

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2005

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2005 calendar year, or tax year beginning **APR 1, 2005** and ending **MAR 31, 2006**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization HUMAN RIGHTS CAMPAIGN, INC.		D Employer identification number 52-1243457
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1640 RHODE ISLAND AVENUE, N.W.		E Telephone number (202) 628-4160
		City or town, state or country, and ZIP + 4 WASHINGTON, DC 20036		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) >

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

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

H(b) If "Yes," enter number of affiliates **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number **N/A**

G Website: **WWW.HRC.ORG**

J Organization type (check only one) 501(c) (**4**) (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **29,433,086.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	23,742,407.		
	b Indirect public support	1b	400,000.		
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ 24,142,407. noncash \$)	1d		24,142,407.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		171,686.	
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4		25,569.	
	5 Dividends and interest from securities	5			
	6 a Gross rents SEE STATEMENT 2	6a	761,961.		
	b Less: rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		761,961.	
7 Other investment income (describe)	7				
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a	21,847.		
	(B) Other	8b	27,706.		
	Less: cost or other basis and sales expenses	8c	<5,859.>		
	Gain or (loss) (attach schedule)	8d	<6,095.>		
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ 3,128,489. of contributions reported on line 1a)	9a	3,084,328.			
	b Less: direct expenses other than fundraising expenses	9b	3,084,328.		
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	SEE STATEMENT 5	0.	
10 a Gross sales of inventory, less returns and allowances	10a	874,978.			
	b Less: cost of goods sold	10b	336,607.		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	STMT 6	538,371.	
11 Other revenue (from Part VII, line 103)	11		341,141.		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		25,975,040.		
Expenses	13 Program services (from line 44, column (B))	13	18,888,244.		
	14 Management and general (from line 44, column (C))	14	2,988,828.		
	15 Fundraising (from line 44, column (D))	15	3,473,748.		
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17		25,350,820.	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		624,220.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		3,067,376.	
	20 Other changes in net assets or fund balances (attach explanation)	20		0.	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		3,691,596.	

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) ... (cash \$ 1,233,840, noncash \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	22 1,233,840.	1,233,840.	STATEMENT 9	
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc. **	25 1,198,099.	635,978.	347,266.	214,855.
26	Other salaries and wages	26 5,231,573.	2,899,729.	1,127,556.	1,204,288.
27	Pension plan contributions	27 188,558.	114,378.	42,441.	31,739.
28	Other employee benefits	28 708,301.	433,703.	153,177.	121,421.
29	Payroll taxes	29 485,747.	297,207.	100,828.	87,712.
30	Professional fundraising fees	30 2,028,049.	257,748.		1,770,301.
31	Accounting fees	31 126,384.		126,384.	
32	Legal fees	32 496,440.	443,444.	52,996.	
33	Supplies	33 125,790.	99,411.	13,388.	12,991.
34	Telephone	34 203,488.	133,638.	28,657.	41,193.
35	Postage and shipping	35 848,138.	325,082.	8,436.	514,620.
36	Occupancy	36 1,417,524.	899,475.	307,220.	210,829.
37	Equipment rental and maintenance	37 230,146.	63,250.	135,840.	31,056.
38	Printing and publications	38 505,703.	369,042.	5,657.	131,004.
39	Travel	39 922,387.	634,783.	41,749.	245,855.
40	Conferences, conventions, and meetings ...	40 1,047,526.	666,550.	71,693.	309,283.
41	Interest	41 16,468.	16,468.		
42	Depreciation, depletion, etc. (attach schedule)	42 219,005.	161,865.	30,426.	26,714.
43	Other expenses not covered above (itemize):				
a	.....	43a			
b	.....	43b			
c	.....	43c			
d	.....	43d			
e	.....	43e			
f	.....	43f			
g	SEE STATEMENT 7	43g 8,117,654.	9,202,653.	395,114.	<1,480,113.>
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 25,350,820.	18,888,244.	2,988,828.	3,473,748.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ 3,355,088. ;(ii) the amount allocated to Program services \$ 3,355,088. ;
 (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$

