Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	Fort	the 2011 calendar year, or tax year beginning $\mathrm{JUL}1$ , $2011$	nding J	UN 30, 2012	2
В	Check applic	INTERNATIONAL GAT AND DESCRIPTION		D Employer identi	fication number
	Add	dress HUMAN RIGHTS COMMISSION			
	Nai	me Doing Business As		94-3	3139952
	Initi retu Ter	IM Number and street (or P.O. box if mail is not delivered to street address) Righting 11	oom/suite 505	E Telephone numb	er
F	-—∣ate ∏Am	" , <del>"                                 </del>	303	(212	
F	retu App	ended City or town, state or country, and ZIP + 4		G Gross receipts \$	1,630,107.
	tion pen	F Name and address of principal officer:JESSICA STERN		H(a) Is this a group	return Yes X No
		SAME AS C ABOVE		for affiliates?	
_	Tov.0			H(b) Are all affiliates in	
		exempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or site: WWW • IGLHRC • ORG	527	,	a list. (see instructions)
		of organization: X Corporation	Ta Vasa	H(c) Group exemption	
	art I		<u>  L Year (</u>	or tormation: 1991	M State of legal domicile: NY
	1	Briefly describe the organization's mission or most significant activities: INTER	TATTO	NAT CAV AND	TECDIAN
Activities & Governance	'	HUMAN RIGHTS COMMISSION (IGLHRC) IS A LEAD	DING	INTERNATION	IAL
era	2	Check this box   if the organization discontinued its operations or disposed	d of more	than 25% of its net a	
ઠ્ઠ	3			3	15
ઍ	4	Number of independent voting members of the governing body (Part VI, line 1b)			15
ies	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)			13
Ĭ.	6	Total number of volunteers (estimate if necessary)		6	0
Act	7 8	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	k	Net unrelated business taxable income from Form 990·T, line 34		7b	0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		1,547,735.	1,611,147.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<u>1,10</u> 8.	
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-15,847.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,532,996.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		10,251.	26,574.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,084,946.	
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	34,000.
Expenses		Total fundraising expenses (Part IX, column (D), line 25)   327,032			
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,109,261.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,204,458.	2,217,997.
	19	Revenue less expenses. Subtract line 18 from line 12		<u>-671,462.</u>	-591,337.
Net Assets or Fund Balances			Begi	inning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)		2,373,704.	1,981,183.
nd A	21	Total liabilities (Part X, line 26)		324,194.	<u>523,010.</u>
		Net assets or fund balances. Subtract line 21 from line 20		2,049,510.	1,458,173.
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	nt II	······································			
		alties of perjury, declare that I have examined this return, including accompanying schedules an			/ knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer h	as any knowledge.	
				13 MAY 2	113
Sign	)	Signature of officer		Date *	
Here	•	JESSICA STERN, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Dat	1 2	PTIN
Paid		ROBERT L. MANGER human	0.5	/10/13 self-employe	
Prepa		Firm's name MANGER & COMPANY		Firm's EIN ▶	13-3798026
Use C	Only	Firm's address 295 MADISON AVENUE, SUITE 901			
		NEW YORK, NY 10017		Phone no. (2	212) 986-3025
<u>May</u>	the IF	RS discuss this return with the preparer shown above? (see instructions)			Yes No
13200	1 01-2	3-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2011)

	Statement of Program Service Accomplishments	X
_	Check if Schedule O contains a response to any question in this Part III	<u></u>
1	Briefly describe the organization's mission:	T.O. 3
	INTERNATIONAL GAY AND LESBIAN HUMAN RIGHTS COMMISSION (IGLHRC)	
	LEADING INTERNATIONAL ORGANIZATION DEDICATED TO HUMAN RIGHTS AD	
	ON BEHALF OF PEOPLE WHO EXPERIENCE DISCRIMINATION OR ABUSE ON T	HE
	BASIS OF THEIR ACTUAL OR PERCEIVED SEXUAL ORIENTATION, GENDER	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
_	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by e	Vacanaca
7		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and alloc	ations to
_	others, the total expenses, and revenue, if any, for each program service reported.	12 (01
4a	/ (Lote in a fine of a fin	13,601.
	IGLHRC PRIMARILY PROVIDES:	
	1. RESPONSE TO HUMAN RIGHTS VIOLATIONS BASED UPON GENDER IDENTI	TY AND
	EXPRESSION OR SEXUAL IDENTITY AND EXPRESSION	
	2. MEETING COORDINATION AND FACILITATION ON ISSUES SUCH AS:	
	LITIGATION, EXTORTION, BLACKMAIL, HIV/AIDS, GENDER BASED VIOLENC	E, AND
	GENDER IDENTITY AS THEY RELATE TO HUMAN RIGHTS.	
	IN ADDITION, IGLHRC CAMPAIGNS AGAINST GENDER BASED VIOLENCE AND	
	PROVIDES TECHNICAL ASSISTANCE GROUPS TO LOCAL CAMPAIGNS DESIGNE	
	COMBAT HOMOPHOBIA AND TRANSPHOBIA. IGLHRC HOSTS STRATEGY SESSION	
	AROUND RELIGIOUS FUNDAMENTALISM AND VIOLENCE AGAINST WOMEN AS A	
	HOMOPHOBIA AND ENGAGES WITH REGIONAL BODIES LIKE THE AFRICAN	1001 01
41.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
		-
		<u> </u>
4c	(Code:) (Expenses \$	
	(Code:	
	<del></del>	
	<del></del>	
4d	Other program services (Describe in Schedule O.)	
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 1,618,969.	
70		orm <b>990</b> (2011)
		Onn 333 (2011)

Form 990 (2011) HUMAN RIGHTS

Part IV Checklist of Required Schedules HUMAN RIGHTS COMMISSION

1000000	-		1	T.,
			Yes_	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	١.,	X	
_	If "Yes," complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	-2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		х
	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		
4	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
٠	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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete	r -		
Ŭ	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
•	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	ĻŤ		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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 16? If "Yes," complete Schedule D, Part IX	11d		X
е	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	_X	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?		İ	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		_ <u>X</u> _
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	7,	<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		İ	
	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	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		. l	
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			Х
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	,,	x	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Λ	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		Х
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	.	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		Х
nn-	complete Schedule G, Part III	19	+	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a   20b		
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	ZUD	100	

HUMAN RIGHTS COMMISSION Form 990 (2011) HUMAN RIGHTS COMMI

^-	Did the averagination variety may than \$5,000 of avents and other assistance to any accomment or averagination in the		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
b	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	270		
С		24c		
	any tax-exempt bonds?	24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	Z4u		
:5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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
6	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>X</u>
7	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
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
1	Did the organization liquidate, terminate, or dissolve and cease operations?			
•	If "Yes," complete Schedule N, Part I	31	ı	Х
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
_	Schedule N, Part II	32		X
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
3	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
	·		-	
4	Was the organization related to any tax-exempt or taxable entity?	34	į	Х
<b>.</b> .	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	554		
D	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
6	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		_X
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2011)

Form 990 (2011)

HUMAN RIGHTS COMMISSION

a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b	Pa	Statements Regarding Other IRS Filings and Tax Compliance			
tale Enter the number reported in Box 3 of Form 1096. Enter -0° in fot applicable   1		Check if Schedule O contains a response to any question in this Part V			ᆜ
b Etter the number of Forms WEG Included in line 1s. Enter o'll not applicable				Yes	No
C Did the organization comply with backup withhelding roles for reportable payments to vendors and reportable gaming granularing winnings to prize winners?  2a Enter the number of employees reported on Form W-S, Transmittal of Wage and Tax Statements, lifed for the calendar year ending with or within the year covered by the return.  13 b If at least one is reported on line 28, did the organization file all required referred employment tax returns?  Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions)  3a Did the organization have undealed business gross incrore of \$1,000 or more during the year?  3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schodule O.  3b If "Yes," the set of the search 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?  4b If "Yes," the other the name of the foreign country. SOUTH A FRATCA  See instructions for filing requirements for Form TD F 90:22.1, Report of Foreign Bank and Financial Accounts.  5b Was the organization have annual gross receipts that see no remaily greater than \$100,000, and did the organization select any contributions that twee near tax deductible?  6b Does the organization have annual gross receipts that see no remaily greater than \$100,000, and did the organization select any contributions that may receive deductible contributions under section 170(a).  6b If "Yes," the list organization include with very solicitation an express statement that such contributions or grifts were not tax deductible?  6c Does the organization self- exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8980 are required?  6c Diff the organization self- exchange, or otherwise dispose of tangible personal property for which it was required?  7c Diff the organization received a contribution of qualified	1a				
gembling) winnings to prize winners?  8 Enter the number of employees reported on Form WS, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  8 If I least one is reported on line 2a, did the organization file all required federal employment tax returns?  8 Note: if the sum of lines 1 and 2 is greater than 250, you may be required to e-life (see instructions)  8 If I we, in set if filed a Form 990-Tf for this year II "No," provide an explanation in Schoduls O  8 If I we, in set if filed a Form 990-Tf for this year II "No," provide an explanation is Chanduls O  8 A At any time during the calendar year, did the organization have an interest is, or a signature or other authority over, a financial account?  9 A X  8 A X financial account is a foreign country (such as a bank account, securities account, or other financial account)?  9 A X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B X X  9 B	b	Enter the number of Forms W-24 moldaed in line 14. Enter 10 in not applicable	4		
2a Enter the number of employees reported on Form WA3, Transmittal of Wages and Tax Statements, filled for the calendar year earding with or within the year covered by the return  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines ta and 2a is greater than 250, you may be required to e-file (see instructions)  3a	С				
filled for the calendary year ending with or within the year covered by this return    2a	_		1 1c		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3a Did the organization have unrelated business organization file all required to e-file (see instructions)  3b If Yes, * has it filed a Form 990-T for this year? If * No.* provide an explanation in Schedule O  3a A any time during the celendary year, did the organization have an explanation in Schedule O  3b If Yes, * has it filed a Form 990-T for this year? If * No.* provide an explanation in Schedule O  3c A tany time during the celendary year, did the organization have an enterest (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)?  4c At any time enter the name of the foreign country * SOUTH AFRICA*  See instructions for filing requirements for Form TD F 9022.1, Report of Foreign Bank and Financial Accounts.  5c Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?  5d Did any texable party notify the organization file Form 888617?  6e Does the organization and that it was or is a party to a prohibited tax sheller transaction?  5b If Yes, * to line 5a or 5b, did the organization file Form 888617?  6a X  b If Yes, * to line 5a or 5b, did the organization file Form 888617?  6b Did the organization include with every solicitation an excreas statement that such contributions or gifts were not tax deductible?  6b If Yes, * to line the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Did the organization receive a payment in excess of 35 made party as a contribution and party for goods and services provided to the pupyor?  7c A X  6d If Yes, * Indicate the number of Forms 8922 filed during the year  6d If Yes, * Indicate the number of Forms 8922 filed during the year  6d If Yes, * Indicate the number of Forms 8922 filed during the year  7d If Yes, * Indicate the number o	2a				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructione) 3 bid the organization have unrelated business gross income of \$1,000 or more during the year? 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 5 If Year, enter the name of the foreign country, ▶ SOUTH AFRICA 5 See instructions for filing requirements for Form TD F 902.21, Report of Foreign Bank and Financial Accounts. 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Did any texable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the was precise a general than the such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(e). 8 If Yes, 'did the organization norlify the donor of the value of the goods or services provided? 9 Organizations that may receive deductible contributions under section 170(e). 9 If Yes, 'did the organization norlify the donor of the value of the goods or services provided? 9 Toganization sell, sexchange, or otherwise dispose of tangible personal property for which it was required to tile Form 8822? 1 If 'Yes,' indicate the number of Forms 8222 filed during the year 1 Pick the organization received an contribution of cualified intellectual property, did the organization file Form 1098-C? 9 The organization received an contribution of corts, both as indicated, the o			┦~~~~	v	
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4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5b If 'Yes,' refer the name of the foreign country's SOUTH AFRICA  5e instructions for filing requirements for Form TD F 90:22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization represents for Form TD F 90:22.1, Report of Foreign Bank and Financial Accounts.  5b Was the organization for you on prohibited tax shelter transaction at any time during the tax year?  5c If 'Yes,' to line 5 a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If 'Yes,' to line 5 a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If 'Yes,' to line 5 a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If 'Yes,' to line 5 a or 5b, did the organization include with every solicitation an express statement that such contributions solicit any contributions that were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(a).  8d If Yes,' did the organization notify the donor of the value of the goods or services provided?  9b If Yes,' did the organization notify the donor of the value of the goods or services provided?  10b If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  17c X  17d If 'Yes,' indicate the number of Forms 8292 filed during the year  17e ID Id the organization, during the year (a) If the organization, during the year (b) If the organization, during the year (b) If the organization file or organization sell and entire that the summary of the property for which it was required?  17e If the organization received a contribution of cash boats, airplanes, or other vehicles, did the organization file a Form			$\overline{}$		
financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If "Yes," enter the name of the foreign country: SOUTH AFRICA See instructions for filing requirements for Form TD F 90221, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b LX  c If "Yes," to line 5a or 5b, did the organization file Form 8886-17  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the one to tax deductible?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(a).  a Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(b).  b If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor?  7 Organization stat may receive deductible contributions under section 170(c).  b If "Yes," indicate the number of Forms 9252 filed during the year  b If Yes, indicate the number of Forms 9252 filed during the year  c Did the organization receive any funds, directly or indirectly, no a personal benefit contract?  7 Organization received a contribution of qualified intellectual property, did the organization file a Form 1098-c?  7 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-c?  7 Spensoring organization maintaining deen advised funds and services business holdings at any time during the year?  9 Spensoring organization maintaining deen advised funds and services adjusted property o			30		
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See instructions for filling requirements for Form TD F 9022.1, Report of Foreign Bank and Financial Accounts.  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 EX  X  5 Did any taxable party notify the organization file Form 8886-T7  6 Does the organization are annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(e).  8 If "Yes," did the organization include with every solicitation and party for goods and services provided to the payor?  7 Organizations that may receive deductible contributions under section 170(e).  8 If "Yes," did the organization notify the donor of the value of the goods or services provided?  9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 822?  1 To X  1 If "Yes," indicate the number of Forms 8282 filed during the year  9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 If I Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  1 If the organization received a contribution of cars, boats, alrylanes, or other vehicles, did the organization file a Form 1098-C2  1 Spensaring organizations maintaining donor advised funds and section 509(a)(3) supporting organization file form 899 as required?  1 Spensaring organizations maintaining donor advised funds.  1 Did the organization make any taxable distributions under section 4966?  2 Spensaring organizations maintaining donor advised funds.  2 Did t	h		70		
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e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make a distribution to a donor, donor advised funds.  b Did the organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13a  14a  Did the organization or explant the plans it f		ł 1	7c		X
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	_b	it "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		000 //	2011

