line	<b>►</b>
	15 is 10% or more, and if the organ	-						
	Explain in Part IV how the organiza							
	supported organization				= ,		. ,	<b>►</b> □
18	<b>Private Foundation</b> If the organizat	ion did not check	k a box on line 13,	16a, 16b, 17a or	17b, check this	box and	see	<u>. —</u>
	ınstructions							<b>▶</b> ┌

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for <b>2010</b> (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

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2010

Open to Public Inspection

# 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, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization
HUMAN & CIVIL RIGHTS ORGANIZATIONS OF AMERICA

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" to Form 99	0, Part IV, line 6	•				
		(a) Donor	advised funds	(b)	Funds and oth	ner 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 advi funds are the organization's property, subject to the	_		nor advise	d	┌ Yes ┌	No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit			•	ourpose	┌ Yes ┌	No
Pai	t III Conservation Easements. Complete	ıf the organızatıo	n answered "Yes" t	o Form 9	990, Part IV,	lıne 7.	
1	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat	-	_				
	Preservation of open space						
2	Complete lines 2a-2d if the organization held a quali easement on the last day of the tax year	ıfıed conservatıon c	ontribution in the form	n of a cons	servation		
	,				Held at the E	nd of the Yea	ar
а	Total number of conservation easements			2a			
ь	Total acreage restricted by conservation easements			2b			
С	Number of conservation easements on a certified his	toric structure incl	uded in (a)	2c			
d	Number of conservation easements included in (c) a	cquired after 8/17/0	06	2d			
3	Number of conservation easements modified, transfe	rred, released, exti	nguished, or terminat	ed by the	organization d	uring	
	the taxable year 🛌			•	_	-	
4	Number of states where property subject to conserva		antad b				
	• • • •		<u>-                                    </u>		-1-4		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	<b>-</b>	oring, inspection, nan	aling of Vi	olations, and	┌ Yes ┌	No
6	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing	g conservation easer	nents duri	ng the year ►_		
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing co	nservation easement	s durıng t	he year 🟲 🖇 🔔		
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$ ?	2(d) above satisfy th	ne requirements of se	ction		┌ Yes ┌	No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the o					
Par	Complete if the organization answered '			or Othe	er Similar A	ssets.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibitio	n, education or resear	ch in furth			
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, ed				,	
	(i) Revenues included in Form 990, Part VIII, line 1				<b>►</b> \$		
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA			or financia			
а	Revenues included in Form 990, Part VIII, line 1				<b>►</b> \$		
	Revenues included in Fulli 990, Part VIII, line 1				<b>-</b> →		

**b** Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	t, His	<u>tori</u>	<u>cal Tr</u>	<u>easur</u>	es, or C	the	<u>r Similar</u>	Asse	<b>ts</b> (cc	ontinued)
3	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	ne foll	owing t	that are	a sıgnıfıca	ant us	se of its co	llection		
а	Public exhibition		d	Γ	Loan	orexcha	inge progi	rams				
b	Scholarly research		e	$\Gamma$	Other	-						
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ıın hov	n they	√ furthe	er the or	ganızatıor	ı's ex	empt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					ılar	Γ,	Yes	∏ No
Par	<b>Escrow and Custodial Arrang</b> Part IV, line 9, or reported an an						answere	d "Ye	es" to For	m 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	ediary	for c	ontribu	itions or	other ass	ets n	ot	Γ.	Yes	Г No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ıng ta	able		Г			A mou	nt	
c	Beginning balance						ľ	1c				
d	Additions during the year						ļ	1d				
e	Distributions during the year						ľ	1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X. lin	e 21?				L				Yes	┌ No
	If "Yes," explain the arrangement in Part XIV		- <b>-</b>							•	-	
	t V Endowment Funds. Complete		n ans	were	ed "Ye	s" to Fo	orm 990.	Part	t IV, line	10.		
		(a)Current Year		Prior \			Years Back		hree Years B		Four Ye	ears Back
1a	Beginning of year balance											
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships		<u> </u>									
e	Other expenditures for facilities and programs											
f	Administrative expenses		<u> </u>					1				
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨											
c	Term endowment ►											
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	ation t	that a	ire held	d and ad	mınıstere	d for t	:he		Yes	No
	(i) unrelated organizations								[	3a(i)		
	(ii) related organizations								[	3a(ii)		<u> </u>
	If "Yes" to 3a(II), are the related organization	·						•	[	3b		
4	Describe in Part XIV the intended uses of th					00 5		4.0				
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. S			•	i '		1		$\overline{}$	
	Description of investment				a) Cost onsider	or other estment)	( <b>b)</b> Cost or basis (ot		(c) Accun depreci		( <b>d</b> ) B	Book value
1a '	_and		•								<del></del>	
Ь	Buildings		•								<u> </u>	
	_easehold improvements			- 1			Ī		1		1	
C	Leasenoid improvements		•	_								
	Equipment		•									
d   e	·	· · · · · · · ·										