** SEE STATEMENT 8

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 11	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a SEE STATEMENT 10	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	6,839,723.
b COMMUNICATIONS: MAGAZINE, ELECTRONIC AND OTHER COMMUNICATIONS TO THE GENERAL PUBLIC, PRESS CONFERENCES, AND NEWSPAPER ADS ARE PRODUCED EACH YEAR GIVING LEGISLATIVE UPDATES ON ISSUES OF CONCERN TO THE GLBT COMMUNITY.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	742,363.
c MEMBERSHIP SERVICES: HRC HAS IN EXCESS OF 600,000 MEMBERS. MOST AMOUNTS RECEIVED FROM MEMBERS ARE CLASSIFIED AS CONTRIBUTIONS. MEMBER SERVICES CONSIST OF INFORMING MEMBERS ON LEGISLATIVE ISSUES AS WELL AS CURRENT EVENTS WHICH IMPACT THE GLBT COMMUNITY.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	6,992,487.
d PUBLIC POLICY, EDUCATION & TRAINING	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	4,313,671.
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	18,888,244.

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year		
Assets	45	Cash - non-interest-bearing		45		
	46	Savings and temporary cash investments	1,844,872.	46	1,491,176.	
	47 a	Accounts receivable	47a 336,856.			
	b	Less: allowance for doubtful accounts	47b	47c 441,850.	336,856.	
	48 a	Pledges receivable	48a 57,585.			
	b	Less: allowance for doubtful accounts	48b	48c 72,138.	57,585.	
	49	Grants receivable		49		
	50	Receivables from officers, directors, trustees, and key employees		50		
	51 a	Other notes and loans receivable	51a			
	b	Less: allowance for doubtful accounts	51b	51c		
	52	Inventories for sale or use	139,172.	52	214,222.	
	53	Prepaid expenses and deferred charges	193,211.	53	601,505.	
	54	Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54		
	55 a	Investments - land, buildings, and equipment: basis	55a			
b	Less: accumulated depreciation	55b	55c			
56	Investments - other	SEE STATEMENT 12	0.	56	980,000.	
57 a	Land, buildings, and equipment: basis	57a 1,733,316.				
b	Less: accumulated depreciation STMT. 13	57b 1,373,214.	364,357.	57c	360,102.	
58	Other assets (describe ► SEE STATEMENT 14)		2,372,889.	58	2,164,880.	
59	Total assets (must equal line 74). Add lines 45 through 58		5,428,489.	59	6,206,326.	
Liabilities	60	Accounts payable and accrued expenses	1,944,780.	60	2,023,880.	
	61	Grants payable		61		
	62	Deferred revenue	239,190.	62	329,205.	
	63	Loans from officers, directors, trustees, and key employees		63		
	64 a	Tax-exempt bond liabilities		64a		
	b	Mortgages and other notes payable		64b		
	65	Other liabilities (describe ► SECURITY DEPOSIT)		177,143.	65	161,645.
66	Total liabilities. Add lines 60 through 65		2,361,113.	66	2,514,730.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted	2,776,958.	67	3,401,178.	
	68	Temporarily restricted	290,418.	68	290,418.	
	69	Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds		70		
	71	Paid-in or capital surplus, or land, building, and equipment fund		71		
	72	Retained earnings, endowment, accumulated income, or other funds		72		
	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		3,067,376.	73	3,691,596.
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73		5,428,489.	74	6,206,326.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	30723954.
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1	608,917.	
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify): SEE STATEMENT 15	b4	4,139,997.	
	Add lines b1 through b4			b 4,748,914.
c	Subtract line b from line a			c 25975040.
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2			d 0.
e	Total revenue (Part I, line 12). Add lines c and d			e 25975040.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	29873584.
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1	608,917.	
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify): SEE STATEMENT 16	b4	3,913,847.	
	Add lines b1 through b4			b 4,522,764.
c	Subtract line b from line a			c 25350820.
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2			d 0.
e	Total expenses (Part I, line 17). Add lines c and d			e 25350820.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 17		867,882.	139565.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued) Yes No

