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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)

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 04-01-2011 and ending 03-31-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
HUMAN RIGHTS CAMPAIGN INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1640 RHODE ISLAND AVENUE NW

City or town, state or country, and ZIP + 4
WASHINGTON, DC 200363278

D Employer identification number
52-1243457

E Telephone number
(202)628-4160

G Gross receipts $ 34,715,201

F Name and address of principal officer
CHAD GRIFFIN
1640 RHODE ISLAND AVENUE NW
WASHINGTON,DC 200363278

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☐ 501(c)(3) ☑ 501(c) (4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW HRC ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1982

M State of legal domicile DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
AMERICA'S LARGEST CIVIL RIGHTS ORGANIZATION WORKING TO ACHIEVE LGBT EQUALITY

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	36
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	36
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	269
6	Total number of volunteers (estimate if necessary)	**6**	5,320
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	350,000
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	23,026,394	25,479,071
	9 Program service revenue (Part VIII, line 2g)	300,000	350,000
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	29,907	26,801
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,889,173	6,753,687
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	29,245,474	32,609,559
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	162,229	398,613
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	9,634,837	10,218,152
	16a Professional fundraising fees (Part IX, column (A), line 11e)	663,203	412,562
	b Total fundraising expenses (Part IX, column (D), line 25) ▶3,161,670		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	18,307,997	20,973,403
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	28,768,266	32,002,730
	19 Revenue less expenses Subtract line 18 from line 12	477,208	606,829

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	11,169,959	11,703,270
	21 Total liabilities (Part X, line 26)	3,415,435	3,334,009
	22 Net assets or fund balances Subtract line 21 from line 20	7,754,524	8,369,261

Part II Signature Block

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

Sign Here

****** | 2012-08-15
Signature of officer | Date

JAMES M RINEFIERD TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed ☐ | Preparer's taxpayer identification number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4: GELMAN ROSENBERG & FREEDMAN, 4550 MONTGOMERY AVE SUITE 650N, BETHESDA, MD 208142930

EIN ▶ 52-1392008

Phone no ▶ (301) 951-9090

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THE HUMAN RIGHTS CAMPAIGN IS AMERICA'S LARGEST CIVIL RIGHTS ORGANIZATION WORKING TO ACHIEVE LESBIAN,GAY, BISEXUAL AND TRANSGENDER EQUALITY BY INSPIRING AND ENGAGING ALL AMERICANS, HRC STRIVES TO END DISCRIMINATION AGAINST LGBT CITIZENS AND REALIZE A NATION THAT ACHIEVES FUNDAMENTAL FAIRNESS AND EQUALITY FOR ALL

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

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 ☑ 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 measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 11,232,817 including grants of $ 1,810) (Revenue $ 1,298,027)

MEMBERSHIP EDUCATION AND MOBILIZATION HRC HAS GROWN TO MORE THAN 1,000,000 MEMBERS AND SUPPORTERS MEMBERSHIP EDUCATION AND MOBILIZATION CONSISTS OF INFORMING MEMBERS ABOUT LEGISLATIVE ISSUES AS WELL AS CURRENT EVENTS AND OTHER ISSUES THAT IMPACT THE LGBT COMMUNITY UTILIZING CUTTING-EDGE TECHNOLOGY AND SOCIAL MEDIA HRC'S FOLLOWERS ON FACEBOOK HAVE DOUBLED IN A YEAR CROSSING THE 1,500,000 MARK HRC OPERATES ACTION CENTERS IN WASHINGTON, DC, PROVINCETOWN, MA, AND SAN FRANCISCO, CA THE SAN FRANCISCO ACTION CENTER IS LOCATED IN THE HISTORIC SITE OF HARVEY MILK'S CASTRO CAMERA SHOP AND IS ENGAGED IN COOPERATIVE RELATIONSHIPS WITH LOCAL LGBT ORGANIZATIONS AND THE TREVOR PROJECT

4b (Code) (Expenses $ 8,168,075 including grants of $ 386,146) (Revenue $)

FEDERAL, FIELD & LEGAL ADVOCACY IT WAS A MOMENTOUS YEAR AT THE STATE LEVEL IN THE FIGHT FOR MARRIAGE EQUALITY, AND HRC WAS-AND CONTINUES TO BE-A KEY PLAYER IN THE ONGOING STRUGGLE HRC PLAYED A KEY LEADERSHIP ROLE IN NEW YORK'S FIGHT FOR MARRIAGE EQUALITY INCLUDING PROVIDING CAMPAIGN EXPERTISE AND FIELD ORGANIZERS ACROSS THE STATE TO BUILD AND MOBILIZE PUBLIC SUPPORT AND TO DELIVER KEY VOTES IN THE STATE SENATE WHICH CULMINATED IN PASSAGE OF THE HISTORIC NY "MARRIAGE EQUALITY ACT" ON JUNE 24, 2011 HRC FOUGHT TIRELESSLY TO WIN SIMILAR LEGISLATIVE VICTORIES IN WASHINGTON STATE AND MARYLAND IN FEBRUARY 2012 AS A RESULT OF THESE HISTORIC LEGISLATIVE ACTIONS, NEARLY 12% OF THE U S POPULATION LIVES IN STATES WITH MARRIAGE EQUALITY PROTECTION OF HARD-FOUGHT MARRIAGE RIGHTS IS A PRIORITY AND HRC HAS BEEN INVOLVED IN MAINE, MARYLAND, MINNESOTA, NEW HAMPSHIRE, NORTH CAROLINA AND WASHINGTON STATE HRC PURSUES AN AGGRESSIVE AGENDA TO ADVANCE EQUALITY AND OPPORTUNITY FOR THE LGBT COMMUNITY IN AREAS OF EMPLOYMENT, HEALTH CARE, SCHOOL SAFETY AND RELATIONSHIP RECOGNITION THROUGH LEGISLATIVE ACTION AND FEDERAL REGULATION