Form 990 (2011) HUMAN RIGHTS COMMISSION 94-3139952 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			<u>.</u>			X
Sec	tion A. Governing Body and Management		·				
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	.·	15			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with an	y other	Ì			
	officer, director, trustee, or key employee?				2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	e direct s	supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was 1	iled?	[	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		[	5_		Х
6	Did the organization have members or stockholders?			[	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point or	e or	ĺ			
	more members of the governing body?			[	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockhold	ers, 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	r by the f	ollowing:				
а	The governing body?				8a	X	
b	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 read	ched at t	he				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			]	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue C	ode.)				
						Yes	No_
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters, a	affiliates,	ł			
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$				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.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			[	12a	X	
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflic	s?		12b	Х	
¢	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes			1			
	in Schedule O how this was done				12c	Х	
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 approva	l by inde	pendent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	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).						
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement						
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its part	icipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's					
	exempt status with respect to such arrangements?				16b		
	ion C. Disclosure						
	List the states with which a copy of this Form 990 is required to be filed ▶NY, CA						<del></del>
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section	501(c)(3)s only	y) av	ailab	е	
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website X Another's website X Upon request						
	Describe in Schedule O whether (and if so, how), the organization made its governing documents, cor	iflict of in	terest policy,	and	finan	cial	
	statements available to the public during the tax year.						
	State the name, physical address, and telephone number of the person who possesses the books an	d record	s of the organi	zatio	on: 🕨	·	
	MICHAEL HARTWYK - (212) 430-6019						
	80 MAIDEN LANE, #1505, NEW YORK, NY 10038						

# Form 990 (2011) HUMAN RIGHTS COMMISSION 94-3 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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.

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

- 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.

(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						th an compensation stee) from	(E) Reportable compensation	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	stee or director	Institutional trustee	Officer		Highest compensated employee		trom the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) DOROTHY SANDER										_
CO-CHAIR	2.00	X		X		<u> </u>		0.	0.	0.
(2) MICHAEL CONWAY										_
TREASURER	2.00	X		X				0.	0.	0.
(3) LEROY POTTS								_		_
SECRETARY	2.00	X		X				0.	0.	0.
(4) AL BALLESTEROS									_	
BOARD MEMBER	2.00	X						0.	0.	0.
(5) ROGER DOUGHTY										
BOARD MEMBER	2.00	X					_	0.	0.	0.
(6) SEL JULIAN HWAHNG										•
BOARD MEMBER	2.00	Х						0.	0.	0.
(7) TIM LANE										•
BOARD MEMBER	2.00	X				-		0.	0.	0.
(8) TODD LARSON	2 00	,,		,,						0
CO-CHAIR	2.00	X		X	_			0.	0.	0.
(9) PAMELA MERCHANT	2 00	.,		-				0	_	o o
BOARD MEMBER	2.00	X			-	_		0.	0.	0.
(10) LINDA BLACKMORE	2 00	٠,	İ					_	0	0
BOARD MEMBER	2.00	X						0.	0.	0.
(11) TEY MEADOW	2.00	x	ĺ	- 1				0.	0.	0
BOARD MEMBER	2.00	Λ	-	$\dashv$				0.	0.	0.
(12) JODY COLE	2.00	X						0.	0.	0.
BOARD MEMBER (13) TOD HILL	2.00	^	$\dashv$	+	$\dashv$	T)		0.	0.	
BOARD MEMBER	2.00	х		ŀ				0.	0.	0.
(14) OLIVER PHILLIPS	2.00		$\dashv$		$\dashv$	_		0.	•	
BOARD MEMBER	2.00	х	İ					0.	0.	0.
(15) AMIE BISHOP										
BOARD MEMBER	2.00	X						0.	0.	0.
(16) CARY ALAN JOHNSON				$\dashv$		十				
EXECUTIVE DIRECTOR TO 4/12	40.00			x				167,000.	0.	12,070.
(17) JESSICA STERN				_	$\dashv$	$\dashv$				
EXECUTIVE DIRECTOR	40.00		- 1	x				93,017.	0.	10,570.
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Form **990** (2011)

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UMAN RIC	HTS CON	MISSION		94-3139	952 Page <b>8</b>						
Directors, Tru	IAN RIGHTS COMMISSION 94-3139952 Page 8 ectors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
	(B)	(C)	(D)	(E)	(E)						

Pe	TVII Section A. Officers, Directors, Tru	<u>ıstees, Key Eı</u>	mple	оуес	es, a	nd	High	est	Compensated Employ	ees (continued	)	
	(A)	(B)			•	C)			(D)	(E)		(F)
	Name and title	Average	Position						Reportable	Reportab	le `	Estimated
		hours per	(do not check more than one box, unless person is both ar						compensation	compensat		amount of
		week	officer and a director/trustee						from	from relate	ed	other
	, , , , , , , , , , , , , , , , , , ,	(describe	or director						the	organizatio	ns	compensation
		hours for	rdir				<b>B</b>		organization	(W-2/1099-N	IISC)	from the
		related	ag.	trustee			ensa		(W-2/1099-MISC)			organization
		organizations	Individual trustee	nal tr		Key employee	Highest compensate employee					and related
		in Schedule	vidus	Institutional	동	gu	Se set	喜				organizations
		0)	2	TS (	Officer	흋	운통	Ē		u		
		l										
							ļ					
							1					
		1										
	· · · · · · · · · · · · · · · · · · ·		-		-			_				
				$\vdash$	<u> </u>	-	_			,		<del> </del>
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		1			ŀ							
							$\vdash$					
						1	[ '					
												·
1 b	Sub-total						▶		260,017.		0.	22,640.
	Total from continuation sheets to Part VI								0.		0.	0.
	Total (add lines 1b and 1c)								260,017.		0.	22,640.
2	Total number of individuals (including but no								·	000 of reports		
2	• • •	ot iimited to tri	USU	IISte	ua	JUVE	*) WII	IO IE	eceived more man \$100	,000 or reporta	ole	1
	compensation from the organization	<u> </u>										Yes No
_										_	1	162 140
3	Did the organization list any former officer,				-	•	•		•			
	line 1a? If "Yes," complete Schedule J for so	uch individual										3 X
4	For any individual listed on line 1a, is the su	m of reportabl	е со	mpe	ensa	tion	and	oth	er compensation from t	he organization	1	
	and related organizations greater than \$150	,000? <i>If</i> "Yes,"	' coi	mple	ete S	Sche	dule	J fo	or such individual			4 X
5	Did any person listed on line 1a receive or a									dual for service	s	
	rendered to the organization? If "Yes," comp					_					ſ	5 X
Sec	tion B. Independent Contractors		, (	., Ju	. U11 F		-ii					<del></del>
	Complete this table for your five highest cor	mnoncoted is a	loss	nd-	nt a	0040	20+-	ro +L	not received more than	\$100 000 of co	mpone	ation from
1	· · · · · · · · · · · · · · · · · · ·	-	-								mbense	MON HON
	the organization. Report compensation for t	ne calendar ye	are	endir	ıg w	ith c	or Wi	<u>inin</u>		ear.		
	(A)	a d dra	370						(B)	andoo-	_	(C)
	Name and business	auuress 	NC	NE				4	Description of se			ompensation
								+			<u> </u>	
								+			<del></del>	
								4				
								$\perp$	<u> </u>		· .	***************************************
2	Total number of independent contractors (in	cluding but no	ot lin	nited	l to 1	thos	e lis	ted	above) who received me	ore than		
	\$100,000 of compensation from the organiz					0			<u> </u>			