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 38

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) SEE STATEMENT 18 75b X

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? SEE STATEMENT 19 75c X

Note. Related organizations include section 509(a)(3) supporting organizations.
If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.

d Does the organization have a written conflict of interest policy? 75d X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
CHERYL JACQUES	0.	112,448.	5,204.	0.
DANIEL SALERA (SEE STATEMENT 1)	0.	29,000.	0.	0.
MARY BRESLAUER (SEE STATEMENT 1)	0.	44,000.	0.	0.

Part VI Other Information (See the instructions.) Yes No

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 76 X

77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. 77 X

78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A 78b

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79 X

80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a X
b If "Yes," enter the name of the organization ► HUMAN RIGHTS CAMPAIGN FOUNDATION and check whether it is exempt or nonexempt

81 a Enter direct or indirect political expenditures. (See line 81 instructions.) 81a 6,500.
b Did the organization file Form 1120-POL for this year? 81b X

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b 608,917.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	X	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		X
c	Dues, assessments, and similar amounts from members		
	85c N/A		
d	Section 162(e) lobbying and political expenditures		
	85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
	86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
	87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A; section 4912 N/A; section 4955 N/A		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed		SEE STATEMENT 20
b	Number of employees employed in the pay period that includes March 12, 2005	90b	128
91 a	The books are in care of HUMAN RIGHTS CAMPAIGN Telephone no. 202-628-4160 Located at 1640 RHODE ISLAND AVE., N.W., WASHINGTON, DC ZIP + 4 20036		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country		X
	N/A		
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country		X
	N/A		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a ADVERTISING	541800	171,686.			
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies ...					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments ...			14	25,569.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	761,961.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					<6,095.>
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					538,371.
103 Other revenue:					
a ROYALTIES			15	336,112.	
b OTHER INCOME					5,029.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		171,686.		1,123,642.	537,305.
105 Total (add line 104, columns (B), (D), and (E))					1,832,633.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 21

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

Please Sign Here Signature of officer _____ Date _____ Type or print name and title. _____

Paid Preparer's Use Only Preparer's signature _____ Date _____ Check if self-employed Preparer's SSN or PTIN _____

Firm's name (or yours if self-employed), address, and ZIP + 4 **GELMAN, ROSENBERG & FREEDMAN**
4550 MONTGOMERY AVE., SUITE 650 NORTH
BETHESDA, MARYLAND 20814-2930

EIN _____ Phone no. **(301) 951-9090**

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	FURNITURE AND FIXTURES	VARIABLES		5.00	16	459,531.			459,531.	324,877.		38,895.
2	SOFTWARE	VARIABLES		3.00	16	502,828.			502,828.	274,057.		70,245.
3	COMPUTER EQUIPMENT	VARIABLES		3.00	16	586,501.			586,501.	412,427.		102,810.
4	LEASEHOLD IMPROVEMENTS	VARIABLES		10.00	16	184,456.			184,456.	126,914.		22,989.
5	LESS: CURRENT DEPRECIATION ADJUSTMENT			.000	16							0.
	* TOTAL 990 PAGE 2 DEPR					1,733,316.		0.	1,733,316.	1,138,275.	0.	234,939.

525102 01-06-06 (D) - Asset disposed * ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORMER BOARD MEMBER COMPENSATION

DURING THE FISCAL YEAR, TWO BOARD MEMBERS WERE PAID AT FAIR MARKET VALUE FOR SERVICES THAT WERE PROVIDED INDEPENDENTLY FROM THEIR BOARD ROLES.

DAN SALERA LEFT THE BOARD PRIOR TO HIS WORK AS A CONSULTANT TO HRC. DURING FISCAL YEAR 2006, HE WAS PAID \$29,000 FOR HIS SERVICES.