4c (Code) (Expenses $ 3,183,703 including grants of $ 10,657) (Revenue $)

PUBLIC POLICY, EDUCATION & TRAINING HRC WORKS TO BUILD UNDERSTANDING AND AWARENESS OF THE LGBT COMMUNITY BY TELLING OUR STORIES TO THE AMERICAN PUBLIC THROUGH THE MAINSTREAM PRESS HRC ALSO MAINTAINS A PRESENCE IN THE LGBT MEDIA TO HELP EDUCATE, INFORM, AND ENGAGE OUR COMMUNITY HRC WORKED TO SHARE OUR STORIES THROUGH OUR WEBSITE WWW HRC ORG, OUR PUBLICATIONS, INCLUDING EQUALITY MAGAZINE, AND A VARIETY OF ONLINE OUTLETS SUCH AS OUR ON-LINE VIDEO SERIES, "AMERICANS FOR MARRIAGE" AND OUR BLOG, "HRC BACK STORY " THE "CALL IT OUT" CAMPAIGN SHINES A SPOTLIGHT ON HOMOPHOBIA AND TRANSPHOBIA, HOLDS ANTI-LGBT LEADERS, ORGANIZATIONS AND INDIVIDUALS ACCOUNTABLE FOR THEIR WORDS AND ACTIONS, AND PROMOTES RESPECT AND CIVIL DISCOURSE HRC CONVENED NEARLY 300 CLERGY AND RELIGIOUS LEADERS FROM ALL BACKGROUNDS AND FAITH TRADITIONS TO ENSURE CONGRESS KNOWS THAT PEOPLE OF FAITH BELIEVE IN FAIRNESS FOR LGBT PEOPLE

(Code) (Expenses $ 2,235,815 including grants of $) (Revenue $)

COMMUNICATIONS, MEDIA & ADVOCACY

4d Other program services (Describe in Schedule O)

(Expenses $ 2,235,815 including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 24,820,410

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)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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	Yes	
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
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	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		No
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 temporarily restricted endowments, permanent endowments, or quasi-endowments? *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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
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	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
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	Yes	
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		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	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, Part 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, Part 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*	17	Yes	
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	Yes	
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		No
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? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part 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**	Yes	
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 questions 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**		No
b	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**		No
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**		No
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)			
a	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**		No
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 owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
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**		No
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? *If "Yes," complete Schedule R, Part I*	**33**		No
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**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	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*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *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 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? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O 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	**1a**	127		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	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	**2a**	269			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**		No
b	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**		No
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 organization solicit any contributions that were not tax deductible?			**6a**	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	Yes	
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	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**		
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 file Form 8282?			**7c**		
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds 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?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	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					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**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	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

Part VI **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.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	36		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	36		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NH, NJ, NM, NY, NV, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public 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 ▶

JAMES RINEFIERD
1640 RHODE ISLAND AVE NW
WASHINGTON,DC 20036
(202) 216-1549

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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								2,119,887	0	151,046

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 30

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FUND FOR PUBLIC INTEREST RESEARCH 44 WINTER STREET 4TH FLOOR BOSTON, MA 02108	PUBLIC EDUCATION AND CANVASSING	3,756,243
MAL WARWICK ASSOC 2550 NINTH STREET SUITE 103 BERKLEY, CA 94710	DIRECT MAIL/MEMBERSHIP COMMUNICATIONS	1,669,679
DONOR SERVICES GROUP LLC 6715 SUNSET BLVD LOS ANGELES, CA 90028	MEMBER ACQUISITION	773,869
TELEFUND INC PO BOX 2366 DENVER, CO 802012366	MEMBER ACQUISITION	710,761
MR STRATEGIC SERVICES INC 1901 L STREET NW SUITE 800 WASHINGTON, DC 20036	EMAIL FUNDRAISING	491,695