Pa	rt V	III Statement of Reve	nue						
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats t	1 8	a Federated campaigns		1a					
ts, Grants Amounts		<b>b</b> Membership dues		1b					
A, C		c Fundraising events		1c					
		d Related organizations		1d					
Ę,		e Government grants (contribu	tions)	1e	430,681.				
iż s	1	f All other contributions, gifts, gran	nts, and						
혈		similar amounts not included abo	ove	1f	1180466.				
Contributions, Gif and Other Similar	9	Noncash contributions included in line	s 1a-1f: \$						
<u>8</u> 0	<u> </u>	h Total. Add lines 1a-1f			<b>&gt;</b>	1611147.	,		
ľ					Business Code				
9	2 8	a							
e e	Ł	b							
en S	•	e							
Real	C	d				-			
Program Service Revenue	_	•							<u> </u>
-	f								
-		Total. Add lines 2a-2f							
- 1	3	Investment income (including				864.			864.
		other similar amounts)				004.	1		004.
Ī	4 5	Income from investment of ta	•				<del>                                     </del>		-
	5	Royalties	(i) R		(ii) Personal				
ļ	6 9	Gross rents		<del>c</del> ai	(ii) Personai	-			
}	b				+				
		Rental income or (loss)	1						
ł		Net rental income or (loss)							
		Gross amount from sales of	(i) Secu		(ii) Other				
		assets other than inventory	(7		(4) = 1.12.				
	b	Less: cost or other basis							
		and sales expenses							
	c	Gain or (loss)							
ľ		Net gain or (loss)							
o l		Gross income from fundraising							
Other Revenue		including \$	of	:					
Š		contributions reported on line	1c). See						
e E		Part IV, line 18		а	4,495.				
€	b	Less: direct expenses		b	3,447.				
		Net income or (loss) from fund			<b>&gt;</b>	1,048.			1,048.
	9 a	Gross income from gaming ac							
		Part IV, line 19							
		Less: direct expenses							
		Net income or (loss) from gam		ties	<b>&gt;</b>				
	10 a	Gross sales of inventory, less							
	_	and allowances							
		Less: cost of goods sold			L				
+	c	Net income or (loss) from sales		tory					
$\vdash$	11 -	Miscellaneous Revenue OTHER INCOME	<del></del>	•	Business Code 900099	13,601.	13,601.		
					700033	13,001.	13,001.		
	b								
	ت بہ	All other revenue							
	u	Total. Add lines 11a-11d			<u></u>	13,601.			
.	12	Total revenue. See instructions.			. 1	1626660.	13,601.	0.	1,912.
132009 01-23-1		. 5.21 10 rongo: 500 motivo: 0110.					,,-,-,		Form <b>990</b> (2011)

### Form 990 (2011)

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

По	Check if Schedule O contains a respon- not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the		06 ==4		
	United States. See Part IV, lines 15 and 16	26,574.	26,574.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	221 255	0.45 0.60	01 175	60 500
	trustees, and key employees	331,967.	247,269.	21,175.	63,523
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				100 041
7	Other salaries and wages	589,916.	428,155.	53,420.	108,341
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)	01.15		6 050	1= 104
9	Other employee benefits	81,471.	59,354.	6,953.	15,164
10	Payroll taxes	58,050.	42,512.	4,717.	10,821
11	Fees for services (non-employees):				
а	Management				
b	Legal	2,727.	2,727.	150 016	
¢	Accounting	158,016.		158,016.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	34,000.			34,000
f	Investment management fees				
g	Other	318,475.	288,471.	841.	29,163
12	Advertising and promotion	4,955.	3,628.	403.	924
13	Office expenses	168,820.	128,279.	12,310.	28,231
14	Information technology	20,489.	15,005.	1,665.	3,819
15	Royalties				
16	Occupancy	119,960.	87,849.	9,750.	22,361
17	Travel	241,292.	236,906.		4,386
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	26,376.	26,376.		
20	Interest				
21	Payments to affiliates				<del></del>
22	Depreciation, depletion, and amortization	12,468.	9,131.	1,013.	2,324 1,190
3	Insurance	6,383.	4,674.	519.	1,190
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	MISCELLANEOUS	16,058.	12,059.	1,214.	2,785
b			,,		
C					
d		-			
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	2,217,997.	1,618,969.	271,996.	327,032
		2121117710	1,010,000	2111000	0211002
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.  Check here If following SOP 98-2 (ASC 958-720)				

Form 990 (2011)

Part X Balance Sheet **(B)** End of year (A) Beginning of year 363,551. 439,201. 1 Cash · non-interest-bearing 548,646. 703,722. Savings and temporary cash investments 825,489. 1,320,314. 3 Pledges and grants receivable, net Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Assets 7,527. 9,131. 7 Notes and loans receivable, net ..... Inventories for sale or use 33,948. 7,779. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_\_ 10a 74,890. 18,712. 19,499. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 12 12 Investments · other securities. See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 14 29,134. 28,234. 15 15 Other assets. See Part IV, line 11 1,981,183. 2,373,704 16 16 Total assets. Add lines 1 through 15 (must equal line 34) ...... 172,692. 125,931. 17 17 Accounts payable and accrued expenses ..... 18 18 Grants payable 397,079. 151,502. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties ..... Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D ..... 324,194. 523,010. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 567,393. 1,463,763. 515,156. Unrestricted net assets 27 924,663. 28 28 Temporarily restricted net assets 18,354. 18,354. Permanently restricted net assets Organizations that do not follow SFAS 117, check here 

\_\_\_\_ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund ..... 32 32 Retained earnings, endowment, accumulated income, or other funds 1,458,173. 1,981,183. 2,049,510. 33 Total net assets or fund balances

Form 990 (2011)

2,373,704.

Total liabilities and net assets/fund balances

POH	11 220 (5011) 1101HH4 KIGHID COHHIDDION	7 -	-3133332	ra	ge iz		
Pa	Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI		••••••				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,62	6,6	60.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,21				
3	Revenue less expenses. Subtract line 2 from line 1	3	-59	1,3	37.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,049	9,5	10.		
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,458	3,1	73.		
Pa	nt XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
b	Were the organization's financial statements audited by an independent accountant?			Х			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule C	).				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a					
	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Au	dit				
	Act and OMB Circular A-133?		3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b				
			Form 9	990 (	2011)		

### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

INTERNATIONAL GAY AND LESBIAN HUMAN RIGHTS COMMISSION

Employer identification number 94-3139952

Pa	πI	Reason	for Public Cha	rity Status (All organi	zations mu	st comple	te this pa	rt.) See ins	tructions.				
The	organ	ization is not	a private foundation	because it is: (For lines	1 through	11, check	only one i	oox.)					
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
		city, and state:											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		=	)(b)(1)(A)(iv). (Comp		-			_					
6				nent or governmental uni	it describe	d in <b>secti</b> o	on 170(b)(	1)(A)(v).					
	X		· · · · · · · · ·	ceives a substantial part					or from the	e general p	ublic desc	ribed i	in
-		_	(b)(1)(A)(vi). (Comple	•			. <b>.</b>			. J			
8				section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9	一			ceives: (1) more than 33			rom contr	ibutions, r	nembersh	io fees, and	d gross re	ceints	from
·		_	· · · · · · · · · · · · · · · · · · ·	nctions - subject to certa									
			•	taxable income (less sec	-								
			509(a)(2). (Complet	•		0, 1,0111 00	.0.,,00000	aoquii oa k	,o org.			,	
10				perated exclusively to te	st for publ	ic safety.	See <b>secti</b> o	on 509(a)(	4).				
11	Ħ	•	•	perated exclusively for the	•	•			-	v out the c	ourposes c	of one	or
• •		_	-	ations described in secti									
				organization and compl				,					
		а П Туре		<b>-</b>	в 🔲 Тур			tearated		d 🔲	Type III • 0	Other	
е				at the organization is not			-	-	r more dis				n
				than one or more publicly									
f				tten determination from						- (-)(-)			
•		-		his box									
g				organization accepted ar					owina per	sons?			
9		-		lirectly controls, either al	-							Yes	No
				upported organization?							11g(i)		
		· -	• •	n described in (i) above?									
		•	•	person described in (i)									
h				about the supported or				••••••		••••••			
••		, , , , , , , , , , , , , , , , , , , ,	ono mig into manon	about the supported of	94,11241.011,	(-).							
/iX	Nama i	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	rganization	(v) Did voi	u notify the	(vi) Is	the	(vii) An	ount o	
(1)		nization	(11) = 114	organization	in col. (i) lis		organizat	ion in col.	organizati (i) organiz	on in col.	sup		•
	v.ga.			(described on lines 1-9 above or IRC section	governing document?		(i) of you	r support?	U.S	.?	***		
				(see instructions))	Yes	No	Yes	No	Yes	No			
								j					
						_							
			[a	<b>*</b>	₽>>>>>>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			k****************	1	F			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

132021

94-3139952 Page 2

### Schedule A (Form 990 or 990-EZ) 2011 HUMAN RIGHTS COMMISSION Part II Support Schedule for Organizations Described in Section Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

		10					
<u>Se</u>	ction A. Public Support		T				
Cal	endar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and		i	•			
	membership fees received. (Do not						
	include any "unusual grants.")	3,002,681.	2,568,541.	2,192,344.	1,568,901.	1,611,147.	10,943,614.
2	Tax revenues levied for the organ-		ļ				
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities		!				
	furnished by a governmental unit to					i	
	the organization without charge						- · · ·- · ·
4	Total. Add lines 1 through 3	3,002,681.	2,568,541.	2,192,344.	1,568,901.	1,611,147.	10,943,614.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						•
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						4,448,347.
	Public support. Subtract line 5 from line 4.						6,495,267.
	ction B. Total Support		,				
	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	3,002,681.	2,568,541.	2,192,344.	1,568,901.	1,611,147.	10,943,614.
8	Gross income from interest,					1	
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	25,006.	17,477.	2,179.	1,107.	864.	46,633.
9	Net income from unrelated business					,	
	activities, whether or not the		İ	į			
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	541.	<u>-5,180.</u>	9,621.	15,833.	13,601.	
	Total support. Add lines 7 through 10						11,024,663.
	Gross receipts from related activities,	•	•		I	12	72,476.
	First five years. If the Form 990 is for				•		
200	organization, check this box and stop	here Day			······		<u>▶</u>
	tion C. Computation of Publi					<u> </u>	FO 00
	Public support percentage for 2011 (li					14	58.92 %
	Public support percentage from 2010				-	15	64.76 %
	33 1/3% support test - 2011. If the o					•	
	stop here. The organization qualifies a						
	33 1/3% support test - 2010. If the o						
	and <b>stop here.</b> The organization qualit						
	10% -facts-and-circumstances test						•
	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t						
	10% -facts-and-circumstances test						u% or
	more, and if the organization meets the						<u> </u>
	organization meets the "facts-and-circu						
ΙØ	Private foundation. If the organization	i did not check a b	ox on line 13, 16a,	100, 1/a, or 17b,			
					Sched	dule A (Form 990 c	or 990-EZ) 2011

