* *	PUBLIC	DISCLOSURE	COPY	* *
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Form	.99	90	Under section 501(c), 527, or 494		ue Code (exc	ept private foundation	OMB No. 1545-0047 2017
	Do not enter social security numbers on this form as it may be Co to wave its gov/Earm990 for instructions and the latest it			•	Open to Public		
						Inspection	
Bcr	heck if	C Name of	organization		a criang 13	D Employer identific	ation number
	Addres change	HUMA	N RIGHTS CAMPAIGN,	INC.		52_1	243457
	change initia) return		usiness as and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone number	
	Final return/ termin-	1640	RHODE ISLAND AVEN	IUE, NW		202-	<u>528-4160</u> 49,397,112.
	ated Amend return	WASH	own, state or province, country, and INGTON, DC 20036		-	G Gross receipts \$ H(a) Is this a group re	turn
					for subordinates	Lawson and a second sec	
					H(b) Are all subordinates in		
					list. (see instructions)		
J Website: WWW.HRC.ORG H(c) Group exemption num K Form of organization: X Corporation Trust Association Other ► L Year of formation; 1982 M State							
		Summary					r otate of legal domicale. DC
<u> </u>	1	Briefly describ	e the organization's mission or mos ATION WORKING TO A				IL RIGHTS
Iar	•		x if the organization disco		-		sets
- No			ting members of the governing body	and the second second		3	31
Activities & Governance			lependent voting members of the go				31
			of individuals employed in calendar				289
Vİİ			of volunteers (estimate if necessary			25/275/0330/PP/PP/26/20/07	6867
- E	7a `	Total unrelate	d business revenue from Part VIII, c	olumn (C), line 12		7a	450,000.
	b	Net unrelated	business taxable income from Form	n 990-T, line 34		7b	43,747.
						Prior Year	Current Year
9						33,340,867.	36,428,834.
Revenue		-				435,000. 47,196.	450,000.
R.			come (Part Vill, column (A), lines 3, 4			7,878,755.	8,689,998.
1			e (Part VIII, column (A), lines 5, 6d, 8			41,701,818.	45,636,641.
			 add lines 8 through 11 (must equa milar amounts paid (Part IX, column 			427,083.	559,846.
			to or for members (Part IX, column (10000000000000000000000000000000000000		0.
<i>.</i> ,	46 .			(Dent IV) and used (A). Know 5 40		15,010,763.	15,318,292.
enses	16a	Professional fi	r compensation, employee benefits undraising fees (Part IX, column (A), ing expenses (Part IX, column (D), ii	line 11e)		411,236.	776,082.
Expe	b	Total fundrais	ing expenses (Part 1X, column (D), li	ne 25) 🕨 5,777,5	565.	and the second second	
<u> </u>	17	Other expense	es (Part IX, column (A), lines 11a-11	d, 11f-24e)		23,579,331.	26,513,177.
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)			39,428,413.	43,167,397.
	19	Revenue less	expenses. Subtract line 18 from line	e 12		2,273,405.	2,469,244.
Net Assets or Fund Balances					Be	ginning of Current Year	End of Year
Sset	20	•				16,197,772.	19,710,097.
at A	21					5,077,780.	6,130,462.
	122 Int II	Signatur	fund balances. Subtract line 21 from	n line 20		11,119,992.	13,579,635.
Unde	er pena	lties of perjury,	I declare that I have examined this return				y knowledge and belief, it is
u U8,	COLLEC	i, and complete	Declaration of preparer (other than offic	cer) is based on all information of t	wnich preparei	nas any knowledge.	
Sigr		Signatur	e ot officer			Date	
Her			M. RINEFIERD, TH	REASURER		18	1515
	-		print name and title				
Pald		Print/Type pre FRANK H		Preparers signature H. S	- 33 A IS	Date Check L 8/15/18 if self-employ	PTIN P00639053
Prep	arer	Firm's name	RAFFA, P.C.			Firm's EIN	52-1511275
Hee.	Only		1000 T CMDEEM 1				

Preparer		Firm's EIN 52-1511275
Use Only	Firm's address 🔈 1899 L STREET, NW, SUITE 850	
	WASHINGTON, DC 20036	Phone no. (202) 822-5000
May the IF	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
732001 11-2	8-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2017)
	** ELECTRONICALLY FILED ON 08/15/2018 **	COPY

	990 (2017) HUMAN RIGHTS CAMPAIGN, INC. 52-1243457
Pal	rt III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
•	Briefly describe the organization's mission: THE HUMAN RIGHTS CAMPAIGN IS ORGANIZED AND OPERATED FOR THE PROMOTION
	OF THE SOCIAL WELFARE OF THE LESBIAN, GAY, BISEXUAL, TRANSGENDER AND
	QUEER COMMUNITY. BY INSPIRING AND ENGAGING INDIVIDUALS AND
	COMMUNITIES, HRC STRIVES TO END DISCRIMINATION AGAINST LGBTQ PEOPLE
2	Did the organization undertake any significant program services during the year which were not listed on the
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
1	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses,
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
ta	(Code:) (Expenses \$ 12,013,923. including grants of \$) (Revenue \$ 2,236,12
	MEMBERSHIP EDUCATION AND MOBILIZATION: HRC HAS GROWN TO MORE THAN
	3,000,000 MEMBERS AND SUPPORTERS. MEMBERSHIP EDUCATION AND MOBILIZAT.
	CONSISTS OF INFORMING MEMBERS ABOUT LEGISLATIVE ISSUES AS WELL AS
	CURRENT EVENTS AND OTHER ISSUES THAT IMPACT THE LGBTQ COMMUNITY
	UTILIZING CUTTING-EDGE TECHNOLOGY AND SOCIAL MEDIA. HRC'S FOLLOWERS
	FACEBOOK CONTINUE TO SURGE NOW TOTALING OVER 2,500,000 PEOPLE. HRC
	OPERATES ACTION CENTERS IN PROVINCETOWN, MA AND SAN FRANCISCO, CA.
t lle	(a) 0 863 001 EEO 046
b	(Code:) (Expenses \$ 9,863,091. including grants of \$ 559,846.) (Revenue \$
	FEDERAL, FIELD AND LEGAL ADVOCACY: AT THE FEDERAL LEVEL, HRC ADVOCATI FOR POLICIES, REGULATORY CHANGES AND LEGISLATION THAT GUARANTEES THE
	LEGAL EQUALITY OF LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUEER (LGB
	PEOPLE. IN STATES AND MUNICIPALITIES, HRC WORKS TO ADVANCE PRO-EQUAL
	PROGRESS AND TO DEFEAT ANTI-EQUALITY LEGISLATION. HRC ALSO ADVOCATES
	FOR FEDERAL, STATE AND LOCAL LAWS TO PROHIBIT ANTI-LGBTO
	DISCRIMINATION, PROTECT LGBTQ YOUTH FROM BULLYING AND CONVERSION
	THERAPY, AND MAINTAIN OR INCREASE FUNDING FOR HIV PREVENTION,
	TREATMENT, AND CARE. AS PART OF THESE EFFORTS, HRC CONTRIBUTED
	FINANCIAL AND STAFF RESOURCES TO SUCCESSFUL LEGISLATIVE CAMPAIGNS IN
	STATES ACROSS THE COUNTRY. IN 2017, HRC LAUNCHED HRC RISING, A
	GRASSROOTS EXPANSION TO ACCELERATE PROGRESS IN KEY BATTLEGROUND STAT
c	(Code:) (Expenses \$ 4,284,051. including grants of \$) (Revenue \$
	COMMUNICATIONS & MEDIA ADVOCACY: HRC WORKS TO BUILD UNDERSTANDING AND
	AWARENESS OF THE LGBTQ COMMUNITY BY TELLING OUR STORIES TO THE AMERIC
	PUBLIC THROUGH THE MAINSTREAM PRESS. HRC ALSO MAINTAINS A PRESENCE IN
	THE LGBTO MEDIA TO HELP EDUCATE, INFORM, AND ENGAGE OUR COMMUNITY, HI
	WORKED TO SHARE OUR STORIES THROUGH OUR WEBSITE WWW.HRC.ORG, OUR
	PUBLICATIONS, INCLUDING EQUALITY MAGAZINE, AND A VARIETY OF ONLINE
	OUTLETS.
d	(Expenses \$ 4,298,764 · including grants of \$) (Revenue \$)
	Total program service expenses 30, 459, 829.
e	Form 990
e	

<u>Form 990 (2017</u>

HUMAN RIGHTS CAMPAIGN, INC. Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A			
2	Is the organization required to complete Schedule B, Schedule of Contributors	1	17	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	X	
-	public office? If "Yes," complete Schedule C, Part I	3	x	
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	x	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space.			
_	the environment, historic land areas, or historic structures? If *Yes, * complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10	1999	44
	as applicable.	Sec.	Carlos and	1
8	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		A. P. Const.	decision of the
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	<u>11b</u>		<u> </u>
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part IX	11d	x	
8	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<u>14a</u>		X
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV			v
15	Up the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u> </u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	- 1	х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of appredate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Lid 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	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	x	

Form 990 (2017)

732003 11-28-17

15510815 786783 HRC

3 2017.04010 HUMAN RIGHTS CAMPAIGN, INC. HRC____1

Form	000	/201	7)
<u>1.0iuu</u>	330	10201	4

Form 990 (2017)	HUMAN	RIGHTS	CAMPAIGN,	INC.				
Part IV Checklist of Required Schedules (continued)								

			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No" no to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		x
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1990-9	12.3	
	instructions for applicable filing thresholds, conditions, and exceptions):	92.0	133	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<u>28a</u>	<u> </u>	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	<u> </u>
	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		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			1
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	 	X
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
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	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
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	x	
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	30		<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
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	x	

Form 990 (2017)

732004 11-28-17

15510815 786783 HRC

	1990 (2017) HUMAN RIGHTS CAMPAIGN, INC.	52-12	43457	Р	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance		•••••••••••••••••••••••••••••••••••••••		
	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1	53	100	110
ь			0	34.	1.83
с		reportable gaming	- 52	27.0	12
	(gambling) winnings to prize winners?		10	x	. sesuit
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			I STATES	-0.15
	filed for the calendar year ending with or within the year covered by this return	2a 2	89		1923
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ums?		x	-1986
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction				7011571
3a	Did the organization have unrelated by since one income of the opping of the state		10 million (10 mil	x	- Colorado
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	•		X	-
	At any time during the calendar year, did the organization have an interest in, or a signature or other				-
	financial account in a foreign country (such as a bank account, securities account, or other financial	autionty over, a	4a		x
ь	If "Yes," enter the name of the foreign country:	accountyr			- A
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial		144.57	280	100
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	ACCOUNTS (FDAR).	1000	inch.	x
ь				-	X
			<u>5b</u>		<u>_</u>
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did		<u>5c</u>	-	-
00				- v	
ь	any contributions that were not tax deductible as charitable contributions?			X	-
		itions or gitts			
7	Organizations that may receive deductible contributions under section 170(c).		6b	X	
' a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			02273	108.43
	If "Yoo " did the exception receive a payment in excess of \$75 made party as a contribution and party for goods and st	ervices provided to the pay	yor? 7a	-	1
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	-	-
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	vas required			
ام	to file Form 8282?	1-1	<u>7</u> c		<u> </u>
	If "Yes," indicate the number of Forms 8282 filed during the year	[7d]	3632	204	1515
e	second benefit and a second to pay promotion a personal benefit	contract?			
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con	Iract?		-	-
9	If the organization received a contribution of qualified intellectual property, did the organization file F	form 8899 as required?	? 7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-	-C? 7h		-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by the	CO.	1920	1960
~	sponsoring organization have excess business holdings at any time during the year?		8	_	
9	Sponsoring organizations maintaining donor advised funds.		1000	100	24.2
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	_	_
10	Section 501(c)(7) organizations. Enter:	С. т.		835	194
a		10a	227	182	13.23
b	the first water of the sector and such as the first population and an allowing a	10b	116	133	12.5
11	Section 501(c)(12) organizations. Enter:	1. 1	100	1. Carlo	100
а		11a	1.528	132	198
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1988	2.5.3	365
	amounts due or received from them.)	11b	1996		3.5
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	n 1041?	12a	1.000	
b	the second s	12b	1000	211	100
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	39 - S	1.3	120	
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		1908	200	100
b	Enter the amount of reserves the organization is required to maintain by the states in which the			1	
	organization is licensed to issue qualified health plans	13b	RIGH		
c	Enter the amount of reserves on hand	13c	100	E.C.	12
14a	Did the examination reactive any neuments for indees together any increase to the start of the		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O	146		

Form 990 (2017)

732005 11-28-17

15510815 786783 HRC

2017.04010 HUMAN RIGHTS CAMPAIGN, INCORY____1

	HUMAN RIGHTS CAMPAIGN, INC. 52-1243 rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a to line 8a, 8b, or 10b below, describe the discussion of the second second second second second second second	457 "No" n	р espon	age (se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
Sec	Check if Schedule O contains a response or note to any line in this Part VI			
			Yes	N
1 a	Enter the number of voting members of the governing body at the end of the tax year 1a 31	765	3.2	3
	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.	155		5
b	Enter the number of voting members included in line 1a, above, who are independent1b 31			18
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		a) -	19
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		2
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Z
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		2
6	Did the organization have members or stockholders?	6		2
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	2925	2560	1.5%
a	The governing body?	8a	Х	
Ь	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	N
10a	Did the organization have local chapters, branches, or affiliates?	10a		2
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		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1860		80
1 2 a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
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	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	5304	7353	38
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	- 10-	Burg.	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	3534.2	1000	-965
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	144	195	89
	taxable entity during the year?	16a	802244	X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100	123	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		251	÷.
	exempt status with respect to such arrangements?	16b	E.M.	1997
Sec	tion C. Disclosure	1100		
17	List the states with which a copy of this Form 990 is required to be filed NAK, AL, AR, AZ, CA, CO, CT, DE, FI	GA	нт	7
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			1-
	for public inspection. Indicate how you made these available. Check all that apply.	avallau	ie.	
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d d'an an	-1-1	
- •	statements available to the public during the tax year.	u anañ	ାଧା	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	JAMES M. RINEFIERD - 202-216-1549			
	1640 RHODE ISLAND AVENUE, NW, WASHINGTON, DC 20036			_
				(0.2
73200	SEE SCHEDULE O FOR FULL LIST OF STATES	Earr	000	
73200	8 11-28-17 SEE SCHEDULE O FOR FULL LIST OF STATES 6	Form	990	(20

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

Employees, and Independent Contractors

Form 990 (2017)

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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.

Name and Tile Average hours per view mathematication and the purpose and mount of mount o	(A)	(B)			(0)			(D)	(E)	(F)
Hours per veek (list any hours for ineliated organizations below line) Ex. unservent access price (in compensation from the organizations (W2/1099-MISC) compensation (W2/1099-MISC) compensation (W2/1099-MISC) amount of other companizations (W2/1099-MISC) (1) VANESSA BENAVIDES 6.25 (3.2 CHAIRSTOPHER FLYNN 6.25 (3.2 CHAIRSTOPHER FLYNN 5.25 (3.2 CHAIRSTOPHER FLYNN 0. 0. 0. 0. (3) JOHN RUFFLER (13) CHAIRSTOPHER FLYNN 6.25 (3.2 CHAIRSTOPHER FLYNN 2.50 (3.2 CHAIRSTOPHER FLYNN 2.50 (3.2 CHAIRSTOPHER FLYNN 2.50 (3.2 CHAIRSTOPHER FLYNN 0. 0. 0. 0. (11) TAN BARRETT 2.50 (3.1 CHAIRSTOPHER FLYNN 2.50 (3.2 CHAIRSTOPHER FLYNN 2.50 (3.2 CHAIRSTOPHER FLYNN 0. 0. 0. 0. (14) IAN BARRETT 2.50 (3.1 CHAIRSTOPHER FLYNN 2.50 (3.2 CHAIRSTOPHER FLYNN 0. 0. 0. 0. (15) BURCE BASTIAN 1.25 (3.1 CHAIRS BOONE X 0. 0. 0. 0. (16) DRUCE BASTIAN 1.25 (3.1 CHAIRS BOONE X 0. 0. 0. 0. 0. (16) FRUCE BASTIAN 2.50 (10) TODD CANON X 0. 0. 0.	Name and Title	Average	(do	nolic	Pos	ition) Theo (Reportable		
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DIRECTOR; BOG CO-CHAIRX0.0.0.(15) PATTY ELLIS2.00X0.0.0.DIRECTOR; COMMITTEE CO-CHAIRX0.0.0.0.(16) MELANIE FALLS2.50X0.0.0.DIRECTORX0.0.0.0.(17) ANNE FAY2.00000.0.			X	L					0.	0.	0.
(15) PATTY ELLIS2.00DIRECTOR, COMMITTEE CO-CHAIRX0.0.(16) MELANIE FALLS2.50DIRECTORX0.0.(17) ANNE FAY2.00	(14) JAIME DUGGAN	6.25									
DIRECTOR, COMMITTEE CO-CHAIR X 0. 0. 0. (16) MELANIE FALLS 2.50 0. 0. 0. DIRECTOR X 0. 0. 0. (17) ANNE FAY 2.00 0. 0. 0.	DIRECTOR; BOG CO-CHAIR		Х						0.	0.	0.
(16) MELANIE FALLS 2.50 X 0. <td>(15) PATTY ELLIS</td> <td>2.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(15) PATTY ELLIS	2.00									
DIRECTOR X 0. <t< td=""><td></td><td></td><td>X</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			X						0.	0.	0.
(17) ANNE FAY 2.00	(16) MELANIE FALLS	2.50									
			X						0.	0.	0.
	(17) ANNE FAY	2.00									
	DIRECTOR; COMMITTEE CO-CHAIR		Х						0.	0.	0.

