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DLN: 93493224013733

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service A For the 2012 calendar year, or tax year beginning 04-01-2012 , 2012, and ending 03-31-2013 D Employer identification number B Check if applicable HUMAN RIGHTS CAMPAIGN INC Address change 52-1243457 Doing Business As Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 1640 RHODE ISLAND AVENUE NW Terminated (202)628-4160 City or town, state or country, and ZIP + 4 WASHINGTON, DC 200363278 _____Amended return Application pending **G** Gross receipts \$ 38,880,226 Name and address of principal officer Is this a group return for CHAD GRIFFIN ┌ Yes 🗸 No affiliates? 1640 RHODE ISLAND AVENUE NW WASHINGTON, DC 200363278 **H(b)** Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) 501(c)(3) **✓** 501(c) (4) **◄** (insert no) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status **H(c)** Group exemption number ▶ Website: ► WWW HRC ORG L Year of formation 1982 M State of legal domicile DC Part I Summary Briefly describe the organization's mission or most significant activities AMERICA'S LARGEST CIVIL RIGHTS ORGANIZATION WORKING TO ACHIEVE LGBT EQUALITY Activities & Governance 2 Check this box 🛏 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 30 Number of independent voting members of the governing body (Part VI, line 1b) 4 30 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 248 6 5,370 Total number of volunteers (estimate if necessary) . . . 325,000 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a \boldsymbol{b} Net unrelated business taxable income from Form 990-T, line 34 $\,$ 7b 0 **Prior Year Current Year** 28,939,547 Contributions and grants (Part VIII, line 1h) . . 25,479,071 350,000 325,000 Program service revenue (Part VIII, line 2g) . . 26,801 17,069 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 7,255,432 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6,753,687 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 32,609,559 36,537,048 13 398,613 3,729,047 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines **15** 10,976,280 **Expenses** 10,218,152 16a Professional fundraising fees (Part IX, column (A), line 11e) . 412,562 445,406 Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 3,579,629$ b **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 20,973,403 22,252,251 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 32,002,730 37,402,984 18 -865,936 19 Revenue less expenses Subtract line 18 from line 12 606,829 t Assets or id Balances **Beginning of Current End of Year** 20 Total assets (Part X, line 16) . 11,703,270 11,810,415 21 4,319,830 Total liabilities (Part X, line 26) . . 3,334,009 22 Net assets or fund balances Subtract line 21 from line 20 8,369,261 7,490,585 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 2013-08-12 Signature of office Sign Here JAMES M RINEFIERD TREASURER

Preparer's signature

Firm's name FGELMAN ROSENBERG & FREEDMAN

Firm's address ► 4550 MONTGOMERY AVE SUITE 650N

BETHESDA, MD 208142930 May the IRS discuss this return with the preparer shown above? (see instructions)

Type or print name and title

Paid

Preparer

Use Only

Check Γ self-employed

Firm's EIN F 52-1392008

Phone no (301) 951-9090

✓ Yes ☐ No

| 1 0111 | 990 (2012) | | | | Page Z |
|--------------------|--|---|--|--|--|
| Par | Statement of Progra Check if Schedule O cont | | | Ī | |
| 1 | Briefly describe the organization | <u> </u> | question in this rare 11 | | |
| THE LESE HRC | HUMAN RIGHTS CAMPAIGN IS BIAN, GAY, BISEXUAL AND TRA STRIVES TO END DISCRIMINA NESS AND EQUALITY FOR ALL | ORGANIZED AND OP NSGENDER COMMUNI ATION AGAINST LGBT | TY BY INSPIRING AN | ND ENGAGING PEOPLE FROM | AROUND THE GLOBE, |
| | | | | | |
| 2 | Did the organization undertake a the prior Form 990 or 990-EZ? | | | | |
| | If "Yes," describe these new ser | vices on Schedule O | | | |
| 3 | Did the organization cease cond services? | | ant changes in how it c | onducts, any program · · · · · · · · · | |
| 4 | Describe the organization's progexpenses Section 501(c)(3) and the total expenses, and revenue | gram service accomplish id 501(c)(4) organizatio | ns are required to repo | | |
| 4a | (Code) (Expe | enses \$ 12,065,528 | 3 including grants of \$ | 3,699,230) (Revenue \$ |) |
| | FEDERAL, FIELD & LEGAL ADVOCACY EACH EFFORT ON ELECTION DAY 201 AND VOTERS IN MINNESOTA DEFEATE MOVED TO STATE HOUSES AND HRC V HRC BROUGHT CASH CONTRIBUTIONS COMMUNITIES TO THE MARRIAGE EQU ORGANIZATIONS AND BALLOT MEASUR RE-ELECTION OF PRESIDENT OBAMA, WIGGINS HRC SUPPORTED STATE AN ORDINANCES HRC PURSUES AN AGGI CARE, HIV/AIDS FUNDING, SCHOOL SI INCLUDED IMMIGRATION REFORM, TA | 12, VOTERS SUPPORTED OR I ED A PROPOSED CONSTITUTION WAS ON THE GROUND FIGHT S, FIELD ORGANIZERS, GRAS UALITY FIGHT HRC AND HRC RE COMMITTEES TO SUPPORT THE ELECTION OF TAMMY BAND LOCAL EFFORTS IN UTAH, GRESSIVE AGENDA TO ADVANC GAFETY, AND RELATIONSHIP R | DEFENDED MARRIAGE EQUAL DNAL BAN ON MARRIAGE EQUALING FOR MARRIAGE EQUALING FOR MARRIAGE EQUALING MARRIAGE EQUALITY EFFOR ALDWIN TO THE US SENATION WEST VIRGINIA, FLORIDA A DE EQUALITY AND OPPORTUI ECOGNITION THROUGH LEG | LITY LEGISLATION IN MAINE, MARYLAN JALITY AFTER ELECTION DAY, THE FIFY IN HAWAII, DELAWARE, RHODE ISLINE BANKING, AND OUTREACH TO RECONTRIBUTED NEARLY \$3 6 MILLION I RTS THIS YEAR OTHER 2012 ELECTIVES, AND THE RETENTION OF IOWA SUPND TEXAS TO WIN ENACT NON-DISCRITY FOR THE LGBT COMMUNITY IN A SISLATIVE ACTION AND FEDERAL REGU | ID AND WASHINGTON STATE GHT FOR MARRIAGE EQUALITY AND, MINNESOTA AND ILLINOIS LIGIOUS LEADERS AND FAITH N CASH TO STATE LEVEL DN PRIORITIES INCLUDED THE REME COURT JUDGE DAVID LIMINATION LAWS AND REAS OF EMPLOYMENT, HEALTH |
| 4b | (Code) (Expe | enses \$ 11,168,51 | I including grants of \$ | 12,259) (Revenue \$ | 1,269,559) |
| - | MEMBERSHIP EDUCATION AND MOBILI MOBILIZATION CONSISTS OF INFORMI COMMUNITY UTILIZING CUTTING-EDG 1,500,000 PEOPLE HRC OPERATES AC | IZATION HRC HAS GROWN T ING MEMBERS ABOUT LEGISL GE TECHNOLOGY AND SOCIAL | TO MORE THAN 1,500,000 M ATIVE ISSUES AS WELL AS C MEDIA HRC'S FOLLOWERS | EMBERS AND SUPPORTERS MEMBERS URRENT EVENTS AND OTHER ISSUES ON FACEBOOK CONTINUE TO SURGE | SHIP EDUCATION AND THAT IMPACT THE LGBT |
| | (Code) (Expe | anses \$ 3,037,60° | 7 including grants of \$ | 17,007) (Revenue \$ |) |
| -1 C | PUBLIC POLICY, EDUCATION & TRAINI AMERICAN PUBLIC THROUGH THE MAI COMMUNITY HRC WORKED TO SHAR VARIETY OF ONLINE OUTLETS SUCH A | ING HRC WORKS TO BUILD INSTREAM PRESS HRC ALSO RE OUR STORIES THROUGH O | UNDERSTANDING AND AWAF MAINTAINS A PRESENCE IN UR WEBSITE WWW HRC OR | RENESS OF THE LGBT COMMUNITY BY THE LGBT MEDIA TO HELP EDUCATE, G, OUR PUBLICATIONS, INCLUDING E | TELLING OUR STORIES TO THE INFORM, AND ENGAGE OUR QUALITY MAGAZINE, AND A |
| | (Code) (Expe | enses \$ 2,603,54 | 2 including grants of \$ | 551) (Revenue \$ |) |
| | COMMUNICATIONS, MEDIA & ADVOCA | | E including grants of \$ | 331) (Nevenue p | , |
| | Other program services (Descr | rihe in Schedule O) | | | |
| Tu | (Expenses \$ 2,603 | • | of \$ | 551) (Revenue \$ |) |
| 4e | Total program service expenses | | • | | · |

| Part IV Chec | klist 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^{\bullet} | 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 1 | 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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. | 9 | | No |
| .0 | 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 $\sqrt{2}$ | 10 | | No |
| 1 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | 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 | |
| е | 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 | |
| l2a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 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 and XII is optional | 12b | Yes | |
| .3 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| .4a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| | 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 | 14b | | No |
| L 5 | valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 15 | | No |
| L 6 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | No |
| L 7 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | Yes | |
| . 8 | 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 | |
| L 9 | 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 hospital facilities? If "Yes," complete Schedule H | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|---|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | 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 lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | 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) | | | _ |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | No |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | 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, Part II, III, or IV, and Part V, line 1 | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Yes | |
| b | If 'Yes' to line 35a, 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 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

| | Statements Regarding Other IRS Filings and Tax Compliance | | | - |
|---|---|------------|-----|-----|
| | Check if Schedule O contains a response to any question in this Part V | • | Yes | No |
| a | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 238 | | 165 | 140 |
| | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | 1 | | |
| | gaming (gambling) winnings to prize winners? | 1 c | Yes | |
| | 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 | | | |
|) | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | |
| 1 | Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | Yes | |
| | If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i> | 3b | Yes | |
| 1 | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | No |
|) | 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 | | | |
| ı | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | |
| | 2 es, to mis su of sis, and the organization me form obout 1 | 5c | | |
| | 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 as charitable contributions? | 6a | Yes | |
| | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | Yes | |
| | Organizations that may receive deductible contributions under section 170(c). | | | |
| | 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 | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | |
| | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| | 74 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit | | | |
| | contract? | 7e | | |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a | 7h | | |
| | 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 | | |
| | Sponsoring organizations maintaining donor advised funds. | <u> </u> | | |
| | Did the organization make any taxable distributions under section 4966? | 9a | | |
| | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| | Section 501(c)(7) organizations. Enter | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | • | | |
| | Section 501(c)(12) organizations. Enter | | | |
| | Gross income from members or shareholders | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the | | | |
| | year | † ! | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | | | |
| • | Note. See the instructions for additional information the organization must report on Schedule O | 13a | | |
|) | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand |] | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No |
| | If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O | 14h | | |