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ► 🏻	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in				!		
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that					1	-
are not an unrelated trade or bus-						
iness under section 513			l			
4 Tax revenues levied for the organ-		ļ				
ization's benefit and either paid to						
or expended on its behalf						ł
5 The value of services or facilities		-				
furnished by a governmental unit to						İ
the organization without charge					-	
6 Total. Add lines 1 through 5		ļ		-		
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons					-	<del> </del>
b Amounts included on lines 2 and 3 received from other than disqualified persons that					1	
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support				F		
Calendar year (or fiscal year beginning in) ► 📙	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties				l		
and income from similar sources			1			
b Unrelated business taxable income						
(less section 511 taxes) from businesses					]	
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is						
regularly carried on						
or loss from the sale of capital		1				
assets (Explain in Part IV.)					1	
Total support (Add lines 9, 10c, 11, and 12.)		<u> </u>		l		<u> </u>
14 First five years. If the Form 990 is for t	=			•		<b>.</b> —
check this box and stop here				<u></u>		P <u> </u>
Section C. Computation of Public					T.= T	
15 Public support percentage for 2011 (lin		-			15	
6 Public support percentage from 2010 S					16	
Section D. Computation of Invest					T	
7 Investment income percentage for 201	-				17	%
8 Investment income percentage from 20					18	%
9a 33 1/3% support tests - 2011. If the o	rganization did n	ot check the box o	on line 14, and line	15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box and	stop here. The	organization quali	fies as a publicly s	supported organiz	ation	▶∟
<b>b 33 1/3% support tests - 2010.</b> If the o	rganization did n	ot check a box on	line 14 or line 19a	ı, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	k this box and <b>st</b>	<b>top here.</b> The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
O Private foundation. If the organization	did not check a	box on line 14, 19a	i, or 19b, check th	is box and see in:	structions	▶□

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

Schedule of Contributors

OMB No. 1545-0047

2011

Department of the Treasury Internal Revenue Service

Organization type (check one):

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Name of the organization
INTERNATIONAL GAY AND LESBIAN
HUMAN RIGHTS COMMISSION

Employer identification number

94-3139952

Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> 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				
	covered by the <b>General Rule</b> or a <b>Special Rule</b> . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule					
For an organization contributor. Comple	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II.				
Special Rules					
509(a)(1) and 170(b	)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections o)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
total contributions	)(7), (8), or (10) organization filing Form 990 or 990·EZ that received from any one contributor, during the year, of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or ruelty to children or animals. Complete Parts I, II, and III.				
contributions for us if this box is checke purpose. Do not co	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, e exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., implete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively, etc., contributions of \$5,000 or more during the year.				
but it must answer "No" on I	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to the filling 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, or 990-PF) (2011)

Name of organization INTERNATIONAL GAY AND LESBIAN **HUMAN RIGHTS COMMISSION** 

Employer identification number

94-3139952

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ARCUS FOUNDATION  119 WEST 24TH STREET, 9TH FLOOR  NEW YORK, NY 10011	\$\$	Person X Payroll X Noncash X  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	OPEN SOCIETY INSTITUTE  400 WEST 59TH STREET  NEW YORK, NY 10019	\$ 120,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	SWEDISH INTERNATIONAL DEVELOPMENT CORPERATION AGENCY (SIDA)  P.O. BOX 50264 RIDGEWAY  LUSAKA, ZAMBIA 10101	\$ 310,289.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	VANGUARD CHARITABLE ENDOWMENT PROGRAM P.O. BOX 55766 BOSTON, MA 022055766	\$500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	US DEPARTMENT OF STATE  A/LM/AQM/IP, SA 6 ROSSLYN STATION  ARLINGTON, VA 22219	\$120,392.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

14480510 736986 IGLHRC

Name of organization
INTERNATIONAL GAY AND LESBIAN
HUMAN RIGHTS COMMISSION

Employer identification number

94-3139952

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	· · · · ·
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	STRYKER CORPORATION COMMON STOCK	_	
		\$150,000.	02/29/12
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part i	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		<u> </u>	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
:			

Name of org	<del>-</del>			Employer identification number			
	NATIONAL GAY AND LESBIAN	<b>1</b>		04 2120052			
Part III	RIGHTS COMMISSION  Exclusively religious, charitable, etc., indivivear. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc.  Use duplicate copies of Part III if additional	dual contributions to section 501(o e following line entry. For organizatio ., contributions of \$1,000 or less for Il space is needed.	(7), (8), or (10) organizations completing Part III, enter the year. (Enter this information once	94-3139952 ons that total more than \$1,000 for the a) ►\$			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
	T	(e) Transfer of gif					
	Transferee's name, address, and	d ZIP + 4		nsferor to transferee			
(a) No.	(b) Purpose of gift	(c) Use of gift	<del></del>	ription of how gift is held			
Part I	(b) Purpose of gift	(c) use of gift					
·							
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift (c) Use o		(d) Desc	ription of how gift is held			
		(e) Transfer of gift					
-	Transferee's name, address, and	I ZIP + 4	Relationship of tra	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desci	ription of how gift is held			
	(e) Transfer of gift						
-	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee				

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

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

➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

INTERNATIONAL GAY AND LESBIAN HUMAN RIGHTS COMMISSION

Employer identification number 94-3139952

P	art I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised t	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose con	ferring
0000000	impermissible private benefit?		
Pa	iff II Conservation Easements. Complete if the org	anization answered "Yes" to Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of an historic	cally important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b			
C			. 2c
d	in (b) dodanoù d		
	listed in the National Register		. 2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the org	anization during the tax
	year ►		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri-		<u></u> `
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes the c	rganization's accounting for
ю	conservation easements.	A. J. Dilla Sant T. Coll	0: "
	Organizations Maintaining Collections of		r Similar Assets.
10	Complete if the organization answered "Yes" to Form 9		<del></del>
Ia	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhill the toys of the feets at a triangle state was at a triangle state.		of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describ		
D	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of public s	ervice, provide the following amounts
	relating to these items:		<b>.</b> .
	(i) Revenues included in Form 990, Part VIII, line 1		\$
2			
	If the organization received or held works of art, historical treas		, provide
	the following amounts required to be reported under SFAS 116		<b>&gt;</b> 0
d	Revenues included in Form 990, Part VIII, line 1		5 5
D	Assets included in Form 990, Part X	***************************************	🖊 💲

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

INTERNATIONAL GAY AND LESBIAN 94-3139952 Page 2 HUMAN RIGHTS COMMISSION Schedule D (Form 990) 2011 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Public exhibition Loan or exchange programs b □ Scholarly research c Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ..... Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included Yes Nο on Form 990, Part X? **b** If "Yes," explain the arrangement in Part XIV and complete the following table: 1c c Beginning balance 1d d Additions during the year 1e e Distributions during the year Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIV. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (d) Three years back (e) Four years back (a) Current year (b) Prior year (c) Two years back 418,354. 418,354. 418,354. 1a Beginning of year balance ..... 418,354 100,000, **b** Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses 518,354. 418,354. 418,354. g End of year balance ..... Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 96.46 a Board designated or quasi-endowment Permanent endowment 3.54 c Temporarily restricted endowment ▶ The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: No

3a(i) Х (i) unrelated organizations (ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

Describe in Part VIV the intended uses of the examination's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.								
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value				
1a Land								
<b>b</b> Buildings								
c Leasehold improvements		10,918.	9,625.	1,293.				
d Equipment	1	82,684.	65,265.	17,419.				
e Other	l l							
Total. Add lines 1a through 1e. (Column (d) must e	18,712.							

Schedule D (Form 990) 2011

	HTS COMMISSION		9	4-3139952 Page
Part VII Investments - Other Securities.				
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of va Cost or end-of-year n	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				· ·
(A)				
(B)				
(C)				
(D)				
(E)				
<u>(F)</u>				
(G)				
(H)				
(1)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related.		0.13		
(a) Description of investment type	(b) Book value	•	(c) Method of va	
(1)			·	
(2)				
(3)			<del>-</del>	
(4)		1 - 1 - 1		
(5)				
(6)				
(7)			-	
(8)				
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) 🕨				
Part IX Other Assets. See Form 990, Part X, li		<u> </u>		1 (1)
	(a) Description			(b) Book value
(1)			<del></del>	
(2)				<del></del>
(3)			<u> </u>	
(4)	<del> </del>			
(5)				<del></del>
(6) (7)				
(8)				
(9)				
(10)		·		
Fotal. (Column (b) must equal Form 990, Part X, col (B) I	line 15.)			<b>&gt;</b>
Part X Other Liabilities. See Form 990, Part	X, line 25.	,		
(a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)			_	
(5)			_	
(6)			_	
(7)			$\dashv$	
(8)			_	
(0)	l		100000000000000000000000000000000000000	

(10)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 132053
01-23-12

Schedule D (Form 9 Schedule D (Form 990) 2011

Pan Alv Supplemental Information (continued)
PART X, LINE 2: IGLHRC ADOPTED ACCOUNTING STANDARDS CODIFICATION
("ASC") 740 "INCOME TAXES." ASC 740 REQUIRES THAT A TAX POSITION BE
RECOGNIZED OR DERECOGNIZED BASED ON A "MORE LIKELY THAN NOT" THRESHOLD.
THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN.
THE ADOPTION OF THIS GUIDANCE DID NOT HAVE AN IMPACT ON IGLHRC'S FINANCIAL
STATEMENTS, AS MANAGEMENT BELIEVES THAT THERE ARE NO UNCERTAIN TAX
POSITIONS WITHIN ITS FINANCIAL STATEMENTS. IGLRHC HAS PROCESSES PRESENTLY
IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY
AND REPORT UNRELATED INCOME; DETERMINE ITS FILING AND TAX OBLIGATIONS IN
JURISDICTIONS FOR WHICH IT WAS NEXUS; AND TO REVIEW OTHER MATTERS THAT MAY
BE CONSIDERED TAX POSITIONS.

### SCHEDULE F (Form 990)

### **Statement of Activities Outside the United States**

Complete if the organization answered "Yes" to Form 990,
 Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.
 ► See separate instructions.