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category	(b)Book value		od of valuation f-year market value
(including name of security)		Cost of elia-o	i-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
-			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See		13.	
			od of valuation
(a) Description of investment type	(b) Book value		f-year market value
	1		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III	ne 15.		
(a) Descrip	otion		(b) Book value
Total (Column (h) chould aguel Farra 000 Part V 1 (D)	<i>E</i> )	L	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1		<u> </u>	
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
DISTRIBUTIONS PAYABLE	1,289,533		
PAYROLL LIABILITIES	8,921		
SALARIES PAYABLE	24,500		
-			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	1 222 05 1		
Total (Column (b) Should equal Form 930, Falt A, Col (b) line 25 )	1,322,954		

	Reconciliation of Change in Net Assets from Form 990 to Financial Stateme		
<b>1</b> T	otal revenue (Form 990, Part VIII, column (A), line 12)	1	1,872,043
2 <sub>T</sub>	otal expenses (Form 990, Part IX, column (A), line 25)	2	1,762,764
3 E	excess or (deficit) for the year Subtract line 2 from line 1	3	109,279
<b>4</b> N	let unrealized gains (losses) on investments	4	
<b>5</b> D	Oonated services and use of facilities	5	
6 I	nvestment expenses	6	
<b>7</b> P	Prior period adjustments	7	
<b>8</b> 0	Other (Describe in Part XIV)	8	
	otal adjustments (net) Add lines 4 - 8	9	0
	excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	109,279
Part X		oer R	eturn
	Total revenue, gains, and other support per audited financial statements	1	1,872,043
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,872,043
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	1,872,043
Part X		s per	
	Total expenses and losses per audited financial statements	1	1,762,764
	Amounts included on line 1 but not on Form 990, Part IX, line 25	_	
	Donated services and use of facilities		
	Prior year adjustments	1	
	Other losses		
d	Other (Describe in Part XIV) 2d		
	Add lines <b>2a</b> through <b>2d</b>	2e	0
	Subtract line <b>2e</b> from line <b>1</b>	3	1,762,764
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b	1	
	Add lines <b>4a</b> and <b>4b</b>	4 <sub>C</sub>	0
c .	Add mes add day in the first state of the first sta	∟	

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier Return Reference Explanation

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493346002361 OMB No 1545-0047

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Inspection

Name of the organization						Employer identificati	on number	
HUMAN & CIVIL RIGHTS ORGANIZA	IMAN & CIVIL RIGHTS ORGANIZATIONS OF AMERICA							
Part I General Informatio	n on Grants and	d Assistance				•		
Does the organization maintain the selection criteria used to av  Describe in Part IV the organization	vard the grants or as atıon's procedures fo	sistance? or monitoring the use o	f grant funds in the Unite	d States			▼ Yes   □	
Part II Grants and Other A Form 990, Part IV, lin duplicated if additional	e 21 for any recip	nent that received r	nore than \$5,000. Ch	eck this box if no one	e recipient receive	ed more than \$5,000		
1 (a) Name and address of organization or government	<b>(P)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance	
See Additional Data Table								
2 Enter total number of section 50	O1(c)(3) and govern	ment organizations .				· <u>-</u>	47	
3 Enter total number of other orga	inizations					<b>.</b> <u>-</u>	0	