Form 990 (2012) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax 1a 30 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are 30 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Nο supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Yes Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Nο 6 Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Nο Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? . . Yes Each committee with authority to act on behalf of the governing body? Яh Yes 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

| Se | ection B. Policies (This Section B requests information about policies not required by the Internal R | even | ue Cod | e.) |
|-----|--|------|--------|-----|
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | No |
| b | If "Yes," did the organization have written policies and procedures governing the 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 | | No |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | 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? | | | |
| а | 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 |

Section C. Disclosure

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

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, 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 (202) 216-1549

16b

| Form 990 | (2012 | • |
|----------|-------|---|
|----------|-------|---|

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

| | 1 | | | | | | | | | |
|---------------------------|---|-----------------------------------|-----------------------|------------------------|--------------|------------------------------|--------|--|--|---|
| (A) Name and Title | (B) A verage hours per week (list any hours for related | more t perso and | han o | one l both ector | box, an o | officer stee) | | (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 |
| | organizations below dotted line) | Individual trustae or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | | | organization and related organizations |
| See Additional Data Table | | | | | | | | | | |
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| | • | • | • | | | | | | | Form 990 (2012) |

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

| | (A) Name and Title | hours per more than one box, unless compensation compensation week (list person is both an officer any hours and a director/trustee) organization (W-organizations (W-organizati | | | ,_ | ted fother ation | | | | | | | | |
|--------------|---|--|-----------------------------------|-----------------------|---------------|------------------------|------------------------------|----------|------------------------|------------------------|-----------------------------------|--------------------|----------------------------------|----------|
| | | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Ke) employee | Highest compensated employee | Former | 2/1099 | -M15C) | 2/1099-M13C) | | organizati relate organiza | ed |
| | | | | | | | | | | | | \perp | | |
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| | | | | | | | | | | | | | | |
| | o-Total | | | | | | | . | | | | $oldsymbol{\perp}$ | | |
| | al from continuation sheet al (add lines 1b and 1c) . | - | | ١. | • | • | • | • | | 2,478,693 | | 0 | | 188,721 |
| | al number of individuals (in | | | to the | ose | liste | d abov | e) w | <u>l</u> ho receive | | | | | |
| \$10 | 00,000 of reportable comp | ensation from th | e organ | ızatı | on ► 2 | 23 | | | | | | | | |
| | | | | | | | | | | | - | | Yes | No |
| | the organization list any f orm ine 1a? If "Yes," complete 5 | • | | | | key | emplo | yee, | , or highes | t compen | sated employee | 3 | | N.a |
| | any individual listed on lin | | | | | mpe | nsatio | n and | d other co | mpensatio | on from the | | | No_ |
| _ | anızatıon and related organ <i>vıdual</i> | nizations greater | than \$1 | 150, | 000 | ? If ' | "Yes," (| comp | lete Sched | ule J for s | uch | 4 | Yes | · |
| | any person listed on line 1 | a receive or acc | crue cor | mpen | satı | on fr | om an | y unr | elated org | janization | or individual for | _ | 165 | |
| ser | vices rendered to the orgai | nızatıon? <i>If "Ye</i> s | ," compl | ete S | ched | lule J | forsu | ch p | erson . | | [| 5 | | No |
| Section | on B. Independent Co | ntractors | | | | | | | | | | | | |
| 1 Cor | nplete this table for your fir | ve highest comp | | | | | | | | | · · · | | tay yoar | |
| | <u>-</u> | (A) | | acion | 101 | ciie c | arena | ai ye | ar enumg | | (B) | | (C |) |
| FUND FOR | PUBLIC INTEREST RESEARCH 44 | Name and business WINTER STREET 4 | | R BOST | гои и | 1A 02 | 108 | | | PUBLIC EDI | Cription of Services JCATION AND | \dashv | Comper 3 | ,851,915 |
| | ICK ASSOC 2550 NINTH STREET | | | | | | | | | | AIL/MEMBERSHIP | \dashv | | ,574,684 |
| | INC PO BOX 2366 DENVER CO 80 | | | | | | | | | COMMUNIC MEMBER AC | CATIONS CQUISITION | \exists | | 867,578 |
| API 4471 N | ICOLE DRIVE LANHAM MD 20706 | | | | | | | | | MERCHAND FULFILLMEI | DISE SUPPLIER AND NT | | | 756,961 |
| | VICES GROUP LLC 6715 SUNSET | | | | lues : | ، اد م | | . 1 ' | | | CQUISITION | \dashv | | 601,197 |
| | number of independent co 0,000 of compensation fror | | | . not | ıımıt | ea to | o tnos | e IISt | .ea above) | wno rece | ivea more than | | | |

| | | CHECK II SCHEO | ule O contains a respor | ise to any question | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512,513, or 514 |
|---------------------------|---------------|---|---|----------------------|-------------------|--|---|--|
| | 1a | Federated cam | paigns 1a | | | | | 314 |
| | b | Membership du | ies 1b | | | | | |
| 5 6 | c | Fundraising eve | ents 1c | 1,441,800 | | | | |
| ar A | d | Related organiz | zations 1d | | | | | |
| 2 1 1 2 | e | Government grant | s (contributions) 1e | | | | | |
| and Other Similar Amounts | f | All other contribution | ons, gifts, grants, and 1f | 27,497,747 | | | | |
| # d | g | | ons included in lines | 41,342 | | | | |
| and | h | | s 1 a - 1 f | | 28,939,547 | | | |
| | | | | Business Code | | | | |
| Program Service Revenue | 2a | ADVERTISING | | 541800 | 325,000 | | 325,000 | |
| <u>홍</u> | b | | | | | | | |
| 5 9 9 | С | | | | | | | |
| ž Š | d | | | | | | | |
| Ē | e | All other progra | | | | | | |
| Ĵ ĕ | f | | am service revenue | | | | | |
| _ | <u>g</u> 3 | | s 2a-2f | | 325,000 | | | |
| | , | and other simil | ar amounts) | ▶ | 17,413 | | | 17,413 |
| | 4 | | stment of tax-exempt bond | | 1 026 025 | | | 1,036,02 |
| | 5 | Royalties | (ı) Real | (II) Personal | 1,036,025 | | | 1,030,02 |
| | 6a | Gross rents | 1,077,341 | (II) I CISOIIdi | | | | |
| | b | Less rental expenses | 0 | | | | | |
| | С | Rental income | 1,077,341 | | | | | |
| | d | or (loss) Net rental inco | me or (loss) | | 1,077,341 | | | 1,077,34 |
| | | | (ı) Securities | (II) O ther | | | | |
| | 7a | Gross amount from sales of | 21,816 | | | | | |
| | | assets other than inventory | | | | | | |
| | b | Less cost or other basis and | 22,160 | | | | | |
| | С | sales expenses Gain or (loss) | -344 | | | | | |
| | d | Net gain or (los | ss) | | -344 | | | -344 |
| | 8a | events (not inc \$ 1,441 of contributions | <u>,800</u> s reported on line 1c) | | | | | |
| : | | See Part IV, lir | ne 18 a | 5,693,346 | | | | |
| | b | Less direct ex | penses b | 1,820,839 | | | | |
| | c | Net income or | (loss) from fundraising | events 🛌 | 3,872,507 | | | 3,872,50 |
| | 9a | | rom gaming activities ne 19 | | | | | |
| | h | Loop direct ov | a | | | | | |
| | b c | | penses b (loss) from gaming activ | vities | | | | |
| | 10a | Gross sales of returns and allo | ınventory, less | | | | | |
| | b | Less costofa | a oods sold b | 1,769,738 500,179 | | | | |
| | | | (loss) from sales of inve | | 1,269,559 | 1,269,559 | | |
| Ţ | _ | Miscellaneou | s Revenue | Business Code | | | | |
| | 11a | | | | | | | |
| | b | | | | | | | |
| | C | A II a + h a | | | | | | |
| | d e | | ue s 11a-11d | 🕨 | | | | |
| | _ | . Julian Aud IIIIes | | · · · - | | | | |

Part IX Statement of Functional Expenses

| Part | | | | | |
|---------|---|-----------------------|---|---|---------------------------------------|
| Section | on 501(c)(3) and 501(c)(4) organizations must complete all columns All | | | lete column (A) | |
| | Check if Schedule O contains a response to any question in this Pa | rt IX | | | |
| | ot include amounts reported on lines 6b, o, 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 | 3,729,047 | 3,729,047 | | |
| 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 | 1,714,558 | 610,087 | 875,972 | 228,499 |
| 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 | 7,492,788 | 5,347,853 | 1,348,369 | 796,566 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 348,278 | 250,352 | 59,240 | 38,686 |
| 9 | Other employee benefits | 699,301 | 473,106 | 146,776 | 79,419 |
| 10 | Payroll taxes | 721,355 | 469,985 | 170,957 | 80,413 |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| ь | Legal | 46,986 | 3,550 | 43,436 | |
| С | Accounting | 73,542 | | 73,542 | |
| d | Lobbying | 960,617 | 960,617 | | |
| e | Professional fundraising services See Part IV, line 17 | 445,406 | | | 445,406 |
| f | Investment management fees | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 5,820,785 | 5,343,244 | 374,795 | 102,746 |
| 12 | Advertising and promotion | 355,165 | 344,984 | 2,775 | 7,406 |
| 13 | Office expenses | 3,148,048 | 1,926,293 | 197,415 | 1,024,340 |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 1,334,547 | 909,895 | 261,211 | 163,441 |
| 17 | Travel | 1,234,690 | 1,034,021 | 69,797 | 130,872 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 3,769,749 | 3,089,094 | 361,200 | 319,455 |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 405,833 | 255,152 | 92,195 | 58,486 |
| 23 | Insurance | 141,671 | 8,313 | 133,320 | 38 |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| а | DIR MAILING/TELEMMKTG | 3,030,648 | 2,632,872 | 397,776 | |
| b | DATA PROCESSING | 560,802 | 506,900 | 24,014 | 29,888 |
| С | PREMIUMS - DEVELOPMENT | 523,609 | 484,217 | 4,555 | 34,837 |
| d | EQUIP RENTAL & MAINT | 433,860 | 175,976 | 242,803 | 15,081 |
| e | All other expenses | 411,699 | 319,630 | 68,019 | 24,050 |
| 25 | Total functional expenses. Add lines 1 through 24e | 37,402,984 | 28,875,188 | 4,948,167 | 3,579,629 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ✓ if following SOP 98-2 (ASC 958-720) | | | | |
| | , - , , , , , , , , , , , , , , , , , , | | 4,747,743 | 484,953 | -5,232,696 |