2011
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
INTERNATIONAL GAY AND LESBIAN
HUMAN RIGHTS COMMISSION

**Employer identification number** 

94-3139952

				1 2 1 2 1 2 2 2 2 2	· -
		Activities Ou	tside the United States. Comp	lete if the organization answered "	Yes"
to Form 990, Pa					
			ds to substantiate the amount of its graphs the selection criteria used to award the		Yes X No
O For monturely and Dece	oulle a line Doub VAII-		anno a description and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the stat		
2 For grantmakers. Description United States.	cribe in Part V the	e organization's	procedures for monitoring the use of it	is grants and other assistance out	side the
	'ha fallawiaa Daw	i lina Ożabia a		d-d>	
			an be duplicated if additional space is		/0.T-+-!
(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in region (by type) (e.g., fundraising, program	(e) If activity listed in (d) is a program service,	(f) Total expenditures
	in the region	agents, and independent	services, investments, grants to	describe specific type	for and
		contractors in region	recipients located in the region)	of service(s) in region	investments in region
		-		RESEARCH AND REPORTING	
			į	ON HUMAN RIGHTS	
EAST ASIA AND THE			]	VIOLATIONS AGAINST LGBT	
PACIFIC	0	1	PROGRAM SERVICES	PEOPLE; TRAINING LOCAL	345,200.
				RESPONDING TO VIOLENCE	İ
				AGAINST LGBT PEOPLE;	·
	[			CAMPAIGNING WITH LOCAL	
SOUTH AMERICA	1	1	PROGRAM SERVICES	ORGANIZATIONS IN	146,048.
				RESPOND TO STATE AND	
			PROGRAM SERVICES, GRANTS TO	CIVILIAN VIOLENCE AND	į
MIDDLE EAST AND	Į.		RECIPIENTS LOCATED IN	DISCRIMINATION AGAINST	
NORTH AFRICA	0	0	REGION	LGBT PEOPLE; ADVOCATE	333,318.
				TRAIN LOCAL ACTIVISTS	
•	l		PROGRAM SERVICES, GRANTS TO	AND ORGANIZATIONS ON	
			RECIPIENTS LOCATED IN	BEST PRACTICES TO	
SUB-SAHARAN AFRICA	1	4	REGION	RESPOND TO VIOLATIONS	470,275.
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			İ		
	ļ				
	*				• •
3 a Sub-total	2	6			1,294,841.
b Total from continuation	<del>-</del>				
sheets to Part I	0	0			0.
c Totals (add lines 3a					<u></u> _
and 3b)	2	6			1,294,841.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2011

HUMAN RIGHTS COMMISSION

Schedule F (Form 990) 2011

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 94-3139952

Page 2

Part II can be du	Part II can be duplicated if additional space is needed.	space is needed.						1
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		מיגג שפאים ש'אמרדא	RESPOND TO STATE AND CIVILIAN VIOLENCE AND					
		NORTH AFRICA	AGAINST LGBT PEOPLE;	10,000.	10,000.WIRE TRANSFER	0.		ВООК
			SECOND TRANS-HEALTH					
		SUB-SAHARAN	AND ADVOCACY					
		AFRICA	REGISTRATION FEES	15,000.				
2 Enter total number of I	recipient organizatior	ns listed above that are	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by	foreign country,	recognized as tax-ex	empt by		

SEE PART V FOR COLUMN (D) DESCRIPTIONS

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

က

Schedule F (Form 990) 2011

HUMAN RIGHTS COMMISSION

Schedule F (Form 990) 2011 HUMAN RIGHTS COMMISSION 94–3139952

Rants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Page 3

Part III can be duplicated if additional space is needed.

1.	1	1	I	1	I		i	l	1	l <del></del>
(h) Method of valuation (book, FMV, appraisal, other)										201
ation the										990
value value										E O
(F) B) gg	7		}							F (F
									<u> </u>	Schedule F (Form 990) 2011
. ø										che
(g) Description of non-cash assistance										S
assik										
Desc										
<b>(5)</b>										
_										
ه و										
(f) Amount of non-cash assistance										
Ame non- issis										
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	Ì									
+										
(e) Manner of cash disbursement										
burs										
e dis										
cast										
					!					
nt of ant										
mon sh gr										
(d) Amount of cash grant					li					
(c) Number of recipients										
nber ients										
Nur						İ				
<u>ම</u>										
	i									
<u>.o</u>										
(b) Region										
9										
900										
sista										
or as										
(a) Type of grant or assistance									İ	
of gr										
ype										
(a) T				]						
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Schedule F (Form 990) 2011 HUMAN RIGHTS COMMISSION 94-3139952 Page 4

	*** Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011 HUMAN RIGHTS COMMISSION

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE F, PART I, LINE 2: IGLHRC FUNDS OUTSIDE WORK IN TWO WAYS:

THE PRIMARY PURPOSE OF GRANTING IS TO SUPPORT THE WORK OF PARTNER

ORGANIZATIONS FOR CONFERENCES, MEETINGS, TRAININGS, AND THE PRODUCTION OF

REPORTS TO REGIONAL AND GLOBAL HUMAN RIGHTS TREATY BODIES.

THE SECOND USE OF GRANTS IS IGLHRC'S FELIPA DE SOUZA AWARD, WHICH IS

GIVEN TO AN ORGANIZATION OR INDIVIDUAL DOING WORK IN THE FIELD AROUND THE

WORLD. THE RECIPIENTS ARE NOMINATED AND VETTED BY THE PROGRAM STAFF. THE

RECIPIENT RETAINS DISCRETION OVER THE PURPOSE OF THE GRANT AWARDED AND

IGLHRC DOES NOT MAKE FORMAL INQUIRIES INTO THE SUBSEQUENT USAGE OF THOSE

FUNDS.

SCHEDULE F, PART I, LINE 3: INVOICES AND RECEIPTS ARE SENT TO THE NY

OFFICE AND DISBURSEMENTS ARE MADE AND ACCOUNTED FOR. BANK RECONCILIATIONS

ARE CONDUCTED AT THE NY OFFICE TO ENSURE ALL EXPENDITURES ARE PROPERLY

RECORDED.

PART I, LINE 3, COLUMN (E):

- (E) SPECIFIC TYPES OF SERVICES IN REGION: RESEARCH AND REPORTING ON
  HUMAN RIGHTS VIOLATIONS AGAINST LGBT PEOPLE; TRAINING LOCAL ACTIVITIES

  AND GROUPS ON BEST PRACTICES FOR RESPONDING TO VIOLENCE; RESEARCH AND
  DISTRIBUTE INFORMATION ABOUT GENDER BASED VIOLENCE AGAINST LBT WOMEN.

  ADVOCATE FOR THE INCLUSION ON SEXUAL ORIENTATION AND GENDER IDENTITY IN
  HUMAN RIGHTS TREATIES AND AT REGIONAL BODIES.
- (E) SPECIFIC TYPES OF SERVICES IN REGION: RESPONDING TO VIOLENCE AGAINST

  132075 01-23-12 Schedule F (Form 990) 2011

Schedule F (Form 990) 2011

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

LGBT PEOPLE; CAMPAIGNING WITH LOCAL ORGANIZATIONS IN RESPONSE TO VIOLENCE
AGAINST LGBT PEOPLE AND DISCRIMINATORY LAWS; ADVOCATE FOR INCLUSION OF
SEXUAL ORIENTATION AND GENDER IDENTITY IN HUMAN RIGHTS TREATIES AND AT
REGIONAL BODIES; RESEARCH TREATMENT OF LGBT PEOPLE IN THE WAKE OF HAITI
EARTHQUAKE AND REPORT ON CONCLUSIONS.

- (E) SPECIFIC TYPES OF SERVICES IN REGION: RESPOND TO STATE AND CIVILIAN

  VIOLENCE AND DISCRIMINATION AGAINST LGBT PEOPLE; ADVOCATE FOR INCLUSION

  OF LGBT ISSUES BY LOCAL AND REGIONAL MEDIA.
- (E) SPECIFIC TYPES OF SERVICES IN REGION: TRAIN LOCAL ACTIVISTS AND
  ORGANIZATIONS ON BEST PRACTICES TO RESPOND TO VIOLATIONS AGAINST LGBT
  PEOPLE; ADVOCATE FOR INCLUSION OF GENDER AND SEXUAL ORIENTATION IN HUMAN
  RIGHTS TREATIES AND AT REGIONAL BODIES; RESPOND TO HUMAN RIGHTS
  VIOLATIONS AGAINST LGBT PEOPLE AND ORGANIZE CAMPAIGNS AGAINST
  DISCRIMINATORY LAWS.

PART II, COLUMN (D):

(D) PURPOSE OF GRANT: RESPOND TO STATE AND CIVILIAN VIOLENCE AND
DISCRIMINATION AGAINST LGBT PEOPLE; ADVOCATE FOR INCLUSION OF LGBT ISSUES
BY LOCAL AND REGIONAL MEDIA.

### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

## Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

INTERNATIONAL GAY AND LESBIAN HUMAN RIGHTS COMMISSION

Employer identification number 94-3139952

Part I Fundraising Activities required to complete this pa		f the organization answ	vered "	Yes" to	o Form 990, Part IV,	line 17. Form 990-E2	'. filers are not
<ul> <li>1 Indicate whether the organization rate a X Mail solicitations</li> <li>b X Internet and email solicitation</li> <li>c Phone solicitations</li> <li>d In person solicitations</li> <li>2 a Did the organization have a written key employees listed in Form 990, I b If "Yes," list the ten highest paid incompensated at least \$5,000 by the</li> </ul>	s or oral agreel Part VII) or en dividuals or er	e X Solicit f Solicit g X Special ment with any individuatity in connection with	ation of ation of al fundra al (inclu profess	non-g gover alsing ding o sional 1	overnment grants Inment grants events fficers, directors, tru fundraising services	stees or	
(i) Name and address of individual or entity (fundralser)		(ii) Activity	(iii) fund have o or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
W. DOUGLAS WINGO, INC 350 SEVENTH AVENUE, STE 1603, NEW	SEE PART	ıv	Yes	No X	0.	34,000.	-34,000.
<u> </u>				·			
Total				<b>•</b>	Aldi-	34,000.	-34,000.
3 List all states in which the organization or licensing.  NY, UT, WI, AZ, PA, CA, CO, CT, IN, ID, IA, KS, LA, ME,	KY,MA,	OH, OR, SC, VA	,IL,	MD,	NJ,MI,MN,F	L,GA,VT,RI	

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2011

Schedule G (Form 990 or 990-EZ) 2011 HUMAN RIGHTS COMMISSION 94-3139952 Page 2

		of fundraising event contributions and gr				pts greater than \$5,000.
			(a) Event #1 ANNUAL GALA AWARDS CEREM	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
ø			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue			4 405			4 405
æ	1	Gross receipts	4,495.			4,495
	2	Less: Charitable contributions				
						4 405
	3	Gross income (line 1 minus line 2)	4,495.			4,495
-	4	Cash prizes				
X	5	Noncash prizes				
ense						
찣	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
•	8	Entertainment				
	9	Other direct expenses	2 447			3,447
	10	Direct expense summary. Add lines 4 through				( 3,447
10000000	11	Net income summary. Combine line 3, colum	n (d), and line 10		<b>&gt;</b>	1,048
Pa		Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" to Form	990, Part IV, line 19, or	reported more than	
		\$15,000 On Form 990-E2, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						
ш.	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				-
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
ļ	6	Volunteer labor	No I	No	No No	
	7	Direct expense summary. Add lines 2 through	15 in column (d)		<b>&gt;</b>	(
	8	Net gaming income summary. Combine line 1	, column d, and line 7		<b>&gt;</b> _	
	_					
		er the state(s) in which the organization operat he organization licensed to operate gaming ac				Yes No
		ne organization licensed to operate garning ac No," explain:				,1es140
-		to, oxpidin				
		re any of the organization's gaming licenses re			year?	. L Yes L No
b	If "Y	Yes," explain:				
	_		<del></del>			rm 990 or 990-EZ) 201
		-23-12			Echadula C /Ca	uuu or uuu /\ 2011'