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 39

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c 1,442,930				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 24,036,141				
	g	Noncash contributions included in lines 1a-1f $ 28,478				
	h	**Total.** Add lines 1a-1f . . . . . ▶	25,479,071			
Program Service Revenue		Business Code				
	2a	ADVERTISING 541800	350,000		350,000	
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	350,000			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	26,972			26,972
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶	847,583			847,583
		(i) Real / (ii) Personal				
	6a	Gross rents 1,051,298				
	b	Less rental expenses 0				
	c	Rental income or (loss) 1,051,298				
	d	Net rental income or (loss) . . . . . ▶	1,051,298			1,051,298
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 14,377				
	b	Less cost or other basis and sales expenses 14,548				
	c	Gain or (loss) -171				
	d	Net gain or (loss) . . . . . ▶	-171			-171
	8a	Gross income from fundraising events (not including $ 1,442,930 of contributions reported on line 1c) See Part IV, line 18 . . . a 5,081,239				
	b	Less direct expenses . . . b 1,592,016				
	c	Net income or (loss) from fundraising events . . ▶	3,489,223			3,489,223
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a 1,797,105				
	b	Less cost of goods sold . . b 499,078				
	c	Net income or (loss) from sales of inventory . . ▶	1,298,027	1,298,027		
Other Revenue		Miscellaneous Revenue / Business Code				
	11a	OTHER INCOME 900099	67,556			67,556
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	67,556			
	12	**Total revenue.** See Instructions . . . ▶	32,609,559	1,298,027	350,000	5,482,461

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	398,613	398,613		
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	1,202,290	442,477	568,732	191,081
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	6,692,739	4,762,168	1,252,679	677,892
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	443,013	304,977	91,263	46,773
9	Other employee benefits	898,045	607,344	191,978	98,723
10	Payroll taxes	982,065	650,412	223,786	107,867
11	Fees for services (non-employees)				
a	Management				
b	Legal	70,546	10,300	60,218	28
c	Accounting	92,591		92,591	
d	Lobbying	685,419	685,419		
e	Professional fundraising *See Part IV, line 17* . .	412,562			412,562
f	Investment management fees				
g	Other	5,877,712	5,511,738	255,629	110,345
12	Advertising and promotion	279,926	268,774	2,659	8,493
13	Office expenses	2,847,841	1,826,192	147,330	874,319
14	Information technology	539,645	491,345	21,154	27,146
15	Royalties . .				
16	Occupancy	1,344,810	913,708	248,941	182,161
17	Travel	1,125,728	952,333	40,679	132,716
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,634,465	3,372,208	91,180	171,077
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	300,090	190,012	65,346	44,732
23	Insurance	120,226	7,224	113,002	
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)				
a	DIR MAILING/TELEMMKTG	2,728,681	2,458,971	269,710	
b	PREMIUMS - DEVELOPMENT	563,185	517,537	6,014	39,634
c	EQUIP RENTAL & MAINT	368,267	130,949	224,134	13,184
d	DUES AND SUBSCRIPTIONS	205,664	191,169	7,105	7,390
e					
f	All other expenses	188,607	126,540	46,520	15,547
25	**Total functional expenses.** Add lines 1 through 24f	32,002,730	24,820,410	4,020,650	3,161,670
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	4,548,412	4,245,008	303,404	0

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		6,600	1	5,000
	2	Savings and temporary cash investments		2,017,005	2	3,416,474
	3	Pledges and grants receivable, net		556,780	3	597,458
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		209,032	8	196,743
	9	Prepaid expenses and deferred charges		814,765	9	885,685
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 4,168,111			
	b	Less accumulated depreciation	10b 2,948,470	888,657	10c	1,219,641
	11	Investments—publicly traded securities		3,488,338	11	4,148,604
	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		3,188,782	15	1,233,665
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		11,169,959	16	11,703,270
Liabilities	17	Accounts payable and accrued expenses		2,830,767	17	2,591,763
	18	Grants payable			18	
	19	Deferred revenue		501,773	19	670,433
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		82,895	25	71,813
	26	**Total liabilities.** Add lines 17 through 25		3,415,435	26	3,334,009
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		6,832,280	27	7,436,793
	28	Temporarily restricted net assets		922,244	28	932,468
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		7,754,524	33	8,369,261
	34	Total liabilities and net assets/fund balances		11,169,959	34	11,703,270

Part XI Reconcilliation 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	32,609,559
2	Total expenses (must equal Part IX, column (A), line 25)	2	32,002,730
3	Revenue less expenses Subtract line 2 from line 1	3	606,829
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	7,754,524
5	Other changes in net assets or fund balances (explain in Schedule O)	5	7,908
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	8,369,261

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			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 issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

Additional Data

Software ID:
Software Version:
EIN: 52-1243457
Name: HUMAN RIGHTS CAMPAIGN INC

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 2,235,815 including grants of $) (Revenue $)
COMMUNICATIONS, MEDIA & ADVOCACY