WHILE SERVING ON THE BOARD OF DIRECTORS, MARY BRESLAUER RECEIVED \$59,000 FOR SERVICES UNRELATED TO HER DUTIES AS A BOARD MEMBER. SUBSEQUENT TO HER RESIGNATION AS A BOARD MEMBER, SHE CONTINUED TO PROVIDE PROFESSIONAL SERVICES TO HRC AND RECEIVED ADDITIONAL COMPENSATION OF \$44,000.

FORM 990	RENTAL INCOME	STATEMENT	2
KIND AND LOCATION OF PROPERTY		ACTIVITY NUMBER	GROSS RENTAL INCOME
1640 RHODE ISLAND AVE - SUBLEASE		1	761,961.
TOTAL TO FORM 990, PART I, LINE 6A			761,961.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	3
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
	9,169.	9,405.	0.	<236.>	
TO FORM 990, PART I, LINE 8	9,169.	9,405.	0.	<236.>	

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 4

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	21,847.	27,706.	0.	0.	<5,859.>
TO FM 990, PART I, LN 8	21,847.	27,706.	0.	0.	<5,859.>

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 5

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
WASHINGTON DC EVENT	917,602.	376,677.	540,925.	540925.	0.
NEW YORK EVENT 645,820.		237,612.	408,208.	408208.	0.
NEW ENGLAND EVENT	399,932.	216,252.	183,680.	183680.	0.
ALL OTHER EVENTS	4249463.	2297948.	1951515.	1,951,515.	0.
TO FM 990, PART I, LINE 9	6212817.	3128489.	3084328.	3,084,328.	0.

FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 6

INCOME		
1. GROSS RECEIPTS	874,978	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		874,978
4. COST OF GOODS SOLD (LINE 13)	336,607	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		538,371
COST OF GOODS SOLD		
6. INVENTORY AT BEGINNING OF YEAR	139,172	
7. MERCHANDISE PURCHASED	409,038	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS	2,619	
11. ADD LINES 6 THROUGH 10		550,829
12. INVENTORY AT END OF YEAR	214,222	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12).		336,607

FORM 990

OTHER EXPENSES

STATEMENT 7

DESCRIPTION	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
PROFESSIONAL SERVICES	5,252,329.	4,227,913.	599,408.	425,008.
ADVERTISING & PROMOTION	210,881.	112,809.	226.	97,846.
INTERNS	239,748.	156,463.	54,100.	29,185.
DATA PROCESSING	663,340.	566,304.	46,822.	50,214.
INSURANCE	115,280.	10,232.	102,201.	2,847.
CORPORATE REGISTRATION FEES	17,689.	600.	17,034.	55.
DIRECT MAIL	635,816.	85,950.		549,866.
TELEMARKETING	132,931.	84,682.		48,249.
TAXES AND FEES	19,860.	10,616.	8,361.	883.
MISCELLANEOUS	21,585.	2,963.	302.	18,320.
BANK, CREDIT CARD FEES AND INTEREST	540,735.	67,512.	35,814.	437,409.
DUES AND SUBSCRIPTIONS	311,126.	296,106.	8,742.	6,278.
BUSINESS ENTERTAINMENT	202,492.	45,267.	8,692.	148,533.
EMPLOYEE RECRUITMENT COSTS	118,335.	2,079.	114,213.	2,043.
BAD DEBT EXPENSE	18,428.	<3,055.>	2,923.	18,560.
PREMIUMS - DEVELOPMENT	181,443.	141,238.	2,145.	38,060.
VOLUNTEER SUPPORT	39,174.	35,896.	1,774.	1,504.
PHOTOCOPYING	5,379.	3,990.	1,274.	115.
ALLOCATION OF JOINT COSTS	0.	3,355,088.		<3,355,088.>
LESS: IN-KIND	<608,917.>		<608,917.>	
TOTAL TO FM 990, LN 43	8,117,654.	9,202,653.	395,114.	<1,480,113.>