Schedule G (Form 990 or 990 EZ) 2011 HUMAN RIGHTS COMMISSION 94-	3139	<u>952</u>	Page <b>3</b>
11 Does the organization operate gaming activities with nonmembers?		Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
to administer charitable gaming?		Yes	No
13 Indicate the percentage of gaming activity operated in:			
	120		0,
a The organization's facility		-	9/
b An outside facility	130	Ļ	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name ▶			
Address			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
Tou boos the organization have a contract with a time party from the organization receives gaming revenues.			
b. If IIV = II = 4 = 4b =			
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			
Address			
16 Gaming manager information:			
Garning manager information.			
Name			
Gaming manager compensation 🕨 \$			
Description of services provided			
Director/officer Employee Independent contractor			
Elliployee Elliployee			
47 Manualstan distributions			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Ш.		
retain the state gaming license?	' لـــا	Yes	∟ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
organization's own exempt activities during the tax year 🕨 \$			
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii)	and (v)	, and	Part III,
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information			
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISEF	≀S:		
(T) NAME OF TUNDRATOER, II DOUGLAG UTNGO ING			
(I) NAME OF FUNDRAISER: W. DOUGLAS WINGO, INC.			
(I) ADDRESS OF FUNDRAISER:			
350 SEVENTH AVENUE, STE 1603, NEW YORK, NY 10001			
COMMITTE OF DADE TO THE OF COLUMN AND COMMINAGED DES PAGES ON	r .		
SCHEDULE G, PART I, LINE 2B, COLUMN (V): CONTRACTED FEE BASED ON	<u> </u>		•
		_	
SERVICES TO BE PROVIDED. FUNDRAISER DOES NOT RETAIN CONTRIBUTION	S TO	<u>)                                    </u>	
IGLHRC.			
Schedule G (Form	990 0	r aan_	F7\ 2011

# INTERNATIONAL GAY AND LESBIAN Schedule G (Form 990 or 990-EZ) 2011 HUMAN RIGHTS COMMISSION 94-3139952 Page 4 Part IV Supplemental Information (continued) SCHEDULE G, PART I, LINE 2B(II) ACTIVITY W. DOUGLAS WINGO, INC. WAS CONTRACTED TO PROVIDE OVERALL FUNDRAISING CONSULTING IN ADDITION TO WORKING WITH IGLHRC TO PRODUCE ITS ANNUAL FUNDRAISING EVENT.

### SCHEDULE J (Form 990)

Department of the Treasury

**Compensation Information** 

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

Compensated Employees

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

Attach to Form 990.

See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service
Name of the organization

INTERNATIONAL GAY AND LESBIAN HUMAN RIGHTS COMMISSION

Employer identification number 94-3139952

P	art I Questions Regarding Compensation		<del>,</del>	
		100000000000000000000000000000000000000	Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	***************************************	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director. Explain in Part III.			
	X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7	ļ	X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2011

# INTERNATIONAL GAY AND LESBIAN HUMAN RIGHTS COMMISSION

Schedule J (Form 990) 2011 HUMAN RIGHTS COMMISSION

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that are not listed on Form 990, Part VII. Part If Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Petirement and ontexable Total of columns other deferred benefits (B)(0-(D))  - 4 , 500 - 7 , 570 - 179 , 070 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0			(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C)	Q	(E)	<u> </u>
CARY ALAN JOHNSON (0) 167,000, 0, 0, 4,500, 7,570, 179,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07 (19,07	(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported as deferred in prior Form 990
CARY ALAN JOHNSON (i) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		6	167,000.	0	0	4.500.	7.570.	179.070	
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Schedule J (Form 990) 2011

### SCHEDULE M (Form 990)

**Noncash Contributions** 

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

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

INTERNATIONAL GAY AND LESBIAN HUMAN RIGHTS COMMISSION

Employer identification number 94-3139952

	It lypes of Property	(a)	(b)	(c)	(d)	
		Check if	Number of	Noncash contribution	Method of de	etermining
		applicable	contributions or items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contribu	ition amounts
1	Art - Works of art					
2	Art - Historical treasures					
3	Art · Fractional interests					
4	Books and publications					
5	Clothing and household goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded	X	1	150,000.	FAIR MARKET	' VALUE
10	Securities - Closely held stock					
11	Securities - Partnership, LLC, or					
	trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation contribution -				*	
	Historic structures					
14	Qualified conservation contribution • Other					
15	Real estate - Residential	-		,	<u> </u>	
16	Real estate - Commercial					*= ·
17	Real estate - Other					
18	Collectibles					
19	Food inventory			-		
20	Drugs and medical supplies			-		
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens				<del></del>	
24	Archeological artifacts					
25	Other ()					
26	Other ()					
27	Other ()					
28	Other ( )					
29	Number of Forms 8283 received by the organization of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the		•			
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Sua	During the year, did the organization receive by					
	at least three years from the date of the initial of					30a X
h	the entire holding period?					30a 21
31	Does the organization have a gift acceptance p	valiev that re	auiree the review	of any non-etandard contribu	itions?	31 X
	Does the organization hire or use third parties of	-				21 21
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h	contributions?  If "Yes," describe in Part II.					V20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
33	If the organization did not report an amount in	column (c) fo	or a type of proper	ty for which column (e) is ch	ackad	
50	describe in Part II.	columni (c) ic	n a type of proper	ly for without column (a) is che	Joneu,	
LHA	For Paperwork Reduction Act Notice, see	the Instruct	ions for Form 990	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Schedule M (	Form 990) (2011)

#### **SCHEDULE 0** (Form 990 or 990-EZ)

### 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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

INTERNATIONAL GAY AND LESBIAN

HUMAN RIGHTS COMMISSION	94-3139952
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
ORGANIZATION DEDICATED TO HUMAN RIGHTS ADVOCACY ON BEHALF	OF PEOPLE WHO
EXPERIENCE DISCRIMINATION OR ABUSE ON THE BASIS OF THEIR .	ACTUAL OR
PERCEIVED SEXUAL ORIENTATION, GENDER IDENTITY, OR EXPRESS	ION.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M	ission:
IDENTITY, OR EXPRESSION.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMEN	NTS:
COMMISSION, THE ORGANIZATION OF AMERICAN STATES, EU, AND 1	MERCOSUR TO
PROTECT SEXUAL AND GENDER MINORITIES.	
FORM 990, PART VI, SECTION A, LINE 8B: DURING THE FISCAL Y	YEAR 2011, THE
EXECUTIVE AUDIT COMMITTEE DID NOT TAKE AND DOCUMENT ANY MI	INUTES FOR ITS
COMMITTEE MEETINGS. HOWEVER, ANY ACTIONS TAKEN OR PROPOSEI	ACTIONS PROPOSED
BY THE AUDIT COMMITTEE ARE REPORTED TO THE BOARD AT LARGE	AND INCORPORATED
INTO THE GENERAL MINUTES OF THE BOARD.	
FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FINAL	VERSION OF FORM
990 IS EMAILED TO EACH BOARD MEMBER BEFORE IT IS FILED. E	ACH MEMBER
REVIEWS IT AND ELECTRONICALLY PROVIDES CONFIRMATION TO FIL	E.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, THE IGLHRC BOARD OF

DIRECTORS COMPLETES A SURVEY REGARDING CONFLICT OF INTEREST POLICY

DISCLOSURE.

Form 8868 (Rev. 1-2012)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month Ex	tension (	complete only Part II and check thi	s box	<b>•</b>	X
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filing your return. See 80 MAIDEN LANE, NO. 1505					
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NEW YORK, NY 10038			· · · · · · · · · · · · · · · · · · ·		
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Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870	danaha dilad F		12
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4 I request an additional 3-month extension of time until		15, 2013	all monocio	·	101.
			a JUN 3	0, 2012	
6 If the tax year entered in line 5 is for less than 12 months, cl			Final retu		<del></del> .
Change in accounting period					ej sa
7 State in detail why you need the extension				•	
THE FINANCIAL STATEMENTS NEEDS	D TO	FILE A COMPLETE A	ND ACCU	RATE ANN	UAL
RETURN HAVE NOT YET BEEN FINAL	IZED	•	-		
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8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, c	or 6069, er	nter the tentative tax, less any			
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b If this application is for Form 990-PF, 990-T, 4720, or 6069, e	enter any	refundable credits and estimated			
tax payments made. Include any prior year overpayment allo	owed as a	credit and any amount paid		•	
previously with Form 8868.	·		8b \$		0.
c Balance due. Subtract line 8b from line 8a. Include your pay	ment witi	n this form, if required, by using			
EFTPS (Electronic Federal Tax Payment System). See instru			8c \$		0.
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nder penalties of perjury, I declare that I have examined this form, includi	ng accomp	anying schedules and statements, and to	o the best of my	knowledge and be	Hief,
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# International Gay and Lesbian Human Rights Commission, Inc.

Financial Report

June 30, 2012

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Schedules of Functional Expenses	14-15

Manger & Company Certified Public Accountants 295 Madison Avenus, Suite 901 New York NY 10017

Robert L. Manger Mark B. Boller Phone: (212) 986-3025 Fax: (212) 697.3511

Independent Auditors' Report

To the Board of Directors of International Gay and Lesbian Human Rights Commission, Inc.

We have audited the accompanying statements of financial position of International Gay and Lesbian Human Rights Commission, Inc. ("IGLHRC"), a not-for-profit organization, as of June 30, 2012 and 2011 and the related statements of activities and cash flows for the years then ended. These financial statements are the responsibility of IGLHRC's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statements presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of International Gay and Lesbian Human Rights Commission, Inc. as of June 30, 2012 and 2011, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The schedules of functional expenses on pages 14-15 are presented for the purposes of additional analysis and are not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Manger & Company

April 17, 2013

Statements of Financial Position

As of June 30, 2012 and 2011

		2012		2011
ASSETS				
CURRENT ASSETS	\$	1,067,273	\$	987,847
Cash and cash equivalents Accounts receivable	Φ	7,527	φ	9,131
Grants and contributions receivable		266,904		624,333
Contracts receivable		48,212		-
Prepaid expenses		33,948		7,779
Total current assets		1,423,864		1,629,090
Grants and contributions receivable, net		510,373		695,981
Property and equipment, net		18,712		19,499
Security deposit		28,234		29,134
Total assets	\$	1,981,183	<u>\$</u>	2,373,704
LIABILITIES AND NET ASSETS CURRENT LIABILITIES				
Accounts payable and accrued expenses	\$	125,931	\$	172,692
Contract advances and deferred revenue	<u> </u>	397,079		151,502
Total liabilities	<del></del>	523,010		324,194
NET ASSETS				
Unrestricted:				400.000
Board designated - general program		500,000		400,000
Undesignated Total unrestricted net assets		<u>15,156</u> 515,156		167,393 567,393
Total unrestricted net assets		515,150		507,383
Temporarily restricted		924,663		1,463,763
Permanently restricted		18,354		18,354
Total net assets		1,458,173		2,049,510
Total llabilities and net assets	\$	1,981,183	\$	2,373,704

See independent auditors' report.

The accompanying notes are an intergral part of these financial statements.