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS		SCHEDULE I, PART I, LINE 2 THE GRANTS PAID TO THE RECIPIENTS ARE BASED ON INFORMATION RECEIVED FROM THE FEDERATED CAMPAIGNS
IN THE U S		

Software ID: **Software Version:** 

**EIN:** 94-3193388

Name: HUMAN & CIVIL RIGHTS ORGANIZATIONS OF AMERICA

Form 990,Schedule I, Par	t II, Grants an	d Other Assistance	e to Governments	and Organization	ns in the United St	ates	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVOCATES FOR HUMAN RIGHTS650 THIRD AVENUE SOUTH 1240 MINNEAPOLIS, MN 554021940	36-3292374	501(C)(3)	22,690				TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES
AMERICAN JEWISH COMMITTEE165 EAST 56TH STREET NEW YORK, NY 10022	13-5563393	501(C)(3)	10,224				TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES
AMERICAN FOR INDIAN OPPORTUNITY1001 MARQUETTE AVENUE NW ALBUQUERQUE,NM 87102	52-0900964	501(C)(3)	13,746				TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES
ANTI-DEFAMATION LEAGUE OF B'NAI B'RITH 605 THIRD AVENUE NEW YORK, NY 101583560	13-1818723	501(C)(3)	23,817				TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES
ASIAN AMERICAN JUSTICE CTR1140 CONNECTICUT AVENUE NW 1200 WASHINGTON, DC 200364003	13-3619000	501(C)(3)	14,986				TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES
ASTRAEA LESBIAN FUND FOR JUSTICE116 EAST 16TH ST 7TH FLOOR NEW YORK, NY 10003	13-2992977	501(C)(3)	8,606				TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES
CATHOLIC LEGAL IMMIGRATION NETWORK 415 MICHIGAN AVE NE RM 200 WASHINGTON, DC 20017	52-1584951	501(C)(3)	41,976				TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES
CENTER FOR LAW & SOCIAL POLICY1200 18TH STREET NW STE 200 WASHINGTON, DC 20036	23-7000150	501(C)(3)	15,401				TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES
CENTER FOR VICTIMS OF TORTURE649 DAYTON AVE ST PAUL, MN 55104	36-3383933	501(C)(3)	17,133				TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES
DALAI LAMA FOUNDATION 61 RENATO COURT 24 REDWOOD CITY, CA 94061	68-0492149	501(C)(3)	16,727				TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES
ELECTRONIC FRONTIER FOUNDATION454 SHOTWELL STREET SAN FRANSISCO, CA 94110	04-3091431	501(C)(3)	71,428				TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES
CENTERLINKPO BOX 24490 FORT LAUDERDALE, FL 33307	52-2292725	501(C)(3)	21,500				TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES

### Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EQUALITY NOW250 WEST 57TH ST 1527 NEW YORK, NY 10107	13-3660566	501(C)(3)	47,173				TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES
FAIRNESS & ACCURACY IN REPORTING104 WEST 27TH STREET 10TH FLR NEW YORK,NY 10001	13-3392362	501(C)(3)	19,790				TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES
GLAAD5455 WILSHIRE BLVD 1500 LOS ANGELES,CA 90048	13-3384027	501(C)(3)	96,650				TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES
GLSEN90 BROAD ST 2ND FLOOR NEW YORK, NY 100043343	04-3234202	501(C)(3)	55,956				TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES
HUMAN RIGHTS WATCH 350 5TH AVENUE 34TH FLOOR NEW YORK, NY 101183299	13-2875808	501(C)(3)	71,489				TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES
IMMIGRATION EQUALITY 40 EXCHANGE PLACE SUITE 1705 NEW YORK, NY 10005	13-3802711	501(C)(3)	19,558				TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES
INDIAN LAW RESOURCE CTR602 NORTH EWING STREET HELENA,MT 59601	52-1121079	501(C)(3)	16,072				TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES
INT'L CAMPAIGN FOR TIBET1825 JEFFERSON PLACE NW WASHINGTON, DC 20036	52-1570071	501(C)(3)	19,197				TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES
INT'L GAY & LESBIAN HR COMM80 MAIDEN LANE STE 1505 NEW YORK, NY 10038	94-3139952	501(C)(3)	65,974				TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES
LAMBDA LEGAL DEFENSE & ED FUND120 WALL ST STE 1500 NEW YORK, NY 10005	23-7395681	501(C)(3)	88,825				TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES
NAT'L CTR FOR LESBIAN RIGHTS870 MARKET ST 370 SAN FRANSISCO, CA 941023016	94-3086885	501(C)(3)	34,214				TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES
NAT'L COALITION TO ABOLISH THE DEATH PENALTY1705 DESALES STREET NW 5TH FLOOR WASHINGTON, DC 20036	23-2290483	501(C)(3)	8,381				TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PFLAG1828 SIXTH STREET NW STE 660 WASHINGTON, DC 20036	95-3750694	501(C)(3)	40,989				TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES
PUBLIC CITIZENS FOUNDATION1600 20TH ST NW WASHINGTON, DC 20009	52-1263996	501(C)(3)	13,439				TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES
SOJOURNERS3333 14TH STREET NE SUITE 200 WASHINGTON, DC 20010	23-7380554	501(C)(3)	11,331				TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES
TAHIRIH JUSTICE CTR 6402 ARLINGTON BLVD SUITE 300 FALLS CHURCH, VA 22042	54-1858176	501(C)(3)	18,935				TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES
TIBET FUND241 EAST 32ND STREET NEW YORK, NY 10016	13-3115145	501(C)(3)	32,896				TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES
UNITED NAT'L INDIAN TRIBAL YOUTH500 NORTH BROADWAY 10 OKLAHOMA CITY,OK 73102	73-1010390	501(C)(3)	10,004				TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES
WELLSTONE ACTION FUND 2446 UNIVERSITY AVE WEST STE 170 ST PAUL, MN 55114	35-2191193	501(C)(3)	7,162				TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES
ASSOCIATION FOR UNION DEMOCRACY104 MONTGOMERY ST BROOKLYN,NY 11225	23-7037975	501(C)(3)	5,113				TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES
FREEDOM HOUSE1301 CONNECTICUT AVE NW 6TH FLOOR WASHINGTON, DC 20036	13-1656647	501(C)(3)	8,539				TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES
INSTITUTE FOR FOOD & DEVELOPMENT POLICY398 60TH STREET OAKLAND, CA 94618	13-2838167	501(C)(3)	15,132				TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES
INTERNATIONAL LABOR RIGHTS FORUM1634 EYE STREET NW SUITE 1000 WASHINGTON, DC 20006	52-1497461	501(C)(3)	5,589				TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES
LATIN AMERICA WORKING GROUP EDUCATION FUND 424 C STREET NE WASHINGTON, DC 20002	11-3657128	501(C)(3)	8,398				TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES

### Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

· · · · · · · · · · · · · · · · · · ·	•	(-) IDC Code control				1	(I) D
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLIND FEDERATION OF AMERICA 200 E WELL STREET AT JERNIGAN PLACE BALTIMORE, MD 21230	02-0259978	501(C)(3)	41,910				TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES
NATIONAL LAW CENTER ON HOMELESSNESS AND POVERTY1411 K STREET NW SUITE 1400 WASHINGTON, DC 20005	52-1633883	501(C)(3)	20,719				TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES
SAVE DARFUR COALITION 1025 CONNECTICUT AVE NW SUITE 310 WASHINGTON, DC 20036	30-0335420	501(C)(3)	20,304				TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES
POLARIS PROJECT1832 CONNECTICUT AVE NW WASHINGTON, DC 20009	03-0391561	501(C)(3)	33,320				TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES
AMERICAN ISLAMIC CONGRESS1718 M STREET NW SUITE 243 WASHINGTON, DC 20036	06-1634525	501(C)(3)	9,817				TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES
URGENT ACTION FUND FOR WOMEN'S HUMAN RIGHTS3100 ARAPAHOE AVENUE SUITE 201 BOULDER,CO 80303	03-0419743	501(C)(3)	7,901				TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES
HUMAN RIGHTS IN CHINA 350 FIFTH AVE SUITE 3311 NEW YORK,NY 10118	13-3528552	501(C)(3)	5,762				TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES
CRIMINAL JUSTICE LEGAL FOUNDATION 2131 L STREET SACRAMENTO, CA 95816	94-2798865	501(C)(3)	5,752				TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES
COMMUNITY VOICE MAIL NATIONAL OFFICE2901 THIRD AVENUE SUITE 100 SEATTLE, WA 98121	91-1609789	501(C)(3)	5,321				TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES
EARTHRIGHTS INTERNATIONAL1612 K STREET NW SUITE 401 WASHINGTON, DC 20006	04-3265555	501(C)(3)	5,152				TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES
NATIONAL IMMIGRATION PROJECT OF THE THE NATIONAL LAWYERS GUILD14 BEACON STREET SUITE 602 BOSTON, MA 10118	95-2926663	501(C)(3)	7,136				TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES

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DLN: 93493346002361

#### DLN: 93493346002

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Transactions with Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. 2010

Open to Public Inspection

Name of the organization HUMAN & CIVIL RIGHTS ORGANIZATIONS	OE AMED	TCA.					E	mployer i	dent if ica	tion numbe	r	
HOMAN & CIVIL KIGHTS OKGANIZATIONS	JI ANILK	ICA					9	4-31933	88			
Part I Excess Benefit Trai	nsacti	ions (s	ection 501	(c)(3) a	and section 501	(c)(4)	organ	izations	only).			
Complete if the organizat	ion ans	wered "	Yes" on For	m 990, F	Part IV , line 25a o	or 25b,	or Form	990-EZ,	Part V , I			
1 (a) Name of disq	ualıfıed	person			<b>(b)</b> Desc	ription	n of transaction			<b>(c)</b> Co	(c) Corrected?	
			., ,					Yes	No			
3 Enter the amount of tay impos		ha orani			diagnalified nero	one du	una tha	uaar unda	<u> </u>	<u> </u>	1	
2 Enter the amount of tax impos section 4958		ne orgai			disqualified pers				' • \$			
3 Enter the amount of tax, if any	. on line	e 2. abo							• \$			
	,		,						T			
Part II Loans to and/or l												
Complete if the organiz	<u>zation a</u> T	nswere	d "Yes" on F T	orm 990	), Part IV, line 26 T	, or For I	m 990-			<u>a</u>		
		oan to				(e)	In	(f) Approv		(g)Writte	en	
(a) Name of interested person and	1	om the zation?	(c)Orig		(d)Balance due	default?		by board or		agreement?		
purpose			principal a	amount			_	commit				
	То	From				Yes	No	Yes	No	Yes	No	
	<b>↓</b>											
	┼						+	+				
	+						+	+				
	+											
				<b>▶</b> \$								
Part III Grants or Assistar				•	Persons							
Complete if the orga						/, line	27.					
					en interested per							
(a) Name of Interested pers	on		an	nd the or	ganızatıon		( <b>c)</b> Ar	nount or g	rant or ty	pe of assist	tance	