Part X Balance Sheet

| | | Check if Schedule O contains a response to any question in this Part \boldsymbol{X} . | | (A) | | (B) |
|---------------|-----|---|------------------------|---------------------------------------|---------|----------------------|
| | _ | Cook was interest because | | Beginning of year 5,000 | 1 | End of year 5,000 |
| | 1 | Cash—non-interest-bearing | | 3,416,474 | | 4,069,272 |
| | 2 | Savings and temporary cash investments | | | 2 | |
| | 3 | Pledges and grants receivable, net | | 597,458 | | 1,193,385 |
| Š | 4 | Accounts receivable, net | | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, trus employees, and highest compensated employees. Complete Part II of Schedule L | tees, key | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined und $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing and sponsoring organizations of section $501(c)(9)$ voluntary employees' be organizations (see instructions) Complete Part II of Schedule L | mployers | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | 7 | |
| ₹ . | 8 | Inventories for sale or use | | 196,743 | 8 | 258,244 |
| | 9 | | • | 885,685 | 9 | 759,685 |
| | 10a | Prepaid expenses and deferred charges | 883,083 | 9 | 739,003 | |
| | ь | Part VI of Schedule D Less accumulated depreciation | 4,486,942 3,509,910 | 1,219,641 | 10c | 977,032 |
| | 11 | Investments—publicly traded securities | | 4,148,604 | 11 | 3,870,807 |
| | 12 | Investments—other securities See Part IV, line 11 | | .,, | 12 | -,, |
| | 13 | Investments—program-related See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | | | | 1,233,665 | | 676,990 |
| | 15 | Other assets See Part IV, line 11 | | 11,703,270 | | 11,810,415 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | • | 2,591,763 | | |
| | 17 | Accounts payable and accrued expenses | | 2,591,763 | | 3,225,505 |
| | 18 | Grants payable | • | 272 /22 | 18 | |
| | 19 | Deferred revenue | | 670,433 | | 1,024,012 |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| S. | 21 | Escrow or custodial account liability Complete Part IV of Schedule D . | | | 21 | |
| Liabilitie | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified | | | | |
| <u>용</u> | | 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 part and other liabilities not included on lines 17-24) Complete Part X of Sched | | _, _, | | |
| | | D | | 71,813 | 25 | 70,313 |
| | 26 | Total liabilities. Add lines 17 through 25 | | 3,334,009 | 26 | 4,319,830 |
| رم طا | | Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete the second lines 22 and 24. | ete | | | |
| ĕ | 27 | lines 27 through 29, and lines 33 and 34. | | 7,436,793 | | 6 504 603 |
| <u>ದ</u> ಪ | 27 | Unrestricted net assets | | · · · · · · · · · · · · · · · · · · · | 27 | 6,504,693 |
| Fund Balance | 28 | Temporarily restricted net assets | | 932,468 | 28 | 985,892 |
| Ĭ | 29 | Permanently restricted net assets | | | 29 | |
| or FL | | Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34. | I | | | |
| Š | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| Assets | 31 | Paid-in or capital surplus, or land, building or equipment fund | • | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| ž | 33 | Total net assets or fund balances | | 8,369,261 | 33 | 7,490,585 |
| _ | 34 | Total liabilities and net assets/fund balances | | 11,703,270 | 34 | 11.810.415 |

| Par | Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI | | | | ୮ |
|-----|--|--------|----|------|----------------------|
| | | \Box | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 36,5 | 537,048 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 37,4 | 102,984 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | - 8 | 365,936 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 8,3 | 369,261 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | -12,740 |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | | 7,4 | 190,585 |
| Par | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | . $ egin{array}{c} $ |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed a separate basis, consolidated basis, or both | ∍d on | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Yes | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both | ite | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant? | of the | 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | | | |
| 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? | | За | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the rec | uired | 3b | | |

Software ID: Software Version:

EIN: 52-1243457

Name: HUMAN RIGHTS CAMPAIGN INC

| Form 990, Part VII - Compensation of Compensated Employees, and Indepe | Officers, Dir | ectors | ;,Trı | ıste | es, | , Key | En | nployees, Highe | st | |
|---|--|---|-----------------------|---------|--------------|---------------------|--------|--|---|--|
| (A) Name and Title | (B) Average hours per week (list | erage Position (do not check urs more than one box, er 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 |
| | any hours for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated | Former | | | related organizations |
| TIM DOWNING CO-CHAIR | 25 00 | х | | | | | | 0 | 0 | 0 |
| JONI MADISON CO-CHAIR | 25 00 | х | | | | | | 0 | 0 | 0 |
| LACEY ALL DIRECTOR | 15 00 | х | | | | | | 0 | 0 | 0 |
| KEVIN BASS DIRECTOR | 10 00 | х | | | | | | 0 | 0 | 0 |
| BRUCE BASTIAN DIRECTOR | 10 00 | х | | | | | | 0 | 0 | 0 |
| TERRY BEAN DIRECTOR | 10 00 | х | | | | | | 0 | 0 | 0 |
| VANESSA BENAVIDES DIRECTOR | 25 00 | х | | | | | | 0 | 0 | 0 |
| LESLIE BENDTSEN DIRECTOR | 15 00 | х | | | | | | 0 | 0 | 0 |
| MICHAEL BERMAN DIRECTOR | 10 00 | х | | | | | | 0 | 0 | 0 |
| PAUL BOSKIND DIRECTOR | 10 00 | х | | | | | | 0 | 0 | 0 |
| JAMES BREWSTER DIRECTOR | 10 00 | х | | | | | | 0 | 0 | 0 |
| CHRIS CAROLAN DIRECTOR | 10 00 | х | | | | | | 0 | 0 | 0 |
| BILL DONIUS DIRECTOR | 10 00 | х | | | | | | 0 | 0 | 0 |
| ANNE FAY DIRECTOR | 15 00 | х | | | | | | 0 | 0 | 0 |
| CHRIS FLYNN DIRECTOR | 10 00 | х | | | | | | 0 | 0 | 0 |
| JODY GATES DIRECTOR | 10 00 | х | | | | | | 0 | 0 | 0 |
| KIRK HAMILL DIRECTOR | 10 00 | х | | | | | | 0 | 0 | 0 |
| LEEANN JONES DIRECTOR | 10 00 | х | | | | | | 0 | 0 | 0 |
| TOM KNABEL DIRECTOR | 10 00 | х | | | | | | 0 | 0 | 0 |
| CHRIS LABONTE DIRECTOR | 15 00 | х | | | | | | 0 | 0 | 0 |
| JOAN LAU DIRECTOR | 10 00 | х | | | | | | 0 | 0 | 0 |
| JOSH MILLER DIRECTOR | 15 00 | х | | | | | | 0 | 0 | 0 |
| PATRICK MILLER DIRECTOR | 25 00 | х | | | | | | 0 | 0 | 0 |
| MICHAEL PALMER DIRECTOR | 10 00 | х | | | | | | 0 | 0 | 0 |
| CATHERINE SCALISE DIRECTOR | 10 00 | x | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors (A) (B) (D) (E) (F) (C) Position (do not check Reportable Estimated amount Name and Title Average Reportable hours more than one box. compensation compensation of other from related per unless person is both from the compensation an officer and a organization (Worganizations (Wfrom the week director/trustee) 2/1099-MISC) 2/1099-MISC) (list organization and any related Individual t Former Highest compensated employee Institutional organizations hours for employee related organizations trustee below l Trustee dotted line) 10 00 LINDA SCAPAROTTI Х 0 0 **DIRECTOR** 10 00 MEGHAN STABLER Х 0 0 0 **DIRECTOR** 10 00 ALAN UPHOLD Х 0 0 0 DIRECTOR 10 00 FRANK WOO 0 0 0 Χ **DIRECTOR** 10 00 LISA ZELLNER 0 0 Х 0 DIRECTOR 37 50 JOSEPH SOLMONESE 0 Х 224,998 13,331 PRESIDENT (THROUGH 06/29/12) 37 50 CHAD GRIFFIN Х 241,857 0 8,204 PRESIDENT (BEG 06/11/12) 37 50 SUSANNE SALKIND Х 193,610 0 19,163 VICE PRESIDENT 37 50 CATHY NELSON Х 258,760 0 16,131 ASST VICE PRESIDENT 37 50 JAMES RINEFIERD Χ 192,770 0 18,741 **TREASURER** 37 50 ROBERT FALK Х 154,542 0 11,954 **SECRETARY** 37 50 DARRIN HURWITZ Χ 105,862 0 11,238 ASSISTANT SECRETARY 37 50 DAVID SMITH Х 233,636 0 16,638 **VP PROGRAMS** 37 50 FEDERICO SAINZ DE LA MAZA Χ 216,468 0 11,574 VP COMMUNICATIONS 37 50 ALLISON HERWITT Х 174,473 0 23,021 LEGISLATIVE DIRECTOR 37 50 MARTIN ROUSE Х 0 161,019 12,457 NATIONAL FIELD DIRECTOR 37 50 ANN CROWLEY Х 162,063 0 12,910 MEMBERHIP & ONLINE STRATEGY DIR 37 50 CHRISTOPHER SPERON Х 158,635 0 13,359 DEVELOPMENT DIRECTOR

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493224013733

OMB No 1545-0047

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.