FORM 990

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25

STATEMENT 8

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JOSEPH SOLMONESE157,354.		8,121.		165,475.
A. PROGRAM SERVICES	77,104.	3,979.		81,083.
B. MANAGEMENT AND GENERAL	26,750.	1,381.		28,131.
C. FUNDRAISING	53,500.	2,761.		56,261.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
CATHY NELSON	139,852.	30,478.		170,330.
A. PROGRAM SERVICES	69,926.	15,239.		85,165.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING	69,926.	15,239.		85,165.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
CHERYL JACQUES	112,448.	5,204.		117,652.
A. PROGRAM SERVICES	55,100.	2,550.		57,650.
B. MANAGEMENT AND GENERAL	19,116.	885.		20,001.
C. FUNDRAISING	38,232.	1,769.		40,001.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DAVID SMITH	142,288.	17,772.		160,060.
A. PROGRAM SERVICES	142,288.	17,772.		160,060.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
SUSANNE SALKIND	87,334.	10,984.		98,318.
A. PROGRAM SERVICES	42,794.	5,382.		48,176.
B. MANAGEMENT AND GENERAL	14,847.	1,867.		16,714.
C. FUNDRAISING	29,693.	3,735.		33,428.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ANDREA GREEN	76,263.	21,185.		97,448.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	76,263.	21,185.		97,448.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
KEVIN LAYTON	83,699.	9,056.		92,755.
A. PROGRAM SERVICES	83,699.	9,056.		92,755.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ELIZABETH SEATON	87,668.	23,421.		111,089.
A. PROGRAM SERVICES	87,668.	23,421.		111,089.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
MAXIM THORNE	34,424.	18,548.		52,972.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	34,424.	18,548.		52,972.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
MARY BRESLAUER	103,000.			103,000.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	103,000.			103,000.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DANIEL SALERA	29,000.			29,000.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	29,000.			29,000.
C. FUNDRAISING				

TOTAL PROGRAM SERVICES				635,978.
TOTAL MANAGEMENT AND GENERAL				347,266.
TOTAL FUNDRAISING				214,855.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				<u>1,198,099.</u>

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 9

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
DONATIONS	PLEASE SEE ATTACHMENT		NONE	1,233,840.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22 1,233,840.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 10

DESCRIPTION OF PROGRAM SERVICE ONE

FIELD AND FEDERAL ADVOCACY: HRC MAINTAINS A STAFF OF LEGISLATIVE PROFESSIONALS WHO INFORM THE U.S. CONGRESS AND THE EXECUTIVE BRANCH ON POSITIONS OF THE GAY, LESBIAN, BI-SEXUAL AND TRANSGENDER (GLBT) COMMUNITY REGARDING CIVIL RIGHTS, HIV/AIDS, AND OTHER ISSUES. IN ADDITION, HRC HAS A FIELD STAFF THAT TRAVEL THROUGH THE COUNTRY INFORMING THE GENERAL PUBLIC ON LEGISLATIVE AND OTHER ISSUES THAT IMPACT THE GLBT COMMUNITY.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		6,839,723.

FORM 990

STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE
PART III

STATEMENT 11

EXPLANATION

THE HUMAN RIGHTS CAMPAIGN IS A NATIONAL, NON-PARTISAN, MEMBERSHIP ORGANIZATION THAT EFFECTIVELY LOBBIES, PROVIDES GRASSROOTS AND ORGANIZING SUPPORT, AND EDUCATES THE PUBLIC TO ENSURE THAT GAY, LESBIAN, BISEXUAL AND TRANSGENDER INDIVIDUALS CAN BE OPEN, HONEST AND SAFE AT HOME, AT WORK AND IN THE COMMUNITY.