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TIM DOWNING CO-CHAIR	25 00	X						0	0	0
REBECCA TILLET CO-CHAIR	25 00	X						0	0	0
LACEY ALL DIRECTOR	10 00	X						0	0	0
KEVIN BASS DIRECTOR	10 00	X						0	0	0
BRUCE BASTIAN DIRECTOR	15 00	X						0	0	0
TERRY BEAN DIRECTOR	15 00	X						0	0	0
LES BENDTSEN DIRECTOR	15 00	X						0	0	0
MICHAEL BERMAN DIRECTOR	10 00	X						0	0	0
PAUL BOSKIND DIRECTOR	10 00	X						0	0	0
JAMES BREWSTER DIRECTOR	10 00	X						0	0	0
WILLIAM DONIUS DIRECTOR	10 00	X						0	0	0
ANNE FAY DIRECTOR	15 00	X						0	0	0
CHRIS FLYNN DIRECTOR	10 00	X						0	0	0
JODY GATES DIRECTOR	15 00	X						0	0	0
KIRK HAMILL DIRECTOR	10 00	X						0	0	0
JOHN ISA DIRECTOR	10 00	X						0	0	0
LEEANN JONES DIRECTOR	15 00	X						0	0	0
TOM KNABEL DIRECTOR	10 00	X						0	0	0
CHRISTOPHER LABONTE DIRECTOR	15 00	X						0	0	0
JOAN LAU DIRECTOR	10 00	X						0	0	0
JANI LOPEZ DIRECTOR	10 00	X						0	0	0
ANTON MACK DIRECTOR	15 00	X						0	0	0
JONI MADISON DIRECTOR	15 00	X						0	0	0
JOSH MILLER DIRECTOR	10 00	X						0	0	0
PATRICK MILLER DIRECTOR	25 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL PALMER DIRECTOR	10 00	X						0	0	0
DANA PERLMAN DIRECTOR	10 00	X						0	0	0
HENRY ROBIN DIRECTOR	15 00	X						0	0	0
CATHERINE SCALISE DIRECTOR	10 00	X						0	0	0
LINDA SCAPAROTTI DIRECTOR	15 00	X						0	0	0
MOLLY SIMMONS DIRECTOR	25 00	X						0	0	0
MARY SNIDER DIRECTOR	10 00	X						0	0	0
MEGHAN STABLER DIRECTOR	10 00	X						0	0	0
ALAN UPHOLD DIRECTOR	15 00	X						0	0	0
FRANK WOO DIRECTOR	10 00	X						0	0	0
LISA ZELLNER DIRECTOR	10 00	X						0	0	0
JOSEPH SOLMONESE PRESIDENT	37 50			X				290,498	0	15,882
CATHY NELSON ASST VICE PRESIDENT	37 50			X				251,173	0	14,497
SUSANNE SALKIND VICE PRESIDENT	37 50			X				186,177	0	17,287
JAMES RINEFIERD TREASURER	37 50			X				164,859	0	16,289
ROBERT FALK SECRETARY	37 50			X				146,908	0	10,746
DAVID SMITH VP PROGRAMS	37 50				X			226,802	0	13,588
MARTIN ROUSE NATIONAL FIELD DIRECTOR	37 50					X		175,024	0	11,767
ALLISON HERWITT LEGISLATIVE DIRECTOR	37 50					X		180,555	0	21,610
FRED SAINZ DE LA MAZA VP COMMUNICATIONS	37 50					X		201,605	0	12,729
CHRISTOPHER SPERON DEVELOPMENT DIRECTOR	37 50					X		159,200	0	11,185
ELIZABETH PURSELL VP PUB EDUC & OUTREACH	37 50					X		137,086	0	5,466

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2011

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

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

Name of the organization	Employer identification number
HUMAN RIGHTS CAMPAIGN INC	52-1243457

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

1	Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV		
2	Political expenditures	▶ $	198,441
3	Volunteer hours		2,800

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ $	
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ $	
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		☐ Yes ☐ No
4a	Was a correction made?		☐ Yes ☐ No
b	If "Yes," describe in Part IV		

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ $	29,803
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	▶ $	
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ $	29,803
4	Did the filing organization file **Form 1120-POL** for this year?		☑ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) HRC PAC	1640 RHODE ISLAND AVE NW WASHINGTON, DC 20036	51-0399028		393,162

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

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

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
ORGANIZATIONS DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES	PART I-A, LINE 1	HRC COMMUNICATED WITH ITS MEMBERSHIP ABOUT FEDERAL AND STATE ELECTIONS IN 2011 AND IN SUPPORT OF ENDORSED FAIR-MINDED CANDIDATES HRC MADE EXPENDITURES IN CONNECTION WITH FEDERAL ELECTIONS HRC PAID THE ADMINISTRATIVE AND FUNDRAISING EXPENSES OF HRC PAC (HRC'S FEDERAL PAC AND HRC STATE PACS WHERE PERMITTED BY LAW

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HUMAN RIGHTS CAMPAIGN INC

Employer identification number
52-1243457

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 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 advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other 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, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		374,388	214,972	159,416
d Equipment		3,571,487	2,573,680	997,807
e Other		222,236	159,818	62,418
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				1,219,641

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	32,773
(2) DUE FROM HRC FOUNDATION	1,190,090
(3) ACCRUED INTEREST	10,802
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	1,233,665

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
SECURITY DEPOSITS	71,813
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	71,813

2. Fin 48 (ASC 740) Footnote In Part XIV, 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 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	32,609,559
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	32,002,730
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	606,829
4	Net unrealized gains (losses) on investments	4	7,909
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1
9	Total adjustments (net) Add lines 4 - 8	9	7,908
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	614,737