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, Part V, line 35c (Proxy Tax), then

| | Section 501(c)(4), (5), or (6) organizations. Complete Part III | | | | | |
|------|---|---------|----------|---------------|-------------|---------|
| | me of the organization MAN RIGHTS CAMPAIGN INC | mploye | er ide | nt if ica | ition numb | er |
| 1101 | | 52-124 | 3457 | , | | |
| Par | t I-A Complete if the organization is exempt under section 501(c) or is a s | ection | 52 | 7 org | anizatio | n. |
| 1 | Provide a description of the organization's direct and indirect political campaign activities in Part | IV | | | | |
| 2 | Political expenditures | ı | - | \$ | | 303,142 |
| 3 | Volunteer hours | | | | | 800 |
| Par | t 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 | | Þ | \$ | | |
| 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 | | | | | |
| Par | t I-C Complete if the organization is exempt under section 501(c), except | sectio | n 50 |)1(c) | (3). | |
| 1 | Enter the amount directly expended by the filing organization for section 527 exempt function act | ivities | • | \$ <u></u> | | 28,512 |
| 2 | Enter the amount of the filing organization's funds contributed to other organizations for section 5 exempt function activities | 27 | F | \$ | | 25,000 |
| 3 | Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 1 | 7 b | ۰ | \$ | | 53,512 |
| 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 | organiz | zation | ıs to w | hich the fi | lına |

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) A mount paid from filing organization's funds If none, enter - 0- | (e) A mount 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 | | 707,321 |
| (2) HRC EQUALITY VOTES PAC | 1640 RHODE ISLAND AVE NW WASHINGTON, DC 20036 | 26-1206256 | | 168,000 |
| (3) JUSTICE NOT POLITICS ACTION | 100 EAST GRAND STE 380 DES MOINES, IA 50309 | 27-4589051 | 25,000 | |
| | | | | |
| | | | | |

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

| Sch | nedule C (Form 990 or 990-EZ) 2012 | | | | | Page 2 |
|----------|--|---------------------------|-----------------------|--------------------|--|------------------------------------|
| Pa | art II-A Complete if the organization | is exempt under | section 501(| c)(3) and fil | ed Form 5768 | (election |
| _ | under section 501(h)). Check ► if the filing organization belongs to a | an affiliated group (and | lict in Part IV os | ach affiliated are | un mambar's nam | o addross EIN |
| | expenses, and share of excess lobb | ying expenditures) | | _ | up member s nam | e, address, LTN |
| <u>B</u> | Check Frifthe filing organization checked box | x A and "limited contro | ıl" provisions apı | oly | | |
| | Limits on Lobbying E (The term "expenditures" means an | | l .) | | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a | Total lobbying expenditures to influence public o | pınıon (grass roots lob | bying) | | | |
| b | Total lobbying expenditures to influence a legisla | ative body (direct lobb | yıng) | | | |
| c | Total lobbying expenditures (add lines 1a and 1b | o) | | | | |
| d | O ther exempt purpose expenditures | | | | | |
| e | Total exempt purpose expenditures (add lines 1c | c and 1d) | | | | |
| f | Lobbying nontaxable amount Enter the amount fo | rom the following table | ın both | | | |
| | If the amount on line 1e, column (a) or (b) is: | The lobbying nontax | able amount is: | | | |
| | Not over \$500,000 | 20% of the amount on li | ne 1e | | | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the | e excess over \$500,0 | 000 | | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the | e excess over \$1,000 | 0,000 | | |
| | 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 | | | | |
| | Grassroots nontaxable amount (enter 25% of lin | e 1f) | | | | |
| _ | Subtract line 1g from line 1a If zero or less, ente | • | | - | | |
| i | Subtract line 1f from line 1c If zero or less, ente | | | - | | |
| _ | If there is an amount other than zero on either lin | | organization file | Form 4720 rep | ortina | 1 |
| - | section 4911 tax for this year? | | | | | ┌ Yes ┌ No |
| _ | 4-Voor Av | veraging Period U | Inder Section | F01/b) | | |
| | (Some organizations that made a scolumns below. See the | section 501(h) el | ection do not | have to cor | | ne five |
| | Lobbying Expe | enditures During | 4-Year Avera | ging Period | | 1 |
| | Calendar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) Total |
| 2a | Lobbying nontaxable amount | | | | | |
| b | Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c | Total lobbying expenditures | | | | | |
| d | Grassroots nontavable amount | | | | | |

| Sche | edule C (Form 990 or 990-EZ) 20 | 12 | | | | | Р | age 3 |
|---------|---|--|---|---------|-----------|--------|--------|--------------|
| Pa | | rganization is exempt under selection under section 501(h | | ТОИ | | | | |
| For e | ach "Yes" response to lines 1a throu | gh 11 below, provide in Part IV a detailed | description of the lobbying | (a | 1) | | (b) | |
| | tivity. | | | | | | mour | nt |
| 1 a | | janization attempt to influence foreign, t to influence public opinion on a legis | | ı | | | | |
| b | Paid staff or management (included Media advertisements? | de compensation in expenses reported | on lines 1c through 1i)? | | | | | |
| ۲ C | | ortho public? | - | | | | | |
| d | Mailings to members, legislators Publications, or published or bro | | - | | | | | |
| e f | Grants to other organizations for | | - | | | | | |
| | | heir staffs, government officials, or a l | ngialativa hody? | | | | | |
| g h | | rs, conventions, speeches, lectures, o | | | | | | |
| i | Other activities? | is, conventions, speeches, lectures, o | any similar means. | | | | | |
| j | Total Add lines 1c through 1i | | - | | | | | |
| 2a | _ | the organization to be not described i | n section 501(c)(3)2 | 1 | | | | |
| za b | | tax incurred under section 4912 | in section 301(c)(3). | ı | | 1 | | |
| c | · | tax incurred by organization manager | es under section 4912 | | | | | |
| d | | a section 4912 tax, did it file Form 47 | | 1 | | | | |
| | | rganization is exempt under s | * | 501(c) | (5) (| or se | ctio | <u> </u> |
| I GII | 501(c)(6). | guinzation is exempt under . | |) | ((), (| J. 3C | CLIO | •• |
| | · · · · · · · · · · · · · · · · · · · | | | | | | Yes | No |
| 1 | Were substantially all (90% or n | nore) dues received nondeductible by | members? | | Γ | 1 | Yes | |
| 2 | Did the organization make only i | n-house lobbying expenditures of \$2,0 | 00 or less? | | | 2 | | Νo |
| 3 | Did the organization agree to cai | rry over lobbying and political expendi | tures from the prior year? | | | 3 | | Νo |
| Par | | rganization is exempt under s either (a) BOTH Part III-A, lin ed "Yes." | | | | | | |
| 1 | Dues, assessments and similar | | | 1 | | | | |
| 2 | Section 162(e) nondeductible lo expenses for which the section ! | bbying and political expenditures (do 1527(f) tax was paid). | not include amounts of political | | | | | |
| а | Current year | | | 2a | | | | |
| Ь | Carryover from last year | | | 2b | | | | |
| С | Total | | | 2c | | | | |
| 3 | | ection 6033(e)(1)(A) notices of nonde | | 3 | | | | |
| 4 | | ount on line 2c exceeds the amount on arryover to the reasonable estimate of | | 4 | | | | |
| 5 | | political expenditures (see instruction | s) | 5 | | | | |
| | art IV Supplemental Inf | | <u> </u> | 1 - 1 | | | | |
| Со | mplete this part to provide the des | scriptions required for Part I-A, line 1, Also, complete this part for any addi | | rt II-A | (affiliat | ted gr | oup li | ıst), |
| га | Identifier | Return Reference | Explana | tion | | | | |
| | ANIZATIONS DIRECT AND IRECT POLITICAL CAMPAIGN | PART I-A, LINE 1 | HRC COMMUNICATED WITH ITS FEDERAL AND STATE ELECTION | | | | | .T |

| Identinei | Return Reference | Explanation |
|--|---------------------------------------|--|
| ORGANIZATIONS DIRECT AND INDIRECT POLITICAL CAMPAIGN | · · · · · · · · · · · · · · · · · · · | HRC COMMUNICATED WITH ITS MEMBERSHIP ABOUT FEDERAL AND STATE ELECTIONS IN 2012 TO SUPPORT |
| ACTIVITIES | | ENDORSED FAIR-MINDED CANDIDATES HRC MADE EXPENDITURES IN CONNECTION WITH FEDERAL |
| | | ELECTIONS HRC PAID THE ADMINISTRATIVE AND FUNDRAISING EXPENSES OF HRC PAC AND HRC EQUALITY |
| | | VOTES PAC (HRC'S FEDERAL PACS) AND HRC STATE PACS WHERE PERMITTED BY LAW |
| | I. | Schodulo C (Form 000 or 000E7) 2012 |

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DLN: 93493224013733

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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

► Attach to Form 990. ► See separate instructions.