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2017.04010 HUMAN RIGHTS CAMPAIGN, INCO HRY

Form 990 (2017)

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Form 990 (2017) HUMAN RIC									52-12	243	457	P	age 8
Part VII Section A. Officers, Directors, Trus		ploy	ees	, and	d Hi	ghes	it C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per	box	not c unle	ss pe	ition more rson i	than o	an	(D) Reportable compensation	(E) Reportable compensation	n		(F) timate	
	week (list any hours for related organizations below	tee or director	cer al			Highest compensated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	s	com fra orga and	other pensa om th anizat d relat mizati	ie tion ted
(18) MATT GARRETT	line)		h2nl.	Other	Keye	Hagh empl	Former						
DIRECTOR] X [0.		0.			0.
(19) SUZANNE HAMILTON	5.00												
DIRECTOR		X						0.		0.			0.
(20) JAMES HARRISON	7.50												-
DIRECTOR; COMMITTEE CO-CHAIR]X						0.		0.			0.
(21) TOM KNABEL - UNTIL 03/2018	3.75												
DIRECTOR; FORMER COMMITTEE CO-CHAIR		X		[0.		0.	- 5		0.
(22) CHRIS LABONTE	2.50												
DIRECTOR - UNTIL 10/2017] X						0.		0.			0.
(23) RYAN LEVY	2.50	<u> </u>											
DIRECTOR - UNTIL 10/2017		X		ļ				0.		0.			0.
(24) JUSTIN MIKITA	1.25		İ										
DIRECTOR		x		1				0.		0.			0.
(25) DYSHAUN MUHAMMAD	2.00									\neg			
DIRECTOR; COMMITTEE CO-CHAIR		x						0.		0.			0.
(26) ROB NEWHART	2.50	\square											
DIRECTOR		x	1					0.		0.			0.
1b Sub-total						2002		0.		0.			0.
c Total from continuation sheets to Part V	I, Section A							3,746,215.		0.	42	9,1	33.
d Total (add lines 1b and 1c)								3,746,215.		0.			33.
2 Total number of individuals (including but n								eceived more than \$100	000 of reportabl	e .		-	
compensation from the organization													16
							_					Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	er er	nplo	ovee,	or	highest compensated e	mplovee on	1	Circle 1	Alian	11.73
line 1a? If "Yes," complete Schedule J for s	uch individual			-							3		X
4 For any individual listed on line 1a, is the su	um of reportab	le ci	omp	ensa	atior	n and	l ot	her compensation from	the organization		35734	Sec.	13228
and related organizations greater than \$15	0,000? If *Yes,	* co	mpl	ete S	Sche	edule	J	for such individual	J		4	x	
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion	from	any	/ unr	elai	ted organization or indivi	idual for services		100	100.37	243
rendered to the organization? If "Yes," com								_			5		X
Section B. Independent Contractors						0							
1 Complete this table for your five highest co	mpensated in	dep	ende	ent c	:onti	racto	rsi	that received more than	\$100,000 of com	pens	ation f	irom	
the organization. Report compensation for	the calendar y	ear	endi	ing v	vith	or w	ithi	n the organization's tax	year.	•			
(A)								(B)			(C	3	
Name and business								Description of s	ervices	С	ompei		m
FUND FOR THE PUBLIC INTER	REST, II	NC	• ,	29	94			PUBLIC EDUCA	TION AND				
WASHINGTON ST, STE 500, 1					101	8		CANVASSING		5	,09	2,0	57.
LAUTMAN, MASKA, NEILL & (COMPANY	, .	17:	30				DIRECT MAIL/					
RHODE ISLAND AVE NW #301	, WASH.	, 1	DC	2(003	36		MEMBERSHIP O	UTREACH	1	,73	6,1	24.
HARGROVE, INC.					-								
ONE HARGROVE DRIVE, LANHA	AM, MD	20'	70(6				EVENTS PRODU	CTION		57	1,6	26.
PROLIST, INC., 4510 BUCK	EYSTOWN							PREMIUM FULF					
SUITE M, FREDERICK, MD 2:	1704							ACKOWLEDGEME			45	1,5	71.
ROI SOLUTIONS, INC., ONE		E (CEI	ĪTI	ER	,							
SUTTE 220 CAMERIDGE MA						-					4.1	- -	2.2

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SUITE 220, CAMBRIDGE, MA 02140

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\$100,000 of compensation from the organization 🕨

29

2 Total number of independent contractors (including but not limited to those listed above) who received more than

SEE PART VII, SECTION A CONTINUATION SHEETS

DATABASE MANAGEMENT

Form 990 (2017)

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415,322.

Form 990 HUMAN RIG	HTS CAN	<u>1</u> P7	AIC	ΞN ,	,]	ENC	1.		52-124	3457
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nple	oyee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	<u>`</u>
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average		Position					Reportable	Reportable	Estimated
	hours	(check all that ap					ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				loyse		the	organizations	compensation
	(list any hours for	lirecto				emp		organization	(W-2/1099-MISC)	from the
	related	e 01 6	itee			sated		(W-2/1099-MISC)		organization and related
	organizations	Individual trustee or director	Institutional trustee		ŧ	Highest compensated employee				organizations
	below	laubi	nbidu		Key employee	51 60	5			organizations
	line)	Indiv	inser Histori	Officer	Key	High	Former			
(27) BRYAN PARSONS	1.25								·	
DIRECTOR		X						0.	0.	0.
(28) LESTER PERRYMAN	3.75									
DIRECTOR; COMMITTEE CO-CHAIR		X						0.	0.	0.
(29) CHERYL ROSE	1.25									
DIRECTOR		X						0.	0.	0.
(30) LINDA SCAPAROTTI	1.25									
DIRECTOR - UNTIL 10/2017		X						0.	0.	0.
(31) PATRICK SCARBOROUGH	3.75									
DIRECTOR; COMMITTEE CO-CHAIR		X						0.	0.	0.
(32) SHELLY SCHOENFELD	2.50									
DIRECTOR		X						0.	0.	0.
(33) AMES SIMMONS	2.00	· · · ·					_			
DIRECTOR; COMMITTEE CO-CHAIR		X						0.	0.	0.
(34) MICHAEL SMITHSON - UNTIL 11/2017	6.25									
DIRECTOR; FORMER BOG CO-CHAIR		X						0.	0.	0.
(35) STEVE SORENSON	2.00									
DIRECTOR, COMMITTEE CO-CHAIR		X						0.	0.	0.
(36) MEGHAN STABLER - UNTIL 10/2017	3.75					<u> </u>				
DIRECTOR; FORMER COMMITTEE CO-CHAIR		X						0.	ο.	0.
(37) BEN WALDMAN	3.75									
DIRECTOR; COMMITTEE CO-CHAIR		X						0.	0.	0.
(38) DEBBIE WERNET	2.50					<u> </u>				
DIRECTOR		X						o.	0.	0.
(39) TINA WHITE	1.25	-				<u> </u>				
DIRECTOR		x						0.	0.	0.
(40) CHAD GRIFFIN	37.50									
PRESIDENT				x				481,375.	ο.	20,893.
(41) CATHY NELSON	37.50									
ASST. VICE PRESIDENT				x				311,187.	0.	29,460.
(42) JONI MADISON	37.50									2011001
VICE PRESIDENT				x				277,992.	0.	23,727.
(43) JAMES M. RINEFIERD	37.50	-		Ē			-			
TREASURER				x				259,116.	ο.	30,896.
(44) ROBERT FALK	37.50						-			
SECRETARY - UNTIL 11/2017				x				194,943.	0.	17,435.
(45) DARRIN HURWITZ	37.50									
ASST. SECRETARY				x				126,319.	ο.	29,719.
(46) NICOLE GREENIDGE-HOSKINS	0.00						-			
SECRETARY				x				0.	0.	0.
			r				-			
Total to Part VII, Section A, line 1c										
the second second second second second second second second second second second second second second second se										

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Form 990	
Dort VIII	

Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, ar	nd H	ligh	est	Compensated Employ	ees (continued)	
(A)	(8)	(C)						(D)	(E)	(F)
Name and title	Average	Position						Reportable	Reportable	Estimated
	hours	(cł	heck	all t	hat	арр	ly)	compensation	compensation	amount of
	per			Ĩ				from	from related	other
	week	_)]te		the	organizations	compensation
	(list any	recto				уdша		organization	(W-2/1099-MISC)	from the
	hours for	or da				ated		(W-2/1099-MISC)		organization
	related	uslee	frusti		22	suadi				and related
	organizations below	al leu	le noc		ploy	tcom				organizations
	line)	Indendual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) CHRISTOPHER SPERON	37.50	5	5	ē	¥	1	8			
VP DEVELOPMENT	37.50				x			226 620	0	00 040
(48) MARY BETH MAXWELL	37.50				4		<u> </u>	236,639.	0.	20,842.
SVF, PROGRAMS, TEACHING & TRAINING	37.30				x			220 020	•	27 550
(49) JODEE WINTERHOP	37.50				•	-		228,828.	0.	27,550.
SVP. POLICY & POLITICAL AFFAIRS	37.50				v			222 100		54 64F
(50) OLIVIA ALAIR DALTON	27 50	_			X		\vdash	228,166.	<u> </u>	34,015.
	37.50							004 045		
SVP, COMMUNICATION & MARKETING	28.50				Х		<u> </u>	221,345.	0.	37,573.
(51) ANN CROWLEY	37.50		1						_	
VP MEMBERSHIP & ONLINE STRATEGY	28 50				X			206,747.	0.	19,634.
(52) MARTY ROUSE	37.50									
NATIONAL FIELD DIRECTOR						Х		225,263.	0.	19,986.
(53) SUZANNE SALKIND	37.50						1			
VP HR & LEADERSHIP DEVELOPMENT						Х		220,477.	0.	35,903.
(54) ANDREA GREEN	37.50									
FINANCE DIRECTOR						Х		181,114.	0.	32,396.
(55) SARAH WARBELOW	37.50									
LEGAL DIRECTOR						Х		173,408.	0.	32,002.
(56) DANE GRAMS	37.50									
DIRECTOR, DIRECT RESPONSE						X		173,296.	0.	17,102.
										· <u> </u>
								· · · · · · · · · · · · · · · · · · ·		
								· · · · · · · · · · · · · · · · · · ·		
							-	· · · · · · · · · · · · · · · · · · ·		
				\vdash			-			
	<u> </u>		1							,
Total to Part VII, Section A, line 1c								3,746,215.		429,133.
termine reacting designed of hild to				14. 131 ¹						_ +0, , 1,, .

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Form f				CAMPAIGN,	, INC.		52-1243	457 Page 9
Par								ر
		Check if Schedule O conta	iins a response	or note to any line	a in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns			DARK SHOPS	Contraction of the second	1000	
윤립		Membership dues						5-1-5-1 S.
δų A	C	Fundraising events	1c	2,040,830.				and the main
<u>[</u>]		Related organizations				Test States		2000
S,E		Government grants (contribution						
물리	f	All other contributions, gifts, grants				Carl Strate		
<u>e</u> g		similar amounts not included abov		34,388,004.	Strate and	Ser Mar aller		Section 201
통험		Noncash contributions included in lines		17,876.				
	h	Total. Add lines 1a-1f	(*************************************	►	36,428,834.			1979 1979 1979 1979 1979 1979 1979 1979
		A DUEDMT CINC		Business Code	450.000	ALL CONTRACTOR		A CONTRACTOR OF THE
l și		ADVERTISING	·	541800	450,000.		450,000.	
۲ ۳	b	· · · · · · · · · · · · · · · · · · ·	;					<u> </u>
Program Service Revenue	C L							·
E e	0							
2	e	All other program service rever		}				
		Total. Add lines 2a-2f			450,000.	a Shah Qanazarbay (see		HERLAND DRV ARE
-+	3	Investment income (including a			430,000.			COLORIDA COMPLEXIBILITY
	0	other similar amounts)			67,738.			67,738
	4	Income from investment of tax	evernot bood					01,100
	5	Royalties			614,889.			614,889
	-		(i) Real	(ii) Personal	This will affect on the	10.1.200.0000000000000	STREET, St. St. St.	PERMIT
	6 a	Gross rents	962,042		ALC: NOT			
	b	Less: rental expenses	0		The second second	1.1.1.1.1.1.1.1		
		Rental income or (loss)	962,042			The second second		Barry Constraints
- 1		Net rental income or (loss)			962,042.	Second Spinstering Statistics		962,042
- 1		Gross amount from sales of	(i) Securities	(ii) Other	Section March 1			1004/15/2010 2006
		assets other than inventory	444,067					
	b	Less: cost or other basis				SEALENG SEE		
1		and sales expenses	443,996			REAL STREET		
	С	Gain or (loss)	71		State State			
	d	Net gain or (loss)			71.			71
9		Gross income from fundraising			ALCON STREET	新聞習慣的 是		
venue		including \$2,040 ,					14 12 6 20	
		contributions reported on line	1c). See					State State
Other Re		Part IV, line 18						
8		Less: direct expenses		2,823,167.	10-10 H () = 1			147.525
-		Net income or (loss) from fund			4,775,384.			4,775,384
	9 a	Gross income from garning act						
		Part IV, line 19						
		Less: direct expenses		6,646.	Sector States	CONTRACTOR OF STREET		All Stands and All
		Net income or (loss) from game			101,547.			101,547
	10 a	Gross sales of inventory, less i		2 722 700				
	1	and allowances	8					ALL PROVIDENCES
		Less: cost of goods sold		486,662.	2 226 126	2 226 126	and the blacks	
ŀ	C	Net income or (loss) from sales			2,236,136.	2,236,136.		Laboration and the state of the
ŀ	44 -	Miscellaneous Revenue	±	Business Code		and a final state of the		Hitting Stra
	11 а ь	· · · · · · · · · · · · · · · · · · ·		├ ─── ├				
	b			}ł				
	c d							
	_	All other revenue Total. Add lines 11a-11d				(19/15/18/25/07 CATTON / L	Martin California	Patro and Charles of
	9	Total revenue. See instructions.			45 535 644	2,236,136.	450,000.	6,521,671
	12	I OTAL REVENUE. See INSTRUCTIONS			45,636,641.	<u> 6 630 130 1</u>		