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	35,220,819
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	7,909		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	2,603,350		
e	Add lines **2a** through **2d**			2e	2,611,259
3	Subtract line **2e** from line **1**			3	32,609,560
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 XIV)	4b	-1		
c	Add lines **4a** and **4b**			4c	-1
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	32,609,559

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	34,608,373
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	2,605,642		
e	Add lines **2a** through **2d**			2e	2,605,642
3	Subtract line **2e** from line **1**			3	32,002,731
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	-1		
c	Add lines **4a** and **4b**			4c	-1
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	32,002,730

Part XIV Supplemental Information

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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) RELEASED FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES FOR THE YEARS ENDED MARCH 31, 2012 AND 2011, HRC HAS DOCUMENTED THEIR CONSIDERATION OF FASB ASC 740-10 AND DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE COMBINED FINANCIAL STATEMENTS
PART XI, LINE 8 - OTHER ADJUSTMENTS		ROUNDING -1
		PART XII, LINE 2D - OTHER ADJUSTMENTS SPECIAL EVENTS EXPENSES NETTED AGAINST REVENUE ON PART VIII, LINE 8B 1,592,016 COST OF GOODS SOLD NETTED AGAINST SALES ON PART VIII, LINE 10B 499,078 REVENUE OF 527 SEGREGATED FUND INCLUDED IN THE FINANCIAL STATEMENTS AND EXCLUDED ON FORM 990 512,257 ROUNDING -1 PART XIII, LINE 2D - OTHER ADJUSTMENTS SPECIAL EVENTS EXPENSES NETTED AGAINST REVENUE ON PART VIII, LINE 8B 1,592,016 COST OF GOODS SOLD NETTED AGAINST SALES ON PART VIII, LINE 10B 499,078 EXPENSES OF 527 SEGREGATED FUND INCLUDED IN THE FINANCIAL STATEMENTS AND EXCLUDED ON FORM 990 514,548 ROUNDING -1

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HUMAN RIGHTS CAMPAIGN INC

Employer identification number
52-1243457

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☑ Internet and e-mail solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
MAL WARWICK ASSOCIATES 2550 NINTH ST SUITE 103 BERKELEY BERKELEY, CA 94710	DIRECT MAIL		No	3,939,859	1,669,679	2,270,180
MR STRATEGIC SERVICES 1901 L STREET NW SUITE 800 WASHINGTON, DC 20036	EMAIL FUNDRAISING		No	2,649,662	491,695	2,157,967
DONOR SERVICES GROUP 6715 SUNSET BOULEVARD LOS ANGELES, CA 90028	MEMBER ACQUISITION		No	1,861,708	773,869	1,087,839
TELEFUND INC PO BOX 2366 DENVER, CO 80201	MEMBER ACQUISITION		No	1,236,007	710,761	525,246
MINDSET 1700 N JEFFERSON STREET ARLINGTON, VA 222052817	DIRECT MAIL		No	621,907	123,575	498,332
SHARE GROUP PO BOX 55183 BOSTON, MA 022055183	MEMBER ACQUISITION		No	67,775	2,658	65,117
Total . . . . . ▶				10,376,918	3,772,237	6,604,681

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

AL, AK, AZ, AR, CA, CO, CT, DC, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 WASHINGTON DC (event type)	(b) Event #2 NEW YORK (event type)	(c) Other Events 27 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	1,379,269	696,143	4,448,757	6,524,169
	2 Less Charitable contributions	259,760	78,200	1,104,970	1,442,930
	3 Gross income (line 1 minus line 2)	1,119,509	617,943	3,343,787	5,081,239
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	174,240	31,750	280,382	486,372
	7 Food and beverages	119,554	69,699	453,743	642,996
	8 Entertainment				
	9 Other direct expenses	124,367	12,763	325,518	462,648
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(1,592,016)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				3,489,223

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HUMAN RIGHTS CAMPAIGN INC

Employer identification number
52-1243457

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) EMPIRE STATE PRIDE AGENDA - NEW YORKERS UNITED FOR MARRIAGE16 W 22ND STREET 2ND FLOOR NEW YORK, NY 10010	06-1308493	501 (C)(4)	100,000				SUPPORT ADVERTISING FORMARRIAGE EQUALITY CAMPAIGN
(2) LUTHERANS CONCERNED NORTH AMERICAPO BOX 4707 ST PAUL, MN 55104	36-3209636	501 (C)(3)	10,000				GENERAL PROGRAM SUPPORT
(3) STANDING UP FOR NEW HAMPSHIRE FAMILIESPO BOX 196 CONCORD, NH 03302	45-1775216	501 (C)(4)	23,000				STAFFING, AUTOMATED PHONE CAMPAIGNING, AND GENERAL PROGRAM SUPPORT
(4) PROGRESSIVE MARYLAND8720 GEORGIA AVE STE 500 SILVER SPRING, MD 20910	52-2326106	501 (C)(4)	45,583				STAFFING
(5) COALITION TO PROTECT NORTH CAROLINA FAMILIESPO BOX 2401 DURHAM, NC 27715	45-3596503	501 (C)(4)	80,000				GENERAL PROGRAM SUPPORT
(6) MINNESOTANS UNITED FOR ALL FAMILIES1821 UNIVERSITY AVE W S-137 ST PAUL, MN 55104	45-2302860	501 (C)(4)	107,000				GENERAL PROGRAM SUPPORT
(7) MARYLANDERS FOR MARRIAGE EQUALITY9 W MULBERRY ST BALTIMORE, MD 21201	45-4028878	501 (C)(4)	20,000				GRANT FOR MARYLAND MARRIAGE EQUALITY CAMPAIGN