Supplemental Financial Statements

Open to Public Inspection

| organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other account and the second se | e ıf the |
|--|----------|
| Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts. Total number at end of year Aggregate contributions to (during year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? | nts No |
| (a) Donor advised funds (b) Funds and other account and property and p | □ No |
| Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? | □ No |
| Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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? Tyes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? | _ |
| Aggregate grants from (during year) Aggregate value at end of year 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? Tyes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? | _ |
| Aggregate value at end of year 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 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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 | _ |
| 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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 | _ |
| 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? | ┌ No |
| comerning impermissible private benefit | <u> </u> |
| Ealight Conservation Easements. Complete if the organization answered "Yes" to form 990, Part IV, line 7. | |
| | |
| Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure | |
| Preservation of open space | |
| Complete lines 2a through 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 | Voar |
| a Total number of conservation easements 2a | ı caı |
| b Total acreage restricted by conservation easements 2b | |
| c Number of conservation easements on a certified historic structure included in (a) | |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d | |
| Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during | |
| the tax year ► | |
| Number of states where property subject to conservation easement is located 🛌 | |
| Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? | ┌ No |
| Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year | |
| A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year \$\blue{1}\$\$ | |
| B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? | ┌ No |
| In Part XIII, 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 | |
| Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. | |
| If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items | |
| b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 | С |
| (i) Revenues included in Form 990, Part VIII, line 1 | |
| (ii) Assets included in Form 990, Part X ▶\$ | |
| 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 (ASC 958) relating to these items | |
| Revenues included in Form 990, Part VIII, line 1 | |

b Assets included in Form 990, Part X

| Part | Organizations Maintaining Co | <u>llections of Ar</u> | t, HIS | stori | caı ı | <u>reasu</u> | res, or O | tnei | r Similar As | sets (c | ontinued)_ |
|---------|---|------------------------|----------|--------|-----------|-----------------|---------------|--------------|------------------|--|------------|
| 3 | Using the organization's acquisition, accessi collection items (check all that apply) | on, and other reco | rds, cl | heck | any of | the follo | owing that a | re a | sıgnıfıcant use | of its | |
| а | Public exhibition | | d | Γ | Loan | or excl | nange progr | ams | | | |
| b | Scholarly research | | e | Γ | Othe | r | | | | | |
| c | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co Part XIII | ollections and expl | aın ho | w the | y furth | er the o | rganızatıon | 's ex | empt purpose ı | n | |
| 5 | During the year, did the organization solicit o | | | | | | | | | _ | _ |
| Ba | assets to be sold to raise funds rather than t | | | | | | | | | Yes | l No |
| Pal | t IV Escrow and Custodial Arrange Part IV, line 9, or reported an arr | | | | | | i answere | u Y | es to Form S | 90, | |
| 1a | Is the organization an agent, trustee, custod included on Form 990, Part X? | ıan or other ınterm | ediary | for o | ontribi | utions o | or other ass | ets r | not | ┌ Yes | ┌ No |
| b | If "Yes," explain the arrangement in Part XII | I and complete the | e follo | wing | able | | _ | | | | |
| | | | | | | | - | | An | nount | |
| C | Beginning balance | | | | | | - | 1c | | | |
| d | Additions during the year | | | | | | _ | 1d | | | |
| е | Distributions during the year | | | | | | _ | 1e | | | |
| f | Ending balance | | | | | | L | 1f | | | |
| 2a | Did the organization include an amount on Fo | orm 990, Part X, Iır | ne 21? |) | | | | | | ☐ Yes | ☐ No |
| b | If "Yes," explain the arrangement in Part XII | I Check here if the | e expla | anatı | n has | been pi | rovided in P | art X | (111 | | |
| Pa | rt V Endowment Funds. Complete | | | | | | | | | | |
| 4 | Degraping of week belongs | (a)Current year | (b |)Prior | year | b (c) Tv | vo years back | (d)1 | Three years back | (e)Four y | ears back |
| 1a L | Beginning of year balance | | | | | | | - | | | |
| b | Contributions | | | | | | | \vdash | | | |
| С | Net investment earnings, gams, and losses | | | | | | | $oxed{oxed}$ | | | |
| d | Grants or scholarships | | | | | | | _ | | | |
| е | Other expenditures for facilities and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | ent year end balan | rce (lır | ne 1 g | , colum | nn (a)) h | neld as | | ' | | |
| а | Board designated or quasi-endowment | · | • | _ | • | | | | | | |
| ь | Permanent endowment ► | | | | | | | | | | |
| С | Temporarily restricted endowment ► | | | | | | | | | | |
| | The percentages in lines 2a, 2b, and 2c show | uld equal 100% | | | | | | | | | |
| 3a | Are there endowment funds not in the posses organization by | ssion of the organiz | zatıon | that | are hel | d and a | dmınıstered | for | the | Yes | No |
| | (i) unrelated organizations | | • | | | | | | 3a(| _ | |
| | (ii) related organizations | | | | | | | | 3a(| _ | <u> </u> |
| ь 4 | If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the | | | | | | | • | 3t | <u>, </u> | <u> </u> |
| | t VI Land, Buildings, and Equipme | | | | | 10. | | | | | |
| | Description of property | THE SECTION S. | 30,10 | (a |) Cost o | r other | (b)Cost or o | | (c) Accumulate | d (d) E | Book value |
| | | | | ba | sis (inve | stment) | basıs (oth | er) | depreciation | | |
| 1a | Land | | | | | | | | | | |
| b | Buildings | | | | | | | | | | |
| c | Leasehold improvements | | | | | | 37- | 4,388 | 271,0 | 144 | 103,344 |
| d | Equipment | | | | | | 3,89 | 0,319 | 3,063,1 | .05 | 827,214 |
| | | | | | | | | 2,235 | 175,7 | 61 | 46,474 |
| Tota | I. Add lines 1a through 1e (Column (d) must e | qual Form 990, Part | X, colι | ımn (| B), lıne | 10(c).) | | | 🛌 | | 977,032 |

| Part VII Investments—Other Securities. | See Form 990, Part X, line 1 | 2. |
|---|------------------------------------|--|
| (a) Description of security or category | (b)Book value | (c) Method of valuation |
| (including name of security) | | Cost or end-of-year market value |
| (1)Financial derivatives | | |
| (2)Closely-held equity interests Other | | |
| Other | | |
| | | |
| | | |
| | | |
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| | | |
| | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | | |
| Part VIII Investments—Program Related. (a) Description of investment type | (b) Book value | (c) Method of valuation |
| (a) Description of investment type | (b) Book value | Cost or end-of-year market value |
| | | · |
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| | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) | F . | |
| Part IX Other Assets. See Form 990, Part X | • | |
| | scription | (b) Book value |
| (1) DEPOSITS | | 29,50 |
| (2) DUE FROM HRC FOUNDATION | | 640,2 |
| (3) ACCRUED INTEREST | | 7,2 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) lin | e 15.) | ▶ 676,99 |
| Part X Other Liabilities. See Form 990, Pa | irt X, line 25. | |
| 1 (a) Description of liability | (b) Book value | |
| Federal income taxes | | |
| SECURITY DEPOSITS | 70,313 | |
| | | |
| | | |
| | | |
| | | |
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| | | |
| | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | ▶ 70,313 | |
| 2. Fin 48 (ASC 740) Footnote In Part XIII, provide the | e text of the footnote to the orga | nization's financial statements that reports the |

| Par | Reconciliation of Revenue per Audited Financial Statements with Revenue p | er K | eturn |
|------|--|------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 40,209,225 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains on investments | | |
| b | Donated services and use of facilities | | |
| c | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII) | | |
| e | Add lines 2a through 2d | 2e | 3,672,177 |
| 3 | Subtract line 2e from line 1 | 3 | 36,537,048 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . 4a | | |
| b | Other (Describe in Part XIII) | | |
| C | Add lines 4a and 4b | 4c | C |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 | 36,537,048 |
| Part | XII Reconciliation of Expenses per Audited Financial Statements With Expenses | per | Return |
| 1 | Total expenses and losses per audited financial statements | 1 | 41,016,618 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | 1 | |
| C | Other losses | 1 | |
| d | Other (Describe in Part XIII) | 1 | |
| e | Add lines 2a through 2d | 2e | 3,613,638 |
| 3 | Subtract line 2e from line 1 | 3 | 37,402,980 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII) 4b 4 | 1 | |
| С | Add lines 4a and 4b | 4c | |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | 5 | 37,402,984 |
| | | | |

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, 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, LINE 2 | FOR THE YEARS ENDED MARCH 31, 2013 AND 2012, HRC AND THE FOUNDATION HAS DOCUMENTED THEIR CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS THE FEDERAL FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER IT IS FILED |
| | | PART XI, LINE 2D - OTHER ADJUSTMENTS SPECIAL EVENTS EXPENSES SHOWN AS EXPENSES ON THE FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON PART VIII, LINE 8B 1,820,839 COST OF GOODS SOLD SHOWN AS EXPENSES ON THE FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON PART VIII, LINE 10B 500,179 REVENUE OF 527 SEGREGATED FUND INCLUDED IN THE FINANCIAL STATEMENTS AND EXCLUDED ON FORM 990 1,031,918 PART XII, LINE 2D - OTHER ADJUSTMENTS SPECIAL EVENTS EXPENSES SHOWN AS EXPENSES ON THE FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON PART VIII, LINE 8B 1,820,839 COST OF GOODS SOLD SHOWN AS EXPENSES ON THE FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON PART VIII, LINE 10B 500,179 EXPENSES OF 527 SEGREGATED FUND INCLUDED IN THE FINANCIAL STATEMENTS AND EXCLUDED ON FORM 990 960,639 PART XII, LINE 4B - OTHER ADJUSTMENTS ROUNDING 4 |

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. Form 990-EZ filers are not required to complete this part.

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

DLN: 93493224013733 OMB No 1545-0047

Open to Public **Inspection**

Internal Revenue Service Name of the organization

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Employer identification number HUMAN RIGHTS CAMPAIGN INC 52-1243457

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

- Indicate whether the organization raised funds through any of the following activities Check all that apply
- Solicitation of non-government grants Mail solicitations
- Internet and email solicitations Solicitation of government grants
- Special fundraising events Phone solicitations
- In-person solicitations
- 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?