FORM 990

OTHER INVESTMENTS

STATEMENT 12

DESCRIPTION	VALUATION METHOD	AMOUNT
CERTIFICATES OF DEPOSIT	COST	980,000.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		980,000.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 13

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE AND FIXTURES	459,531.	363,772.	95,759.
SOFTWARE	502,828.	344,302.	158,526.
COMPUTER EQUIPMENT	586,501.	515,237.	71,264.
LEASEHOLD IMPROVEMENTS	184,456.	149,903.	34,553.
TOTAL TO FORM 990, PART IV, LN 57	1,733,316.	1,373,214.	360,102.

FORM 990 OTHER ASSETS STATEMENT 14

DESCRIPTION	AMOUNT
SECURITY DEPOSIT	97,573.
DUE FROM HRC AFFILIATES	2,063,607.
ACCRUED INTEREST	3,700.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	2,164,880.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 15

DESCRIPTION	AMOUNT
EXPENSES RELATED TO SPECIAL EVENTS NETTED AGAINST REVENUE ON PAGE 1, PART 1, LINE 9B3,084,328.	
COST OF GOODS SOLD, NETTED AGAINST SALES ON PAGE 1, PART 1, LINE 10B	336,607.
REVENUE OF 527 SEGREGATED FUND	719,062.
TOTAL TO FORM 990, PART IV-A	4,139,997.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 16

DESCRIPTION	AMOUNT
EXPENSES RELATED TO SPECIAL EVENTS NETTED AGAINST REVENUE ON PAGE 1, PART 1, LINE 9B3,084,328.	
COST OF GOODS SOLD, NETTED AGAINST SALES ON PAGE 1 PART 1, LINE 10B	336,607.
EXPENSES OF 527 SEGREGATED FUND	492,912.
TOTAL TO FORM 990, PART IV-B	3,913,847.

FORM 990

PART V-A - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 17

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOSEPH SOLMONESE 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	PRESIDENT 27.38	157,354.	8,121.	0.
CATHY NELSON 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	ASST. VP/VP DEV & MEMBER 37.50	139,852.	30,478.0.	
DAVID SMITH 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	VP POLICY & STRATEGY 37.50	142,288.	17,772.0.	
SUSANNE SALKIND 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	VP/ MANAGING DIRECTOR 27.38	87,334.	10,984.0.	
ANDREA GREEN 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	TREASURER/FINANCE DIR 29.25	76,263.	21,185.0.	
KEVIN LAYTON 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	SEC/DIR.POLICY (PART YEAR) 29.25	83,699.	9,056.	0.
ELIZABETH SEATON 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	SECRETARY/LEGAL PROG DIR 37.50	87,668.	23,421.0.	
MAXIM THORNE 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	VP/COO (PART YEAR) 29.25	34,424.	18,548.0.	
MARY BRESLAUER 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER (PART YEAR) 10.00	59,000.0.		0.
DESIRAY BAILEY 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER 20.00	0.	0.	0.
JOE BARROWS 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER 10.00	0.	0.	0.

JOHN BARRY 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER 10.00	0.	0.	0.
BRUCE BASTIAN 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER 10.00	0.	0.	0.
TERRENCE BEAN 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER 10.00	0.	0.	0.
DAVID BECKWITH 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER 10.00	0.	0.	0.
MICHAEL BERMAN 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER 25.00	0.	0.	0.
TIMOTHY BOGGS 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER 10.00	0.	0.	0.
KENNETH BRITT 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER 20.00	0.	0.	0.
MARJORIE CHORLINS 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER 10.00	0.	0.	0.
REBECCA COVELL 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER 20.00	0.	0.	0.
LAWRIE DEMOREST 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER 25.00	0.	0.	0.
TIMOTHY DOWNING 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER 10.00	0.	0.	0.
LINDA ELLIOTT 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER 10.00	0.	0.	0.
AMY ERRETT 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER 10.00	0.	0.	0.