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 1

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 6

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) Amount of cash grant	(d) Amount 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.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 STAFF ARE IN REGULAR CONTACT WITH ORGANIZATIONS RECEIVING CONTRIBUTIONS OR OTHER ASSISTANCE STAFF PROVIDE STRATEGIC ADVICE TO CONTRIBUTION RECIPIENTS AND WORK WITH THEM BEFORE AND AFTER FINANCIAL SUPPORT IS PROVIDED TO DEVELOP PLANS CONSISTENT WITH HRC'S MISSION IN SUPPORT OF LESBIAN, GAY, BISEXUAL AND TRANSGENDER EQUAL RIGHTS THE POLICY IS THAT ALL CONTRIBUTIONS AND RECIPIENTS ARE REVIEWED IN ADVANCE BY GENERAL COUNSEL

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HUMAN RIGHTS CAMPAIGN INC

Employer identification number
52-1243457

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☑ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ Compensation committee	☑ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOSEPH SOLMONESE	(i)	290,498	0	0	10,803	5,079	306,380	0
	(ii)	0	0	0	0	0	0	0
(2) CATHY NELSON	(i)	251,173	0	0	9,456	5,041	265,670	0
	(ii)	0	0	0	0	0	0	0
(3) SUSANNE SALKIND	(i)	186,177	0	0	7,508	9,779	203,464	0
	(ii)	0	0	0	0	0	0	0
(4) JAMES RINEFIERD	(i)	164,859	0	0	6,531	9,758	181,148	0
	(ii)	0	0	0	0	0	0	0
(5) ROBERT FALK	(i)	146,908	0	0	5,805	4,941	157,654	0
	(ii)	0	0	0	0	0	0	0
(6) DAVID SMITH	(i)	226,802	0	0	8,570	5,018	240,390	0
	(ii)	0	0	0	0	0	0	0
(7) MARTIN ROUSE	(i)	175,024	0	0	6,719	5,048	186,791	0
	(ii)	0	0	0	0	0	0	0
(8) ALLISON HERWITT	(i)	180,555	0	0	7,037	14,573	202,165	0
	(ii)	0	0	0	0	0	0	0
(9) FRED SAINZ DE LA MAZA	(i)	201,605	0	0	7,735	4,994	214,334	0
	(ii)	0	0	0	0	0	0	0
(10) CHRISTOPHER SPERON	(i)	159,200	0	0	6,232	4,953	170,385	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	PART I, LINE 1A	HRC OCCASIONALLY GROSSES UP CERTAIN PAYMENTS, SPECIFICALLY FOR DOMESTIC PARTNER BENEFITS
	PART I, LINE 1B	HRC PROVIDED FIRST CLASS AIR TRAVEL ON OCCASION FOR PRESIDENT JOE SOLMONESE, AS PERMITTED BY POLICY ADOPTED BY THE HRC BOARD THE PRESIDENT'S SCHEDULE OFTEN REQUIRES LAST MINUTE CHANGES IN TRAVEL PLANS, AND THEREFORE FULLY REFUNDABLE TICKETS ARE FREQUENTLY USED FIRST CLASS TICKETS WERE OCCASIONALLY PURCHASED IN SITUATIONS IN WHICH FULLY REFUNDABLE COACH TICKETS WERE COMPARABLY PRICED TO FIRST CLASS TICKETS
	PART I, LINE 4A	ELIZABETH PURSELL RECEIVED A SEVERANCE PAYMENT OF $83,827
SUPPLEMENTAL INFORMATION	PART III	THE HUMAN RIGHTS CAMPAIGN (HRC) AND HUMAN RIGHTS CAMPAIGN FOUNDATION(HRCF) HAVE ENTERED INTO A COST SHARING ARRANGEMENT UNDER WHICH HRCF REIMBURSES HRC FOR HRCF'S ALLOCABLE SHARE OF THE COMPENSATION OF CERTAIN HRC EMPLOYEES PURSUANT TO THIS AGREEMENT, HRCF REIMBURSED HRC FOR THE FOLLOWING PORTION OF TOTAL COMPENSATION PAID BY HRC AS FOLLOWS JOSEPH SOLMONESE (OFFICER) 27,370 SUSANNE SALKIND (OFFICER) 13,836 JAMES RINEFIERD (OFFICER) 46,791 ROBERT FALK (OFFICER) 40,722 ELIZABETH PURSELL(OFFICER) 121,169