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

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) DId fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) A mount paid to (or retained by) fundraiser listed in col (i) | (vi) A mount paid to (or retained by) organization | |
|---|-----------------------|--|-------------|--------------------------------------|--|--|--|
| | | Yes | No | | | | |
| MAL WARWICK ASSOCIATES 2550 NINTH ST STE 103 BERKELEY, CA 94710 | DIRECT MAIL | | No | 3,875,109 | 1,574,684 | 2,300,425 | |
| MR STRATEGIC SERVICES 1901 L ST NW STE 800 WASHINGTON, DC 20036 | EMAIL FUNDRAISING | | No | 3,068,803 | 477,733 | 2,591,070 | |
| TELEFUND INC PO BOX 2366 DENVER, CO 80201 | MEMBER ACQUISITION | | No | 1,670,892 | 867,578 | 803,314 | |
| DONOR SERVICES GROUP LLC 6715 SUNSET BLVD LOS ANGELES, CA | MEMBER ACQUISITION | | No | 1,238,731 | 601,197 | 637,534 | |
| 90028 MINDSET DIRECT 1700 N JEFFERSON ST STE 200 ARLINGTON, VA 22205 | DIRECT MAIL | | No | 782,621 | 165,115 | 617,506 | |
| SHARE GROUP PO BOX 55182 BOSTON, MA 02205 | MEMBER ACQUISITION | | No | 71,432 | 20,189 | 51,243 | |
| | | | | | | | |
| | | | | | | | |
| al | | | > | 10,707,588 | 3,706,496 | 7,001,092 | |

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

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

| Pa | rt II | Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g | aising event contribut | | | |
|-------------|-------|--|--|--|-------------------------------------|--|
| | | 3 1 3 | (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)) |
| ₽ | 1 | Gross receipts | 1,578,452 | 598,109 | 4,958,585 | 7,135,146 |
| Revenue | 2 | Less Contributions | 234,600 | 58,875 | 1,148,325 | 1,441,800 |
| ~ — | 3 | Gross income (line 1 minus line 2) | 1,343,852 | | | |
| | 4 | Cash prizes | | | | |
| မှာ | 5 | Noncash prizes | | | | |
| Expenses | 6 | Rent/facility costs | 277,070 | 19,321 | 375,302 | 671,693 |
| ă | 7 | Food and beverages . | 110,216 | 68,116 | 533,428 | 711,760 |
| Direct | 8 | Entertainment | | | | |
| ā | 9 | Other direct expenses . | 67,532 | 15,046 | 354,808 | 437,386 |
| | 10 | Direct expense summary Add lir | nes 4 through 9 ın columr | ı (d) | | (1,820,839) |
| | 11 | Net income summary Combine I | ne 3, column (d), and line | 2 10 | • | 3,872,507 |
| Par | t III | Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii | rganization answered | "Yes" to Form 990, Pa | rt IV, line 19, or repo | orted more than |
| Revenue | | \$13,000 OH TOHN 350 EZ, III | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
| <u>R</u> | 1 | Gross revenue | | | | |
| Ses | 2 | Cash prizes | | | | |
| Expenses | 3 | Non-cash prizes | | | | |
| _ | 4 | Rent/facility costs | | | | |
| Drea | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | ┌ Yes ┌ No | ┌ Yes | │ Yes │ No | |
| | 7 | Direct expense summary Add line | s 2 through 5 ın column (| d) | | |
| | 8 | Net gaming income summary Com | bine lines 1 and 7 in colu | ımn (d) | | |
| 9 a b | Is th | er the state(s) in which the organization licensed to operate | gaming activities in eac | h of these states? | | |
| | | e any of the organization's gaming / es," explain | licenses revoked, susper | nded or terminated during | the tax year? | |

| 70ES | the organization operate gaming | activities with nonlinelinders | | · · I Yes I No |
|------------|--------------------------------------|---|-------------------------------------|----------------------------------|
| .2 | | neficiary or trustee of a trust or a men | | |
| | formed to administer charitable of | gaming? | | · · · · Fyes F No |
| .3 | Indicate the percentage of gamir | ng activity operated in | | |
| а | The organization's facility | | | 13a |
| b | An outside facility | | | 13b |
| . 4 | Enter the name and address of th | ne person who prepares the organizati | on's gaming/special events books | and records |
| | Name ► | | | |
| | Address 🟲 | | | |
| | revenue? | ntract with a third party from whom the | | |
| | amount of gaming revenue retain | ed by the third party 🟲 \$ | | |
| C | If "Yes," enter name and address | s of the third party | | |
| | Name 🟲 | | | |
| | Address ► | | | |
| .6 | Gaming manager information | | | |
| | Name 🟲 | | | |
| | Gaming manager compensation I | \$ \$ | | |
| | Description of services provided | > | | |
| | ☐ Director/officer | Employee | Independent contractor | |
| .7 | Mandatory distributions | | | |
| а | Is the organization required unde | er state law to make charitable distrib | utions from the gaming proceeds to | |
| | retain the state gaming license? | | | Г _{Yes} Г _{No} |
| b | Enter the amount of distributions | required under state law distributed t | to other exempt organizations or sp | ent |
| | <u> </u> | activities during the tax year 🟲 💲 | | |
| Par | columns (III) and (v), a | mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi | , 15c, 16, and 17b, as applical | |
| | Identifier | Return Reference | Explana | tion |
| | | | | |

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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

DLN: 93493224013733

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Schedule I (Form 990)

Name of the organization

Employer identification number

| | | | | | | | | on namber |
|--------|--|----------------------|--|------------------------------|---|---|--|---------------------------------------|
| HUMAN | N RIGHTS CAMPAIGN INC | | | | | | 52-1243457 | |
| Part | I General Information | n on Grants and | d Assistance | | | | ' | |
| tl | oes the organization maintain in ne selection criteria used to aw rescribe in Part IV the organiza | ard the grants or as | ssistance? | | | | | ▽ Yes |
| Part | Grants and Other As Form 990, Part IV, line | | | | | | | es" to |
| (a) | Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| See A | ddıtıonal Data Table | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| | nter total number of section 50 | | | | | | _ | 2 |
| 3 E | nter total number of other orga | | | | | | | 16 |
| or Don | omucels Doduction Act Notice con | the Instructions for | Earm 000 | | Cat No FOOFED | | Cahadu | In T /Form 000\ 2012 |

| Schedule I | (Form 990) 2012 | |
|------------|--|------------------|
| Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Pa | art IV, line 22. |
| | Part III can be duplicated if additional space is needed. | |

| (a)Type of grant or assistance | (b) Number of recipients | (c) A mount of cash grant | (d)A mount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|----------------------------------|-------------------------------------|--------------------------------------|--|---------------------------------------|
| | | | 1 | 1 | |
| | | | | | |
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Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

| Identifier | Return Reference | Explanation |
|--|------------------|--|
| PROCEDURE FOR MONITORING GRANTS IN THE U S | , | 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 |

Software ID: Software Version:

EIN: 52-1243457

Name: HUMAN RIGHTS CAMPAIGN INC

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

| Form 990,Schedule I, Par | • | id Other Assistance | to Governments | and Organization | s in the United Sta | tes | |
|---|----------------|------------------------------------|--------------------------------------|---|---|---|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| EQUALITY DELAWARE38 COUNTY HILLS DRIVE NEWARK,DE 19711 | 27-5078036 | 501(C)(4) | 51,000 | | , | | GENERAL PROGRAM SUPPORT |
| EQUALITY HAWAIIPO BOX 11444 HONOLULU,HI 96828 | 26-1422975 | 501(C)(4) | 51,000 | | | | GENERAL PRO GRAM SUPPORT |
| EQUALITY ILLINOIS3318 N HALSTED ST CHICAGO,IL 60657 | 36-3965904 | 501(C)(4) | 20,000 | | | | GENERAL PROGRAM SUPPORT |
| EQUALITY UTAH175 WEST 200 SOUTH ST 30001 SALT LAKE CITY,UT 84101 | 84-1633002 | 501(C)(4) | 25,000 | | | | GENERAL PRO GRAM SUPPORT |
| FAIRNESS WEST VIRGINIA 303 WASHINGTON ST W STE 202 CHARLESTON, WV 25302 | 26-0843480 | 501(C)(4) | 42,000 | | | | GENERAL PRO GRAM SUPPORT |
| INTERNATIONAL ASSOCIATION OF PROVIDERS OF AIDS CARE 1424 K STREET NW STE 200 WASHINGTON, DC 20005 | 36-4003367 | 501(C)(3) | 6,800 | | | | LEASE PAYMENT FORGIVENESS |
| INDIANA EQUALITY INCPO BOX 20621 INDIANAPOLIS,IN 46201 | 34-2032461 | 501(C)(4) | 20,000 | | | | GENERAL PROGRAM SUPPORT |
| JUSTICE NOT POLITICS ACTION100 EAST GRAND STE 380 DES MOINES,IA 50309 | 27-4589051 | 527 | 25,000 | | | | JUDICIAL RETENTION |
| MARYLANDERS FOR MARRIAGE EQUALITY9 W MULBERRY ST BALTIMORE,MD 21201 | 45-4028878 | 501(C)(4) | 720,500 | | | | SUPPORT BALLOT MEASURE CAMPAIGN |
| MAINERS UNITED FOR MARRIAGEPO BOX 1200 PORTLAND,ME 04104 | 45-2848513 | 501(C)(4) | 716,000 | | | | SUPPORT BALLOT MEASURE CAMPAIGN |
| MARRIAGE EQUALITY RI C/O OCEAN STATE ACTION 99 BALD HILL RD | 45-0580074 | 501(C)(4) | 47,000 | | | | GENERAL PRO GRAM SUPPORT |
| CRANSTON,RI 02920 FRIENDS OF HARVEY MILK CIVIL RIGHTS ACADEMY 584 CASTRO ST 465 SAN FRANCISCO,CA 94114 | 20-5481914 | 501(C)(3) | 5,005 | | | | GENERAL PRO GRAM SUPPORT |
| MINNESOTANS UNITEDPO BOX 582841 MINNEAPOLIS, MN 55458 | 80-0873766 | 501(C)(4) | 50,000 | | | | GENERAL PRO GRAM SUPPORT |
| MINNESOTANS UNITED FOR ALL FAMILIES1 UNIVERSITY AVENUE W STE 137 ST PAUL, MN 55104 | 45-2302860 | 501(C)(4) | 668,600 | | | | SUPPORT BALLOT MEASURE CAMPAIGN |
| NAACP NATIONAL VOTER FUND1200 G ST NW STE 800 WASHINGTON, DC 20005 | 52-2242476 | 501(C)(4) | 150,000 | | | | GENERAL PRO GRAM SUPPORT |
| COALITION TO PROTECT NORTH CAROLINA FAMILIESPO BOX 2401 DURHAM,NC 27715 | 45-3596503 | 501(C)(4) | 221,360 | | | | SUPPORT BALLOT MEASURE CAMPAIGN |
| STANDING UP FOR NEW HAMPSHIRE FAMILIESPO BOX 196 CONCORD,NH 03302 | 45-1775216 | 501(C)(4) | 50,000 | | | | GENERAL PRO GRAM SUPPORT |
| WASHINGTON UNITED FOR MARRIAGEPO BOX 21022 SEATTLE, WA 98111 | 45-3690331 | 501(C)(4) | 831,000 | | | | SUPPORT BALLOT MEASURE CAMPAIGN |