INTERNATIONAL GAY AND LESBIAN HUMAN RIGHTS COMMISSION, INC. Statements of Activities For the Years Ended June 30, 2012 and 2011

	آد	Unrestricted	혈~~	Temporarily Restricted	Permanently Restricted	2012 Total	Unrestricted	tricted	Temporarily Restricted	Permanently Restricted	2011 Total	
REVENUES AND SUPPORT	•											
Grants and controlled Contract Services Special events:	<b>*</b>	1,014,866 430,681	<del>(/)</del>	165,600 \$	. 1	\$ 1,180,466 430,681	<del>⇔</del>	468,898 326,828	\$ 655,139	 <del>69</del>	\$ 1,124,037 326,828	
Special event revenue		4,495			1	4,495		99,870	•	•	99.870	
Less: Costs of direct benefits to donors		(3,447)				(3,447)		(34,680)			(34,680)	
livestinetti income Other Income		13.601			1 1	864 13.601		4,901 12,040	t I	1 1	4,901	
		1,461,060		165,600		1,626,660	"	877,857	655,139		1,532,996	
Net assets released from restrictions: Satisfaction of program restrictions		212,086		(212,086)	1	•	· ·	321.292	(321.292)	1	·	
Satisfaction of time restrictons	i	492,614		(492,614)	1	•	1,0	,025,839	(1.025,839)	•	•	
Total revenues and support		2,165,760		(539,100)		1,626,660	2,5	2,224,988	(691,992)		1,532,996	
EXPENSES												
Program services		1,618,969		•	ı	1,618,969		1,689,662	•	•	1,689,662	•
Management and general		271,996		•	•	271,996	(4	293,944	•		293,944	
Fundraising		327,032		ı	1	327,032		220,852	•	1	220,852	
Total expenses	ı	2,217,997		'	•	2,217,997	2,	2,204,458	•		2,204,458	
Change in net assets		(52,237)		(539,100)	1	(591,337)		20,530	(691,992)	•	(671,462)	_
Net assets, beginning of the year Net assets, end of year	မ	567,393	s,	1,463,763	18,354	2,049,510 \$ 1,458,173	s	546,863	2,155,755 \$ 1,463,763	18,354	\$ 2,049,510	

See independent auditors' report. The accompanying notes are an intergral part of these financial statements.

Statements of Cash Flows

For the Years Ended June 30, 2012 and 2011

		2012	 2011
Cash flows from operating activities: Change in net assets	\$	(591,337)	\$ (671,462)
Adjustments to reconcile changes in net assets to net cash provided by operating activities:			
Depreciation expense Changes in operating assets and liabilities:		12,468	11,622
Decrease in accounts receivable		1,604	11,617
Decrease in grants and contributions receivable		543,037	206,826
(Increase) in contracts receivable		(48,212)	-
(Increase) decrease in prepaid expenses		(26,169)	14,562
Decrease (increase) in security deposit		900	(900)
(Decrease) Increase in accounts payable and accrued expenses		(46,761)	41,944
Increase (decrease) in contract advances		245,577	 (5,674)
Net cash provided by (used in) operating activities		91,107	 (391,465)
Cash flows from investing activities:			
Purchase of property and equipment		(11,681)	 (9,032)
Net cash (used in) Investing activities	-	(11,681)	 (9,032)
Net increase (decrease) in cash and cash equivalents		79,426	(400,497)
Cash and cash equivalents, beginning of year		987,847	 1,388,344
Cash and cash equivalents, end of year	\$	1,067,273	\$ 987,847

See independent auditors' report.

The accompanying notes are an intergral part of these financial statements.

Notes to Financial Statements June 30, 2012 and 2011

#### 1. ORGANIZATION

International Gay and Lesbian Human Rights Commission, Inc. ("IGLHRC") was incorporated in 1991 as a U.S.-based not-for-profit organization headquartered in New York City with offices located in Buenos Aires, Argentina and Johannesburg, South Africa. The mission of IGLHRC is to secure the full enjoyment of the human rights of all people and communities subject to discrimination or abuse on the basis of sexual orientation or expression, and/or HIV/AIDS status. IGLHRC actively fosters partnerships with local, national and international activists and organizations to further this mission through advocacy, documentation, coalition building, public education, training and technical assistance.

For Federal income tax purposes, IGLHRC is classified as a 501(c)(3) organization and is exempt under Section 501(a)(1) of the Internal Revenue Code and a similar provision of the New York State income tax laws.

#### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements of IGLHRC have been prepared on the accrual basis of accounting in accordance with accounting standards generally accepted in the United States of America. The significant accounting policies are described below.

#### **Basis of Presentation**

Financial statement presentation follows the recommendations of the Financial Accounting Standards Board in Accounting Standards Codification ("ASC") 958, Financial Statements of Not-for-Profit Organizations. Under ASC 958, the organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted, temporarily restricted and permanently restricted net assets.

#### Unrestricted

Unrestricted net assets are net assets that are neither permanently restricted nor temporarily restricted by donor-imposed stipulations and are available for the general operations of the IGLHRC.

The Board-designated quasi-endowment net assets include resources that have been designated by the Board of Directors to function as endowments and consist of amounts held in a reserve for operating contingences. Any portion of the quasi-endowment may be expended upon approval of the Board of Directors. Investment income from these net assets supports the current operations of

Notes to Financial Statements June 30, 2012 and 2011

IGLHRC. The balance in Board designated net assets as of June 30, 2012 and 2011 was \$500,000 and \$400,000, respectively.

#### Temporarily Restricted

Temporarily restricted net assets include gifts of cash and other assets received with donor-imposed stipulations that will be met either by actions of IGLHRC and/or the passage of time.

Contributions with donor-imposed restrictions are reported as increases in temporarily restricted net assets and are reclassified to unrestricted net assets when purpose or time restrictions are met, and recorded in the accompanying financial statements as net assets released from restrictions.

#### Permanently Restricted

Permanently restricted net assets include funds that have been restricted by donors to be held in perpetuity. IGLHRC had permanently restricted net assets of \$18,354 as of June 30, 2012 and 2011.

#### **Cash and Cash Equivalents**

IGLHRC considers all highly liquid debt instruments purchased with an original maturity of three months or less to be cash equivalents.

#### **Grants and Contributions**

IGLHRC records contributions and grants, both cash and in-kind, when an unconditional promise to give such assets is received from a donor. Contributions and grants are recorded at the fair market value of the assets received and are classified as either unrestricted, temporarily restricted, or permanently restricted, depending on whether the donor has imposed a restriction on the use of such assets.

Contributions and grants receivable that are expected to be collected in future years are recorded at the present value of their estimated future cash flows. The discounts on these amounts are computed using a risk-free interest rate determined in the year in which the contribution originates. Amortization of the discount is included in contribution revenue.

IGLHRC uses the allowance method to determine uncollectible grants and contributions receivable. The allowance is based on prior years' experience and management's analysis of specific grants and contributions made.

Notes to Financial Statements June 30, 2012 and 2011

#### **Contract Revenue**

Revenue from government and other contracts is recognized when reimbursable expenses are incurred under the terms of the respective contracts. Contract payments in excess of qualified expenses are accounted for as contract advances.

#### Deferred revenue

Income for special events that will occur in the subsequent fiscal year is deferred and recognized when the event takes place.

#### **Donated Services**

Donated services are recognized as contributions if the services (a) create or enhance nonfinancial assets or (b) require specialized skills, are performed by people with those skills, and would otherwise be purchased by the organization.

#### **Property and Equipment**

International Gay and Lesbian Human Rights Commission, Inc. capitalizes property and equipment with a cost or fair value exceeding \$1,000 and a useful life of more than one year. Depreciation of property and equipment is provided on the straight-line method over the expected useful lives of the assets as follows:

Property and equipment

3-5 years

#### **Functional Expense Allocations**

The costs of providing the various programs and other activities of IGLHRC have been summarized on a functional basis in the accompanying statements of activities. Accordingly, certain costs have been allocated among the programs and supporting service benefited. Such allocations are determined by management in accordance with grant provisions and/or other equitable bases.

#### **Income Taxes**

IGLHRC has adopted Accounting Standards Codification ("ASC") 740 "Income Taxes." ASC 740 requires that a tax position be recognized or derecognized based on a "more likely than not" threshold. This applies to positions taken or expected to be taken in a tax return. The adoption of this guidance did not have an impact on IGLHRC's financial statements, as management believes that there are no uncertain tax positions within its financial statements. IGLRHC has processes presently in place to ensure the

Notes to Financial Statements
June 30, 2012 and 2011

maintenance of its tax-exempt status; to identify and report unrelated income; determine its filing and tax obligations in jurisdictions for which it has nexus; and to review other matters that may be considered tax positions.

IGLHRC's Forms 990, Return of Organization Exempt for Income Tax, for the years ending June 30, 2009, 2010, and 2011 are subject to examination by the IRS, generally for three years after they were filed.

#### **Concentrations of Credit Risk**

Financial instruments that potentially subject IGLHRC to concentrations of credit risk consist primarily of cash and cash equivalents. IGLHRC maintains cash and cash equivalent balances in various bank accounts that, at times, may exceed federally insured limits. As of June 30, 2012 and 2011, IGLHRC's cash balances exceeded federally insured limits by \$741,502 and \$554,879, respectively. IGLHRC's cash accounts are placed with high credit quality financial institutions. IGLHRC has not experienced, nor does it anticipate, any losses in such accounts.

#### Concentration of Grants and Contributions and Receivable

Approximately 50% of IGLHRC's funding for the year ended June 30, 2012 was provided by one private foundation and one international governmental agency. Approximately 44% of IGLHRC's funding for the year ended June 30, 2011 was provided by two foundations and one international governmental agency.

One multiyear grant from a private foundation made up approximately 93% and 71% of IGLHRC's grants and contributions receivable as of June 30, 2012 and 2011, respectively.

#### **Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the use of estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Notes to Financial Statements June 30, 2012 and 2011

#### 3. GRANTS AND CONTRIBUTIONS RECEIVABLE

Grants and contributions receivable at June 30, 2012 and 2011 consisted of current promises to give which are collectible as follows:

	 2012	 2011
One year or less	\$ 266,904	\$ 624,333
One to seven years, net of present value discount of \$28,199 (5% risk-free rate of return)	510,373	 695,981
• • •	\$ 777,277	\$ 1,320,314

#### 4. PROPERTY AND EQUIPMENT

The components of property and equipment are as follows at June 30, 2012 and 2011:

	 2012		2011
Furniture and equipment Leasehold improvements	\$ 82,684 10,918 93,602	\$ —	71,002 10,918 81,920
Less: Accumulated depreciation and amortization	 (74,890)	_	(62,421)
	\$ 18,712	\$	19,499

Depreciation expense amount to \$12,468 and \$11,622 for the years ended June 30, 2012 and 2011, respectively.

#### 5. CONTRACT SERVICES REVENUE

Contract services revenue consisted of \$310,289 and \$326,828 for the years ended June 30, 2012 and 2011, respectively, from the Swedish International Development Cooperation Agency (SIDA) for the "Africa LGBT Health and Human Rights Initiative" project. During 2012, IGLHRC also received funding from another government agency in the amount of \$120,392 for its program work in the Middle East.

#### 6. CONTRACT ADVANCES AND DEFERRED REVENUE FROM SPECIAL EVENTS

Advances in the amount of \$327,079 and \$151,502 as of June 30, 2012 and 2011, respectively, consist of amounts received from SIDA, but for which reimbursable expenses under the contract have yet to be incurred.