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HUMAN RIGHTS CAMPAIGN INC

Employer identification number
52-1243457

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	3	4,070	FAIR MARKET VALUE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory	X	5	24,408	FAIR MARKET VALUE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 | 0

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HUMAN RIGHTS CAMPAIGN INC

Employer identification number
52-1243457

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	THE HUMAN RIGHTS CAMPAIGN MODIFIED ITS BYLAWS TO REDUCE THE MAXIMUM NUMBER OF DIRECTORS NOT CLASSIFIED AS "AT-LARGE" TO 36, TO RENAME THE EXECUTIVE DIRECTOR POSITION AS "PRESIDENT," TO EXTEND THE TERM OF THE FEMALE CO-CHAIR FOR ONE YEAR ON A ONE-TIME BASIS, AND TO MODIFY THE STRUCTURE OF SOME OF THE BOARD COMMITTEES

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HUMAN RIGHTS CAMPAIGN INC

Employer identification number
52-1243457

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

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

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**	**No**
b	Gift, grant, or capital contribution to related organization(s)	**1b**	**No**
c	Gift, grant, or capital contribution from related organization(s)	**1c**	**No**
d	Loans or loan guarantees to or for related organization(s)	**1d**	**No**
e	Loans or loan guarantees by related organization(s)	**1e**	**No**
f	Sale of assets to related organization(s)	**1f**	**No**
g	Purchase of assets from related organization(s)	**1g**	**No**
h	Exchange of assets with related organization(s)	**1h**	**No**
i	Lease of facilities, equipment, or other assets to related organization(s)	**1i**	**No**
j	Lease of facilities, equipment, or other assets from related organization(s)	**1j**	**No**
k	Performance of services or membership or fundraising solicitations for related organization(s)	**1k**	**Yes**
l	Performance of services or membership or fundraising solicitations by related organization(s)	**1l**	**No**
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1m**	**Yes**
n	Sharing of paid employees with related organization(s)	**1n**	**No**
o	Reimbursement paid to related organization(s) for expenses	**1o**	**No**
p	Reimbursement paid by related organization(s) for expenses	**1p**	**Yes**
q	Other transfer of cash or property to related organization(s)	**1q**	**Yes**
r	Other transfer of cash or property from related organization(s)	**1r**	**No**

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 52-1243457
Name: HUMAN RIGHTS CAMPAIGN INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
HRC PAC 1640 RHODE ISLAND AVE NW WASHINGTON, DC 20036 51-0399028	POLITICAL WORK IN FEDERAL ELECTIONS	DC	527	N/A	N/A	Yes	
HRC EQUALITY VOTES 1640 RHODE ISLAND AVE NW WASHINGTON, DC 20036 26-1206256	POLITICAL WORK IN NON-FEDERAL ELECTIONS	DC	527	N/A	N/A	Yes	
HRC ARIZONA FAMILIES PAC 1640 RHODE ISLAND AVE NW WASHINGTON, DC 20036 26-2968262	POLITICAL WORK IN ARIZONA ELECTIONS	DC	527	N/A	N/A	Yes	
HRC MINNESOTA PAC 1640 RHODE ISLAND AVE NW WASHINGTON, DC 20036 20-5337346	POLITICAL WORK IN MINNESOTA ELECTIONS	DC	527	N/A	N/A	Yes	
HRC NEW YORK PAC 1640 RHODE ISLAND AVE NW WASHINGTON, DC 20036 26-1317409	POLITICAL WORK IN NEW YORK ELECTIONS	DC	527	N/A	N/A	Yes	
HRC OHIO FAMILIES PAC 1640 RHODE ISLAND AVE NW WASHINGTON, DC 20036 26-1318248	POLITICAL WORK IN OHIO ELECTIONS	DC	527	N/A	N/A	Yes	
HRC TEXAS FAMILIES PAC 1640 RHODE ISLAND AVE NW WASHINGTON, DC 20036 26-2967970	POLITICAL WORK IN TEXAS ELECTIONS	DC	527	N/A	N/A	Yes	
PENNSYLVANIA FAMILIES PAC 1640 RHODE ISLAND AVE NW WASHINGTON, DC 20036 75-3218698	POLITICAL WORK IN PENNSYLVANIA ELECTIONS	DC	527	N/A	N/A	Yes	
HRC WASHINGTON MARRIAGE MAJORITY PAC 1640 RHODE ISLAND AVE NW WASHINGTON, DC 20036 45-4490845	POLITICAL WORK IN WASHINGTON ELECTIONS	DC	527	N/A	N/A	Yes	
						Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	HRC PAC	K	125,339	ALLOCATED COST
(2)	HRC EQUALITY VOTES	K	1,422	ALLOCATED COST
(3)	HRC ARIZONA FAMILIES PAC	K	1,422	ALLOCATED COST
(4)	HRC MINNESOTA PAC	K	1,422	ALLOCATED COST
(5)	HRC NEW YORK PAC	K	1,422	ALLOCATED COST
(6)	HRC OHIO FAMILIES PAC	K	1,422	ALLOCATED COST
(7)	HRC TEXAS FAMILIES PAC	K	1,422	ALLOCATED COST
(8)	PENNSYLVANIA FAMILIES PAC	K	1,422	ALLOCATED COST
(9)	HRC WASHINGTON MARRIAGE MAJORITY PAC	K	1,422	ALLOCATED COST
(10)	HRC PAC	M	11,489	ALLOCATED COST
(11)	HRC EQUALITY VOTES	M	658	ALLOCATED COST
(12)	HRC ARIZONA FAMILIES PAC	M	658	ALLOCATED COST
(13)	HRC MINNESOTA PAC	M	658	ALLOCATED COST
(14)	HRC NEW YORK PAC	M	658	ALLOCATED COST
(15)	HRC OHIO FAMILIES PAC	M	658	ALLOCATED COST
(16)	HRC TEXAS FAMILIES PAC	M	658	ALLOCATED COST
(17)	PENNSYLVANIA FAMILIES PAC	M	658	ALLOCATED COST
(18)	HRC WASHINGTON MARRIAGE MAJORITY PAC	M	658	ALLOCATED COST
(19)	HRC PAC	P	22,375	ACTUAL COST
(20)	HRC WASHINGTON MARRIAGE MAJORITY PAC	P	64	ACTUAL COST