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DLN: 93493224013733

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Compensation Information

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization HUMAN RIGHTS CAMPAIGN INC **Employer identification number**

52-1243457

| Pa | rt I Questions Regarding Compensation | | | |
|----|--|----|-----|----|
| | | | Yes | No |
| 1a | Check the appropriate 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 | | | |
| | | | | |
| | ▼ Tax idemnification and gross-up payments | | | |
| | 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 or provision of all of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III | | | |
| | ▼ Compensation committee ▼ Written employment contract | | | |
| | ☐ Independent compensation consultant ☐ Compensation survey or study | | | |
| | Form 990 of other organizations A pproval 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 | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | No |
| 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 | | | |
| а | 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 | | | |
| а | The organization? | 6a | | No |
| b | Any related organization? | 6b | | Νo |
| | 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 | Yes | |
| 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 Regulations section 53 4958-4(a)(3)? If "Yes," describe | | | |
| | ın Part III | 8 | | Νo |
| 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 duplicate copies if additional space is 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)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | | (C) Retirement and | (D) Nontaxable | (E) Total of | (F) Compensation | |
|---------------------------|--|---|---|--------------------------------|--------------|-----------------------|---|
| | (i) Base compensation | (ii) Bonus & ıncentıve compensatıon | (iii) Other reportable compensation | other deferred compensation | benefits | columns (B)(ı)-(D) | reported as deferred in prior Form 990 |
| See Additional Data Table | | | | | | | |

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

| Also complete this part for any additi | onar miormation | |
|--|------------------|---|
| Identifier | Return Reference | Explanation |
| | PART I, LINE 1A | HRC WILL GROSS UP CERTAIN PAYMENTS, SPECIFICALLY FOR DOMESTIC PARTNER BENEFITS |
| | PART I, LINE 1B | HRC PROVIDED FIRST CLASS AIR TRAVEL ON OCCASION FOR THE PRESIDENT, 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 7 | CHAD GRIFFIN RECEIVED A BONUS TOTALING \$50,000 IN 2012 |
| 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 (FORMER OFFICER) \$39,083 SUSANNE SALKIND (OFFICER) \$59,770 JAMES RINEFIERD (OFFICER) \$63,827 ROBERT FALK (OFFICER) \$49,467 CHAD GRIFFIN (OFFICER) \$40,108 DARRIN HURWITZ (OFFICER) \$35,575 |

Schedule J (Form 990) 2012

(F) Compensation

Software ID: Software Version:

EIN: 52-1243457

Name: HUMAN RIGHTS CAMPAIGN INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Deferred (D) Nontaxable (E) Total of columns

| (A) Name | | (B) Breakdown of | VV 2 dila/01 1000 1113 | oc compensation | (C) Deletted | (b) Nontakabic | (L) rotal or columns | reported in prior Form | | |
|------------------------------|-------------|--------------------------|---------------------------------------|-----------------|--------------|----------------|----------------------|------------------------|--|--|
| | | (i) Base Compensation | (ii) Bonus & (iii) Other compensation | | compensation | benefits | (B)(ı)-(D) | 990 or Form 990-EZ | | |
| JOSEPH SOLMONESE | (ı) (ıı) | 224,998 0 | 0 | 0 | 10,548 | 2,783 | 238,329 0 | 0 | | |
| CHAD GRIFFIN | (ı) (ıı) | 221,857 0 | 20,000 0 | 0 0 | 5,502 | 2,702 | 250,061 0 | 0 | | |
| SUSANNE SALKIND | (ı) (ıı) | 193,610 0 | 0 | 0 0 | 10,314 | 8,849 | 212,773 0 | 0 | | |
| CATHY NELSON | (ı) (ıı) | 258,760 0 | 0 0 | 0 0 | 11,592 | 4,539 | 274,891 0 | 0 | | |
| JAMES RINEFIERD | (ı) (ıı) | 192,770 0 | 0 | 0 0 | 9,95! | 8,786 0 | 211,511 0 | 0 | | |
| ROBERT FALK | (ı) (ıı) | 154,542 0 | 0 | 0 0 | 7,534 | 4,420 | 166,496 0 | 0 | | |
| DAVID SMITH | (ı) (ıı) | 233,636 0 | 0 0 | 0 0 | 12,12! | 4,513 0 | 250,274 0 | 0 | | |
| FEDERICO SAINZ DE LA MAZA | (ı) (ıı) | 216,468 0 | 0 | 0 0 | 6,993 | . 4,583 0 | 228,042 | 0 | | |
| ALLISON HERWITT | (ı) (ıı) | 174,473 0 | 0 | 0 | 10,000 | 13,021 | 197,494 0 | 0 | | |
| MARTIN ROUSE | (ı) (ıı) | 161,019 0 | 0 | 0 | 8,196 | 4,261 0 | 173,476 0 | 0 | | |
| ANN CROWLEY | (ı) (ıı) | 162,063 0 | 0 0 | 0 | 8,463 | 4,447 0 | 174,973 0 | 0 | | |
| CHRISTOPHER SPERON | (ı) (ıı) | 158,635 0 | 0 0 | 0 | 8,906 | 4,453 0 | 171,994 0 | 0 | | |

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DLN: 93493224013733

OMB No 1545-0047

Open to Public Inspection

(Form 990)

Department of the Treasury

Internal Revenue Service

SCHEDULE M

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

Noncash Contributions

Name of the organization HUMAN RIGHTS CAMPAIGN INC

Employer identification number

| | | | | | 52-1243457 | | | |
|------------|---|----------------------------------|---|--|-------------------------------|---------|-----|----|
| Pa | It I Types of Property | (a) Check ıf applıcable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line | Method of c noncash contri | letermi | _ | ts |
| | | | | 1 g | | | | |
| 1 | Art—Works of art | | | | | | | |
| 2 | Art—Historical treasures . | | | | | | | |
| 3 | Art—Fractional interests | | | | | | | |
| | Books and publications | | | | | | | |
| 5 | Clothing and household | | | | | | | |
| _ | goods | | | | | | | |
| | Cars and other vehicles | | | | | | | |
| | Boats and planes | | | | | | | |
| | Intellectual property | | 2 | 2.574 | | | | |
| | Securities—Publicly traded . | X | 2 | 2,5/4 | FAIR MARKET VA | _UE | | |
| | Securities—Closely held stock . Securities—Partnership, LLC, | | | | | | | |
| .1 | or trust interests | | | | | | | |
| . 2 | Securities—Miscellaneous | | | | | | | |
| | Q ualified conservation | | | | | | | |
| | contribution—Historic structures | | | | | | | |
| 4 | Qualified conservation contribution—Other | | | | | | | |
| 5 | Real estate—Residential . | | | | | | | |
| 6 | Real estate—Commercial | | | | | | | |
| 7 | Real estate—O ther | | | | | | | |
| 8 | Collectibles | | | | | | | |
| 9 | Food inventory | Х | 9 | 38,768 | FAIR MARKET VAI | _U E | | |
| 0 | Drugs and medical supplies . | | | | | | | |
| 1 | Taxıdermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | O ther ▶ () | | | | | | | |
| 26 | O ther ▶() | | | | | | | |
| 27 | O ther ► () | | | | | | | |
| 8. | O ther ► () | | | | | | | |
| | Number of Forms 8283 received for which the organization comple | | | | 29 | | | |
| | | | | _ | • | | Yes | No |
| 30a | During the year, did the organiza | ation receiv | e by contribution any prope | erty reported in Part I, lines | 1-28 that it | | | |
| | must hold for at least three year | s from the o | date of the initial contributi | on, and which is not require | d to be used | | | |
| | for exempt purposes for the enti | re holding p | period? | | | 30a | | No |
| ь | If "Yes," describe the arrangeme | ent in Part 1 | II | | | | | |
| 31 | Does the organization have a gif | t acceptano | ce policy that requires the | review of any non-standard | contributions? | 31 | Yes | |
| 2a | Does the organization hire or us | e third parti | ies or related organizations | to solicit, process, or sell i | noncash | | | |
| | contributions? | | | | | 32a | | Νo |
| ь | If "Yes," describe in Part II | | | | | | | |
| 33 | If the organization did not report describe in Part II | an amount | in column (c) for a type of | property for which column (| a) is checked, | | | |

Page 2

| Schedule M | (Form 990) (201: |
|------------|------------------|
| Part II | Supplem |

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) (2012)

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As Filed Data -

DLN: 93493224013733

204

Open to Public Inspection

OMB No 1545-0047

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization
HUMAN RIGHTS CAMPAIGN INC

Employer identification number

52-1243457

| ldentifier | Return Reference | Explanation |
|------------|--|---|
| | FORM 990, PART VI, SECTION A, LINE 4 | DURING THE FISCAL YEAR, THE BOARD APPROVED CHANGES TO THE BY LAWS WHICH 1) ESTABLISHED THE POSITION OF ASSISTANT SECRETARY AS AN OFFICER OF THE CORPORATION, AND 2) REVISED THE MINIMUM AND MAXIMUM OVERLAP IN BOARD MEMBERSHIP BETWEEN THE HUMAN RIGHTS CAMPAIGN AND HUMAN RIGHTS CAMPAIGN FOUNDATION BOARDS |

| 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 PUBLIC DISCLOSURE COPY PRIOR TO FILING THE BOARD WAS INVITED TO REVIEW THE 990 PUBLIC DISCLOSURE COPY BEFORE FILING AND A COPY WAS PROVIDED ELECTRONICALLY TO ALL BOARD MEMBERS BEFORE THE 990 WAS FILED |

| ldentifier | Return Reference | Explanation |
|------------|---|--|
| | FORM 990, PART VI, SECTION B, LINE 12C | THE ORGANIZATION ANNUALLY SENDS OUT A CONFLICTS OF INTEREST POLICY TO ITS OFFICERS, DIRECTORS AND KEY EMPLOYEES 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, OFFICER OR KEY EMPLOYEE RECUSE THEMSELVES FROM THE DISCUSSION OR VOTE OR REMOVE THEMSELVES FROM ALL DELIBERATIONS. THIS POLICY ALSO APPLIES TO EMPLOYEES OF THE ORGANIZATION ALL DIRECTOR-LEVEL AND FINANCE DEPARTMENT STAFF CERTIFY ANNUALLY THEY HAVE REVIEWED THE POLICY AND HAVE NO POTENTIAL CONFLICTS TO REPORT IF A CONFLICT IS REPORTED, IT IS REVIEWED BY GENERAL COUNSEL WHO RESOLVES THE CONFLICT |