Notes to Financial Statements June 30, 2012 and 2011

Deferred revenue in the amount of \$70,000 represents contributions collected during the year ended June 30, 2012 that were conditional upon the occurrence of IGLHRC's Celebration of Courage event in July 2012. This special event revenue and related expenses will be recognized in the subsequent fiscal year.

#### 7. TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets are available to satisfy the following program restrictions for the year ending June 30, 2012:

	<b>J</b> u	ne 30, 2011	Co	ntributions	re	let assets lased from estrictions	_Jur	ne 30, <u>2012</u>
Time restricted: General support Purpose restricted	\$	1,198,801 264,962	\$	131,090 34,510	\$	(492,614) (212,086)	\$	837,277 87,386
•	\$	1,463,763	\$	165,600	\$	(704,700)	\$	924,663

Temporarily restricted net assets are available to satisfy the following program restrictions for the year ending June 30, 2011:

	Ju	ne 30, 2010	Co	ntributions	r	Net assets elased from restrictions	Ju	ne 30 <u>, 2011</u>
Time restricted: General support Purpose restricted	\$	2,002,140 153,615	\$	222,500 432,639	\$	(1,025,839) (321,292)	\$	1,198,801 264,962
·	\$	2,155,755	\$	655,139	\$	(1,347,131)	\$	1,463,763

#### 8. COMMITMENTS

IGLHRC leases its New York City premises under an operating lease expiring on July 31, 2013. IGLHRC renewed this lease with terms beginning August 1, 2013 and ending July 31, 2020. In addition to the base annual rent, IGLHRC is liable for a prorated portion of the real estate tax. IGLHRC had also leased a facility in South Africa under a six month operating lease, beginning November 1, 2011. During 2012, this lease was terminated.

On October 23, 2012, IGLHRC signed a lease for office space located in Johannesburg, South Africa for a term of one year beginning November 1, 2012. The lease

Notes to Financial Statements June 30, 2012 and 2011

automatically renews for successive periods equal to the current term until brought to an end by IGLHRC or the lessor by submitting written notice within three months of the end of the term.

Future minimum rental payments to be made under the existing leases are as follows:

Year ending June 30		
2013		\$ 90,950
2014		95,270
2015		98,360
2016		101,311
2017		104,350
Thereafter		 341,737
	Total	\$ 831,978

The amount of rent expense under the leases for the years ended June 30, 2012 and 2011 amounted to \$86,065 and \$101,909, respectively.

#### 9. PENSION PLAN

IGLHRC provides a 403(b) retirement plan for all eligible employees through Metropolitan Life. After one year of service, employees can participate and make voluntary contributions to the plan. IGLHRC matches the employee contribution up to three (3) percent of the employee's gross salary. For the years ended June 30, 2012 and 2011, the amount of pension expense amounted to \$18,610 and \$11,665, respectively.

#### 10. ENDOWMENTS

IGLHRC's endowments consist of the following:

An unrestricted fund established for Board-approved expenditures as described in Note 2. Its endowment includes funds designated by the Board of Directors to function as endowments. As required by US GAAP, net assets associated with endowment funds, including funds designated by the Board of Directors to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

Notes to Financial Statements
June 30, 2012 and 2011

In the early years of the organization, a group of concerned individuals raised funds for endowment to sustain the future of IGLHRC.

The following table summarizes changes in endowment net assets for the years ended June 30, 2012:

	<u>r</u>	Board- estricted	rmanently estricted
Endowment net assets, beginning of year Increases (decreases) in board-designated	\$	400,000	\$ 18,354
net assets Investment income		100,000	-
Appropriation of endowment assets for expenditure			 <del>-</del>
Endowment net assets, end of year	\$	500,000	\$ 18,354

The balance of the board-restricted and permanently restricted endowments as of June 30, 2011 were \$400,000 and \$18,354, respectively. There were no changes to the endowment net assets during the year ended June 30, 2011.

#### 11. SUBSEQUENT EVENTS

IGLHRC evaluated its June 30, 2012 financial statements for subsequent events through April 17, 2013, the date the financial statements were available to be issued. IGLHRC is not aware of any subsequent events which would require recognition or disclosure in the financial statements.

INTERNATIONAL GAY AND LESBIAN HUMAN RIGHTS COMMISSION, INC. Schedule of Functional Expenses For the Years Ended June 30, 2012 and 2011

. . .

											,	Supporting Services	ting Se	rvices	ı	
						ğ	Program Services	98			-	Management	Ħ			
				د	Latin	2	Middle	United Nations			Total	and				2012
	Africa		Asia	Am	America		East	and General	Other	_	Program	General	<u>ا۔۔ا</u>	Fundraising		Total
Colorino		6	600	6	620		100			•						;
Payroll taxes and fringe benefits	18.789	9	32,610	4	10 178	n	25,337	32,085	A	**	658,524 \$	13,487	ø> ≥ 0	168,542	<b>*</b>	900,553
Total salaries and related expenses	155,919		182,443		81,531		174,501	182,896		1	777,290	86,265	ા ગજ	197,849	1	1,061,404
Other expenses:																
Consultants	75,729	•	68,937		25,777		64,005	49,903	21,852	۲,	306,203	2,506	9	66,982	S	375,691
Travel	119,540	_	45,518		14,543		29,745	27,099	461	_	236,906		ı	4,386	98	241,292
Accounting			•		•		•	,			•	158,016	ø			158,016
Occupancy	27,218	•	17,285		8,291		18,141	14,375			85,310	9,468	œ	21,715	री	116,493
Telecommunications	7,300	_	4,309		3,123		600'9	4,642		,	25,383	2,81		6,461	9	34,661
Equipment rental and purchase	13,021	_	2,607		1,292		5,695	2,326		•	24,941	2,769	92	6,349	<b></b>	34,059
Direct aid	15,426	"	88		142		10,372	295			26,574				,	26,574
Dues, subscriptions, licenses and permits	6,886	"	4,080		2,163		6,021	4,475			23,625	853	ន	1,957	23	26,435
Meetings	13,563	<b>~</b>	4,488		1,471		3,350	3,504			26,376		. •			26,376
Printing	8,168	m	2,778		88		2,171	1,640			15,646	1,737	χ.	3,982	82	21,365
Banking charges and processing fees	4,246	"	2,738		2,279		3,238	2,044	180	6	14,725	1,634	太	3,749	<b>\$</b>	20,108
Supplies	4,925	ın	2,301		1,463		2,735	2,572			13,996	1,553	ខ	3,562	62	19,111
Office and mailing	3,70	~	1,816		<b>1</b> ,00		1,894	1,547		,	596'6 6	947	4	2,171	7	13,081
insurance	1,595	ιO	910		382		284	85			4,674	ίΩ	519	7.	1,190	6,383
Advertising and promotion	986	0	782		328		858	989			3,628	4	403	Ç,	924	4,955
Cleaning and maintenance	206	~	482		202		529	419			2,539	ដ	282	Ψ	949	3,467
Miscellaneous	7,869	a	1,659		4		1,161	926			12,059	1,214	7	2,7	2,785	16,058
Depreciation and amortization	3,281	-	1.728		724	1	1,896	1,502		1	9,131	1,013	ا ا2	2,324	챙	12,468
Total other expenses	314,356	(0)	162,757		64,517		158,817	118,739	22,493	<sub>ლ</sub> ე	841,679	185,731	اھ	129,183		1,156,593
Total expenses	\$ 470,275	σ	345,200	6	\$ 145,048	69	333,318	\$ 301,635	\$ 22,493		\$ 1,618,969	\$ 271,996	ام اع	327,032	_	\$ 2,217,997

The accompanying notes are an integral part of these financial statements.

INTERNATIONAL GAY AND LESBIAN HUMAN RIGHTS COMMISSION, INC. Schedule of Functional Expenses
For the Years Ended June 30, 2012 and 2011

 $i_{i_1} = a_{i_1} j_{i_2 \ldots i_r}$ 

							å	in Consider	9					idn <sub>S</sub>	Supporting Services	Ser	88		
	-		1				2	riculatii services	ş					managemen	Ten Ten				
						Lafir Lafir		Middle	United Nations	•			Total	and				•	2011
		Africa		Asia	1	America		East	and General	į	Other		Program	General	70	뎚	Fundraising	-	Total
Salaries	4	192,600	69	143,317	ø	144,545	63	87,006	\$ 85,752	2	•	43	653,220	\$ 102	102,447	ø	138,410	v	894,077
Payroli taxes and fringe benefits		56,335	l	25.063	I	12,591	ļ	12.608	34,608	l lœ		I	141,205	21	<u>\$</u>		28,540		190,869
Total salaries and related expenses		248,935		168,380		157,136		99,614	120,360	٥	•		794,425	123	123,571		166,950	<u>.</u>	1,084,946
Other expenses:																			
Consultants		44,436		45,077		24,737		7,331	114,838	80	45,508		281,927	4	311		7,823		294,061
Travel		117,666		15,525		44,925		4,485	87,154	<b>.</b>	42,324		312,079		•		5.854		317,933
Accounting		*		•		•		•					•	129	129,165		•		129,165
Occupancy		37,726		10,799		12,605		4,875	19,779	gs	٠		85,784	5	13,454		16,626		115,864
Telecommunications		14,981		2,922		3,988		82	6,627	<u>.</u>	976		30,353	4	4,760		6,431		41,544
Equipment rental and purchase		2,313		505		825		382	453	g	5,063		9,568	~	2,917		3,941		16,426
Direct aid		280		4,535		137		<b>₽</b>	5,238	8	,		10,251		•		•		10,251
Dues, subscriptions, licenses and permits		5,546		2,034		2,407		986	966,4	Ð	9		16,342		847		1,144		18,333
Meetings		•		•		•		•		,	51,592		51,592		•		•		51,592
Printing		14,755		3,051		3,029		1,326	5,210	0	70		28,072	4	4,403		•		32,475
Banking charges and processing fees		5,543		1,199		3,382		469	3,666	ģ	177		14,436	21	284		3,059		19,759
Office and mailing		8,719		1,538		1,133		471	1,833	g	,		13,694	_	1,744		325		15,763
insurance		2,944		792		88		376	1,456	ω	•		6,406	_	9		1,357		8,767
Supplies		6,908		88		904		85	2,279	9	<u>8</u>		11,971	-	1,877		2,465		16,313
Advertising and promotion		488		226		88		107	205	ø	•		1,562		245		331		2,138
Cleaning and maintenance		•		•		1,058		1	55	<u>:</u>	1		1,115		174		236		1,525
Personnel development		402		186		196		88	378	စ္	•		1,250		8		265		1,711
Miscellaneous				•		•		•	8,261	<u> </u>	2,153		10,414	_	8.		2,216		14,270
Depreciation and amortization	l	3,345	I	1,318	Į	1,987	Į	785	386	ا اي	1	١	8,421		1,372		1,829		11,622
Total other expenses	İ	266,052	1	90,595	١	102,420	ł	22,908	263,716	ا ا <u>ي</u>	149,546	١	895,237	170	170,373		53,902	*	1,119,512

The accompanying notes are an integral part of these financial statements.

384,076 \$ 149,546 \$ 1,689,662 \$ 293,944 \$ 220,852 \$ 2,204,458

\$ 514,987 \$ 258,975 \$ 259,556 \$ 122,522 \$

Total expenses