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(21)	HRC MINNESOTA PAC	P	100	ACTUAL COST
(22)	HRC EQUALITY VOTES	Q	30,489	ACTUAL COST

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND WAS REVIEWED BY SENIOR MANAGEMENT THE AUDIT AND FINANCE COMMITTEES REVIEWED THE 990 PRIOR TO FILING THE BOARD WAS INVITED TO REVIEW THE 990 BEFORE FILING AND A COPY WAS PROVIDED ELECTRONICALLY TO ALL BOARD MEMBERS BEFORE THE 990 WAS FILED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION ANNUALLY SENDS OUT TO ITS OFFICERS AND DIRECTORS THE CONFLICTS OF INTEREST POLICY AND REQUESTS A SIGNED DISCLOSURE FORM FROM EACH COVERED INDIVIDUAL ANY DISCLOSED CONFLICT IS REVIEWED BY THE GENERAL COUNSEL IF A CONFLICT DOES EXIST ON A SPECIFIC ISSUE, MEETING MINUTES REFLECT THE BOARD ACTION TAKEN TO CLEAR THE CONFLICT, EITHER BY HAVING THE AFFECTED BOARD MEMBER OR OFFICER RECUSE THEMSELVES FROM THE DISCUSSION OR VOTE OR REMOVE THEMSELVES FROM ALL DELIBERATIONS THIS POLICY ALSO APPLIES TO EMPLOYEES OF THE ORGANIZATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	IN CONJUNCTION WITH THE RENEWAL OF THE PRESIDENT'S CONTRACT, A COMMITTEE OF INDEPENDENT DIRECTORS REVIEWS THE PROPOSED COMPENSATION BY COMPARING IT WITH SALARY DATA AVAILABLE FOR OTHER COMPARABLE DC-BASED AND NATIONAL NON-PROFIT ORGANIZATIONS THE COMMITTEE DELIBERATES INDEPENDENTLY OF THE PRESIDENT AND MINUTES OF THAT MEETING ARE TAKEN AND RATIFIED BY THE COMMITTEE. THE COMMITTEE'S FINDINGS ARE THEN PRESENTED TO THE FULL BOARD FOR ADOPTION IN CONJUNCTION WITH THE RENEWAL OF THE PRESIDENT'S CONTRACT, A COMMITTEE OF INDEPENDENT DIRECTORS LOOKS AT THE COMPENSATION OF THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES MINUTES ARE KEPT OF THE MEETING THE FINDINGS ARE PRESENTED TO THE FULL BOARD FOR ADOPTION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	NO DOCUMENTS AVAILABLE TO THE PUBLIC

Identifier	Return Reference	Explanation
	FORM 990, PART VII, SECTION A	THE HUMAN RIGHTS CAMPAIGN (HRC) AND HUMAN RIGHTS CAMPAIGN FOUNDATION(HRCF) HAVE ENTERED INTO A COST-SHARING ARRANGEMENT UNDER WHICH HRCF REIMBURSES HRC FOR HRCF'S ALLOCABLE SHARE OF THE COMPENSATION OF CERTAIN HRC EMPLOYEES PURSUANT TO THIS AGREEMENT, HRCF REIMBURSED HRC FOR THE FOLLOWING PORTION OF TOTAL COMPENSATION PAID BY HRC AS FOLLOWS JOSEPH SOLMONESE (OFFICER) 3 35 HOURS/WEEK 27,370 SUSANNE SALKIND (OFFICER) 2 55 HOURS/WEEK 13,836 JAMES RINEFIERD (OFFICER) 9 69 HOURS/WEEK 46,791 ROBERT FALK (OFFICER) 9 69 HOURS/WEEK 40,723 ELIZABETH PURSELL (OFFICER)31 88 HOURS/WEEK 121,169

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 7,909 ROUNDING -1 TOTAL TO FORM 990, PART XI, LINE 5 7,908