ANNE FAY 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER 25.00	0.	0.	0.
CAROLYN HALL 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER 10.00	0.	0.	0.
SANDRA HARTNESS 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER 20.00	0.	0.	0.
MICHAEL HOLLOMAN 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER 10.00	0.	0.	0.
JULIE JOHNSON 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER 20.00	0.	0.	0.
BARRY KARAS 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER 10.00	0.	0.	0.
MARTY LIEBERMAN 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER 10.00	0.	0.	0.
ANDREW LINSKY 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER 10.00	0.	0.	0.
DAVID MEDINA 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER 10.00	0.	0.	0.
LUCILO PENA 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER 25.00	0.	0.	0.
TERRY PENROD 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER 10.00	0.	0.	0.
HENRY ROBIN 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER 15.00	0.	0.	0.
DONNA ROSE 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER 20.00	0.	0.	0.

MARIA SALAS 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER 10.00	0.	0.	0.
JUDY SHEPARD 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER 15.00	0.	0.	0.
TOM SKANCKE 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER 10.00	0.	0.	0.
MARY SNIDER 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER 10.00	0.	0.	0.
DAVID STANTON 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER 10.00	0.	0.	0.
JILL STAUFFER 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER 10.00	0.	0.	0.
JOHN SULLIVAN 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER 20.00	0.	0.	0.
REBECCA TILLET 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER 10.00	0.	0.	0.
JEFFREY TRANDAHL 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER 10.00	0.	0.	0.
ALAN UPHOLD 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER 25.00	0.	0.	0.
ANTHONY VARONA 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER 10.00	0.	0.	0.
SCOTT WEINER 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER 10.00	0.	0.	0.
CECIL WILLIAMS 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER 10.00	0.	0.	0.

DAVID WILSON 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER 20.00	0.	0.	0.
GWENDOLYN BABA 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER (PART YEAR) 10.00	0.	0.	0.
MITCHELL GOLD 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER (PART YEAR) 10.00	0.	0.	0.
STEPHANIE HART 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER (PART YEAR) 10.00	0.	0.	0.
DANA PERLMAN 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER (PART YEAR) 20.00	0.	0.	0.
TREVOR POTTER 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER (PART YEAR) 10.00	0.	0.	0.
VICTORIA RAYMONT 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER (PART YEAR) 20.00	0.	0.	0.
HENRY ROSALES 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER (PART YEAR) 25.00	0.	0.	0.
DANIEL SALERA 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER (PART YEAR) 23.00	0.	0.	0.
JEFFREY TRAMMELL 1640 RHODE ISLAND AVE., N.W. WASHINGTON, DC 20036	BOARD MEMBER (PART YEAR) 10.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V-A

867,882. 139565.0.

FORM 990

EXPLANATION OF RELATIONSHIP
PART V-A, LINE 75B

STATEMENT 18

INDIVIDUAL'S NAME

TITLE OR ROLE

CAROLYN HALL

DIRECTOR

INDIVIDUAL'S NAME

TITLE OR ROLE

JULIE JOHNSON

DIRECTOR

EXPLANATION OF RELATIONSHIP

CAROLYN HALL IS A BUSINESS CLIENT OF JULIE JOHNSON

INDIVIDUAL'S NAME

TITLE OR ROLE

REBECCA COVELL

DIRECTOR

INDIVIDUAL'S NAME

TITLE OR ROLE

CAROLYN HALL

DIRECTOR

EXPLANATION OF RELATIONSHIP

REBECCA COVELL IS CAROLYN HALL'S LAWYER

INDIVIDUAL'S NAME

TITLE OR ROLE

JULIE JOHNSON

DIRECTOR

INDIVIDUAL'S NAME

TITLE OR ROLE

REBECCA COVELL

DIRECTOR

EXPLANATION OF RELATIONSHIP

JULIE JOHNSON IS A BUSINESS CLIENT OF REBECCA COVELL

FORM 990 PART V-A OFFICER COMPENSATION FROM STATEMENT 19
RELATED ORGANIZATIONS

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
JOSEPH SOLMONESE	58,199.	3,004.	