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

	Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part Vill.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			Charles Andread State	
	and domestic governments. See Part IV, line 21	450,931.	450,931.		15 14 20 M 2
2	Grants and other assistance to domestic				的现在分词 化合
	individuals. See Part IV, line 22	108,915.	108,915.		
3	Grants and other assistance to foreign			State State State	
	organizations, foreign governments, and foreign			,中国大学业和1988	
	individuals. See Part IV, lines 15 and 16				the second second
4	Benefits paid to or for members			STEEL CARE CARE	
5	Compensation of current officers, directors,	2 1 24 471	1 252 067	1 500 740	000 700
	trustees, and key employees	3,124,471.	1,353,967.	1,503,742.	266,762.
6	Compensation not included above, to disqualified		1		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0 530 533	6 600 966	2 000 066	006 001
7	Other salaries and wages	9,539,522.	6,623,765.	2,008,866.	906,891.
8	Pension plan accruals and contributions (include	401 042	220 442	104 000	47 574
	section 401(k) and 403(b) employer contributions)	481,943.	329,443.	104,926.	47,574.
9	Other employee benefits	1,235,474.	820,501.	292,319.	122,654.
10	Payroli taxes	936,882.	594,626.	254,709.	87,547.
11	Fees for services (non-employees):				
а			10 075		
þ	•	39,405.	10,075.	29,330.	
C	Accounting	91,840.	456 000	91,840.	
d		456,000.	456,000.	- Providence of the second second state	776 000
8	Professional fundraising services. See Part IV, Ine 17	776,082.			776,082.
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25,	10 401 070	0 500 014	747 111	1 154 749
	column (A) amount, list line 11g expenses on Sch O.)	10,421,873. 269,102.	8,520,014. 264,988.	747,111.	<u>1,154,748.</u> 2,919.
12	Advertising and promotion	4,338,749.	2,166,508.	629,025.	1,543,216.
13	Office expenses	4,000,747.	2,100,000.	029,025.	1,040,410.
14	Information technology				
15	Royalties	1,600,817.	1,059,291.	360,746.	180,780.
16	Occupancy	1,450,372.	1,179,009.	139,424.	131,939.
17	Travel	I,4J0,J72.	1,119,009.	133,464.	131,333.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	4,855,414.	4,347,827.	219,188.	288,399.
19	Conferences, conventions, and meetings		7,577,027.	284.	200,377.
	Interest	201.		2010	
21	Payments to affiliates	289,313.	176,580.	74,980.	37,753.
22	Depreciation, depletion, and amortization	182,372.	25,479.	156,893.	
23	Insurance Other expenses, Itemize expenses not covered	102,372+	25/117+	150,055.	Second States Charles
24	above. (List miscellaneous expenses in line 24e. If line		Contraction of the second	A fair and Prove to	
	24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) PREMIUMS	1,093,984.	804,581.	62,709.	226,694.
	DIDBOR DEGDOMOR	1,009,479.	897,533.	111,946.	220,094.
b	DUES AND SUBSCRIPTIONS	334,710.	225,270.	106,747.	2,693.
C	VOLIDIMINE GUDDODM	41,742.	41,605.	0.	137.
d	All other expenses	37,721.	2,921.	34,023.	777.
	All other expenses	43,167,397.	30,459,829.	6,930,003.	5,777,565.
25	Joint costs. Complete this line only if the organization	10/10//00/*	50125510431		*****
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Carl if following SOP 98-2 (ASC 958-720)	9,210,410.	4,828,702.	219,408.	4,162,300.
+	-	J, 510, 410+	1 7,020,102+	419,2001	
7320	11-28-17				Form 990 (2017)

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2017.04010 HUMAN RIGHTS CAMPAIGN, INCOPRY_1

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Form 990 (HUMAN	RIGHTS	CAMPAIGN,	INC.
Part X	Balance Sheet				
	Check if Schedule	O contains a	a response or	note to any line in th	is Part X

		Check if Schedule O contains a response or note to any line in this Part X			
	_		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,923,104.	1	4,911,228.
	2	Savings and temporary cash investments	3,365,822.	2	501,652.
	3	Pledges and grants receivable, net	21,648.	3	20,217.
	4	Accounts receivable, net	1,403,371.	4	1,179,235.
	5	Loans and other receivables from current and former officers, directors,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1000	STRUCTURE OF STRUCTURE
		trustees, key employees, and highest compensated employees. Complete		231	
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined unde		100	Martin State
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributir	g		
		employers and sponsoring organizations of section 501(c)(9) voluntary	and the state of the		
ets		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	178,473.	8	165,546.
	9	Prepaid expenses and deferred charges	806,245.	9	1,129,896.
	10a	Land, buildings, and equipment: cost or other		12/32	THE PARENTS S.
		basis. Complete Part VI of Schedule D 10a 5,004,456		184	
		Less: accumulated depreciation 10b 4,034,036		10c	970,420.
	11	Investments - publicly traded securities	3,075,554.	. 11	6,598,528.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	4,481,105.	15	4,233,375.
-	16	Total assets. Add lines 1 through 15 (must equal line 34)	16,197,772.	16	<u>19,710,097.</u>
	17	Accounts payable and accrued expenses	3,471,620.	17	5,197,413.
	18	Grants payable		18	
	19	Deferred revenue	1,534,523.	19	933,049.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,		04	
pili		key employees, highest compensated employees, and disqualified persons.		1996	
Lia		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	
	2.3	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Calculate D	71 627		0
	26	Total liabilities. Add lines 17 through 25	<u>71,637</u> . <u>5,077,780</u> .	25	0.
				26	6,130,462.
sa .		Organizations that follow SFAS 117 (ASC 958), check here LX and complete lines 27 through 29, and lines 33 and 34.		100	
20	27		0 720 517		10 107 700
alar	28	Unrestricted net assets	<u>9,729,517.</u> 1,390,475.	27	12,127,728.
Ö	29	Temporarily restricted net assets		28	1,451,907.
ŭ		Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here	A VETTER PLANT OF A PARTY	29	
ц. Ж		and complete lines 30 through 34.		223	
ts	30		Constraints of the State of	1000	and the second second
550	31	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund	· · · · · · · · · · · · · · · · · · ·	30	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	t	31	
Š	33	Total pet assets or fund balancee	11,119,992.	32	12 570 625
	34	Total net assets or fund balances Total liabilities and net assets/fund balances	16,197,772.	33	13,579,635.
		Total liabilities and net assets/fund balances	1 10,131,1/2.	34	19,710,097.

Form 990 (2017)

732011 11-28-17

	990 (2017) HUMAN RIGHTS CAMPAIGN, INC.	52-12	243457	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		,,		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	45,63		
2	Total expenses (must equal Part IX, column (A), line 25)	2	43,16		
3	Revenue less expenses. Subtract line 2 from line 1	_3	2,46		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,11		
5	Net unrealized gains (losses) on investments	5	-	9,6	01.
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	13,57	9,6	35.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 🛄 Cash 🛛 🖾 Accrual 💭 Other		723.00	MAG.	100
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	198		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	0.	2a	sance.	x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	<u>40</u>	10256	1 6 1 2 4
	separate basis, consolidated basis, or both:	Jona	200		24
	Separate basis Consolidated basis Both consolidated and separate basis		1992		183
ь	Were the organization's financial statements audited by an independent accountant?		2b	x	1.100
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa		20	-	
	consolidated basis, or both:	e Dasis,	15.58		
	Separate basis X Consolidated basis Both consolidated and separate basis		1000		1
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		1.5		
	review, or compilation of its financial statements and selection of an independent accountant?	e audit,		x	
	If the organization of its intercease an election of an independent accountant?		20	•	-
3e	If the organization changed either its oversight process or selection process during the tax year, explain in Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	eaule O.	65.22		1
ųα	As a result of a rederal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit	10000	8	35
h	Act and OMB Circular A-1337		3a		X
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?				
-	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		1
			Form	990	(2017)

732012 11-28-17

** PUBL	IC DI	SCLOS	URE	COPY	**
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Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the	organization
-------------	--------------

Schedule	of	Contributors
Scheuule	UI.	Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Employer identification number

	HUMAN RIGHTS CAMPAIGN, INC.	52-1243457
Organization type (chec	sk one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(4) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organization	on is covered by the General Rule or a Special Rule.	

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990 EZ, or 990 PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., on tributions totaling \$5,000 or more during the year.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, ar 990-PF) (2017)

HUMAN RIGHTS CAMPAIGN, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s15,000.	Person X Payroll I Noncash I (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>35,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
³⁴⁵² 11-01-17		Schedule B (Form 16 UMAN RIGHTS CAMPAIGN,	990, 990-EZ, or 990-PF) (201

Page 2

Employer Identification number 52-1243457

Name of organization

HUMAN RIGHTS CAMPAIGN, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$123,303.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u></u> 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>10</u>		s70,000.	Person X Payroll I Noncash I (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>11</u>		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ <u>7,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page 2

Employer identification number 52 - 1243457

Name of organization

HUMAN RIGHTS CAMPAIGN, INC.

Employer identification number

52-1243457

(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
<u>13</u> 		s5,600.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
<u></u>		\$41,609.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
		\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
<u>16</u>		\$ <u>7,427.</u>	Person X Payroll I Noncash (Complete Part II for noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
		\$ <u>8,221.</u>	Person X Payroll Noncash (Complete Part II for noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
18		s6,871.	Person X Payroll Noncash (Complete Part II for noncash contributio
3452 11-01-17		Schedule B (Form	990, 990-EZ, or 990-P

HUMAN RIGHTS CAMPAIGN, INC.

Part I Contributors (see instructions) Lise duplicate copies of Part Lif additional a aaadad

(a)	(b)	(c)	(d)
No.	Name, address, and ZiP + 4	Total contributions	Type of contribut
<u>19</u>		s85,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
20 -		s15,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
_21 _		s14,015.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
22 _		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No	Name, address, and ZIP + 4	Total contributions	Type of contribu
23 _		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$5,687.	Person X Payroll Noncash (Complete Part II for noncash contributio

Page 2

Employer Identification number <u>52</u>-1243457

HUMAN RIGHTS CAMPAIGN, INC.

52-1243457

Employer identification number

(a)	Utors (see instructions). Use duplicate copies of Part I		
No.	(0) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
<u>25</u>		\$13,200.	Person X Payroll Noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
<u>26</u>		\$5,375.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
27		s5,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
		\$180,250.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
30		s10,000.	Person X Payroll Noncash (Complete Part II for
3452 11-01-17			noncash contributio 990, 990-EZ, or 990-PF

HUMAN RIGHTS CAMPAIGN, INC.

Employer Identification number

52-1243457

(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribut
<u>31</u>		\$46,429.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
32		\$7,548.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u> </u>		\$9,250.	Person X Payroll Noncash (Complete Part II fo noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
34	~	\$60,815.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$7,602.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
36		\$12,573.	Person X Payroll Noncash (Complete Part II for

Page 2

Employer Identification number

HUMAN RIGHTS CAMPAIGN, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$ <u>12,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>38</u>		\$7,000.	Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$ <u>23,645.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>40</u>		- \$ <u>40,613.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u></u>		\$ <u>6,930.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>42</u>		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
723452 11-01-17 L8010815 786	22 5783 HRC 2017.04010 HUMAN		990, 990-EZ, or 990-PF) (2017)

HUMAN RIGHTS CAMPAIGN, INC.

Employer identification number

52-1243457

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u>43</u>		\$7,500.	Person X Payroll Noncash (Complete Part II fo noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u>44</u>		\$5,000.	Person X Payroll Noncash (Complete Part II fo noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u>45</u>		\$7,500.	Person X Payroll Noncash (Complete Part II fo noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u>46</u> 		s	Person X Payroll Noncash (Complete Part II fo noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZiP + 4	Total contributions	Type of contribu
47		\$\$	Person X Payroll Noncash C (Complete Part II fo noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		s <u>13,236.</u>	Person X Payroll Noncash (Complete Part II fo noncash contributio

Page 2

Name of organization

Employer Identification number

52-1243457

HUMAN RIGHTS CAMPAIGN, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>49</u>		\$12,023.	Person X Payroll Noncash (Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
	20	s15,000.	Person X Payroll I Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
		\$22,000.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>52</u>		\$7,607.	Person X Payroll I Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
<u>53</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
			Person X

Part I

HUMAN RIGHTS CAMPAIGN, INC.

52-1243457 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
 		\$5,329.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s <u>13,419.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>58</u>		\$6,394.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 59 </u>		\$27,152.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		s50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
723452 11-01-17 10815 7867		Schedule B (Form 5 MAN RIGHTS CAMPAIGN,	990, 990-EZ, or 990-PF) (201

Page 2

Employer identification number

Name of organization

Employer identification number

52-1243457

HUMAN RIGHTS CAMPAIGN, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 61 X Person Payroll 76,629. Noncash Ŝ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 62 Person Payroli 1,220. Noncash \$ (Complete Part II for noncash contributions.) (a)(b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 63 X Person Payroll 5,429. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 64 X Person Payroll 11,667. Noncash S (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 65 X Person Payroll 6,415. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 66 X Person Payroll 15,830. Noncash S (Complete Part II for noncash contributions.) 723452 11-01-17 Schedule B (Form 990, 990-EZ, or 990-PF) (2017) 26 18010815 786783 HRC 2017.04010 HUMAN RIGHTS CAMPAIGN, IN 1

Page 2

HUMAN RIGHTS CAMPAIGN, INC.

Employer Identification number

52-1243457

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u> 67 </u>		\$7,620.	Person X Payroli Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u>68</u>		\$ <u>7,282.</u>	Person X Payroll Noncash (Complete Part II fo noncash contributi
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u> 69 </u>		\$7,000.	Person X Payroll Noncash (Complete Part II fo noncash contributi
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
70		\$8,035.	Person X Payroll Noncash (Complete Part II fo noncash contributi
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$6,972.	Person X Payroll Noncash (Complete Part II fo noncash contributi
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
72		\$ <u>72,275.</u>	Person X Payroll Noncash (Complete Part II fo

Page 2

Name of organization

HUMAN RIGHTS CAMPAIGN, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$6,475.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>21,250.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 76 </u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$16,380.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78		s18,786.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
3452 11-01-17 L0815 78678	3 HRC 2017.04010 H	28 UMAN RIGHTS CAMPAIGN,	990, 990-EZ, or 990-PF) (2017

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Employer identification number 52–1243457

Name of organization

HUMAN RIGHTS CAMPAIGN, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
<u>79</u>		\$10,000.	Person X Payroll I Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
80		ss	Person X Payroll I Noncash I (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
		s10,718.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
82		ss	Person X Payroll Noncash (Complete Part II for noncash contributior
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
83		s <u>68,114.</u>	Person X Payroll I Noncash I (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
84		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributior

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Employer identification number

HUMAN RIGHTS CAMPAIGN, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

· · · · · · · · · · · · · · · · · · ·			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		s	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86		s10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88		\$17,015.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90		s17,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
10815 78678	3 33 HRC 2017.04010 HU	Schedule B (Form O MAN RIGHTS CAMPAIGN,	990, 990-EZ, or 990-PF) (2017)

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Employer identification number 52-1243457

HUMAN RIGHTS CAMPAIGN, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$8,109.	Person X Payroll Noncash (Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
92		\$9,500.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
93		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
94		s6,100.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
95		\$7,905.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
96		s100,815.	Person X Payroll Noncash

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Employer Identification number 52–1243457

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HUMAN RIGHTS CAMPAIGN, INC.

Employer identification number

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
97		\$8,100.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
98		\$9,515.	Person X Payroll I Noncash I (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
99		\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
<u>100</u>		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
<u>101</u>		\$81,516.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
102		s12,258.	Person X Payroll Noncash (Complete Part II for

Name of organization

HUMAN RIGHTS CAMPAIGN, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 103 X Person Payroll 6,352. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 104 X Person Payroll 5,687. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 105 X Person Payroll 7,800. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 106 X Person Payroll 6,169. Noncash S (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 107 X Person Payroll 7,500. Noncash S (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 108 X Person Payroll 105,000. Noncash \$ (Complete Part II for noncash contributions.) 723452 11-01-17 Schedule B (Form 990, 990-EZ, or 990-PF) (2017) 33 18010815 786783 HRC 2017.04010 HUMAN RIGHTS CAMPAIGN,

Employer Identification number 52-1243457

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Name of organization

HUMAN RIGHTS CAMPAIGN, INC.

Employer identification number

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u>109</u>		\$15,000.	Person X Payroll Noncash (Complete Part II fo noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
110		\$ <u>47,444.</u>	Person X Payroll Noncash (Complete Part II fo noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u>111</u>	11	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u>112</u>		s <u>12,832.</u>	Person X Payroll Noncash (Complete Part II fo noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u>113</u>		s5,000.	Person X Payroll Noncash C (Complete Part II fo noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u>114</u>		s10,000.	Person X Payroll Noncash (Complete Part II for noncash contribution)

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Employer identification number 52 - 1243457

HUMAN RIGHTS CAMPAIGN, INC.

Part 1 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
<u>115</u>	· · · · · · · · · · · · · · · · · · ·	\$8,850.	Person X. Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
116		\$24,829.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
<u>117</u>		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>118</u>		\$6,286.	Person X Payroll Noncash (Complete Part II for noncash contribution:
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contributi
<u>119</u>		\$5,000.	Person X Payroll I Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
120		\$84,331.	Person X Payroll I Noncash I (Complete Part II for noncash contribution
			990, 990-EZ, or 990-PF)

Name of organization

HUMAN RIGHTS CAMPAIGN, INC.

Employer identification number

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(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contributio
<u>121</u>		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributio
<u>122</u>		\$17,815.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributi
<u>123</u>		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
<u>124</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
125		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributior
(a)	(b)	(c)	(d)
No	Name, address, and ZIP + 4	Total contributions	Type of contribut
126		\$6,573.	Person X Payroll Noncash (Complete Part II for noncash contribution

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HUMAN RIGHTS CAMPAIGN, INC.

Employer identification number

52-1243457

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
127		\$37,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u>128</u>		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u>129</u>		\$6,700.	Person X Payroll Noncash C (Complete Part II fo noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u>130</u>		\$10,000.	Person X Payroll Noncash C (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u>131</u>		s5,000.	Person X Payroli Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u>132</u>		\$7,000.	Person X Payroll Noncash (Complete Part II for

HUMAN RIGHTS CAMPAIGN, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(a)	(d)
No.	Name, address, and ZIP + 4	(c) Total contributions	(a) Type of contributio
<u>133</u>		\$8,155.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
134		\$90,000.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>135</u>		\$75,000.	Person X Payroli Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
136		s59,500.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
<u>137</u>		\$10,787.	Person X Payroll I Noncash I (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
138		\$6,322.	Person X Payroll Noncash (Complete Part II for noncash contribution
23452 11-01-17	3	Schedule B (Form 8	990, 990-EZ, or 990-PF)
10815 78678		MAN RIGHTS CAMPAIGN,	INC HRE

52-1243457

Employer identification number

Schedule B	(Form	990,	990-EZ,	or 990-	PF)	(2017)
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Employer Identification number

HUMAN RIGHTS CAMPAIGN, INC.