| ldentifier | Return Reference | Explanation |
|------------|--|--|
| | FORM 990, PART VI, SECTION B, LINE 15 | THE PRESIDENT WAS HIRED IN 2012 AFTER A COMMITTEE OF INDEPENDENT DIRECTORS REVIEWED PROPOSED COMPENSATION AS RECOMMENDED BY A SENIOR-LEVEL EXECUTIVE SEARCH FIRM AND EVALUATED BY A SECOND INDEPENDENT CONSULTANT COMPENSATION FOR SENIOR LEVEL STAFF IS ANALYZED PERIODICALLY BY AN INDEPENDENT CONSULTANT AND REVIEWED WITH A COMMITTEE OF THE BOARD MINUTES ARE KEPT OF SUCH MEETINGS THE FINDINGS ARE PRESENTED TO THE FULL BOARD FOR ACCEPTANCE |

| Identifier | Return Reference | Explanation |
|------------|---------------------------------------|--|
| | FORM 990, PART VI, SECTION C, LINE 19 | THE ORGANIZATION DOES NOT MAKE ANY 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' 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 (FORMER OFFICER) \$39,083 SUSANNE SALKIND (OFFICER) \$59,770 JAMES RINEFIERD (OFFICER) \$63,827 ROBERT FALK (OFFICER) \$49,467 CHAD GRIFFIN (OFFICER) \$40,108 |

| Identifier | Return Reference | Explanation |
|------------|-----------------------------------|--|
| | FORM 990, PART IX, LINE 11G | COMMUNICATION FEES PROGRAM SERVICE EXPENSES 726,171 MANAGEMENT AND GENERAL EXPENSES 50,936 FUNDRAISING EXPENSES 13,964 TOTAL EXPENSES 791,071 EDUCATION SERVICES PROGRAM SERVICE EXPENSES 4,188,957 MANAGEMENT AND GENERAL EXPENSES 293,829 FUNDRAISING EXPENSES 80,550 TOTAL EXPENSES 4,563,336 EVENT FEES PROGRAM SERVICE EXPENSES 236,795 MANAGEMENT AND GENERAL EXPENSES 16,610 FUNDRAISING EXPENSES 4,553 TOTAL EXPENSES 257,958 TEMP AGENCY SERVICES PROGRAM SERVICE EXPENSES 191,321 MANAGEMENT AND GENERAL EXPENSES 13,420 FUNDRAISING EXPENSES 3,679 TOTAL EXPENSES 208,420 |

DLN: 93493224013733

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Name of the organization

HUMAN RIGHTS CAMPAIGN INC

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.

Department of the Treasury Internal Revenue Service

Employer identification number

| (-) | n.s | 1 (2) | / el \ | 1-1 | | (6) | | |
|---|---|--|----------------------|--------------------|--|--|---|----|
| (a) Name, address, and EIN (If applicable) of disregarded entity | (b) Primary activity | (b) (c) (d) Primary activity Legal domicile (state or foreign country) | | (e) End-of-year | assets | (f) Direct controlling entity | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| art II Identification of Related Tax-Exempt Organior more related tax-exempt organizations during | the tax year.) | | _ | s" to Form 9 | | <u> </u> | | |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code s | | (e) c charity status tion 501(c)(3)) | (f) Direct controlling entity | (g) Section 51 (13) contro entity? | |
|) HRC PAC | POLITICAL WORK IN | DC | 527 | N/A | | HRC | Yes Yes | N. |
| 40 RHODE ISLAND AVE NW | FEDERAL ELECTIONS | | | | | | | |
| ASHINGTON, DC 20036 -0399028 | | | | | | | | |
| HRC EQUALITY VOTES | POLITICAL WORK IN NON- FEDERAL ELECTIONS | DC | 527 | N/A | | HRC | Yes | Г |
| 40 RHODE ISLAND AVE NW | | | | | | | | |
| ASHINGTON, DC 20036 5-1206256 | | | | | | | | |
|) HRC MINNESOTA PAC | POLITICAL WORK IN MINNESOTA ELECTIONS | DC | 527 | N/A | | HRC | Yes | |
| 40 RHODE ISLAND AVE NW | TIAN ESSIN ELECTIONS | | | | | | | |
| ASHINGTON, DC 20036 0-5337346 | | | | | | | | |
|) HRC NEW YORK PAC | POLITICAL WORK IN NEW YORK ELECTIONS | DC | 527 | N/A | | HRC | Yes | |
| 40 RHODE ISLAND AVE NW | TORK ELECTIONS | | | | | | | |
| ASHINGTON, DC 20036 -1317409 | | | | | | | | |
|) HRC WASHINGTON MARRIAGE MAJORITY PAC | POLITICAL WORK IN WASHINGTON ELECTIONS | DC | 527 | N/A | | HRC | Yes | |
| 40 RHODE ISLAND AVE NW | S. S. S. S. C. ELECTIONS | | | | | | | |
| ASHINGTON, DC 20036 -4490845 | | | | | | | | |
| | | | | | | | | 1 |
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| (a) Name, address, and EIN o related organization | (b) Primary activit | (c) Legal domicile (state or foreign country) | entity | (e) Predominant Income(related, unrelated, excluded from tax under sections 512- | (f) Share of total income | (g) Share of end-of-yea assets | (h Disprop r allocat | ortionate | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | mana part | ral or | (k) Percenta ownersh | |
|--|---|--|--------------------|--|---|---|----------------------------|-----------------------------------|---|-------------------------------------|-------------------|----------------------------|------|
| | | | | | 514) | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | | |
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| V Identification of Related Or line 34 because it had one or r | ganizations Taxa nore related organi | ble as a Corpo | ration is a cor | or Trust (poration or | Complete if trust during | the organı the tax ye | zatıon ar ar.) | iswere | d "Ye | s" to Form | 990, | Part | :IV, |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | | (d) Direct controll entity | (e) Type of enti (C corp, S corp, or trust) | | total Share e of | (g) e of end- year ssets | | (h) ercentage wnership | Section (b) conti | (13) | |
| | | | | | | | | | | | Yes | | No |
| | | | | | | | | | | | | | |
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| | Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | | | | | | | |
|------------|---|----------------------------------|------------------------|----------------------------------|--------|---------|----|--|--|
| 1 D | uring the tax year, did the orgranization engage in any of the following transactions with one or more re | lated organizations li | sted in Parts II-IV? | | | | | | |
| а | Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | | | | 1a | | No | | |
| b | Gift, grant, or capital contribution to related organization(s) | | | | | | | | |
| c | Gift, grant, or capital contribution from related organization(s) | | | | | | | | |
| d | Loans or loan guarantees to or for related organization(s) | | | | | | | | |
| e | Loans or loan guarantees by related organization(s) | | | | | | | | |
| | | | | | | | | | |
| f | Dividends from related organization(s) | | | | 1f | | No | | |
| g | | | | | | | | | |
| h | Purchase of assets from related organization(s) | | | | | | | | |
| i | Exchange of assets with related organization(s) | | | | | | | | |
| i | Lease of facilities, equipment, or other assets to related organization(s) | | | | 1j | | No | | |
| - | | | | | | | | | |
| k | k Lease of facilities, equipment, or other assets from related organization(s) | | | | | | | | |
| | Performance of services or membership or fundraising solicitations for related organization(s) | | | | | | | | |
| | m Performance of services or membership or fundraising solicitations by related organization(s) | | | | | | | | |
| | n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | | | | | |
| | • Sharing of paid employees with related organization(s) | | | | | | | | |
| | | | | | | | | | |
| р | Reimbursement paid to related organization(s) for expenses | | | | 1p | | No | | |
| | Reimbursement paid by related organization(s) for expenses | | | | | | | | |
| • | | | | | | | | | |
| r | Other transfer of cash or property to related organization(s) | | | | 1r | | No | | |
| | Other transfer of cash or property from related organization(s) | | | | | | | | |
| | | | | | ш | | | | |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete | this line, including co | overed relationships | and transaction thresholds | | | | | |
| | (a) Name of other organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amo | unt ır | nvolved | | | |
| ee A | dditional Data Table | , , , | | | | | | | |
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Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 re | garding exclu | sion for ce | | nent | 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 section 512- 514) | org | (e) all partners section 501(c)(3) anizations? | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtiona allocations? | (i) (j) Code V—UBI amount box 20 of Schedule K-1 (Form 1065) | | (j) General or managing partner? | | (k) Percentage ownership |
| | | | 514) | Yes | No | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | 1 | |
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Part VII Supplemental Information

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

Identifier Return Reference Explanation

Software ID: Software Version:

EIN: 52-1243457

Name: HUMAN RIGHTS CAMPAIGN INC

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

| (a) Name of other organization | (b) Transaction type(a-s) | (c) A mount Involved | (d) Method of determining amount involved | | | |
|--------------------------------------|--|-------------------------|---|--|--|--|
| HRC PAC | L | 174,527 | ALLOCATED COST | | | |
| HRC EQUALITY VOTES | L | 4,971 | ALLOCATED COST | | | |
| HRC MINNESOTA PAC | L | 4,971 | ALLOCATED COST | | | |
| HRC NEW YORK PAC | L | 4,971 | ALLOCATED COST | | | |
| HRC WASHINGTON MARRIAGE MAJORITY PAC | L | 4,971 | ALLOCATED COST | | | |
| HRC PAC | N | 11,719 | ALLOCATED COST | | | |
| HRC EQUALITY VOTES | N | 1,342 | ALLOCATED COST | | | |
| HRC MINNESOTA PAC | N | 1,342 | ALLOCATED COST | | | |
| HRC NEW YORK PAC | N | 1,342 | ALLOCATED COST | | | |
| HRC WASHINGTON MARRIAGE MAJORITY PAC | N | 1,342 | ALLOCATED COST | | | |
| HRC PAC | Q | 36,273 | ACTUAL COST | | | |
| HRC EQUALITY VOTES | Q | 6,878 | ACTUAL COST | | | |