NAME OF RELATED ORGANIZATION	EMPLOYER ID NUMBER
HUMAN RIGHTS CAMPAIGN FOUNDATION	52-1481896

RELATIONSHIP BETWEEN ORGANIZATIONS

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
SUSANNE SALKIND	32,302.	4,063.	

NAME OF RELATED ORGANIZATION	EMPLOYER ID NUMBER
HUMAN RIGHTS CAMPAIGN FOUNDATION	52-1481896

RELATIONSHIP BETWEEN ORGANIZATIONS

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
KEVIN LAYTON	23,607.	2,554.	

NAME OF RELATED ORGANIZATION	EMPLOYER ID NUMBER
HUMAN RIGHTS CAMPAIGN FOUNDATION	52-1481896

RELATIONSHIP BETWEEN ORGANIZATIONS

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
ANDREA GREEN	21,510.	5,975.	
NAME OF RELATED ORGANIZATION		EMPLOYER ID NUMBER	
HUMAN RIGHTS CAMPAIGN FOUNDATION		52-1481896	
RELATIONSHIP BETWEEN ORGANIZATIONS			

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
MAXIM THORNE	9,709.	5,232.	
NAME OF RELATED ORGANIZATION		EMPLOYER ID NUMBER	
HUMAN RIGHTS CAMPAIGN FOUNDATION		52-1481896	
RELATIONSHIP BETWEEN ORGANIZATIONS			

FORM 990 LIST OF STATES RECEIVING COPY OF RETURN STATEMENT 20
PART VI, LINE 90

STATES

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

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 21
ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
102	SALE OF MERCHANDISE RELATED TO EXEMPT PROGRAM ACTIVITIES HELPS TO DISSEMINATE INFORMATION ABOUT PUBLIC POLICY ISSUES OF IMPORTANCE TO THE GAY, LESBIAN, BISEXUAL & TRANSGENDERED COMMUNITY.
103A	MISCELLANEOUS REVENUE EARNED THROUGH ACTIVITIES RELATED TO THE ORGANIZATION'S EXEMPT PURPOSE.

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization HUMAN RIGHTS CAMPAIGN, INC.	Employer identification number 52-1243457
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1640 RHODE ISLAND AVENUE, N.W.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **HUMAN RIGHTS CAMPAIGN**
 Telephone No. ▶ **202-628-4160** FAX No. ▶ _____
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **NOVEMBER 15, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 - ▶ calendar year _____ or
 - ▶ tax year beginning **APR 1, 2005**, and ending **MAR 31, 2006**
- 2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization HUMAN RIGHTS CAMPAIGN, INC.	Employer identification number 52-1243457
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1640 RHODE ISLAND AVENUE, N.W.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input checked="" type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **THE ORGANIZATION**
 Telephone No. ▶ **(202) 628-4160** FAX No. ▶ _____
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **FEBRUARY 15, 2007** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 - ▶ calendar year _____ or
 - ▶ tax year beginning **APR 1, 2005**, and ending **MAR 31, 2006**
- 2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____ 0.
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____ 0.
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.

Type or print. File by the extended due date for filing the return. See instructions.	Name of Exempt Organization HUMAN RIGHTS CAMPAIGN, INC.	Employer identification number 52-1243457
	Number, street, and room or suite no. If a P.O. box, see instructions. 1640 RHODE ISLAND AVENUE, N.W.	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036	

Check type of return to be filed (File a separate application for each return):

- Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870
- Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **HUMAN RIGHTS CAMPAIGN**
Telephone No. **202-628-4160** FAX No. _____
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box . If it is for **part** of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **FEBRUARY 15, 2007.**

5 For calendar year _____, or other tax year beginning **APR 1, 2005** and ending **MAR 31, 2006**.

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED FOR PREPARING A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature _____ Title _____ Date _____

Notice to Applicant - To Be Completed by the IRS

- We **have** approved this application. Please attach this form to the organization's return.
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Number and street (include suite, room, or apt no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)