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52-1243457

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u>139</u>		s69,089	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u>140</u>		\$8,115	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u>141</u>		ss	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u>142</u>		s5,323	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u>143</u>		\$5,558	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
144		\$13,500	Person X Payroll Noncash (Complete Part II for noncash contributio

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2017)
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Employer identification number

HUMAN RIGHTS CAMPAIGN, INC.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributi
<u>145</u>		\$14,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributi
146		\$ <u>8,087.</u>	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
<u>147</u>		s9,579.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
<u>148</u>		s10,000.	Person X Payroll I Noncash I (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
149		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
150		\$ <u></u> \$5,000.	Person X Payroll Noncash (Complete Part II for

Page 2 Employer identification number

HUMAN RIGHTS CAMPAIGN, INC.

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributi
<u>151</u> - -		\$16,000.	Person X Payroll I Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
<u>152</u> - -		\$6,836.	Person X Payroll I Noncash I (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
<u>153</u> - -		s7,500.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
<u>154</u> - -		s5,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
155 -		\$550,000.	Person X Payroll I Noncash I (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
<u>156</u> -		\$6,158.	Person X Payroll Noncash (Complete Part II for

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HUMAN RIGHTS CAMPAIGN, INC.

Employer identification number

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(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contributi
<u>157</u>		s <u>13,615.</u>	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributi
<u>158</u>		s5,293.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
<u>159</u>		\$74,871.	Person X. Payroll I Noncash I (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
<u>160</u>		s130,914.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
<u>161</u>		\$295,191.	Person X Payroli Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
162			Person X Payroli Noncash (Complete Part II for

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Name of organization

HUMAN RIGHTS CAMPAIGN, INC.

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
<u>163</u>		\$26,581.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
164		s19,976.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u>165</u>		s100,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
166		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
<u>167</u>		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
168		s40,000.	Person X Payroll Noncash

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Employer Identification number

HUMAN RIGHTS CAMPAIGN, INC.

52-1243457 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions Type of contribution** 169 X Person Payroll 8,050. Noncash S (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 170 X Person Payroll 50,000. Noncash S (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions Type of contribution** 171 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 172 X Person Payroll 5,373. Noncash S (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 173 X Person Payroll 18,315. Noncash S (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 174 X Person Payroll 13,594. Noncash \$ (Complete Part II for noncash contributions.) 723452 11-01-17 Schedule B (Form 990, 990-EZ, or 990-PF) (2017) 44 18010815 786783 HRC 2017.04010 HUMAN RIGHTS CAMPAIGN, IN 1

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2017)
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Employer identification number

HUMAN RIGHTS CAMPAIGN, INC.

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 175 X Person Payroll 13,500. Noncash S (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 176 X Person Payroll 12,000. Noncash S (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 177 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) **(b)** (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 178 X Person Payroll 11,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 179 X Person Payroll 19,832. Noncash S (Complete Part II for noncash contributions.) (a)(b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions Type of contribution** 180 X Person Payroll 5,344. Noncash S (Complete Part II for noncash contributions.) 723452 11-01-17 Schedule B (Form 990, 990-EZ, or 990-PF) (2017) 45 18010815 786783 HRC HR 2017.04010 HUMAN RIGHTS CAMPAIGN, IN 1

HUMAN RIGHTS CAMPAIGN, INC.

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(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u>181</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u>182</u>		s7,879.	Person X Payroll Noncash (Complete Part II fo noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u>183</u>		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II fo noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u>184</u>		\$17,725.	Person X Payroll Noncash (Complete Part II fo noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u>185</u>		\$5,893.	Person X Payroll Noncash (Complete Part II fo noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZiP + 4	Total contributions	Type of contribu
186		\$25,145.	Person X Payroll Noncash (Complete Part II fo

Schedule E	3 (Form 9	990, 990-EZ	2, or 990-Pf	-) (2017)

Employer identification number

52-1243457

HUMAN RIGHTS CAMPAIGN, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
188		s5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
189		s5,000.	Person X Payroll I Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
<u>190</u>		s10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
<u>191</u>		s5,051.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
192			Person X Payroll

Schedule B (Form 99	0, 990-EZ,	, or 990-PF)	(2017)
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Employer identification number

52-1243457

HUMAN RIGHTS CAMPAIGN, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>.93</u>		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>194</u>		\$6,293.	Person X Payroll Noncash (Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
<u>195</u>		s <u>35,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
196		\$5,145.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>197</u>		s5,145.	Person X Payroll Noncash (Complete Part II for noncash contribution)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
198		\$5,000.	(Complete Part II for noncash contribution
23452 11-01-17		Schedule B (For	m 990, 990-EZ, or 990-PF)

Schedule 8 (Form 990, 990-EZ, or 990-PF) (201	7)
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Page 2

Employer identification number

52-1243457

HUMAN RIGHTS CAMPAIGN, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>199</u>		s6,000.	Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
200		s9,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
201		\$8,000.	Person X Payroll I Noncash I (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
202		s5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
203		\$100,000.	Person X. Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
204		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions
23452 11-01-17 10815 78678	49 33 HRC 2017.04010 HUN	Schedule B (Form 9 MAN RIGHTS CAMPAIGN,	1990, 990-EZ, or 990-PF) (

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

HUMAN RIGHTS CAMPAIGN, INC.

Employer Identification number

52-1243457

(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribut
205		\$23,000.	Person X Payroll I Noncash I (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
206		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
207		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
208		\$7,282.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
209		\$7, <u>440.</u>	Person X. Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
210		\$ <u>35,429</u> .	Person X Payroll Noncash (Complete Part II for noncash contributio

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

HUMAN RIGHTS CAMPAIGN, INC.

52-

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
<u>211</u>		\$70,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
212		s <u>7,258.</u>	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u>213</u>		s3,000.	Person X Payroll I Noncash I (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
214		\$ <u>8,744.</u>	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
215		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No	Name, address, and ZIP + 4	Total contributions	Type of contribu
216		s6,600.	Person X Payroll Noncash (Complete Part II for noncash contributio

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52-1243457

Employer Identification number

Schedule 8	3 (Form	990,	990-EZ,	or 990-PF)	(2017)

Page 2

Employer identification number

52-1243457

HUMAN RIGHTS CAMPAIGN, INC.

(a)			
<u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
217		s75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
218		\$ <u></u> \$000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>219</u>		\$23,573.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
220		\$87,268.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
222			Person X

Schedule 8 (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

HUMAN RIGHTS CAMPAIGN, INC.

52-1243457

Name, address, and ZIP + 4	Total contributions	Type of contributi
		Person X
9.	\$6,500.	Payroll Noncash (Complete Part II for
(b)	(c)	noncash contribution
Name, address, and ZIP + 4	Total contributions	Type of contributi
	s47,000.	Person X Payroli Noncash (Complete Part II for noncash contribution
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
	s11,703.	Person X Payroll Noncash (Complete Part II for noncash contribution
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
	\$5,000.	Person X Payroli Noncash (Complete Part II for noncash contribution
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
	\$14,615.	Person X Payroll Noncash (Complete Part II for noncash contribution
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
	\$ <u>5,949.</u>	Person X Payroll Noncash (Complete Part II for noncash contribution
	(b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4	Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 (c) (b) (c) Name, address, and ZIP + 4 (c) (b) (c) Name, address, and ZIP + 4 (c) (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions

Schedule B (Forr	n 990, 990	D-EZ, or 99	90·PF) (2017)
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Employer identification number

52-1243457

HUMAN RIGHTS CAMPAIGN, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No. 229 (a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions \$26,137.	(d) Type of contribution Person X Payroll Noncash (Complete Part II for
(a) No.		\$26,137.	Payroll Noncash
No.		—	noncash contributions.)
	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
230		\$13,070.	Person X Payroll Noncash (Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
		\$5,044.	Person X Payroll I Noncash I (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
232		\$7,542.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
233		\$5,995.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
234		\$10,000.	Person X Payroll Noncash (Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF)	(2017)
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Employer Identification number

HUMAN RIGHTS CAMPAIGN, INC.

52-1243457

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributi
235		\$9,474.	Person X Payroll I Noncash I (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributi
236		s7,258.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
237		\$10,834.	Person X Payroll I Noncash I (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
<u>238</u>		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
<u>239</u>		\$\$	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
240		s13,050.	Person X Payroll Noncash (Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PP) (2017)	<u>Schedule B (Form 990, 990-EZ,</u>	, or 990-PF) (2017)
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Employer identification number

HUMAN RIGHTS CAMPAIGN, INC.

52-1243457

Part I Contri	butors (see instructions). Use duplicate copies of Part I i	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
241		\$10,880.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
242		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,205.	Person X Payroll Noncash (Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
244		\$7,200.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
245		\$6,218.	Person X Payroll Noncash (Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
246		\$5,674.	Person X Payroll Noncash (Complete Part II for noncash contributions.
23452 11-01-17 10815 7867		Schedule B (Form 56 WMAN RIGHTS CAMPAIGN,	990, 990-EZ, or 990-PF) (2

Employer identification number

HUMAN RIGHTS CAMPAIGN, INC.

52-1243457

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
247		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
248		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
249		\$5,755.	Person X Payroli Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
250		\$5,500.	Person X Payroll Noncash C (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
251		\$6,163.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
252		s12,500.	Person X Payroll Noncash

Schedule B (F	orm 990, 99	0-EZ, or 9	90-PF) (2017)
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Page 2 Employer identification number

52-1243457

HUMAN RIGHTS CAMPAIGN, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.53		\$5,600. 	Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$12,000. 	Person X Payroli I Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>6,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
256		\$27,867.	Person X Payroll I Noncash I (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
<u>257</u>		\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions
452 11-01-17 0815 78678	58 3 HRC 2017.04010 HUMAN		Schedule B (Form

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)	Schedule	B (Form 99	90, 990-EZ, -	or 990-PF)	(2017)
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Employer identification number

52-1243457

HUMAN RIGHTS CAMPAIGN, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
259		\$6,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_260		\$7,974.	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
261		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
262		s5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
263		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		ss	Person X Payroll Noncash (Complete Part II for noncash contributions.)
23452 11-01-17 10815 78678	59 33 HRC 2017.04010 HUM	Schedule B (Form) IAN RIGHTS CAMPAIGN,	990, 990-EZ, är 990-PF) (2

Schedule B (Form 990, 990-EZ, or 990-PF)	(2017)
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	Page 2
Employer identification	number

52-1243457

HUMAN RIGHTS CAMPAIGN, INC.

(a) No.	4.5		
	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
265		s6,161.	Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
266		\$ <u> </u>	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_267		s6,036.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
268		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
269		\$14,000.	Person X. Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person X Payroli

Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2017)
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Employer Identification number

(Complete Part II for noncash contributions.)

> Person Payroll

Noncash

ICOPY INCOPY

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

(Complete Part II for noncash contributions.)

(d)

Type of contribution

X

1

•			
UMAN RIGHTS	CAMPAIGN, INC.		52-1243457
Part I Contribu	Itors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
271		\$6,90	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
272		\$75,00)0. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
273		\$30,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
274		\$50,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
275		\$5,00	Person X Payroll) () . Noncash

\$

(c)

Total contributions

5,000.

61 2017.04010 HUMAN RIGHTS CAMPAIGN,

(b)

Name, address, and ZIP + 4

18010815 786783 HRC

(a)

No.

276

723452 11-01-17

Schedule B	(Form 990,	990-EZ, o	r 990-PF)	(2017)

HUMAN RIGHTS CAMPAIGN, INC.

Name of organization

Employer identification number

52-1243457

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
277		\$ <u>5,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
278		\$43,944.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
<u>279</u>		s10,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
280		\$6,250.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
281		\$ <u>1,210,807.</u>	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
282		s9,575.	Person X Payroll I Noncash I (Complete Part II for noncash contribution
3452 11-01-17		Schedule B (Form	990, 990-EZ, or 990-PF)

	Schedule B	(Form 990,	990·EZ,	or 990-PF)	(2017)
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Employer identification number

HUMAN RIGHTS CAMPAIGN, INC.

52-1243457

(a)	(b)	(c)	(d)
<u>No</u> .	Name, address, and ZIP + 4	Total contributions	Type of contribut
283	8	\$78,950.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
284		\$15,000.	Person X Payroll I Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
285		s5,311.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
286		s13,320.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
287		\$ <u>5,900</u> .	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
288		\$5,800.	Person X Payroll Noncash (Complete Part II for noncash contributio

Schedule B (Form 990, 990 EZ, or 990 PF) (2017)

Name of organization

Employer Identification number

HUMAN RIGHTS CAMPAIGN, INC.

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52-1243457

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
289		s5,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributi
290		s <u>55,000.</u>	Person X Payroll I Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributi
291		s13,000.	Person X Payroll I Noncash I (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
<u>No</u> .	Name, address, and ZIP + 4	Total contributions	Type of contribut
<u>292</u>		\$ <u>7,000.</u>	Person X Payroll I Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
<u>293</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
294		\$79,358.	Person X Payroll Noncash (Complete Part II for

Schedule	B	(Form 990,	990-EZ,	or 990-PF)	(2017)

Employer Identification number

52-1243457

HUMAN RIGHTS CAMPAIGN, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No	Name, address, and ZIP + 4	Total contributions	Type of contributio
295		\$10,456.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributi
296		\$8,600.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributi
297		\$7,000.	Person X Payroli I Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributi
<u>298</u>		\$14,864.	Person X Payroll Noncash (Complete Part II for noncash contributior
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
299		\$ <u></u> 3,000.	Person X Payroll I Noncash I (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
300		\$15,000.	Person X Payroll Noncash (Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (20	17)
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Employer Identification number

52-1243457

HUMAN RIGHTS CAMPAIGN, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributio
301		s6,145.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributic
302		\$ <u>5,915.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
303		\$81,429.	Person X Payroll Noncash (Complete Part II for noncash contribution:
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
304		\$34,313.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
305		\$18,780.	Person X Payroll I Noncash I (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
306		\$6,320.	Person X Payroll Noncash (Complete Part II for noncash contribution
23452 11-01-17		Schedule B (Form 5 6	990, 990-EZ, or 990-PF)
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Schedule	8	(Form	990,	990·EZ,	ог	990-PF)	(2017)
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HUMAN RIGHTS CAMPAIGN, INC.

Employer identification number

52-1243457

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribut
307		\$17,000.	Person X Payroll I Noncash I (Complete Part 11 for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
308		\$5,000.	Person X Payroll Noncash C (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
309		\$7,865.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
310		s5,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
311		\$5,780.	Person X Payroll C Noncash C (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
312		s5,000.	Person X Payroll Noncash (Complete Part II fo noncash contributio

Schedule B	(Form 990,	990-EZ, c	or 990-PF)	(2017)
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Employer Identification number

52-1243457

HUMAN RIGHTS CAMPAIGN, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
<u>313</u>		\$6,316.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
314		\$9,550.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
315		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
316		s11,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
317		\$6,692.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
318		s10,000.	Person X Payroll Noncash (Complete Part II for
			noncash contribution

Schedule B (Form 990, 990)·EZ, or 990·PF) (2017)
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Employer identification number

HUMAN RIGHTS CAMPAIGN, INC.

52-1243457

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
319		\$185,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
320		\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
321	×	s5,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
322		\$42,500.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
323		\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
324		\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributio

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer Identification number

HUMAN RIGHTS CAMPAIGN, INC.

52-1243457

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
325		\$14,100.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
326		\$80,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
327		\$32,573.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
328		s17,573.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
329		\$12,460.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
330		\$172,044.	Person X Payroll Noncash (Complete Part II for

HUMAN RIGHTS CAMPAIGN, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>150,000.</u>	Person X. Payroll . Noncash . (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
332		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
333		\$39,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_334		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
335		\$ <u>80,000.</u>	Person X Payroll I Noncash I (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
336		\$ <u>7,073.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
723452 11-01-	71		990, 990-EZ, or 990-PF) (2017
010815	786783 HRC 2017.04010 HUMAN	RIGHTS CAMPAIGN,	INC. HRC1

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Employer identification number 52-1243457

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HUMAN RIGHTS CAMPAIGN, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 337 X Person Payroll 6,667. Noncash Ŝ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 338 X Person Payroll 5,081. Noncash S (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 339 X. Person Payroll 6,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 340 X Person Payroll 11,840. S Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions Type of contribution** 341 Person Payroll 17,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 342 X Person Payroll 10,000. Noncash Ŝ (Complete Part II for noncash contributions.) 723452 11-01-17 Schedule B (Form 990, 990-EZ, or 990-PF) (2017) 72

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Employer identification number

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Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Part I

Employer Identification number

HUMAN RIGHTS CAMPAIGN, INC.

52-1243457 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
343		s <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
344		\$85,000.	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
345		\$ <u>13,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
346		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
347		\$ <u> </u>	Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
348		\$ <u>7,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
723452 11-01-1 18010815	73 786783 HRC 2017.04010 HUMAN		990, 990-EZ, or 990-PF) (2017

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Schedule B	l (Form 990,	990-EZ,	or 990-PF)	(2017)
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Page 2 Employer Identification number

52-1243457

HUMAN RIGHTS CAMPAIGN, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribu
349		\$ 7,680. \$ 7,680. Person Payroll Payroll Complete Part II fo noncash contribution
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribu
350		\$ 16,500. Person X Payroll Noncash Complete Part II for noncash contribution
(a)	(b)	(c) (d)
No.	Name, address, and ZiP + 4	Total contributions Type of contribu
351		\$ 25,000. Person X (Complete Part II for noncash contribution)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribu
352		Person X \$\$,000. Payroll \$\$,000. Noncash (Complete Part II for noncash contribution)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contributions
353		S 12,130. Person Payroll Noncash X (Complete Part II for noncash contribution
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contrib
		Person

Employer identification number

52-1243457

HUMAN RIGHTS CAMPAIGN, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 355</u> <u> </u>		s <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
356		\$ <u></u> 150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
357		\$5,829. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
358	· · · · · · · · · · · · · · · · · · ·	- s <u>25,000.</u> -	Person X. Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
359		\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
360		\$19,422.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
723452 11-01-17	75		990, 990-EZ, or 990-PF) (2017
010815 78678	83 HRC 2017.04010 HUMAN	RIGHTS CAMPAIGN,	INC. HRC1

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Schedule B (Form 990, 990-EZ, or 990-PF) (2017)	Schedule E	3 (Form	990,	990-EZ,	or 990-PF)	(2017)
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Employer Identification number

HUMAN RIGHTS CAMPAIGN, INC.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
361		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
362		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
363		\$ <u>6,372</u> .	Person X Payroll Noncash (Complete Part II fo noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
364		\$17,858.	Person X Payroll Noncash (Complete Part II fo noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
365		\$5,537.	Person X Payroll Noncash (Complete Part II fo noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
366		s5,000.	Person X Payroll Noncash (Complete Part II fo noncash contributio

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer Identification number

HUMAN RIGHTS CAMPAIGN, INC.

52-1243457 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 367 X Person Payroll 7,850. S Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 368 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 369 X. Person Payroll 10,000. Noncash Ś (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Type of contribution Name, address, and ZIP + 4 **Total contributions** 370 X Person Payroll 7,340. Noncash ŝ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 371 IX. Person Payroll 12,000. Noncash ŝ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 372 X Person Payroll 5,365. Noncash Ŝ (Complete Part II for noncash contributions.)

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723452 11-01-17

Schedule B	(Form 990), 990 ∙EZ ,	or 990-PF)	(2017)
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Employer Identification number 52–1243457

HUMAN RIGHTS CAMPAIGN, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

373 (a) No. 374 (a) No. (a) No. (a) No. (a) No. (a) No. (a) No. (a) No.	(b) Name, address, and ZiP + 4 (b) Name, address, and ZIP + 4	\$ <u>5,000.</u> (c) Total contributions \$ <u>6,200.</u> (c) Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions (d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contribution (d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions \$ 6,200. (c) (c)	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contribution) (d)
(a) No. 375 	.,	(c)	Payroll Noncash (Complete Part II for noncash contribution (d)
No.	.,		
(a) No.			1
No.		\$ <u>20,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contribution
	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
376		- \$ <u>9,541.</u>	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
377		- s <u>6,924.</u>	Person X Payroll Noncash (Complete Part II for noncash contributior
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
378		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contribution 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990 EZ, or 990 PF) (2017)

Name of organization

Employer Identification number

HUMAN RIGHTS CAMPAIGN, INC.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
379		s5,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
380		\$27,744.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
381		s25,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
382		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
383		\$21,331.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
384		s15,629.	Person X Payroll Noncash (Complete Part II for noncash contributio

HUMAN RIGHTS CAMPAIGN, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 385 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions Type of contribution** 386 X Person Payroll 20,000. Noncash S (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 387 X Person Payroll 7,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 388 X Person Payroli 7,379. Noncash S (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 389 \mathbf{X} Person Payroll 23,000. Noncash S (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 390 X Person Payroll 5,000. Noncash S (Complete Part II for noncash contributions.) 723452 11-01-17 Schedule B (Form 990, 990-EZ, or 990-PF) (2017) 80 2017.04010 HUMAN RIGHTS CAMPAIGN, T. 1

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Employer identification number 52-1243457

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Schedule B	(Form 990,	990·EZ,	or 990-PF)	(2017)
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Employer identification number

HUMAN RIGHTS CAMPAIGN, INC.

	Name, address, and ZIP + 4	Total contributions	(d) Type of contributio
<u>391</u>		- \$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
<u>392</u>		s60,000. s	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
<u>393</u>		- \$7,200.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
<u>394</u>		- s <u>7,000.</u>	Person X Payroll D Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
<u>395</u>		- _ \$5,964. -	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
396		s <u>36,224.</u>	Person X Payroll Noncash (Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Part I

(a)

No.

397

(a)

No.

398

(a)

No.

399

HUMAN RIGHTS CAMPAIGN, INC.

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. **(b)** (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution X Person Payroll 6,500. Noncash S (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution X Person Payroll 15,288. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution X Person Payroll 7,500. Noncash \$ (Complete Part II for noncash contributions.)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
400		\$ <u>24,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
401		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
402		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part It for noncash contributions.)
723452 11-0	11-17	Schedule B (Form 9	990, 990-EZ, or 990-PF) (2017)

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2017.04010 HUMAN RIGHTS CAMPAIGN, INCOMPY

1

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

HUMAN RIGHTS CAMPAIGN, INC.

Employer Identification number

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributi
<u>403</u>		s11,600.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributi
404		s <u></u> s	Person X Payroll D Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
<u>405</u>		s20,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
406		\$11,166.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
407		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
408		\$8,687.	Person X Payroll Noncash (Complete Part II for noncash contribution

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
<u>409</u>		\$5,076.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
410		\$5,000.	Person X Payroll I Noncash I (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
<u>411</u>		ss	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
412		\$9,315.	Person X Payroll Noncash (Complete Part II for noncash contribution:
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
413		s5,725.	Person X Payroll I Noncash I (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
414		s <u>35,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contribution
23452 11:01:17 10815 7867		Schedule B (Form 84 UMAN RIGHTS CAMPAIGN,	(Coi non n 990, 9

HUMAN RIGHTS CAMPAIGN, INC.

Name of organization

Employer Identification number

52-1243457

Page 2

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)	Schedule	В	(Form	990,	990-EZ,	OF 9	990·PF)	(2017)	ı.
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Page 2

HUMAN RIGHTS CAMPAIGN, INC.

Employer identification number

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
415		\$6,745.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u>416</u>		\$ <u></u> 27,500.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
417		\$6,074.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
418		\$6,887.	Person X Payroll Noncash (Complete Part II fo noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
419		\$12,215.	Person X Payroll Noncash (Complete Part II fo noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
420		s5,145.	Person X Payroll Noncash (Complete Part II fo noncash contribution

Schedule B (F	⁻ orm 990, 99	0-EZ, or 9	90·PF) (20	17)
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Page 2 Employer identification number

HUMAN RIGHTS CAMPAIGN, INC.

aproport accumentation name.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
421		\$15,515.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
<u>422</u>		\$11,400.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
<u>423</u>		s5,000.	Person X Payroli Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
424		s5,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No	Name, address, and ZIP + 4	Total contributions	Type of contribut
425		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
426		s14,726.	Person X Payroll Noncash (Complete Part II for noncash contributio

Schedule E	3 (Form 990,	990·EZ,	or 990-PF)	(2017)

Employer identification number

HUMAN RIGHTS CAMPAIGN, INC.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
<u>427</u>		\$ <u>40,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
428		\$ <u></u> 6,795.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
429		s99,523.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
430		\$\$	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
431		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
432		\$ <u>41,214.</u>	Person X Payroll Noncash (Complete Part II for noncash contributio

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer Identification number

HUMAN RIGHTS CAMPAIGN, INC.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributi
433		s11,528.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributi
434		\$ <u>9,774.</u>	Person X Payroll D Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
435		\$28,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
436		\$7,500.	Person X Payroll I Noncash I (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
437		\$12,180.	Person X Payroll I Noncash I (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
438		\$6,050.	Person X Payroll Noncash (Complete Part II for noncash contribution

Schedule E	3 (Form 990	990-EZ,	or 990-PF)	(2017)
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Employer Identification number

HUMAN RIGHTS CAMPAIGN, INC.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributio
<u>439</u>		\$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
440		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
441		s <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
442		\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
443		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
444		\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
	-17	Schedule B (Form	990, 990-EZ, or 990-PF)

Employer Identification number

HUMAN RIGHTS CAMPAIGN, INC.

52-1243457

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributio
445		\$10,887.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributi
446		s12,073.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributi
447		\$636,465.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
448		\$5,405.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
449		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
450		ss	Person X Payroll Noncash (Complete Part II for noncash contribution

Page 2

Employer identification number

HUMAN RIGHTS CAMPAIGN, INC.

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributio
<u>451</u>		s5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
452		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
		\$	Person Payroll Payroll Poncash Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
		\$	Person Payroll Payroll Payroll Payroll Payroll Parcesh Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
		\$	Person Payroll Payroll Poncash Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
		\$	Person Payroll Payroll Payroll Payroll Payroll Part II for noncash contribution

Schedule B (Form 990,	990-EZ,	or 990-PF) (2017)
Name of organization		

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Page 3 Employer identification number

HUMAN RIGHTS CAMPAIGN, INC.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	CATERING	_	
353		_	
		\$12,130.	_03/17/18
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I	Description of Holicash property given	(See instructions.)	Date received
		_	
		s	
(a) No.	(b)	(c)	(b .)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No.	(b)	(c)	(4)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from	(b)	(c) FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions.)	Date received
		_	
		\$	
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See Instructions.)	Date received
		_	
		\$	
23453 11-01	92	Schedule B (Form	990, 990-EZ, or 990-PF)

ne of orga	(Form 990, 990 EZ, or 990 PF) (2017 Inization	·	Pa
	RIGHTS CAMPAIGN, I	NC.	52-1243457
art III	the year from any one contributor. C	Complete columns (a) through (e) and the followin rely religious, charitable, etc., contributions of \$1,000 or les	section 501(c)(7), (8), or (10) that total more than \$1,000 to Ing line entry. For organizations is for the year. (Enter this info, once) \blacktriangleright \$
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, ad	dress, and ZIP + 4	Relationship of transferor to transferee
No			·······
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			_
Γ		(e) Transfer of gift	
	Transferee's name, ad	dress, and ZIP + 4	Relationship of transferor to transferee
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
F		(e) Transfer of gift	
-	Transferee's name, ad	Idress, and ZIP + 4	Relationship of transferor to transferee
No. om irt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	· · ·	(e) Transfer of gift	
	Transferee's name, ad	idress, and ZIP + 4	Relationship of transferor to transferee

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SCHEDULE C	l Po	litical Campaign a	nd Lobbvina	Activities		OMB No. 1545-0047
(Form 990 or 990-EZ)						2017
						2011
Department of the Treasury	-	if the organization is described I			990-EZ.	Open to Public
Internal Revenue Service If the organization ans: • Section 501(c)(3) org. • Section 501(c) (other • Section 501(c) (other • Section 527 organization ans: • Section 501(c)(3) org. • Section 501(c)(3) org. If the organization ans: Tax) (see separate inst • Section 501(c)(4), (5) Name of organization Part I-A Completion 1 Provide a description	► G wered "Yes," on ganizations: Com- r than section 50 ations: Complete wered "Yes," on ganizations that I ganizations that I ganizations that I wered "Yes," or ructions), then), or (6) organization HUMAN R ete if the organization on of the organization	to to www.irs.gov/Form990 for in Form 990, Part IV, line 3, or Form plete Parts I-A and B. Do not com D1(c)(3)) organizations: Complete F	Instructions and the lat m 990-EZ, Part V, line plete Part I-C. Parts I-A and C below. D m 990-EZ, Part VI, line der section 501(h)): Com n under section 501(h)): Tax) (see separate ins NC . r section 501(c) of I campaign activities in 1	est information. 46 (Political Cam to not complete Par 47 (Lobbying Ac aplete Part II-A. Do Complete Part II- structions) or Form r is a section S Part IV.	paign Ac art I-B. tivities), not com B. Do not Do not m 990-E Employ	Inspection tivities), then then plete Part II-B. t complete Part II-A. Z, Part V, line 35c (Proxy rer Identification number 52–1243457 ganization. 290, 554.
3 Volunteer hours for						6,867.
Part I-B Compl	ata lí tha an	anization is avauat unde				
		ganization is exempt unde incurred by the organization unde			► s	
		incurred by organization manager			(ma)	
		on 4955 tax, did it file Form 4720 fo				
4a Was a correction n						
b If "Yes," describe i	n Part IV.	ganization is exempt unde	r contion 501/o)	woont conting	501/0	1/21
				-		0.
		d by the filing organization for sec nization's funds contributed to oth			▶\$_	0.
 Enter the amount (exempt function as 			-		. 🕨 s	0.
•		s. Add lines 1 and 2. Enter here an			888 4 -	
	•				►s	
		1120-POL for this year?				Yes No
5 Enter the names, a made payments. F contributions rece	ddresses and er or each organiza ived that were pr nmittee (PAC). If	mployer identification number (EIN ation listed, enter the amount paid romptly and directly delivered to a additional space is needed, provi	I) of all section 527 polit from the filing organiza separate political organ de information in Part IV	ical organizations tion's funds. Also hization, such as a f.	to which enter the separate	amount of political a segregated fund or a
(a) Nam	6	(b) Address	(c) EIN	(d) Amount paid filing organizati funds. If none, er	ion's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
		WASHINGTON, DC				
HRC EQUALITY	VOTES	20036	26-1206256		0.	857,037.
Eas Damasurado Dantes			00 000 57		advaller 🕶 🕻	Farm 000 as 000 ETh 0041
For Paperwork Reduc	tion Act Notice,	see the Instructions for Form 9	30 OF 930-EZ.	Sche	adnie C (Form 990 or 990-EZ) 2017

SEE PART IV FOR CONTINUATION

732041 11-09-17

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15510815 786783 HRC

94 2017.04010 HUMAN RIGHTS CAMPAIGN, INCORY____1

Schedule C (Form 990 or 990 EZ) 2017 HU Part II-A Complete if the organ	MAN RIGH	ITS CAMPAIGN,	INC.	52-1	243457 Page 2	
section 501(h)).	ization is ex	empt under sectio	n sur(c)(s) and the	e) 801C mior Di	lection under	
A Check if the filing organization expenses, and share or	f excess lobbyir	affiliated group (and list in ng expenditures). and "limited control" pro		group member's nan	ne, address, EIN,	
Limits o	n Lobbying Ex	· · · · · ·		(a) Filing organization's totals	(b) Affiliated group totals	
1a Total lobbying expenditures to influen	ce public opinio	n (grass roots lobbying)				
b Total lobbying expenditures to influen	ce a legislative l	oody (direct lobbying)				
c Total lobbying expenditures (add lines	1a and 1b)					
d Other exempt purpose expenditures						
e Total exempt purpose expenditures (a						
f Lobbying nontaxable amount. Enter the lift the amount on line 1e, column (a) or (b)				Matter and South and	International Control	
Not over \$500,000	4	obbying nontaxable am of the amount on line 1e	i .			
Over \$500,000 but not over \$1,000,00		,000 plus 15% of the exc				
Over \$1,000,000 but not over \$1,500.		,000 plus 10% of the exc			Less Les M	
	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	\$1,00	00,000.			EAR COLOR	
				1314年1月1日1月1日	和某些常常的问题 。	
 g Grassroots nontaxable amount (enter h Subtract line 1g from line 1a. If zero or i Subtract line 1f from line 1c. If zero or j If there is an amount other than zero or 	r less, enter -0- less, enter -0-					
reporting section 4911 tax for this yea	ir?				Yes No	
(Some organizations that	made a sectio	Averaging Period Under n 501(h) election do not parate instructions for li	have to complete all o	of the five columns	below.	
	Lobbying Ex	penditures During 4-Ye	ar Averaging Period			
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total	
2a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))				L'albert		
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2017

732042 11-09-17

Schedule C (Form 990 or 990-EZ) 2017 HUMAN RIGHTS CAMPAIGN, INC.

52-1243457 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 11 below, provide in Part IV a detailed description		(a))
f the lobbying activity.	Yes	No	Amount	
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:	1. 6. 8 1.			
a Volunteers?				
 b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? 				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?	8			
f Grants to other organizations for lobbying purposes?	8			_
g Direct contact with legislators, their staffs, government officials, or a legislative body?				-
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i	行动的进步。	1198-24		
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			の変活があり	igal i
b If "Yes," enter the amount of any tax incurred under section 4912	SHEERS	3013132		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	20122			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	· · · · · ·		P.550009003	1.20
Part III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	ion 501(c)((5), or se	ection	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		∞ 1	X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 	the prior year ion 501(c)	2 ? 3 (5), or se	ection	X X 1e 3, i
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	the prior year ion 501(c) d "No," OF	2 (5), or se R (b) Par	ection	X
 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 	the prior year ion 501(c) d "No," OF	2 (5), or se R (b) Par	ection	Х
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 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politiex expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groutstructions); and Part II-B, line 1. Also, complete this part for any additional information. PART I - A, LINE 1: 	the prior year ion 501(c) d "No," OF tical tical xcess political up list); Part II	2 3 (5), or se (b) Par 1 2a 2b 2c 3 4 5 ·A, lines 1 PE ELE	and 2 (see	3 1e 3,
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PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFORMATION:

Schedule C (Form 990 or 990-EZ) 2017

_1

15510815 786783 HRC

732043 11-09-17

	(Form 990 or 990 EZ) 2017			CAMPAIGN,	INC.
Part IV	Supplemental Inforr	nation (co	ntinued)		_

52-1243457 Page 4

HRC EQUALITY VOTES

1640 RHODE ISLAND AVENUE, NW WASHINGTON, DC 20036

Schedule C (Form 990 or 990-EZ) 2017 732044 11-09-17 97 97 15510815 786783 HRC 2017.04010 HUMAN RIGHTS CAMPAIGN, INC. 1

					OMB No. 1545-0047		
SCHEDULE D Supplemental Financial Statements –							
(Form	1990)	Part IV, line 6, 7, 8, 9, 10	anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		ZUI /		
	Revenue Service		Attach to Form 990. 90 for instructions and the latest information.		Open to Public Inspection		
Name	of the organizatio			Emp	loyer identification number 52-1243457		
Par	t I Organiza		d Funds or Other Similar Funds or A	ccou			
		answered "Yes" on Form 990, Part IV, lin					
			(a) Donor advised funds (i	o) Fun	ds and other accounts		
1		d of year					
2		contributions to (during year)					
3		grants from (during year)					
4 5		end of year	writing that the assets held in donor advised fun				
9	-		exclusive legal control?		Yes No		
6			advisors in writing that grant funds can be used o				
-			or donor advisor, or for any other purpose confer	•			
				-	Yes No		
Par	t II Conserva	ation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part IV,	line 7	•		
1	Purpose(s) of cons	ervation easements held by the organizat	ion (check all that apply).				
	Preservation	of land for public use (e.g., recreation or e	education) Preservation of a historically	impor	tant land area		
		f natural habitat	Preservation of a certified hi	storic	structure		
_		of open space					
2			fied conservation contribution in the form of a co	nserva			
-	day of the tax year			1987.22	Held at the End of the Tax Year		
b	Total acreace restr	icted by conservation assements		2a 2b			
c	Number of consen	ation easements on a certified historic st	nucture included in (a)	20 2c			
				2d			
3	Number of conserv	vation easements modified, transferred, re	leased, extinguished, or terminated by the organ	izatio	n during the tax		
	year 🕨				-		
4		where property subject to conservation ea					
5			riodic monitoring, inspection, handling of				
		preement of the conservation easements					
6	Staff and voluntee	r hours devoted to monitoring, inspecting	, handling of violations, and enforcing conservati	on eas	sements during the year		
7					and the state of the		
1	Amount of expens \$	es incurred in monitoring, inspecting, nan	dling of violations, and enforcing conservation ea	iseme	nts during the year		
8		vation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4)(E	าหล			
					Yes No		
9	In Part XIII, describ	be how the organization reports conserval	ion easements in its revenue and expense state	ment.			
	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 ease	ments.		-	-		
Par			of Art, Historical Treasures, or Other	Simi	lar Assets.		
		the organization answered "Yes" on Form					
1a			SC 958), not to report in its revenue statement a				
			hibition, education, or research in furtherance of	public	service, provide, in Part XIII,		
		note to its financial statements that desc					
D			SC 958), to report in its revenue statement and b				
	relating to these ite		education, or research in furtherance of public se	rvice,	provide the following amounts		
	-				¢		
					\$\$		
2			easures, or other similar assets for financial gain,				
		ints required to be reported under SFAS		10.001C			
а					\$		
	Assets included in						
LHA	For Paperwork Re	eduction Act Notice, see the Instruction	is for Form 990.		Schedule D (Form 990) 2017		
732051	10-09-17						

98 2017.04010 HUMAN RIGHTS CAMPAIGN, INCORY____1

		IGHTS CAMP.								Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, o	r Other	r Simila	r Asse	ts(continu	Jed)
3	Using the organization's acquisition, accessi									
	(check all that apply):				5		,			
а	Public exhibition	d		Loan or exc	hange progra	ms				
ь	Scholarly research	-		Other						
с	Preservation for future generations	-						-		
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets									
-	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arran									
	reported an amount on Form 990, Pa	rt X. line 21.	318 II III9	rorganizatio	AL SWELED	162 0411	-0111 990	, Failiv,	1116 3 ⁴ Ot	
19	Is the organization an agent, trustee, custod		line: for	oontributiou		ente net i	nahudad			<u>`</u>
10									1	—
6	on Form 990, Part X?								Yes	l No
O	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing	table:						
	Proc. P. M. K. K.								Amount	
Ç.	Beginning balance									
a	Additions during the year						. <u>1d</u>			
8	Distributions during the year						<u>1e</u>			
f	Ending balance						1f			
	Did the organization include an amount on F								Yes	<u>⊢</u> №
	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanatio	on has beer	n provided on	Part XIII				
Par	t V Endowment Funds. Complete i		swered	"Yes" on F	1	1				
		(a) Current year	(b) P	rior year	(c) Two year	s back (d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses								L	
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
9	End of year balance				1					
2	Provide the estimated percentage of the cur		ce (line 1	g, column (a)) held as:					
a	Board designated or quasi-endowment		%							
b	Permanent endowment	%	_							
с	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	,	ation th	at are held :	and administe	red for th	e organiz	ration		
	by:								Г	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations				*********					
Ь	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	Schedule B'	>				3b	
4	Describe in Part XIII the intended uses of the	a organization's ondu	owmont	funde						
_	t VI Land, Buildings, and Equipn		Station							
	Complete if the organization answere		0 Part II	/ line 11a	See Form 000	Dart Y	line 10			
	Description of property			1					(-D.D)	
	bescription of property	(a) Cost or c basis (investi			t or other (other)	•••	cumulate		(d) Book	value
4-	Land	·	neny		(ourier)	uep	reciation			
1a 5	Land					ALCONT S		6.330		
D	Buildings			01	0 205		00 5		4.04	
	Leasehold improvements				<u>18,205</u>		12 0			3,684.
d	Equipment			1	18,302.		12,0			5,270.
	Other				37,949.	2	212,4	83.		5,466.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colui	mn (B), line	10c.)				<u> </u>),420.

Schedule D (Form 990) 2017

732052 10-09-17



Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
 (1) Financial derivatives (2) Closely-held equity interests 		
(3) Other		
(A)		-
(8)		
(C)		
(D)		
(D) (E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		「「「「「「「「「」」」」である。「「「」」」」では、「」」」」

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value T (c) Method of valuation: Cost or end-of-year market value

	to method of valuation. Oost of end-or-year market value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Col. (b) must equal Form 990, Part Y, col. (9) line 12.)	The state of the local metric and the second s

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DEPOSITS	32,500.
(2) DUE FROM HRC FOUNDATION	4,180,694.
(3) ACCRUED INTEREST	20,181.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	4,233,375.

orm 990, Part X. col. (B) line 15.) Part X || Other Liabilities.

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

<u>1.</u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Schedule D (Form 990) 2017

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732053 10-09-17

	dule D (Form 990) 2017 HUMAN RIGHTS CAMPAIGN, INC.			52-	1243457	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements V	Vith Reve	nue per R	eturi	n	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		•			
1	Total revenue, gains, and other support per audited financial statements			1	51,682	,875.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			200		
а	Net unrealized gains (losses) on investments	3	9,601.	1,000		
ь	Donated services and use of facilities2b		55,591.			
С						
d		4,99	90,244.			
е	Add lines 2a through 2d			2e	6,046	,234.
3	Subtract line 2e from line 1			3	45,636	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			16176		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			1.01		
Ь				1		
с	Add lines 4a and 4b			4c		0.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	45,636	,641.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements	With Exp	enses per	Retu	urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1				1		
	Total expenses and losses per audited financial statements			1	48,300	,855.
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	48,300	,855.
2 a	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	48,300	,855.
-	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a	1,0	<u>65,591.</u>		48,300	,855.
-	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments 2b	1,0			48,300	,855.
-	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	1,0	65,591.		48,300	,855.
-	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	1,0	65,591. 67,867.			<u>.</u>
-	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	1,0	<u>65,591.</u> 67,867.		5,133	,458.
a b c d e	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	1,0	<u>65,591.</u> 67,867.			,458.
a b c d e 3	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1,00	<u>65,591.</u> 67,867.		5,133	,458.
a b c d e 3	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	1,00	<u>65,591.</u> 67,867.		5,133	,458.
a b c d e 3 4 a	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.)	4,0	65,591. 67,867.		5,133	,458.
a b c d e 3 4 a b c 5	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4,0	<u>65,591.</u>	2e 3	5,133	<u>,458.</u> ,397.

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

PART X, LINE 2:

HRC	PERI	ORMI	ED AN	I EVA	LUZ	ATIO	N FOR	UNCER	RTAIN	ITY I	IN 3	INCOME	T 2	AXES	FOR	THE	YEAR
ENDE	D MZ	RCH	31,	2018	, 1	AND	DETERI	MINED	THAT	' THE	ERE	WERE	NO	MAT	PERS	THAT	WOULD
REQU	IRE	RECO	GNII	ION	OR	DIS	CLOSU	<u>RE IN</u>	THE	COME	BINI	ED FIN	IAN	CIAL	STAT	remen	TS OR

THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES

GAMING ACTIVITY EXPENSES

COST OF GOODS SOLD

REVENUE OF 527 SEGREGATED FUNDS INCLUDED IN THE AUDITED

<u>1,673,769.</u>

2,823,167.

6,646.

486,662.

FIN	ANCIAL	
732054	10-09-17	

15510815 786783 HRC

Schedule D (Form 990) 2017 HUMAN RIGHTS CAMPAIGN, INC. Part XIII Supplemental Information (continued)	52-1243457 Page 5
STATEMENTS AND EXCLUDED ON THE FEDERAL FORM 990	
TOTAL TO SCHEDULE D, PART XI, LINE 2D	4,990,244
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EVENT EXPENSES	2,823,167
GAMING ACTIVITY EXPENSES	6,646
COST OF GOODS SOLD	486,662
EXPENSES OF 527 SEGREGATED FUNDS INCLUDED IN THE AUDITED	
FINANCIAL	751,392.
STATEMENTS AND EXCLUDED ON THE FEDERAL FORM 990	
TOTAL TO SCHEDULE D, PART XII, LINE 2D	4,067,867
732055 10-09-17	Schedule D (Form 990) 201
102 510815 786783 HRC 2017.04010 HUMAN RIGHTS CAMPAI	GN, INCOPY

SCHEDULE G							1	OMB No. 1545-0047
	plete if th	ental Information Regardin e organization answered "Yes" o organization entered more than \$	n Form	990, F	Part IV, line 17, 18, c			2017
Department of the Treasury Internal Revenue Service	-	Attach to Form 99	0 or Fo	rm 99	0-EZ.			Open to Public
Name of the organization		► Go to www.irs.gov/Form990	for th	e late:	st instructions.	Employ		ntification number
ни	MAN R	IGHTS CAMPAIGN, I	NC.			52-1		
Part I Fundraising A	ctivities te this par	Complete if the organization answ t.	vered "Y	'es" o	n Form 990, Part IV,	line 17. Form !	990-E2	Z filers are not
 Indicate whether the organ a X Mail solicitations X Internet and emails X Phone solicitations X In person solicitation 2 a Did the organization have 	ization rais	sed funds through any of the follow e 🛣 Solicit	ation of ation of al fundra al (inclu	non-g gover aising ding o	overnment grants nment grants events fficers, directors, tru:	stees, or	Yes	
	t paid indi	viduals or entities (fundraisers) pur						
(i) Name and address of ind or entity (fundraiser)	ividual	(ii) Activity	have of con	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount to (or retaine fundraise listed in co	id by) er	(vi) Amount paid to (or retained by) organization
LAUTMAN - 1730 RHODE ISI		DIRECT MAIL, EMAIL AND	Yes	No				ĺ
AVENUE, NW, WASHINGTON,		TELEPHONE FUNDRAISING		х	9,640,967.	2,447	,701.	7,193,266.
DONOR SERVICES GROUP, LI								
6715 SUNSET BOULEVARD, I		TELEPHONE FUNDRAISING		X	4,412,990,	462	,602.	3,950,388.
SKY ADVISORY GROUP - 231								
MANDEVILLE CANYON RD, LC MINDSET DIRECT - 12110 S		FUNDRAISING		<u>.</u> X	1,025,500.	22	,000.	1,003,500.
HILLS ROAD, SUITE 600.	JUNSET.	DIRECT MAIL AND EMAIL FUDRAISING			201 030			
TELEFUND, INC 186 LIN	ICOLN	FUDRAISING		X	701,232.	85	,863,	615,369.
ST., SUITE 100, BOSTON,		MEMBER ACQUISITION		x	215,717.	180	.364.	35,354.
V2 CONSULTING LLC - 525				<u> </u>		100	,004,	
28TH ST., NEW YORK, NY	10001	FUNDRAISING		x	8,750.	11	,200.	-2,450.
TIPAH CONSULTING LLC - 5	525		-				,	
WEST 28TH ST., NEW YORK,	NY	FUNDRAISING		x	6,250,	8	,000,	-1,750.
STOWE PRIVATE POLITICAL								
MANAGEMENT - 325 BERRY S	ST.,	FUNDRAISING	_	x	0.	8	,400.	-8,400.
			+-					
Total		I		. 🕨	16,011,406.	3,226	,130.	12,785,277.
 List all states in which the or licensing. 	organizatio	on is registered or licensed to solic	it contril	oution	s or has been notifie	d it is exempt	from r	egistration
AK, AL, AR, AZ, CA, C	:0,CT,	DC, DE, FL, GA, HI, IA	,ID,	IL,	IN,KS,KY,L	A, MA, MI), ME	, MI, MN, MS
MO, MT, NC, ND, NE, N	ih, NJ,	NM, NV, NY, OH, OK, OR	, PA,	RI,	SC, SD, TN, T	X,UT,VA	L, VI	WA,WI,WV
4								
			-				-	
					<u> </u>			
	·							
LHA For Paperwork Reductio	n Act Noi	ice, see the Instructions for For	n 990 o	990-	E7. 9	Schedule G (F	Form (90 or 990-E71 2017

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2017

732081 09-13-17

103 15510815 786783 HRC 2017.04010 HUMAN RIGHTS CAMPAIGN, INC. 110



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				(b) Event #2 NEW YORK EVENT	(c) Other events	(d) Total events (add col. (a) through col. (c))
,			(event type)	(event type)	(total number)	coi. (c))
	1	Gross receipts	2,193,396.	758,392.	6,687,593.	9,639,381
	2	Less: Contributions	319,860.	98,280.	1,622,690.	2,040,830
_	3	Gross income (line 1 minus line 2)	1,873,536.	660,112.	5,064,903.	7,598,551
	4	Cash prizes				
,	5	Noncash prizes				
	6	Rent/facility costs	439,291.	53,712.	540,681.	1,033,684
	7	Food and beverages	193,718.	99,985.	605,463.	899,166
`		Entertainment		398.	50,052.	67,333
	9	Other direct expenses		36,063.	693,419.	822,984
		Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from				2,823,167 4,775,384
a	rt I	 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. 	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	<u></u>
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
	1	Gross ravenue			108,193.	108,193
	2	Cash prizes				
	3	Noncash prizes			3,000.	3,000
	4	Rent/facility costs				
	5	Other direct expenses			3,646.	3,646
	6	Volunteer labor	Yes%	└── Yes% │	Yes%	ALC: NO
	7	Direct expense summary. Add lines 2 throug	ih 5 in column (d)		▶	6,646
	8	Net gaming income summary. Subtract line	7 from line 1, cotumn (d)			101,547
a	ls t	er the state(s) in which the organization cond he organization licensed to conduct gaming a No," explain: ONLINE		states?		Yes X N
	144-	re any of the organization's gaming licenses r	a statut a construction of the statute		<u>^</u>	Yes X N

 Schedule G (Form 990 or 990 EZ) 2017 HUMAN RIGHTS CAMPAIGN, INC.
 52-1243457 Pag

 Part II
 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

Schedule G (Form 990 or 990-EZ) 2017

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732082 09-13-17

11 Does the organization conduct gaming activities with nonmembers? IX Yes 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes 13 Indicate the percentage of gaming activity conducted in: a The organization is facility 13a 14 Does the organization is facility 13a 13b D01 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ JAMES RINEFIERD Address ▶ 1640 RHODE ISLAND AVENUE, NW - WASHINGTON, DC 20036 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes b If "Yes," enter the amount of gaming revenue received by the organization receives gaming revenue? Yes Yes b If "Yes," enter the amount of gaming revenue received by the organization be \$	
to administer charitable gaming? □ 13 Indicate the percentage of gaming activity conducted in: 13a 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ JAMES RINEFIERD Address ▶ 1640 RHODE ISLAND AVENUE, NW - WASHINGTON, DC 20036 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? □ Ves • b If "Yes," enter the amount of gaming revenue received by the organization is s and the amount of gaming revenue retained by the third party is s c. If Yes, * enter the amount of gaming revenue received by the organization is s and the amount of gaming revenue retained by the third party is s c. If Yes, * enter name and address of the third party: Name is	.00
13 Indicate the percentage of gaming activity conducted in: 13a 13a a The organization's facility 13a 13b 101 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ JAMES RINEFIERD Address ▶ 1640 RHODE ISLAND AVENUE, NW - WASHINGTON, DC 20036 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? □ Yes b if *Yes,* enter the amount of gaming revenue received by the organization > \$.00
a The organization's facility 13a b An outside facility 13b 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ JAMES RINEFIERD Address ▶ 1640 RHODE ISLAND AVENUE, NW - WASHINGTON, DC 20036 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization b \$ and the amount of gaming revenue retained by the third party ▷ \$ and the amount of gaming revenue retained by the third party: Name ▶	0.00
b An outside facility 13b [100] 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ JAMES RINEFIERD Address ▶ 1640 RHODE ISLAND AVENUE, NW - WASHINGTON, DC 20036 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? □ b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$ and the amount of gaming revenue retained by the third party: Name ▶ Name ▶	0.00
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ JAMES RINEFIERD Address ▶ 1640 RHODE ISLAND AVENUE, NW - WASHINGTON, DC 20036 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Is Does the organization have a contract with a third party from whom the organization receives gaming revenue? Is Does the organization have a contract with a third party from whom the organization receives gaming revenue? Is If Yes, enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ Is If Yes, enter name and address of the third party Name ▶	
Address ▶ 1640 RHODE ISLAND AVENUE, NW - WASHINGTON, DC 20036 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Image: Second	
Address ▶ 1640 RHODE ISLAND AVENUE, NW - WASHINGTON, DC 20036 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Image: Second	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? □ Yes b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party: Name ▶	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party: Name ▶	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party: Name ▶	
of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party: Name ▶	
of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party: Name ▶	
Name	
Address	
Address	
16 Gaming manager information: Name ► JAMES RINEFIERD Gaming manager compensation ► \$ Description of services provided ► RESPONSIBLE FOR OVERSIGHT OF GAMING OPERATIONS INCLUDING RECORDKEEPING, MONEY COUNTING, HIRING AND FIRING WORKERS AND MAKING BANKING DEPOSITS FOR GAMING OPERATIONS. X Director/officer Employee 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the Yes	
Name JAMES RINEFIERD Garning manager compensation \$	
Name JAMES RINEFIERD Garning manager compensation \$	
Garning manager compensation ▶ \$ Description of services provided ▶ RESPONSIBLE FOR OVERSIGHT OF GAMING OPERATIONS INCLUDING RECORDKEEPING, MONEY COUNTING, HIRING AND FIRING WORKERS AND MAKING BANKING DEPOSITS FOR GAMING OPERATIONS. Image: I	
Description of services provided ► RESPONSIBLE FOR OVERSIGHT OF GAMING OPERATIONS INCLUDING RECORDKEEPING, MONEY COUNTING, HIRING AND FIRING WORKERS AND MAKING BANKING DEPOSITS FOR GAMING OPERATIONS. Image: Im	
Description of services provided ► RESPONSIBLE FOR OVERSIGHT OF GAMING OPERATIONS INCLUDING RECORDKEEPING, MONEY COUNTING, HIRING AND FIRING WORKERS AND MAKING BANKING DEPOSITS FOR GAMING OPERATIONS. Image: Im	
INCLUDING RECORDKEEPING, MONEY COUNTING, HIRING AND FIRING WORKERS AND MAKING BANKING DEPOSITS FOR GAMING OPERATIONS. X Director/officer Employee Independent contractor Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
AND MAKING BANKING DEPOSITS FOR GAMING OPERATIONS. X Director/officer Employee Independent contractor 17 Mandatory distributions: Independent contractor a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the Yes	
X Director/officer Employee Independent contractor 17 Mandatory distributions: Independent contractor a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the Yes	,
 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the 	
 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the 	
 a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the 	
retain the state gaming license? Yes b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
	LX
VINDERCONDELE DAVE STREET ALL VIDES FOR THE THE TAX VERT 📰 🦄	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b,	(0b. 15
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:	
Sensors of that I, Line 25, High of the Highbor FRID FORDATSERS.	
(I) NAME OF FUNDRAISER: LAUTMAN	
(I) ADDRESS OF FUNDRAISER:	
1730 RHODE ISLAND AVENUE, NW, WASHINGTON, DC 20036	
(I) NAME OF FUNDRAISER: DONOR SERVICES GROUP, LLC	
(I) ADDRESS OF FUNDRAISER: 6715 SUNSET BOULEVARD, LOS ANGELES, CA 90	
	028
732083 09-13-17 Schedule G (Form 990 or 99	
732083 09-13-17 Schedule G (Form 990 or 99 105 105 510815 786783 HRC 2017.04010 HUMAN RIGHTS CAMPAIGN, INC. HR	

(I) NAME OF FUNDRAISER: SKY ADVISORY GROUP

(I) ADDRESS OF FUNDRAISER:

2311 MANDEVILLE CANYON RD, LOS ANGELES, CA 90049

(I) NAME OF FUNDRAISER: MINDSET DIRECT

(I) ADDRESS OF FUNDRAISER:

12110 SUNSET HILLS ROAD, SUITE 600, RESTON, VA 20190

(I) NAME OF FUNDRAISER: TELEFUND, INC.

(I) ADDRESS OF FUNDRAISER: 186 LINCOLN ST., SUITE 100, BOSTON, MA 02110

(I) NAME OF FUNDRAISER: TIPAH CONSULTING LLC

(I) ADDRESS OF FUNDRAISER: 525 WEST 28TH ST., NEW YORK, NY 10001

(I) NAME OF FUNDRAISER: STOWE PRIVATE POLITICAL MANAGEMENT

(I) ADDRESS OF FUNDRAISER:

325 BERRY ST., UNIT 417, SAN FRANCISCO, CA 94158

PART I, LINE 2B, COLUMN (V):

PER SIGNED AGREEMENT, PROFESSIONAL FUNDRAISING FEES FOR LAUTMAN DO NOT

INCLUDE POSTAGE OF \$598,982.

Schedule G (Form 990 or 990-EZ)

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732084 04-01-17

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2017.04010 HUMAN RIGHTS CAMPAIGN, INC. HRC_

SCHEDULE I (Form 990) Department of the Treesury	Go	irants and Oth vernments, an ete if the organization	d Individual	s in the Uni on Form 990, Pa	ted States			CIMB No. 1545-0047
Internal Revenue Service		Go to www.ir	s.gov/Form990 fo	r the latest inform	nation.		1	Inspection
Name of the organization HUMAN RIG	HTS CAMPA	IGN. INC.						Sentification number 52–1243457
Part I - General Information on Grants a								00 00000
1 Does the organization maintain records	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or ass	istance, and the sele	ction	
criteria used to award the grants or assis								X Yes 🔲 No
2 Describe in Part IV the organization's pro								
Part II Grants and Other Assistance to recipient that received more than t					anization answered "Y	(es" on Form 990, Pa	t IV, line 21, i	lor any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	ed. (e) Amount of non-cash assistance	(I) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		urpose of grant r assistance
AMERICA VOTES 1155 CONNECTICUT AVE NW, STE 600 WASHINGTON, DC 20036	26-4568349	501(C)(4)	15,000.	0.			DENERAL P	ROGRAM SUPPORT
CAPITAL PRIDE ALLIANCE INC 2000 14TH ST NW, STE 105 WASHINGTON, DC 20009	26-1763254	501(C)(3)	7,000.	0.			JENERAL I	ROGRAM SUPPORT
AMERICAN CIVIL LIBERTIES UNION OF NH - 18 LOW AVE, STE 12 - CONCORD, NH 03301	02-6019538	501(C)(4)	15,000.	0.			general i	ROGRAM SUPPORT
FAIR ANCHORAGE 1057 W FIREWEED LN, STE 207 ANCHORAGE, AK 99503	38-4042687	501(C)(4)	32,000.	0.			DENERAL I	PROGRAM SUPPORT
FAIRNESS WEST VIRGINIA INC 405 CAPITOL ST, STE 405 CHARLESTON, WV 25301	26-0843480	501(C)(4)	10,000.	0.			JENERAL I	ROGRAN SUPPORT
FREEDOM MASSACHUSETTS 14 BEACON ST, STE 614 BOSTON, HA 02108	81-4110935	501(C)(4)	75,000.	0.			GENERAL I	ROGRAM SUPPORT
2 Enter total number of section 501(c)(3) a	-		he line 1 table					<u> </u>
23 Enter total number of other organization LHA For Paperwork Reduction Act Notice							Sched	16 I (Form 990) (2017)

732101 11-01-17

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COPY

Schedule ((Form 990) HUMAN RIGHTS CAMPAIGN, INC.

52-1243457 Page 1

		IGN, INC.					2-1243457 Page 1
Part II Continuation of Grants and Other /	Assistance to Go	overnments and Orga	nizations in the U	nited States (School	edule I (Form 990), Pa	rt II.)	
 {a) Name and address of organization or government 	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(I) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREEDOM ORLAHOMA ACTION FUND 4001 N CLASSEN BLVD, STE 116 ORLAHOMA CITY, OK 73118	26-4497248	501(C)(4)	15,000.	0.			general program support
NAACP 5663 ALABAMA STATE 17308 Righway 72 West Athens, Al 35611	64-0145380	501(C)(4)	40,000.	0.			SENERAL PROGRAM SUPPORT
NARAL PRO-CHOICE AMERICA 1156 15TH ST NW, STE 700 WASHINGTON, DC 20005	13-2630359	501(C)(4)	8,500.	٥.			PENERAL PROGRAM SUPPORT
NATIONAL GAY & LESBIAN CHAMBER OF Commerce = 729 15th St NW, 9th FL = Washington, DC 20005	13-4219714	501(C)(6)	7,500.	0.			general program support
SAN FRANCISCO LESDIAN GAY BISENUAL TRANSGENDER PRIDE CELEBRATION COMMITTEE - 1841 MARKET STREET, 4TH FL - SAN FRANCISCO, CA 94103	94-3006693	501(C)(3)	10,000.	0.			Deneral program support
SOUTHERN NEVADA ASSOCIATION OF PRIDE, INC - 4001 DECATUR BLVD - LAS VEGAS, NV 89103	86-0845653	501(C)(3)	18,931.	. 0.			GENERAL PROGRAM SUPPORT
TEXAS ASSOCIATION OF BUSINESS 1209 NUECES STREET AUSTIN, TX 78701	74-0944130	501(C)(6)	20,000,	. 0,			Deneral program support
THE LEADERSHIP CONFERENCE ON CIVIL 6 HUMAN RIGHTS - 1620 L ST NW, STE 1100 - WASHINGTON, DC 20036	52-0789800	501(C)(4)	12,000	. 0.			GENERAL PROGRAM SUPPORT
THE VOTER PARTICIPATION CENTER 1707 L STREET NW, STE 300 WASHINGTON, DC 20036	55-0889748	501(C)(3)	125,000	. 0.			DENERAL PROGRAM SUPPORT

Schedule I (Form 990)

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Schedule (form 990) HUMAN RIGHTS CAMPAIGN, INC.

5	2	-	1	2	4	3	4	5	7		P	age	1

Part II Continuation of Grants and Othe	er Assistance to Go	overnments and Orga	nizations in the U	inited States (Sch	edule I (Form 990), Pa	rt II.)	<u> </u>
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(I) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WE DREAM NETWORK, INC 1900 L STREET NW, STE 900 WASHINGTON, DC 20036	46-2216565	501(0)(3)	20,000.	0.			GENERAL PROGRAM SUPPORT
WASHINGTON WON'T DISCRIMINATE 119 1ST AVE SOUTH, STE 320 SEATTLE, WA 98104		501(C)(4)	20,000.				DENERAL PROGRAM SUPPORT
· · · · · · · · · · · · · · · · · · ·							
<u></u>							
						all a sub-second as	1

Schedule I (Form 990)

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HUMAN RIGHTS CAMPAIGN, INC.

5	2-1	.24	34	57	Page	2
						-

 Schedule I (Form 990) (2017)
 HUMAN RIGHTS CAMPAIGN, INC.

 Part III
 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
INTERN SCHOLARSHIPS	22	43,000,	0.		
VOLUNTEER TRAVEL SUPPORT	106	65,915.	٥.		

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

PART I, LINE 2:

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, TRANSGENDER AND QUEER EQUAL RIGHTS. THE POLICY IS THAT ALL

CONTRIBUTIONS AND RECIPIENTS ARE REVIEWED IN ADVANCE BY GENERAL COUNSEL.

HRC AWARDS INTERN SCHOLARSHIPS BASED ON PROVEN FINANCIAL NEED AND

732102 11-01-17

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Schedule I (Form 990) (2017) COPY

Schedule I (Form 990)		RIGHTS	CAMPAIGN,	INC
Part IV Supplemental	nformation			

COMMITMENT TO DIVERSITY AS DEMONSTRATED IN A REQUIRED INTERNSHIP

APPLICATION ESSAY. THE LEADERS OF THE INTERNSHIP PROGRAM REVIEW AND SELECT THE RECIPIENTS.

AS PART OF FURTHERING HRC'S MISSION, VOLUNTEER TRAVEL SUPPORT IS PROVIDED

TO HRC VOLUNTEERS ON AN AS NEEDED BASIS THROUGH TRAVEL EXPENSE

REIMBURSEMENT OR DIRECT PAYMENT OF TRAVEL.

100 m 100 m 100 m 100 m 100 m 100 m 100 m 100 m 100 m 100 m 100 m 100 m 100 m 100 m 100 m 100 m 100 m 100 m 100		
		44
· · · · · · · · · · · · · · · · · · ·		
	115	
732291		Schedule I (Form 990)
732291 04-01-17		
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SCH	EDULE J	Compensation Information	OMB No.	1545-004	17			
(For	m 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	20	2017				
	-	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	2017					
Depart	ment of the Treasury	Attach to Form 990.	Open to		ic			
Interna	Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		ction	Sec.			
Nam	e of the organizatio		mployer identificati		mber			
		HUMAN RIGHTS CAMPAIGN, INC.	52-124345	7	,			
Pa	TI Question	s Regarding Compensation						
4.	~			Yes	No			
		iate box(es) if the organization provided any of the following to or for a person listed on Form 9	90,					
	First-class or o	line 1a. Complete Part III to provide any relevant information regarding these items.			100			
	Travel for con		- 622718		1			
		panions Payments for business use of personal resk cation and gross-up payments X Health or social club dues or initiation fees	Jence	a start	1991			
		spending account Personal services (such as, maid, chauffeur	aha0	3.5	191			
		Spending account Personal services (such as, maid, chadneur	, criery					
ь	If any of the boyon	on line to an abartlant, did the americation follow a written policy respective neurost or		Su				
	•	on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to explain	alle alle	x				
	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		•	100			
		r require substantiation prior to reimbursing or allowing expenses incurred by all directors, ars, including the CEO/Executive Director, regarding the items checked on line 1a?	2	x	105-1			
	trustees, and other	ins, including the CEO/Executive Director, regarding the items checked on line 1a7	Z		1000			
3	Indianta which life	ny, of the following the filing organization used to establish the compensation of the organizati		130				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization		12	223			
		ation of the CEO/Executive Director, but explain in Part III.	into	34	33			
				and and	200			
	<u> </u>	compensation consultant	11	1223	199			
	X Form 990 of c		mmittae	17.0				
			Intacted	1.12				
4	During the year, di	d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	100		3673			
-		alay basen isted on rom sec, rait will becker A, line ra, with respect to the hing		120	284			
а		ce payment or change-of-control payment?	4a	P. Contractor	x			
		ceive payment from, a supplemental nonqualified retirement plan?		x				
		ceive payment from, an equity based compensation arrangement?			X			
-		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.		TRA-	STER			
			1					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		1936	Sec.			
5	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1	2007	337			
	contingent on the				198.6			
а	The organization?		5a		X			
b	Any related organi		5b		X			
	-	or 5b, describe in Part III.	199	1000	12.1			
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatior	n .	11.				
	contingent on the		100	in the	3			
а	The organization?	-	6a		X			
b	Any related organi	zation?	6b		X			
		or 6b, describe in Part III.		St.	36.1			
7	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	1.1	iles :	and a			
		nes 5 and 6? If "Yes," describe in Part III			X			
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th		10.5	3,004			
	•	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			X			
9		did the organization also follow the rebuttable presumption procedure described in		513L	1923			
		n 53.4958-6(c)?	9					
LHA		eduction Act Notice, see the Instructions for Form 990.	Schedule J (For	m 990) 2017			

Schedule J (Form 990) 2017

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 Schedule J (Form 990) 2017
 HUMAN RIGHTS
 CAMPAIGN, INC.
 52-1243457

 Part II
 Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.
 For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that aren't listed on Form 990, Part VII.

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

· · · · · · · · · · · · · · · · · · ·		(B) Breakdown of	N-2 and/or 1099-Mi	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(8)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) CHAD GRIPPIN	Ø	468,379.	0.	12,996.	10,849.	10,044.	502,268.	0.
PRESIDENT	(iii)	0.	0.	0.	0.	0.	0.	0.
(2) CATHY NELSON	(1)	303,978.	0.	7,209.	13,847.	15,613.	340,647.	0.
ASST, VICE PRESIDENT	an	0.	0.	0.	0.	0.	0.	0.
(3) JONI MADISON	0	277,992.	0.	0.	13,681.	10,046.	301,719.	0.
VICE PRESIDENT	a	0.	0.	0.	0.	0.	0.	0.
(4) JAMES M. RINEFIERD	(1)	259,116.	0.	0.	13,619.	17,277.	290,012.	0.
TREASURER	(11)	0.	0.	0.	0.	0.	0.	0.
(5) ROBERT FALK	(i)	194,943.	0.	0.	8,918.	8,517.	212,378.	0.
SECRETARY - UNTIL 11/2017	m	0.	0.	0.	0.	0.	0.	0.
(6) DARRIN HURWITZ	(1)	126,319.	0.	0.	7,167.	22,552.	156,038.	0.
ASST. SECRETARY	(6)	0.	0.	0.	0.	0.	0.	0.
(7) CHRISTOPHER SPERON	(1)	235,639.	0.	1,000.	11,672.	9,170.	257,481.	0.
VP DEVELOPMENT	(m)	0.	0.	0.	0.	0.	0.	0.
(0) MARY BETH MAKWELL	(1)	228,828.	0.	0.	12,049.	15,501.	256,378.	0.
SVP, PROGRAMS, TEACHING & TRAINING	(1)	0.	0.	0.	0.	0.	0.	0.
(9) JODEE WINTERHOP	(1)	228,166.	0.	0.	11,142.	22,873.	262,181.	0.
SVP, POLICY & POLITICAL APPAIRS	(8)	0.	0.	0.	0.	0.	. 0.	0.
(10) OLIVIA ALAIR DALTON	(6)	221,345.	0.	0.	12,117.	25,456.	258,918.	0.
SVP, COMMUNICATION & MARKETING	(11)	0.	0.	0.	0.	0.	0.	0.
(11) ANN CROWLEY	(i)	206,747.	0.	0.	10,488.	9,146.	226,381.	0.
VP MEMBERSHIP & ONLINE STRATEGY	(11)	0.	0.	0.	0.	0.	0.	0.
(12) MARTY ROUSE	(i)	225,263.	0.	0.	11,528.	8,458.	245,249.	0.
NATIONAL FIELD DIRECTOR	(8)	0.	0.	0.	0.	0.	0.	0.
(13) SUZANNE SALKIND	(1)	220,477.	0.	0.	11,500.	24,403.	256,380.	0.
VP HR & LEADERSHIP DEVELOPMENT	(0)	0.	0.	0.	0.	0.	0.	0.
(14) ANDREA GREEN	0	181,114.	0.	0.	9,671.	22,725.	213,510.	0.
FINANCE DIRECTOR	(8)	0.	0.	0.	0.	0.	, O.	0.
(15) SARAH WARBELOW	0	173,408.	0.	0.	9,218.	22,784.	205,410.	0.
LEGAL DIRECTOR	(a)	0.	0.	0.	0.	0.	.j0.	0.
(16) DANE GRAMS	0	173,296.	0.	0.	8,807.	8,295.	190,398.	0.
DIRECTOR, DIRECT RESPONSE	(III)	0.	0.	0.	0.	0.	0.	0.

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Schedule J (Form 990) 2017



Schedule J (Form 990) 2017 HUMAN RIGHTS CAMPAIGN, INC.

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Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, knes 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

HRC PROVIDED A CLUB MEMBERSHIP FOR THE PRESIDENT; THE MEMBERSHIP WAS USED

TO CONDUCT BUSINESS ENTERTAINMENT ON BEHALF OF HRC AND HRCF. HRCF

REIMBURSED HRC FOR ITS ALLOCABLE SHARE OF THE MEMBERSHIP.

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. HRCF REIMBURSED HRC

FOR ITS ALLOCABLE SHARE OF SUCH AIRFARE.

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 EMPLOYEES FOR

PERFORMING SERVICES PROVIDED TO HRCF. COMPENSATION REIMBURSED BY HRCF IS

NOT ADDITIVE TO THE COMPENSATION REPORTED BY HRC. HRC AND HRCF ARE NOT

"RELATED ORGANIZATIONS" AS THAT TERM IS DEFINED IN THE FORM 990, GLOSSARY.

Schedule J (Form 990) 2017

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Schedule J (Form 990) 2017 HUMAN RIGHTS CAMPAIGN, INC.

Part III Supplemental Information

52-1243457

Page 3

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.

PURSUANT TO THEIR AGREEMENT, HRCF REIMBURSED HRC FOR ITS SHARE OF

COMPENSATION AS FOLLOWS:

CHAD GRIFFIN (OFFICER) \$116,175

JONI MADISON (OFFICER) \$79,956

JAMES M. RINEFIERD (OFFICER) \$100,228

ROBERT FALK (OFFICER) \$78,507

DARRIN HURWITZ (OFFICER) \$48,817

MARY BETH MAXWELL (OFFICER) \$235,586

PART I, LINE 4B:

HRC CONTRIBUTED TO THE FOLLOWING EMPLOYEES' SUPPLEMENTAL NON-QUALIFIED

RETIREMENT PLANS IN 2017:

1. CHAD GRIFFIN, PRESIDENT: \$18,000

2. CATHY NELSON, ASST. VICE PRESIDENT: \$4,658

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Schedule J (Form 990) 2017

	HEDULE M		Nonc	ash Contr	ibutions		OMB No. 1545-0047
(Fo	orm 990)						2017
				answered "Yes" o	n Form 990, Part IV, lines 2	9 or 30.	2011
	tment of the Treasury Il Revenue Service	 Attach to Form 990 Go to www.irs.gov/ 	•	r the latest inform	nation.		Open To Public Inspection
Nam	e of the organizatio					Employ	ver identification number
		HUMAN RIGHTS	CAMPA	IGN, INC.			52-1243457
Pa	rt I Types of	Property					
			(a)	(b)	(c)		(d)
			Check if applicable	Number of contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line 1g		nod of determining I contribution amounts
1	Art - Works of art		<u> </u>	items contributed	Form 550, Fart Vill, little Ty		····
2	Art - Historical trea	Isures					· · · · · · · · · · · · · · · · · · ·
3	Art · Fractional int	erests					
4	Books and public:	ations		- triple they are			
5	Clothing and hous	ehold goods		and the state			
6	Cars and other ve	hicles					й
7	Boats and planes					-	<u> </u>
8	Intellectual proper	ty					
9	Securities · Public	ly traded	X	4	5,746.	FMV	
10	Securities · Closel	y held stock					
11	Securities - Partne						
	trust interests						
12	Securities - Misce	laneous					
13		ation contribution -					
	Historic structures						
14	Qualified conservation	ation contribution - Other					
15	Real estate - Resid	dential					
16		mercial					
17		r					
18							
19	Food inventory		X	3	12,130.	FMV	
20		Il supplies					
21							
22	Historical artifacts		L				

23	Scientific specimens				
24	Archeological artifacts				
25	Other 🕨 ()				
26	Other 🕨 ()				
27	Other 🕨 ()				
28	Other 🕨 ()				-
29	Number of Forms 8283 received by the organ	ization durin	g the tax year for c	contributions	
	for which the organization completed Form 82		• •	I	

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that	t it	191	被赴
	must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	00-	12265	v
b	If "Yes," describe the arrangement in Part II.	<u>30a</u>	123.5	4
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	7 - 6-9-27-07-08-08
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		x
b	If "Yes," describe in Part II.	383	220	
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	17.5	18	
	describe in Part II.	1000	0213	
LHA	For Paperwork Reduction Act Notice, see the instructions for Form 990.	Schedule M (For	m 990) 2017

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, and 33, and whether the organiz or a combination of both. Also con	ation plete
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2718	
	1112
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— 1-541-5-560 —	
- v	
Schedule M (Form	n 990) (
	÷
	IOT THE NUMBER OF

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 52-1243457

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HUMAN RIGHTS CAMPAIGN, INC.

AND REALIZE A WORLD THAT ACHIEVES FUNDAMENTAL FAIRNESS AND EQUALITY FOR

ALL.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

AND TO WIN ELECTIONS IN 2018 AND BEYOND.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PUBLIC POLICY, EDUCATION & TRAINING

EXPENSES \$ 4,298,764. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND WAS REVIEWED BY SENIOR MANAGEMENT. THE AUDIT AND FINANCE COMMITTEES REVIEWED THE FORM 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.

	FORM 990, PART VI, SECTION B, LINE 12C:
	THE ORGANIZATION ANNUALLY SENDS OUT A CONFLICTS OF INTEREST POLICY TO ITS
	BOARD MEMBERS, OFFICERS 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 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
	LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)
	732211 09-07-17
15	118 510815 786783 HRC 2017.04010 HUMAN RIGHTS CAMPAIGN, TOOPY 1

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Schedule O (Form 990 or 990 EZ) (2017)	Page 2
Name of the organization HUMAN RIGHTS CAMPAIGN, INC.	Employer identification number 52-1243457
POLICY ALSO APPLIES TO EMPLOYEES. 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 REV	IEWED BY GENERAL
COUNSEL WHO RESOLVES THE CONFLICT.	

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

WITHIN THE FISCAL YEAR, THE PRESIDENT'S COMPENSATION WAS REVIEWED BY A <u>COMMITTEE OF INDEPENDENT DIRECTORS AND AN EXTERNAL COMPENSATION CONSULTANT.</u> THE RESULTS WERE PRESENTED TO THE FULL BOARD FOR REVIEW AND APPROVAL. <u>MINUTES ARE KEPT OF SUCH MEETINGS. THE LAST COMPENSATION REVIEW FOR THE TOP</u> <u>MANAGEMENT OFFICIAL TOOK PLACE IN JULY 2017. COMPENSATION FOR SENIOR LEVEL</u> <u>STAFF IS ANALYZED PERIODICALLY BY AN INDEPENDENT CONSULTANT IN CONJUNCTION</u> WITH MANAGEMENT.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AK,AL,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

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

THE HUMAN RIGHTS CAMPAIGN DOES NOT MAKE ITS GOVERNING DOCUMENTS OR

CONFLICTS OF INTEREST POLICY AVAILABLE TO THE PUBLIC.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

1,061,397.

Schedule O (Form 990 or 990-EZ) (2017)

401,085.

8,037,143.

9,499,625.

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TOTAL EXPENSES

2017.04010 HUMAN RIGHTS CAMPAIGN, INC. HRE____1

Schedule O (Form 990 or 990 EZ) (2017) Name of the organization	Page 2 Employer identification number
HUMAN RIGHTS CAMPAIGN, INC.	52-1243457
DATA PROCESSING:	
PROGRAM SERVICE EXPENSES	478,689.
MANAGEMENT AND GENERAL EXPENSES	116,433.
FUNDRAISING EXPENSES	91,513.
TOTAL EXPENSES	686,635.
EMPLOYEE RECRUITMENT COSTS:	
PROGRAM SERVICE EXPENSES	4,182.
MANAGEMENT AND GENERAL EXPENSES	229,593.
FUNDRAISING EXPENSES	1,838.
TOTAL EXPENSES	235,613.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	10,421,873.
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SCHEDULE R	l i i i i i i i i i i i i i i i i i i i	Related Organizations	and Unrolated Day	thorehine			OMB No. 1545	9047
(Form 990) Department of the Treasury Internal Revenue Service	Comp	lete if the organization answered "	'Yes" on Form 990, Part IV, li Ich 1o Form 990.	ine 33, 34, 356, 36	i, or 37.		201 Open to Pr	· · · · · · ·
Name of the organizat	ion HUMAN RIGHTS (entification m 43457	
Part I Identificat	ion of Disregarded Entities. Comple	te if the organization answered "Yes	on Form 990, Part IV, line 33	L				
	(a) tress, and EIN (if applicable) disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total incon	(e) ne End-ol-year a	issets D	(I) irect controlling entity	9
		-						
					_			
	tion of Related Tax-Exempt Organiz	ations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, b	ecause it had one	or more related	lax-exempt	
	(a) ne, address, and EIN related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (il section 501(c)(3))	(f) Direct contro entity	lling cont	g) 512(b)(13) trolled triy? No
HRC PAC - 51-039 1640 RHODE ISLAN WASHINGTON, DC	DAVE, NW	POLITICAL WORK IN STATE AND FEDERAL ELECTIONS	DISTRICT OF COLUMBIA	527		UMAN RIGHTS AMPAIGN, IN	2. X	
HRC EQUALITY VOT 1640 RHODE ISLAN WASHINGTON, DC	DAVE, NW	POLITICAL WORK IN STATE	DISTRICT OF COLUMBIA	527		NUMAN RIGHTS	. X	
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicite (state or foreign country)	(d) Direct controlling enlity	Predomin (related, excluded fr sections	e) ant income unrelated, om tax under 512-514)	Share	(f) of total ome	Sha end-c	g) re of of-year sets	(i Diserver alloca Yes	oritionate Lons?	(i) Code V-UBI amount in bo 20 of Schedu K-1 (Form 106		(j) aging artour?	(k) Perceni owners	
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Part IV Identification of Related Or organizations treated as a co	ganizations Taxable provation or trust duri	as a Corp ng the tax	oration or Trust. C year.	omplete if t	he organiza	tion ansv	vered "Ye	s* on Fo	rm 990, F	Part IV,	line 3	4, because it h	ad on	ie or m	ore rela	sted
(a) Name, address, and E of related organizatio	EIN	Prin	(b) nary activity	(c) Legal domicile (state cr foreign	(d) Direct con entit	trolling	(e Type ol (C corp, or tr	entity S corp.	Share	n of tota ome		(g) Share of end-of-year assets	Perci	h) entage ership	(i) Section 512(b) contro entition	ar 431
				country)							+-				Yes	No
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Schedule R (Form 990) 2017

Schedule R (Form 990) 2017 HUMAN RIGHTS CAMPAIGN, INC.

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(2) HRC PAC	Q	126,262.ACTUAL COST
(3) HRC EQUALITY VOTES	Q	129,592.ACTUAL COST
(4) HRC EQUALITY VOTES	L	133,971.ALLOCATED COST
(5)		
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732163 09-11-17	123	Schedule R (Form 990) 201

Schedule R (Form 990) 2017 HUMAN RIGHTS CAMPAIGN, INC.

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

(a)	(b)	(c)	(d)	(3	(1)	(9)	1.0	h)	0	1 0	n I	(k)
Name, address, and EIN of entity	Primary activity	Legal domicite (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under	Att partne 501) 810	all 1965 1965 1969	Share of total	Share of end-of-year	Disp 10	10001- 11308 28011?	Code V-UB1 amount in box 20 of Schedule K+1			Percenta ownersh
		country)	sections 512-514)	Yes	No	income	assets	Yes	No.	(Form 1065)	Yes	NO	
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	responses to questions on Scheddie R. See Instructions.	
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