Part IV	Business	Transactions	Involvina	Interested	Persons
	_ ~ ~				

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Complete if the organization	ili aliswered tes oli	ruilli 990, Pait IV, III	ie zoa, zob, ui zoc.		
(a) Name of Interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing o organization's revenues?	
	organization			Yes	No
· ,	ELAINE GERDINE IS A FAMILY MEMBER PAID OVER \$10,000 FROM THE ORGANIZATION		MARSHALL STRAUSS IS PRESIDENT OF THE ORGANIZATION AND IS MARRIED TO ELAINE GERDINE, WHO WAS PAID OVER \$10,000 FROM THE ORGANIZATION		No

#### Part V Supplemental Information

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

Identifier Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2010

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As Filed Data -

DLN: 93493346002361

OMB No 1545-0047

2010

Open to Public Inspection

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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization HUMAN & CIVIL RIGHTS ORGANIZATIONS OF AMERICA **Employer identification number** 

94-3193388

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE FORM 990 PRIOR TO IT BEING FILED

PART VI, SECTION B, LINE 12C	THE ORGANIZATION COMPLIES WITH A CONFLICT OF INTEREST POLICY PASSED BY THE BOARD OF DIRECTORS DURING THE 2008-09 FISCAL YEAR THIS POLICY STATES THAT "ANY ONE MAKING DECISIONS ON BEHALF OF THE ORGANIZATION SHOULD ALWAYS ACT BASED IN THE BEST INTERESTS OF THE ORGANIZATION, AND NO INDIVIDUAL ASSOCIATED WITH THE ORGANIZATION SHOULD USE HIS OR HER POSITION FOR PERSONAL BENEFIT, FOR THE BENEFIT OF FRIENDS OR RELATIVES, OR TO FURTHER ANY OUTSIDE INTERESTS OR PERSONAL AGENDA THIS STANDARD APPLIES TO ALL TRANSACTIONS AND DECISIONS, WHETHER OR NOT COVERED BY THE DETAILED POLICIES AND PROCEDURES BELOW "THE POLICY DEFINES POTENTIAL AND ACTUAL CONFLICTS OF INTEREST, REQUIRES DISCLOSURE BY RELEVANT PARTIES OF POTENTIAL AND ACTUAL CONFLICTS, AND ESTABLISHES PROCEDURES BY WHICH BOARD MEMBERS AND STAFF CAN DETERMINE WHETHER AN ACTUAL CONFLICT OF INTEREST EXISTS IN THE EVENT OF A CONFLICT, THE POLICY FURTHER PROVIDES A PROCESS FOR DECIDING WHETHER A PROPOSED TRANSACTION IS IN THE BEST INTEREST OF THE ORGANIZATION DESPITE THAT CONFLICT OF INTEREST THE POLICY STATES THAT IT SHALL BE DISTRIBUTED ANNUALLY TO ALL DIRECTORS, OFFICERS, MEMBERS OF BOARD COMMITTEES, AND STAFF ALONG WITH A DISCLOSURE QUESTIONNAIRE DESIGNED TO UNCOVER POTENTIAL CONFLICTS OF INTEREST BY ASKING RECIPIENTS TO LIST FAMILY AND BUSINESS RELATIONSHIPS WITH OTHER OFFICERS, DIRECTORS AND KEY EMPLOYEES ALL COVERED INDIVIDUALS ARE ASKED TO RESPOND ACKNOWLEDGING RECEIPT OF THE POLICY, THEIR INTENTION TO A BIDE BY IT, AND DISCLOSING ALL ISSUES LISTED IN THE QUESTIONNAIRE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	ON A YEARLY BASIS THE BOARD OF DIRECTORS DETERMINES COMPENSATION OF ITS CEO BY USING COMPARABLE DATA OF SIMILAR ORGANIZATIONS

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION WILL MAKE ITS FORM 990 AVAILABLE TO THE PUBLIC FOR INSPECTION UPON REQUEST

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	UPON REQUEST THE ORGANIZATION WILL PROVIDE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS TO THE PUBLIC

ldentifie	Return Reference	Explanation
	FORM 990 PART XI LINE 2C	THE ORGANIZATION'S PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR