		PUB	LIC DISCLOSURE COF	Y – STATE REGISTRAT	ION NO. C3196	690
	0	00	Return of Organ	nization Exempt Fron	n Income Tax	OMB No. 1545-0047
Form	n 93	90		r 4947(a)(1) of the Internal Revenue (2012
Depar	tment o	of the Treasury	b	enefit trust or private foundation)		Open to Public
		nue Service		o use a copy of this return to satisfy st	ate reporting requirements	Inspection
AF	or the	e 2012 calend	lar year, or tax year beginning 🛛 A	PR 1, 2012 and ending	<u>M</u> AR 31, 2013	
BC	heck if		f organization	D Employer identifi	cation number	
ap.	oplicable	AMER	ICAN FOUNDATION FO			
	Addres		COHEN PIVO CPA'S			
	Name change	e Doing B	usiness As	94-3	478012	
]Initial return		and street (or P.O. box if mail is not de			
	Termin ated Ameno	al a al	WILSHIRE BLVD	400		274-5847
	Jreturn Applic	City, tov	vn, or post office, state, and ZIP cod		G Gross receipts \$	2,537,545.
	Jtion pendir		RLY HILLS, CA 902		H(a) Is this a group re	
	P	F Name a	nd address of principal officer:BRU	ICE COHEN	for affiliates?	Yes X No
				E 400, BEVERLY HILL		
		empt status:		(insert no.) 4947(a)(1) or		list. (see instructions)
			AFER.ORG X Corporation Trust As	ssociation Other ►	H(c) Group exemptio	
	rt I	Summary			rear of formation: 2009	State of legal domicile: CA
Pa				t significant activities: TO SUPPO		
e	1	Briefly describ	FOR ALL. AMERICANS	WITH SPECIAL FOCUS	ON LORT COMMI	
nan				ntinued its operations or disposed of r		
Activities & Governance						7 sets.
ŝ			ting members of the governing body	overning body (Part VI, line 1b)		7
s S			8			
itie				year 2012 (Part V, line 2a)		10
Ę				olumn (C), line 12		0.
Ă				990-T, line 34		0.
		Net uniciated			Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)		3,129,219.	2,522,117.
nu					0.	0.
Revenue		•		l, and 7d)	377.	338.
۳				c, 9c, 10c, and 11e)	<410,972.	
				I Part VIII, column (A), line 12)	2,718,624.	2,522,318.
	13	Grants and si	milar amounts paid (Part IX, column	(A), lines 1-3)	0.	120,750.
	14	Benefits paid	to or for members (Part IX, column (/	A), line 4)	0.	0.
s	15	Salaries, othe	r compensation, employee benefits ((Part IX, column (A), lines 5-10)	435,190.	471,364.
sus(16a	Professional f	undraising fees (Part IX, column (A),	Part IX, column (A), lines 5-10) line 11e) le 25) ▶124 , 556 .	64,221.	0.
Expense	b	Total fundrais	ing expenses (Part IX, column (D), lir	ne 25) ▶ <u>124,556</u> .		
ш	17	Other expens	es (Part IX, column (A), lines 11a-11c	I, 11f-24e)	3,903,856.	1,246,849.
	18	Total expense	s. Add lines 13-17 (must equal Part	IX, column (A), line 25)	4,403,267.	1,838,963.
	19	Revenue less	expenses. Subtract line 18 from line	12	<1,684,643.	
s or					Beginning of Current Year	End of Year
Net Assets or Fund Balances					1,354,318.	2,037,672.
et A nd E			(Part X, line 26)			0.
			fund balances. Subtract line 21 from	1 line 20	1,354,318.	2,037,672.
		Signature				
	•			, including accompanying schedules and sta		y knowledge and belief, it is
true,	correc	i, and complete	. Declaration of preparer (other than offic	er) is based on all information of which prep	arer nas any knowledge.	
		Signatur	e of officer		Date	
Sign		BRUC	Duib			
Here						
		,	print name and title	Droporor'o signatura	Date Check	I PTIN
Paid		Print/Type pre AL PIVO		Preparer's signature	if	
Pren			COHEN PIVO & COM	Ι		95-4400038

Tropuloi					11000000				
Use Only	Firm's address ⊾	9171 WILSHIRE BLVD. SUITE 400							
	-	BEVERLY HILLS, CA 90210	Phone no.	(310)	274-5847				
May the IRS discuss this return with the preparer shown above? (see instructions)									
020001 10 1	Earn 990 (2012)								

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions. F SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	AMERICAN FOUNDATION FOR EQUAL RIGHTS	5	
	m 990 (2012) C/O COHEN PIVO CPA'S	94-3478012	Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		
	TO SUPPORT EQUALITY AND EQUAL RIGHTS FOR ALL AMER		
	LESBIAN, GAY, BISEXUAL AND TRANSGENDER (LGBT) AME		
	CHILDREN (THE "LGBT" COMMUNITY), BY SECURING THE		
	GUARANTEED BY THE CONSTITUTION OF THE UNITED STAT		
2	Did the organization undertake any significant program services during the year which were not list		
	the prior Form 990 or 990-EZ?	Yes	XNo
-	If "Yes," describe these new services on Schedule O.		v
3	Did the organization cease conducting, or make significant changes in how it conducts, any progra	am services? Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program		
	Section 501(c)(3) and 501(c)(4) organizations 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.		
4a	a (Code:) (Expenses \$ 622,338. including grants of \$ SOLE SPONSOR OF HOLLINGSWORTH V. PERRY (PREVIOUSL) (Revenue \$) \
	SCHWARZENEGGER IN FEDERAL DISTRICT COURT AND PERR		V •
	UNITED STATES COURT OF APPEALS FOR THE NINTH CIRC		
	CONSTITUTIONAL CHALLENGE TO CALIFORNIA'S BAN ON S		
	PROPOSITION 8.	AME DEA MARRIAGE,	
4b	(Code:) (Expenses \$ 910,617. including grants of \$ 120,75	0 •) (Revenue \$	<u> </u>
чы	PUBLIC AWARENESS CAMPAIGN TO PROMOTE MARRIAGE EQU		·TT. '
	RIGHTS FOR THE LGBT COMMUNITY.		
4c	Code:) (Expenses \$ including grants of \$) (Revenue \$)
			/
4d	Other program services (Describe in Schedule O.)		
+u		1	
40	(Expenses \$ including grants of \$) (Revenue \$ ■ Total program service expenses ► 1,532,955.)	
4e		Earm	90 (2012)
23200		Forma	2012)
12-10-	2		
0 1 A			<u>م</u> 1

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AMERICAN FOUNDATION FOR EQUAL RIGHTS

94-3478012 Pa	ge 3
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Form	990 (2012) C/O COHEN PIVO CPA'S 94-3478	012	Р	age 3
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		<u> </u>
•	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	–		<u> </u>
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	5		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
44	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
11				
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		x	
	Part VI	11a	_ <u> </u>	┣──
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	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 X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the 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			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	x	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u> </u>		<u> </u>
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<u> </u>
			990	(2012)
				()

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AMERICAN FOUNDATION FOR EQUAL RIGHTS

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Part M Checklist of Required Schedules (continued) Yes No 21 Det the organization report more than \$5,000 of grants and other assistance to any government or organization in the united States on Part IX, organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, organization nerver Wes': Der VIV, Sector A, Iina 3, 4, or 5 about compensation of the organization sourcent and former officer, director, trustees, key employee, and highest compensated employees? If "Yes," complete Schedule I, Pars I and III, Pars, "answer fixes 2 bit trusting 2 did and complete Schedule I, Pars I and NIV, Pars, "answer fixes 2 bit trusting 2 did and complete Schedule I, Pars I and NIV, Pars, "answer fixes 2 bit trusting 2 did and complete Schedule I, Pars I and NIV, Pars, "answer fixes 2 bit trusting 2 did and complete Schedule I, Pars I and Pars, "answer fixes 2 bit trusting 2 did and complete Schedule I, Pars I and Pars, "answer fixes 2 bit trusting 2 did and complete Schedule I, Pars I and Pars, "answer fixes 2 bit trusting 2 did and complete Schedule I, Pars I and Pars I. The Schedule I, Pars I in the during the year 1. 24a X 25 Section SCI(2) and SSI(4) dig organizations. Dot the organization seque in a recease benefit transaction with a disqualified person in a provider and disqualified person during the year? II "Yes," complete Schedule L, Part I 25a X 26 Was a loan to to by a current or former officer, director, trustee, key employee, highest companization with a disqualified person in a provider and disqualified person during the year? II "Yes," complete Schedule L, Part I 25b X 27 Dot the organization noware that the agged in an excess b	Form	990 (2012) C/O COHEN PIVO CPA'S 94-3478	012	Pa	age 4
21 Del the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, orknown (A), line ?1 // Yes,' complete Schedule I, Parts I and II 21 X 22 Del the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, organized Schedule I, Parts I and III 22 X 23 Ded the organization nerver "Yes" to Part IX, Schedule I, Parts I and III 23 X 24 Ded the organization nerver "Yes" to Part IX, Schedule I, Parts I and III, Parts I and III 24 X 24 Ded the organization nerver "Yes" to Part IX, Schedule I, Parts I and III, Parts I and IIII, Parts I and III, Part III	Pa	t IV Checklist of Required Schedules (continued)			
Under States on Part IX, column (A), line 17 /f ''ss, ' complete Schedule /, Parts i and /f 21 X 22 Did the organization report mesh thas 55,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 /f 'Yes,' complete Schedule /, Part I and /f 22 X 23 Did the organization nawser 'Yes' to Part VI), Section A, line 3, 4, or 5 about compensation of the organization's current and former offices, directors, trustees, key employees, and 'hipped compensated employees? /f 'Yes,' complete Schedule / / Wes,' complete Schedule / / Yes,' complete Schedule /				Yes	No
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 27 if "Yes," complete Schedule I, Pars I and III 22 X 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensated employees? If "Yes," complete Schedule J 23 X 24 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, flat was issued after Deember 31, 2002? If "Yes," complete Schedule I, If "No", 'complete Schedule I, If No", yo to line 25 24 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period acception? 24	21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
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 27 / Yise, 'complete Schedule J. Part I and III. 22 X 23 Did the organization nawer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensated employees? If 'Yes, 'complete Schedule J. 23 X 24 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, flut was issued after December 31, 2002? If 'Yes,' complete Schedule A. If 'Nes,' or any exception? 246 247 25 Did the organization news a size and after December 31, 2002? If 'Yes,' any exception? 246 246 26 Did the organization news any proceeds to tax everypt bonds texpond a temporary period sception? 246 246 26 Did the organization area size an 'on behall of' issuer for bonds outstanding at any time during the year? 244 246 26 Did the organization area size an 'on behall of' issuer for bonds outstanding at any time during the year? 244 258 27 Did the organization area size an 'on behall of' issuer for bonds outstanding at any time during the year? 244 259 X 28 Bection Soft(x) and Soft(c)(4) organizations. Did the organization on spine Soft Part II 258 X 28 Was a loan to or by		United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	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. 24 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,' complete Schedule A. If 'Ne', '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 ray proceeds of tax exempt bonds beyond a temporary period exception? 246 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d 26 Did the organization and so the year? If 'isse: 'complete Schedule L, Part I 25a 26 Did the organization area that it engaged in an excess benefit transaction with a disqualified person during the year? If 'yes,' complete Schedule L, Part I 25b 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution or emplete schedule L, Part I 25b X 28 Was a loan to or by a current of former officer, director, trustee, key employee, substantial contribution or emplete schedule L, Part I 26b X 29 Uh the organization and the office schedule L, Part I 26b X 28 Was	22				
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 officer, directors, trustees, key employees, and highest compensated employees? If 'Yes, "complete Schedule J 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was sisued after December 31, 2002? If 'Yes, "answer lines 24b through 24d and complete Schedule K. If 'No', a tower prince 24b through 24d and complete Schedule K. If 'No', a tower prince 24b through 24d and complete Schedule K. If 'No', a tower prince 24b through 24d and complete Schedule K. If 'No', a tower prince 24b through 24d and complete Schedule K. If 'No', a tower prince 34b through 24d and complete Schedule L. If 'Ne's, "answer lines 24b through 24d and complete Schedule L. If 'Ne's, answer lines 24b through 24d and complete Schedule L. If 'Ne's, 'complete Schedule L. Part I 246 25 Bott the organization aware that the ingaged in an excess benefit transaction with a disqualified person during the year? ('Ne's, 'complete Schedule L, Part I) 25a X 26 Was a loan to or by a current of former officer, director, trustee, key employee, highest compensated employee, ordisqualified person on ustanding as of the end of the organization's tax year? If 'Yes, 'complete Schedule L, Part II 25a X 27 Was the organization any expression committee member, or to a 35% controlled antly or family member of any of these person? If 'Yes, 'complete Schedule L, Part IV 26a X 28 Was the organization any expression		column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
Schedule J 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, if have a susced after December 31, 2002? If 'Yes,' amove hines 2/b through 2/d and complete Schedule K. If 'No', go to line 25 24a X 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b X 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a X 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization sing prior Forms 900 or 900 E27 If 'Yes,' complete Schedule L, Part I 25a X 264 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tay part II'''se,' complete Schedule L, Part II 25a X 27 Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part II'' 25a X 28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part I'' 24a X 29 Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV' 28a X 29 Did the organization reserve encontributions of I'' Ves,' complete Schedule L, Part IV 28a X 29 Did the organization aparty	23				
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 24 and complete Schedule K. If Wo," go to fine 25 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary priod exception? 24b 24d X c Did the organization maintain an escrow account other than a refunding secrow at any time during the year? 24d		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100.00 as of the last day of the year, that was issued after December \$1, 2002 If "Yes," answer lines 24b through 24d and complete Schedule K. If 'No', go to line 25 Yes, answer lines 24b through 24d and complete Schedule K. If 'No', go to line 25 Yes, answer lines 24b through 24d and complete Schedule K. If 'No', go to line 25 Yes, answer lines 24b through 24d and complete Schedule 24a X 24b Did the organization maints an escrow account other than a refunding secrow at any time during the year 10 defease any tax-exempt bonds? 24d 24d 25c Section 501(c)(3) and 501(c)(4) organizations. Did the organization angage 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 are the not access benefit transaction with a disqualified person in a prior year, and that the organization are of the organization is prior Forms 900 or 900-E27 If 'Yes,' complete Schedule L, Part II 25a X 26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization is a year'I If 'Yes,' complete Schedule L, Part II 26 X 27 Did the organization aparty to a business transaction with on of the following parties (see Schedule L, Part IV) instructions for applicable filing thresholds, conditions, and exceptions): 27 X 28 Mas the organization aparty to a business transaction with one of		Schedule J	23		Х
Schedule K. If 'No', go to line 25 24a X D Bid the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24a 24a D Bid the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24a 24a D Bid the organization and as an 'on behalf of'' issuer for bonds outstanding escrew at any time during the year? 24d 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prory period exception? 25d X D Is the organization avance that it engaged in an excess benefit transaction with a disqualified person in a prory period exception? 25a X 25w Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person and to ry or aurent or former officer, director, trustee, key employee, bichest compensated employee, or disqualified person outstanding as of the end of the organization avance a onofficer, director, trustee, every employee, bichest curve, trustee, or anofficer, director, trustee, or a 35% controlled entity or family member of any of these persons? If ''es,' complete Schedule L, Part II 27 X 28 Was the organization avance to former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a X 29 Id the organization reverse wore than \$25,000 in non cash contributions? If 'Yes,' complete Schedule L, Part IV <td< td=""><th>24a</th><td></td><td></td><td></td><td></td></td<>	24a				
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 253 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? 25d 1 b is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? 25b X 25 Section 501(c)(3) and 501(c)(4) organizations tax year? 1''esc, 'complete Schedule L, Part I 25b X 26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization tax year? 26c X 27 Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part II 26c X 28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 28b X 29 Did the organization receive contributions, and exceptions): a curent or former officer, director, trustee, or key employe					
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 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Was the organization nelated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Was 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 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 	29				Х
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38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			37		Х
	38				
		Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2012)

AMERICAN FOUNDATION FOR EQUAL RIGHTS C/O COHEN PIVO CPA'S

Par	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V							
			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	64	100					
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0						
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?	1c	Х					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a	8						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b						
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)?	<u>4a</u>		X				
b	If "Yes," enter the name of the foreign country:	_						
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_		X				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?							
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>						
Ua	any contributions that were not tax deductible as charitable contributions?	6a		x				
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay	or? 7a		Х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?							
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-	C? 7h						
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting							
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year	8						
9	Sponsoring organizations maintaining donor advised funds.	0.						
	Did the organization make any taxable distributions under section 4966?	<u>9a</u>						
р 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b						
	Initiation fees and capital contributions included on Part VIII, line 12 10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders 11a							
	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?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	1 3a						
	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 13b							
	Enter the amount of reserves on hand			X				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b						
n	The second second control of the second ments of the second s	1 140	1					

Form **990** (2012)

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Form 990 (2012)

AMERICAN FOUNDATION FOR EQUAL RIGHTS C/O COHEN PIVO CPA'S

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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					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	1 a		4				
	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		<u>'</u>				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?							
3								
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 w	as filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		Х		
6	Did the organization have members or stockholders?			6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	opoin	t one or					
	more members of the governing body?			7a		X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tock	olders, 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	ar by t	ne following:					
а	The governing body?			8a	X			
b	Each committee with authority to act on behalf of the governing body?			8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched	at the					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	e Code.)					
					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	napte	rs, affiliates,					
	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 bod	y bef	ore filing the form?	11a	X			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				х			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye							
	in Schedule O how this was done			12c		X		
13	Did the organization have a written whistleblower policy?			13		Х		
14	Did the organization have a written document retention and destruction policy?			14		X		
15	Did the process for determining compensation of the following persons include a review and approva	al by i	ndependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official			15a		X		
b	Other officers or key employees of the organization			15b		X		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment	with a			37		
	taxable entity during the year?			16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatio	on's					
	exempt status with respect to such arrangements?			16b				
	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed \triangleright CA , NY							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sec	tion 501(c)(3)s only)	availab	le			
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain		,					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	onflict	ot interest policy, ar	nd finar	ncial			
	statements available to the public during the tax year.	1	and a full					
20	State the name, physical address, and telephone number of the person who possesses the books as COHEN PIVO AND COMPANY, CPA'S $-310-274-5847$	nd ree	cords of the organiza	ation: 🖡	-			
	9171 WILSHIRE BLVD., SUITE 400, BEVERLY HILLS, CA	01	0210					
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Form 990 (2012)

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AMERICAN FOUNDATION FOR EQUAL RIGHTS C/O COHEN PIVO CPA'S

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

X

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

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

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

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

Т

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	(do	not c	Pos heck) than	one	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week					1/	(ee)	from from related		other
	(list any hours for	In dividual trustee or director						the	organizations	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organizations	ruste	l trus		/ee	mpen		(00-2/1033-10130)		and related
	below	d ual t	In stitutio nal trustee	_	Key employee	st co	5			organizations
	line)	Indivi	In stitu	Officer	Key e	Highest compensated employee	Former			C C
(1) CHAD GRIFFIN (SCHEDULE O)	5.00									
BOARD MEMBER		X		Х				0.	0.	Ο.
(2) BRUCE COHEN (SCHEDULE O)	5.00									
BOARD MEMBER / PRESIDENT		X		Х				0.	0.	0.
(3) ROB REINER	5.00									
BOARD MEMBER		X						0.	0.	0.
(4) MICHELE SINGER REINER (SCH O)	5.00									
BOARD MEMBER / SEC'Y-TREAS		X		Х				0.	0.	0.
(5) DUSTIN LANCE BLACK	5.00									
BOARD MEMBER		X						0.	0.	0.
(6) KENNETH B. MEHLMAN	5.00									
BOARD MEMBER		х						0.	0.	0.
(7) JONATHAN LEWIS	5.00									
BOARD MEMBER		X						0.	0.	0.
(8) KRISTINA SCHAKE (SCHEDULE O)	5.00									•
BOARD MEMBER		X						0.	0.	0.
(9) ADAM D. UMHOEFER	40.00							445 000		•
EXECUTIVE DIRECTOR						X		115,000.	0.	0.
		-	-	-						
		-								
		<u> </u>	-	-	<u> </u>					
		-	-	-	-	-				
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Form 990 (2012) C/O COHE Part VII Section A. Officers, Directors, Trus					d Hi	aho	et C	ompensated Employe	94-34	:/8	012	Pa	age 8
(A) Name and title	(B) Average hours per week	(do box	not c , unle	Pos heck ss pe nd a d	C) ition more rson i	l than is bot	one h an	(D) Reportable compensation	(E) Reportable compensatior		an	(F) stimate nount	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	6	com fr org and	other pensa om the anizat d relat anizatie	e tion ted
1b Sub-total c Total from continuation sheets to Part V	II, Section A						L	115,000. 0.		0.			0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but r compensation from the organization ▶							no re	115,000. eceived more than \$100),000 of reportable	0. e			0.
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s					•			•			3	Yes	No X
 4 For any individual listed on line 1a, is the si and related organizations greater than \$15 5 Did any person listed on line 1a receive or 	0,000? If "Yes,	le co ," co	omp mple	ensa ete S	ation Sche	n and e <i>dule</i>	d oth e <i>J f</i> e	or such individual	the organization		4		x
rendered to the organization? <i>If "Yes," con</i> Section B. Independent Contractors	nplete Schedul	le J f	or si	uch	pers	son .	<u></u>				5		X
Complete this table for your five highest control the organization. Report compensation for (A)	•	•								pens	ation f		
Name and business GIBSON, DUNN & CRUTCHER 333 S GRAND AVE, LOS ANG	LLP		200	171	1			Description of s LEGAL AND AN LEGAL EXPENS	CILLARY	С	ompe		
555 5 GRAND AVE, LOS ANG		A 2	900	571	L			LEGAL EXPENS	5		22	1,9	<u></u>
2 Total number of independent contractors (\$100,000 of compensation from the organ		not li	mite	d to	tho: 1		sted	above) who received n	nore than				
232008 12-10-12											Form	990 (2	2012)

AMERICAN	FOUNDAT	ION FOR	EQUAL	RIGHTS
C/O COHEN	J PIVO C	PA'S		

94-3<u>478012 Page</u>9

			OHEN PIV	O CPA'S			94-3478	8012 Page 9
Pa	rt VI							
		Check if Schedule O cont	ains a response	to any question	in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	a Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues]			
a, G		c Fundraising events		892,593.]			
Gift	c	d Related organizations	1d					
ns, imi		e Government grants (contribut						
tioi er S	f	All other contributions, gifts, gran						
the		similar amounts not included abo	/e 1f 1 ,	629,524.				
utro D D C	-	g Noncash contributions included in lines						
a Č	ł	n Total. Add lines 1a-1f			2,522,117.			
				Business Code				
rice	2 8							
serv ue		o						
m S ven								
gra Re	C	d						
Program Service Revenue	•	All other program service reve						
	3	Investment income (including						
	-	other similar amounts)			338.			338.
	4	Income from investment of tax						
	5	Royalties		►				
			(i) Real	(ii) Personal				
	6 a	a Gross rents						
	k	b Less: rental expenses						
		c Rental income or (loss)						
	c	d Net rental income or (loss)		>				
	7 8	a Gross amount from sales of	(i) Securities	(ii) Other	-			
		assets other than inventory			-			
	k	b Less: cost or other basis						
		and sales expenses			-			
		c Gain or (loss) d Net gain or (loss)						
•		a Gross income from fundraising						
nue		including \$ 892,5						
eve		contributions reported on line						
ar R		Part IV, line 18	a	15,090.				
Other Revenue	k	b Less: direct expenses		15,227.				
0	c	c Net income or (loss) from func	Iraising events	<u> </u>	<137.	>		<137.>
	9 a	a Gross income from gaming ac	tivities. See					
		Part IV, line 19			4			
		b Less: direct expenses						
		Net income or (loss) from gam		····· •				
	10 a	a Gross sales of inventory, less						
		and allowances			-			
		b Less: cost of goods sold						
		Net income or (loss) from sale Miscellaneous Revenu		Business Code				
	11 a							
		0						
	- -							
		d All other revenue						
		e Total. Add lines 11a-11d		►				
	12	Total revenue. See instructions.			2,522,318.	0.	0.	
23200 12-10	9 -12							Form 990 (2012)
					9			

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AMERICAN FOUNDATION FOR EQUAL RIGHTS Form 990 (2012) C/O COHEN PIVO CPA'S Part IX Statement of Functional Expenses

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	rt IX Statement of Functional Expens				
Sect	ion 501(c)(3) and 501(c)(4) organizations must com		-	mplete column (A).	
	Check if Schedule O contains a respor				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	120,750.	120,750.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16 \dots				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	397,313.	308,386.	31,952.	56,975.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	41,717.	32,380.	3,355.	5,982.
10	Payroll taxes	32,334.	25,097.	2,600.	4,637.
11	Fees for services (non-employees):				
а	Management				
b	Legal	549,245.	549,245.		
	Accounting	74,574.		74,574.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	00 501		00.046	
	column (A) amount, list line 11g expenses on Sch O.)	23,521.	575.	22,946.	
12	Advertising and promotion	39,536.	39,536.		2 1 0 0
13	Office expenses	37,230.	16,933.	17,169.	3,128. 971.
14	Information technology	6,769.	5,254.	544.	971.
15	Royalties	70 061	EE 020	5,795.	10 224
16	Occupancy	72,061. 49,709.	55,932. 38,583.	3,998.	10,334. 7,128.
17	Travel	49,709.	30,303.	5,990.	/,120.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19 00	Conferences, conventions, and meetings				
20	Interest				
21 22	Payments to affiliates Depreciation, depletion, and amortization	21,190.	3,116.	17,498.	576.
22		41,190.	5,110.	±1,490•	570•
23 24	Insurance Other expenses. Itemize expenses not covered				
24	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 0.)				
а	CONSULTANTS	320,328.	287,323.		33,005.
a b	RESEARCH	29,355.	29,355.		
с С	PARKING	12,693.	9,852.	1,021.	1,820.
d	PRESS MONITORING	10,638.	10,638.	-,	1,020.
	All other expenses	_0,000	_0,000		
25	Total functional expenses. Add lines 1 through 24e	1,838,963.	1,532,955.	181,452.	124,556.
26	Joint costs. Complete this line only if the organization	, , , , , , , , , , , , , , , , , , , ,	, ,	,	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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232011 12-10-12

AMERICAN FOUNDATION FOR EQUAL RIGHTS C/O COHEN PIVO CPA'S

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		Check if Schedule O contains a response to any	/ quest	ion in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			24,617.	1	210,585.
	2	Savings and temporary cash investments			1,286,197.	2	1,786,535.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated en	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	n 4958(e	c)(3)(B), and contributing			
Assets		employers and sponsoring organizations of sect	tion 50 ⁻	1(c)(9) voluntary			
		employees' beneficiary organizations (see instr).	lete Part II of Sch L		6		
	7	Notes and loans receivable, net			7		
Ass	8	Inventories for sale or use				8	
•	9	Prepaid expenses and deferred charges		9			
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	<u>39,101.</u> 7,808.			
	b	Less: accumulated depreciation	10b	7,808.	35,313.	10c	31,293.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	323.	14	168.		
	15	Other assets. See Part IV, line 11	7,868.	15	9,091.		
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	34)	1,354,318.	16	2,037,672.
	17	Accounts payable and accrued expenses		17			
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to current and former					
_iat		key employees, highest compensated employee					
_		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 1 7-24)	. Complete Part X of			
		Schedule D		·····	0	25	0.
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
		Organizations that follow SFAS 117 (ASC 958		k here 🕨 🖾 and			
ces	07	complete lines 27 through 29, and lines 33 and			1,354,318.	07	2,037,672.
Net Assets or Fund Balances	27	Unrestricted net assets			T, JJ4, JT0.	27	2,037,072.
I Ba	28			·····		28	
nna	29					29	
Ē		Organizations that do not follow SFAS 117 (A	30 956	oj, check here ▶ 📖			
ŝ	20	and complete lines 30 through 34.				30	
set	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ec				<u> </u>	
ťΑ	31	Retained earnings, endowment, accumulated in				32	
Se	32	Retained earnings, endownent, accumulated in	1 354 318	32 22	2 037 672		

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1,354,318.

1,354,318.

Total net assets or fund balances

Total liabilities and net assets/fund balances

2,037,672. Form 990 (2012)

2,037,672.

33

AMERICAN	FOUNDATION	FOR	EQUAL	RIGHTS
C/O COHEN	N PIVO CPA'S	S		

Part XI Reconciliation of Net Assets Image: Check if Schedule O contains a response to any question in this Part XI Image: Check if Schedule O contains a response to any question in this Part XI 1 Total expenses (must equal Part VII, column (A), line 12) 1 2, 5,222, 318. 2 Total expenses. Subtract line 2 from line 1 3 683, 355. 3 Revenue less expenses. Subtract line 2 from line 1 4 1, 354, 318. 5 Net unrealized gains (losses) on investments 5 6 0 6 7 7 7 8 Prior period adjustments 8 9 Check if Schedule O contains a response to any question in this Part XII 9 10 Net assets or fund balances (explain in Schedule O) 9 2, 037, 672. 9 Part XII Financial Statements and Reporting 1 2 11 Accounting method used to prepare the Form 990: X Cash Accrual Other Yes 11 Accounting method used to prepare the financial statements for the year were compiled or reviewed on a separate basis. consolidated basis. or both: Separate basis. or both: Za X 11 Accounting method used to prepare the finan	Form	990 (2012) C/O COHEN PIVO CPA'S	94-34	78012	Pag	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 2, 522, 318. 2 Total expenses (must equal Part IX, column (A), line 25) 2 1, 838, 963. 2 1, 838, 963. 2 1, 838, 963. 4 1, 354, 318. 6 5 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 1, 354, 318. 6 6 6 7 7 8 Prior period adjustments 6 6 9 Other changes in net assets or fund balances (explain in Schedule 0) 9 <1.> 10 2, 037, 672. Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII. 1 2 11 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 0. 2a X 11 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 0. 2a X	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 1, 838, 963. 3 Revenue less expenses. Subtract line 2 from line 1 3 683, 355. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 1, 354, 318. 5 5 5 6 7 6 0 nurealized gains (losses) on investments 6 7 7 6 8 9 <1.> 9 <1.> 9 10 2, 037, 672. Part XII Financial Statements and Reporting Check if Schedule 0 contains a response to any question in this Part XII 1 Accounting method used to prepare the Form 990: X Cash 1 Accounting method used to prepare the Form 990: X Cash 1 Accounting method used to prepare the Form 990: X Cash 1 Accounting financial statements compiled or reviewed by an independent accountant? 2a 11 Yes, "check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. 1 Separate basis Consolidated basis 1 Were the organization's financial statements and the financial statements for the year were audited on a separate basis. 1 Were the organization's financial statements and below to nicolated ad asis 2 b Wire the organization in fits financial statements and the process or selection process during the aver, explain in Schedule 0. 2a X 1 Yees, 'tokek a box below to indicate whether the financial statem		Check if Schedule O contains a response to any question in this Part XI				X
2 Total expenses (must equal Part IX, column (A), line 25) 2 1, 838, 963. 3 Revenue less expenses. Subtract line 2 from line 1 3 683, 355. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 1, 354, 318. 5 5 5 6 7 6 0 nurealized gains (losses) on investments 6 7 7 6 8 9 <1.> 9 <1.> 9 10 2, 037, 672. Part XII Financial Statements and Reporting Check if Schedule 0 contains a response to any question in this Part XII 1 Accounting method used to prepare the Form 990: X Cash 1 Accounting method used to prepare the Form 990: X Cash 1 Accounting method used to prepare the Form 990: X Cash 1 Accounting financial statements compiled or reviewed by an independent accountant? 2a 11 Yes, "check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. 1 Separate basis Consolidated basis 1 Were the organization's financial statements and the financial statements for the year were audited on a separate basis. 1 Were the organization's financial statements and below to nicolated ad asis 2 b Wire the organization in fits financial statements and the process or selection process during the aver, explain in Schedule 0. 2a X 1 Yees, 'tokek a box below to indicate whether the financial statem						
3 Revenue less expenses. Subtract line 2 from line 1 3 683,355. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 1,354,318. 5 Net unrealized gains (losses) on investments 6 6 6 7 7 7 8 7 8 9 Other changes in net assets or fund balances (explain in Schedule 0) 9 <1.> 10 2,037,672. Part XII Financial Statements and Reporting 7 Check if Schedule 0 contains a response to any question in this Part XII 7 7 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 1 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis Both consolidated and separate basis 2a X 1 Mere the organization's financial statements audited by an independent accountant? 2a X 1 1 Yes No 2a X 1 2a X 1 2 Were the organization's financial statements audited by an indepen	1			2,52	$\frac{2}{2}, \frac{3}{2}$	$\frac{18}{62}$
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 1,354,318. 5 Net unrealized gains (losses) on investments 5 6 0onated services and use of facilities 5 7 Investment expenses 7 8 Prior period adjustments 9 <1.> 9 Other changes in net assets or fund balances (explain in Schedule 0) 9 <1.> 10 Net assets or fund balances (explain in Schedule 0) 9 <1.> 10 Net assets or fund balances (explain in Schedule 0) 9 <1.> 10 Net assets or fund balances (explain in Schedule 0) 9 <1.> 10 Net assets or fund balances (explain in Schedule 0) 9 <1.> 11 Reck if Schedule 0 contains a response to any question in this Part XII 10 2,037,672. Part XIII Financial Statements and Reporting	2	Total expenses (must equal Part IX, column (A), line 25)				
5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 9 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 2,037,672. Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII 1 Accounting method used to prepare the Form 990: 1 Accounting method used to prepare the Form 990: 2 Cash 1 Accounting method used to prepare the Form 990: 2 Cash 1 Mere the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2 Part XII 1 Yes 1 Yes 1 Yes 1 Separate basis, consolidated basis 2 Donsidated basis, or both: 2 Separate basis, or consolidated basis 3 Both consolidated and separate basis 5 Were the organization's financial statements and selection of an independent accountant? 1 Yes 1 Yes 1 Yes 1 Separate basis, or both: 2 X 3 As a result of a federal awar	3		-			
6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 2,037,672. Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Check if Schedule O contains a response to any question in this Part XII 1 Accounting method used to prepare the Form 990: 1 Accounting from a prior year or checked "Other," explain in Schedule O. 2a X 1 Mere the organization stinancial statements compiled or reviewed by an independent accountant? 1 Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. b Were the organization's financial statements and selection of an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. consolidated basis, or both: If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a X b If "Yes," did the organization un	4		· · ·	1,35	4,3	18.
7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 2,037,672. Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII. If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 0. 11 Accounting method used to prepare the Form 990: X Cash 12 Accounting its method of accounting from a prior year or checked "Other," explain in Schedule 0. 13 Were the organization's financial statements compiled or reviewed by an independent accountant? 14 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. 15 Were the organization's financial statements audited by an independent accountant? 16 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. 16 Were the organization's financial statements audited basis 17 If "Yes," check a box below to indicate whether the financial statement s for the year were audited on a separate basis. 16 If "Yes," check a box below to indicate whether the fin	5	Net unrealized gains (losses) on investments	5			
8 Prior period adjustments 8 - </th <td>6</td> <td>Donated services and use of facilities</td> <td></td> <td></td> <td></td> <td></td>	6	Donated services and use of facilities				
 9 Other changes in net assets or fund balances (explain in Schedule O) 9 <1.> 9 <1.> 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 2,037,672. Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII 1 Accounting method used to prepare the Form 990: X Cash Accrual Other fit the organization's financial statements compiled or reviewed by an independent accountant? 1 Accounting method used to be below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis, or both: Separate basis b Were the organization's financial statements audited by an independent accountant? 16 X 17 Yees," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. b Were the organization of its financial statements and selection of an independent accountant? 17 Yees," to line 2 a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 	7	Investment expenses	7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B) 10 2,037,672. Part XII Financial Statements and Reporting Image: State	8		-			
column (B)) 10 2,037,672. Part XII Financial Statements and Reporting Image: Check if Schedule O contains a response to any question in this Part XII Image: Check if Schedule O contains a response to any question in this Part XII 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during t	9	Other changes in net assets or fund balances (explain in Schedule O)	9			<u><1.</u> >
Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Yes 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Zb X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis 2b X c If "Yes," check a box below to indicate whether the financial statement accountant? 2b X Image: Separate basis 2b X Image: Separate basis 2b X I	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
Check if Schedule O contains a response to any question in this Part XII Yes 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis or solidated basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a X <t< th=""><td></td><td></td><td>10</td><td>2,03</td><td>7,6</td><td>72.</td></t<>			10	2,03	7,6	72.
Yes No 1 Accounting method used to prepare the Form 990: Image: Cash image:	Pa					
1 Accounting method used to prepare the Form 990: X Cash Accrual Other Image: Construction of the prepare the Form 990: X Cash Accrual Other Image: Construction of the prepare the Form 990: X Cash Accrual Other Image: Construction of the prepare the form of the prepare the organization of the prepare the organization of the prepare the organization of the prepare the form of the prepare the organization of the prepare the form of the prepare the organization of the prepare the form of the prepare t		Check if Schedule O contains a response to any question in this Part XII				
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b 3b	1			_	Yes	No
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Consolidated basis						77
 separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Separate basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 	2a			2 a		<u> </u>
 Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 			d on a			
 b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? 						
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Image: Consolid					37	
 consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 	b			2b	X	
X Separate basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a X 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b Image: Consolidated basis			te basis,			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 2c X 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b Image: Committee of the committe						
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Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b 3b						
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or audits, explain why in Schedule O and describe any steps taken to undergo such audits				<u>3a</u>		<u> </u>
	b					I
		or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>		000	

Form **990** (2012)

232012 12-10-12

SCHEDULE A (Form 990 or 990-EZ		Put	lic Charity Status and Public Su	upport	╞	OMB No. 1545-0047	
	of the Treasury	Comple	Open to Public				
Internal Rev	enue Service		ich to Form 990 or Form 990-EZ. 🕨 See separate inst			Inspection	
Name of the organizat			FOUNDATION FOR EQUAL RIGHTS			dentification number	
			IN PIVO CPA'S			-3478012	
Part I	Reason	for Public Char	y Status (All organizations must complete this part.) Se	ee instruction:	3.		
The orga	e organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)						
1 📖	A church, co	nvention of churches	or association of churches described in section 170(b)(1)(A)(i).			
2	A school des	cribed in section 17	(b)(1)(A)(ii). (Attach Schedule E.)				
3 🔄	A hospital or	a cooperative hospi	I service organization described in section 170(b)(1)(A)(i	ii).			
4	A medical res	earch organization	perated in conjunction with a hospital described in sectio	on 170(b)(1)(A)(iii). Enter th	ne hospital's name,	
	city, and stat						
5	An organizati	on operated for the	enefit of a college or university owned or operated by a g	overnmental u	init describe	ed in	
	section 170	(b)(1)(A)(iv). (Comple	e Part II.)				
6		te, or local governm	nt or governmental unit described in section 170(b)(1)(A))(v).			
7 X	An organizati	on that normally rec	ves a substantial part of its support from a governmental	l unit or from t	he general p	oublic described in	
		b)(1)(A)(vi). (Comple					
8			ction 170(b)(1)(A)(vi). (Complete Part II.)				
9			ves: (1) more than 33 1/3% of its support from contributi				
		•	tions - subject to certain exceptions, and (2) no more that				
			able income (less section 511 tax) from businesses acqu	uired by the or	ganization a	fter June 30, 1975.	
		509(a)(2). (Complete					
10	u u	•	erated exclusively to test for public safety. See section 50				
11 📖	0	•	rated exclusively for the benefit of, to perform the function	-		•	
			ons described in section 509(a)(1) or section 509(a)(2). S	ee section 50	9(a)(3). Che	ck the box that	
			rganization and complete lines 11e through 11h.	. — –			
	a ∟ Type I		e II c J Type III - Functionally integrated			functionally integrated	
e 📖			the organization is not controlled directly or indirectly by				
		•	an one or more publicly supported organizations describe		609(a)(1) or s	ection 509(a)(2).	
f	•		en determination from the IRS that it is a Type I, Type II, c				
			s box				
g	•		ganization accepted any gift or contribution from any of the	• •		Vec No	
	., .		ectly controls, either alone or together with persons desc	()	., .	Yes No	
			ported organization?				
			described in (i) above?				
h			erson described in (i) or (ii) above? bout the supported organization(s).			11g(iii)	
		Showing information	bout the supported organization(s).				
(i) Nam	e of supported	(ii) EIN	(iii) Type of organization (iv) Is the organization (v) Did you not	tify the (vi n col organiz) Is the ation in col.	vii) Amount of monetary	

(i) Name of supported organization	(ii) EIN	above or IRC section	in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
		(see instructions))	Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

AMERICAN FOUNDATION FOR EQUAL RIGHTS

Schedule A (Form 990 or 990 EZ) 2012 C/O COHEN PIVO CPA'S

94-3478012 Page 2

Part II 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		3,413,691.	5,502,011.	3,129,219.	2,522,117.	14,567,038.
2	Tax revenues levied for the organ-						
	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						
	the organization without charge						
4	Total. Add lines 1 through 3		3,413,691.	5,502,011.	3,129,219.	2,522,117.	14,567,038.
	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)						3,077,908.
6	Public support. Subtract line 5 from line 4.						11,489,130.
	tion B. Total Support						, , .
	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	(-) =	3,413,691.	5,502,011.	3,129,219.	2,522,117.	14,567,038.
	Gross income from interest,		, ,	,	, ,		, <u>,</u>
-	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources		4,070.	170.	377.	338.	4,955.
9	Net income from unrelated business		•				, <u>,</u>
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)			<560,604.	¥410,972.	> <137.	×971,713.>
11	Total support. Add lines 7 through 10						13,600,280.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	, ,
	First five years. If the Form 990 is for	•	,				
	organization, check this box and stop	here					► X
Sec	ction C. Computation of Publi	ic Support Pe	rcentage				
14	Public support percentage for 2012 (li	ine 6, column (f) di	ivided by line 11, c	column (f))		14	%
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2012. If the o					ore, check this b	ox and
	stop here. The organization qualifies a	-					
b	33 1/3% support test - 2011. If the o						
	and stop here. The organization quali	-					
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	
b	10% -facts-and-circumstances test	-	-	• • • • •			
~	more, and if the organization meets th	•					
	organization meets the "facts-and-circ				• •		·
18	Private foundation. If the organization						
			,				· · · · · · · · · · · · · · · · · · ·

Schedule A (Form 990 or 990-EZ) 2012

232022 12-04-12

Schedule A (Form 990 or 990-EZ) 2012 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	2 (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						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
~	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support						
-	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	2 (f) Total
	Amounts from line 6	(-,	(-,	(-)	(-,	(1) = 1 = 1	(9)
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part IV.)		1				
	First five years. If the Form 990 is for	r the organization'	l e firet second thi	I rd fourth or fifth t	I av vear as a secti	1 on 501(c)(3) or	raanization
	-	r the organization:			•		· · _
Sec	ction C. Computation of Publ						
15	Public support percentage for 2012 (column (f))		15	%
16	Public support percentage from 2011					16	%
	ction D. Computation of Inves						/0
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2					18	%
	33 1/3% support tests - 2012. If the						
198	more than 33 1/3%, check this box a	-					
L	33 1/3% support tests - 2011. If the						
0	line 18 is not more than 33 1/3%, che	•			•		
20							
	Private foundation. If the organization	п ана пот спеска	box on line 14, 19	a, ULISD, CHECK T			
20202	23 12-04-12				50	neuvie A (FO	m 990 or 990-EZ) 2012

15 2012.05020 AMERICAN FOUNDATION FOR EQU 01000_1

** PUBLIC DISCLOSURE COPY **

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

Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2012

Name of the organization

AMERICAN	FOUNDATION	FOR	EQUAL	RIGHTS

C/O COHEN PIVO CPA'S

94-3478012

Employer identification number

Organization	type	(chock	one).
Ulyanization	Lype		UILE).

ers of:	Section:
m 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
m 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
m 990-PF	 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

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

□ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization AMERICAN FOUNDATION FOR EQUAL RIGHTS C/O COHEN PIVO CPA'S Employer identification number

94-3478012

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$100,000.	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
2		\$500,000. 	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
3		- \$ <u>375,000.</u>	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		\$ <u>62,500.</u>	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
5		\$75,000.	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
6		\$80,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
223452 12-21		Schedule B (Form	990, 990-EZ, or 990-PF) (2012)

Schedule B (10111 330, 330-LZ, 01 330-F1) (2012)

2012.05020 AMERICAN FOUNDATION FOR EQU 01000_1

Name of organization AMERICAN FOUNDATION FOR EQUAL RIGHTS C/O COHEN PIVO CPA'S

Employer identification number

94-3478012

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$150,000.	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
8		\$\$\$	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
9		\$100,000.	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.)
(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.)
(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.)
223452 12-21	1-12	Schedule B (Form	990, 990-EZ, or 990-PF) (2012)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

2012.05020 AMERICAN FOUNDATION FOR EQU 01000__1

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2012)
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Name of organization

Part II

(a)

No.

from

Part I

AMERICAN FOUNDATION FOR EQUAL RIGHTS C/O COHEN PIVO CPA'S

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(b)

Description of noncash property given

		\$	
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
23453 12-21-12	1:	Schedule B (Form S	990, 990-EZ, or 990-PF) (2012

2

Employer identification number

(d)

Date received

94-3478012

(c)

FMV (or estimate)

(see instructions)

Name of org	ganization			Employer	identification number
	CAN FOUNDATION FOR EQUA	L RIGHTS			
	OHEN PIVO CPA'S			94-	3478012
Part III	year. Complete columns (a) through (e) and the total of <i>exclusively</i> religious, charitable, etc.	c., contributions of \$1,000 or I	anizations comp ess for the year	or (10) organizations that tota leting Part III, enter (Enter this information once.) \$	Il more than \$1,000 for the
(a) No.	Use duplicate copies of Part III if addition	al space is needed.			
from Part I	(b) Purpose of gift	(c) Use of gift	t	(d) Description of	how gift is held
F		(e) Transfer	of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to	o transferee
		-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	t	(d) Description of	how gift is held
ŀ		(e) Transfer	of gift		
			-		
F	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to	o transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	t	(d) Description of	how gift is held
ŀ		(e) Transfer	of gift		
	Turneferrale many address			lationalis of two of two of	
F	Transferee's name, address, a		K	elationship of transferor to	
		-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	:	(d) Description of	how gift is held
F		(e) Transfer	of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to	o transferee

223454 12-21-12

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Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

2012.05020 AMERICAN FOUNDATION FOR EQU 01000__1

~~				I	OMB No. 15	545-0047
	HEDULE D m 990)	Supplemental Financial Statements Complete if the organization answered "Yes," to Form 990, 			20.	12
(FUIT	11 990)	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.			CO Open to	
	tment of the Treasury I Revenue Service	► Attach to Form 990. ► See separate instructions.			Inspecti	
Nam	e of the organizati		Emp			n number
D		C/O COHEN PIVO CPA'S			34780	
Par		ations Maintaining Donor Advised Funds or Other Similar Funds or A	Accol	Ints.Com	plete if th	ıe
	organizatio	n answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds	(b) Eur	ds and oth		ints
	Tatal works an at an		(b) Fui			1115
1 2		nd of year				
2		irom (during year)				
4		t end of year				
- 5		n inform all donors and donor advisors in writing that the assets held in donor advised fu	nde			
J	•	n's property, subject to the organization's exclusive legal control?			Yes	
6		on inform all grantees, donors, and donor advisors in writing that grant funds can be used		······ <u> </u>	1 103	
Ū		oses and not for the benefit of the donor or donor advisor, or for any other purpose confe				
		ate benefit?	0		Yes	
Pa		ation Easements. Complete if the organization answered "Yes" to Form 990, Part IV			- 100	1
2	Preservation	f natural habitat Preservation of a certified h of open space through 2d if the organization held a qualified conservation contribution in the form of a c			ment on t	the last
				Held at the	End of th	ne Tax Year
а	Total number of co	onservation easements	2a			
b		ricted by conservation easements	2b			
с		vation easements on a certified historic structure included in (a)	2c			
d	Number of conser	vation easements included in (c) acquired after 8/17/06, and not on a historic structure				
	listed in the Nation	al Register	2d			
3	Number of conser	vation easements modified, transferred, released, extinguished, or terminated by the orga	nizatio	n during th	e tax	
	year 🕨					
4		where property subject to conservation easement is located				
5		tion have a written policy regarding the periodic monitoring, inspection, handling of			1	
_		orcement of the conservation easements it holds?			Yes	└── No
6		r hours devoted to monitoring, inspecting, and enforcing conservation easements during				
7		es incurred in monitoring, inspecting, and enforcing conservation easements during the y		\$		-
8		vation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(] X	
0		(4)(B)(ii)?			J Yes	
9	,		,		,	
	conservation ease	ble, the text of the footnote to the organization's financial statements that describes the or ments	yanıza		unung fo	л
Par		ntions Maintaining Collections of Art, Historical Treasures, or Other	Simil	ar Asse	ts.	
		the organization answered "Yes" to Form 990, Part IV, line 8.				
1 a		elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	ind bal	ance sheet	works o	f art.
	-	s, or other similar assets held for public exhibition, education, or research in furtherance o				
		note to its financial statements that describes these items.			-	,

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

venues included in Form 990, Part VIII, line 1		▶ \$
sets included in Form 990, Part X	►	► \$
	orovi	ovide
owing amounts required to be reported under SFAS 116 (ASC 958) relating to these items:		
les included in Form 990, Part VIII, line 1	►	▶ \$
included in Form 990, Part X	►	► \$
	sets included in Form 990, Part X rganization received or held works of art, historical treasures, or other similar assets for financial gain, p owing amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	sets included in Form 990, Part X rganization received or held works of art, historical treasures, or other similar assets for financial gain, pro owing amounts required to be reported under SFAS 116 (ASC 958) relating to these items: ues included in Form 990, Part VIII, line 1

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

Schedule D (Form 990) 2012

1	221	0220	758426	01000
ᆂ	<u> </u>	0440	/	01000

2012.05020 AMERICAN FOUNDATION FOR EQU 01000__1

	AMERICAN	FOUNDATION	FOR	EQUAL	RIGHTS
Schedule D (Form 990) 2012	C/O COHEN	N PIVO CPA'S	5		

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Pa	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	reasures, c	or Othe	er Simi	ar Asse	ts (continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following that	at are a si	ignificant	use of its	collection	tems
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	e		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizati	on's exe	mpt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, hi	istorical trea	asures, or oth	er similar	assets		7	
D.	to be sold to raise funds rather than to be ma							L	Yes	<u>No</u>
Pa	t IV Escrow and Custodial Arran		ete if the	e organizatio	on answered '	"Yes" to	Form 990), Part IV, I	ine 9, or	
	reported an amount on Form 990, Par						the set of a set			
па	Is the organization an agent, trustee, custodi								Vee	
	on Form 990, Part X?							∟	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing	table:					Amount	
•	Paginning balance						1c		Amount	
с с	Beginning balance									
d	Additions during the year									
e 4	Distributions during the year									
י 2a	Ending balance Did the organization include an amount on Fo	orm 000 Dort V lino					[11		Yes	No
	If "Yes," explain the arrangement in Part XIII.									
Pa										
, a		(a) Current year		Prior year	(c) Two year			vears hack	(e) Four y	ears hack
10	Beginning of year balance	(a) Ourrent year	(0)	nor year		13 DUCK	(u) 11100	yours buok		
1a h	с с <i>у</i>									
b	Contributions									
ט הו	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
1	Administrative expenses									
g	End of year balance	want waar and balana	a (lina 1	a oolumn (
2	Provide the estimated percentage of the curr	rent year end baland		g, column (a	a)) neid as.					
a L	Board designated or quasi-endowment	0/	_%							
b	Permanent endowment	%								
с	Temporarily restricted endowment	<u>%</u>								
0-	The percentages in lines 2a, 2b, and 2c should be the percentages in lines 2a, 2b, and 2c should be the percentage of th									
3a	Are there endowment funds not in the posse	ession of the organiza	ation tha	at are neid a	and administe	ered for ti	ne organ	zation		
	by:									es No
	(i) unrelated organizations								3a(i)	<u> </u>
	(ii) related organizations								3a(ii)	<u> </u>
b	If "Yes" to 3a(ii), are the related organizations								3b	
Pa	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm									
	Description of property	(a) Cost or o			t or other	(0) ^/	ccumulat	ed	(d) Book	/alue
	Description of property	basis (investr		• •	(other)	• •	preciation			auc
1 a	Land		,		· ,					<u> </u>
b	Buildings									
c	Leasehold improvements									
d	Equipment									
	Other			3	9,101.		7,8	08.	31	,293.
	Add lines 1a through 1e. (Column (d) must e		X. colur				, •			,293.
			., 20.ar	,,	- (-/-/			Schodulo	-	$\frac{7}{200} = 2 \times 10^{-12}$

Schedule D (Form 990) 2012

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AMERICAN FOUNDATION FOR EQUAL RIGHTS C/O COHEN PIVO CPA'S

Schedule D (Form 990) 2012 C/O COHEN P			94-3478012 Page 3
Part VII Investments - Other Securities. Sec	e Form 990, Part X, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Se	o Form 000 Part V lin		
(a) Description of investment type	(b) Book value		Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(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, line			
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities. See Form 990, Part X, I	ine 25.		· ·
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11) Tetel (Column (b) must equal Form 200, Port X, col. (D) lin	. 25.)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the tex			
liability for uncertain tax positions under FIN 48 (ASC 7	40). Check here if the	text of the footnote has been pro	ovided in Part XIII

Schedule D (Form 990) 2012

AMERICAN FOUNDATION FOR EQUAL RIGHTS C/O COHEN PIVO CPA'S

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Sche	edule D (Form 990) 2012 C/O COHEN PIVO CPA'S			94-	3478012 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With	n Revenue per R	eturr	
1	Total revenue, gains, and other support per audited financial statements			1	1,952,503.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	. 2a			
b	Donated services and use of facilities	. 2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	. 2d	130,352.		
е	Add lines 2a through 2d			2e	130,352.
3	Subtract line 2e from line 1			3	1,822,151.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b	700,167.		
С	Add lines 4a and 4b			4c	700,167.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,522,318.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater			Retu	irn
1	Total expenses and losses per audited financial statements			1	1,880,926.
0				_	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
z a	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities				
_		2a			
a	Donated services and use of facilities	2a 2b		-	
a	Donated services and use of facilities Prior year adjustments	2a 2b 2c	210,316.		
a b c d	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d		2e	210,316.
a b c d	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d		2e 3	
a b c d e	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d			210,316.
a b c d e	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d			210,316.
a b c d e 3 4	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 :	2a 2b 2c 2d 2d			210,316. 1,670,610.
a b c d e 3 4 a	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 : Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 2d 4a 4b	168,353.	3 4c	210,316. 1,670,610. 168,353.
a b c e 3 4 a b c 5	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 : Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	168,353.	3	210,316. 1,670,610.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PLEDGES RECEIVABLE

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PRIOR YEAR PLEDGES RECEIVABLE

PART	XII,	LINE	2D	_	OTHER	ADJUSTMENTS
------	------	------	----	---	-------	-------------

Schedule D (Form 990) 2012

232054 12-10-12

700,167.

130,352.

	AMERICAN FOUNDATION FOR EQUAL RIGHTS	
Schedule D (Form 990) 2012	C/O COHEN PIVO CPA'S	94-3478012 Page 5
Part XIII Supplemental Info	rmation (continued)	
ACCRUED EXPENSES		210,316.
PART XII, LINE 4B -	OTHER ADJUSTMENTS:	
PRIOR YEAR ACCRUED	EXPENSES	153,289.
PREPAID EXPENSES AN	ID OTHER CASH / ACCRUAL DIFFERENCES	15,064.
	/_	1 6 9 9 5 9
TOTAL TO SCHEDULE D), PART XII, LINE 4B	168,353.

Schedule D (Form 990) 2012

SCHEDULE G (Form 990 or 990-EZ)	5	Supplemental Infor Fundraising or G					омв №. 1545-0047
Department of the Treasury Internal Revenue Service	or if t	the organization answered "Yes the organization entered more that	s" to Fo an \$15,0	rm 99 000 or	0, Part IV, lines 17, ı Form 990-EZ, line	6a.	Open To Public Inspection
Name of the organization	AMERICA	Attach to Form 990 or Form 990- N FOUNDATION FOR D EN PIVO CPA'S					identification number
Part I Fundraising	Activities.	Complete if the organization answ	ered "Y	es" to	Form 990, Part IV, I		
 a X Mail solicitations b X Internet and em c X Phone solicitation d X In-person solicit 2 a Did the organization h key employees listed in 	rganization rais ail solicitations ons ations ave a written o n Form 990, Pa ghest paid indi	ed funds through any of the follow e X Solicita f Solicita g X Specia r oral agreement with any individua art VII) or entity in connection with viduals or entities (fundraisers) pur-	ation of ation of Il fundra al (includ profess	non-g gover ising o ding o ional f	overnment grants nment grants events fficers, directors, tru undraising services?	stees or	
(i) Name and address of or entity (fundrais		(ii) Activity	(iii) fundr have ci or con contribi	ustody trol of	(iv) Gross receipts from activity	(v) Amount pa to (or retained fundraiser listed in col. (by) to (or retained by)
CAPITAL STRATEGIES - OLD HARBOR LN, STE 20		EVENT – LA8 (PRIOR YEAR)	Yes	No X	313,271.	9,0	
Total 3 List all states in which to r licensing. NY , CA	he organizatio	n is registered or licensed to solicit	contrib	► utions	313,271. s or has been notifie	9 , 0 d it is exempt fro	
		see the Instructions for Form 990 FOR CONTINUATIONS) or 990	-EZ.		Schedule G	(Form 990 or 990-EZ) 2012

AMERICAN FOUNDATION FOR EQUAL RIGHTS Schedule G (Form 990 or 990 EZ) 2012 C/O COHEN PIVO CPA'S

94-3478012 Page 2

	rt II Fundraising Events. Complete if the	0			inere andar e rejece
	of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	events with gross receip	ots greater than \$5,000
Т		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		PROP 8 PLAY			(add col. (a) through
		- PRIOR YR	DINNER	1	col. (c)
D		(event type)	(event type)	(total number)	coi. (c))
שמעפווחפ	1 Gross receipts	313,270.	529,505.	64,908.	907,683
-					
	2 Less: Contributions	298,180.	529,505.	64,908.	892,593
	3 Gross income (line 1 minus line 2)	15,090.			15,090
	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
÷	· · · · · · · · · · · · · · · · · · ·				
	7 Food and beverages		9,967.		9,967
	8 Entertainment		5,260.		5,260
	9 Other direct expenses		5,260.		
- L	10 Direct expense summary. Add lines 4 through				(15,227
	11 Net income summary. Combine line 3, column				<137
a	t III Gaming. Complete if the organization a	inswered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
-	\$15,000 on Form 990-EZ, line 6a.		(1) Dull toba (instant		(N=) ()
3		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
			billgo/progressive billgo		Col. (a) through col. (c
╉	1 Gross revenue				
	0 Oceh suizes				
8	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	4 Rent/facility costs				
_	5 Other direct expenses				
		└── Yes %	└── Yes %	└── Yes %	
	6 Volunteer labor	└── No	└── No	└── No	
	7 Direct expense summary. Add lines 2 through	5 in column (d)			(
	2 Not access in a company of the line 1	askuma dan dina 7			
_	8 Net gaming income summary. Combine line 1,	, column d, and line 7			
	 7 Direct expense summary. Add lines 2 through 8 Net gaming income summary. Combine line 1, 				
	Enter the state(s) in which the creanization encode	es gaming activities			
	Line ine state(s) in which the ordanization operat		states?		Yes N
	Enter the state(s) in which the organization operat Is the organization licensed to operate gaming act	tivities in each of these s			
а	Is the organization licensed to operate gaming act				
а					
а	Is the organization licensed to operate gaming act				
a b	Is the organization licensed to operate gaming act				
a b a	Is the organization licensed to operate gaming act If "No," explain:				Yes N
a b a	Is the organization licensed to operate gaming act				Yes N
a b a	Is the organization licensed to operate gaming act If "No," explain:				Yes N

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AMERICAN FOUNDATION FOR EQUAL RIGHTS

Schedule G (Form 990 or 990-EZ) 2012 C/O COHEN PIVO CPA'S 94-	3478012 Page 3
11 Does the organization operate gaming activities with nonmembers?	
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?	. Ves INO
13 Indicate the percentage of gaming activity operated in:	
a The organization's facility	
b An outside facility	. 13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount	
of gaming revenue retained by the third party \blacktriangleright \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation 🕨 \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law 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 (lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional informati	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	RS:
(I) NAME OF FUNDRAISER: CAPITAL STRATEGIES	
(I) ADDRESS OF FUNDRAISER:	
14000 OLD HARBOR LN, STE 202, MARINA DEL REY, CA 90292	

232083 01-07-13

Schedule G (Form 990 or 990-EZ) 2012

2012.05020 AMERICAN FOUNDATION FOR EQU 01000__1

232101 12-18-12	LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990	 2 Enter total number of section 501(c)(3) and government organizat 3 Enter total number of other organizations listed in the line 1 table 		LESBIAN AND GAY LAWYERS ASSOCIATION OF LOS ANGELES BOX 480318 - LOS ANGELES, (LAMBDA LEGAL 120 WALL STREET, 19TJ NEW YORK, NY 10005	BROADWAY CARES / EQUITY FIGHTS AIDS - 165 W 46TH ST, SUITE 13 NEW YORK, NY 10036	1 (a) Name and address of organization or government	Part II Grants and Ot recipient that re	2 Describe in Part IV the organization's procedure	1 Does the organization	Part I General Inform	Name of the organization	Department of the Treasury Internal Revenue Service	SCHEDULE I (Form 990)
	luction Act Notice,	section 501(c)(3) ar other organizations		ERS NGELES - P O ELES, CA 90048	19TH FLOOR D5	ITY FIGHTS , SUITE 1300 -	s of organization nent	her Assistance to C eceived more than \$	e organization's pro	n maintain records to	General Information on Grants and Assistance	AMERICAN FOUNDATION C/O COHEN PIVO CPA'		
	see the Instruct	nd government or listed in the line		95-3958662	23-7395681	13-3458820	(b) EIN	3overnments and 5,000. Part II can	cedures for monit	o substantiate the	nd Assistance	FOUNDATION PIVO CPA'	Comp)
	ions for Form 990.	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table		501(C)(3)	501(C)(3)	501(C)(3)	(c) IRC section if applicable	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Criteria used to award the graftis or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		N FOR EQUAL .'S	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	Grants and Governments
29		:		2,000.	25,000.	93,750.	(d) Amount of cash grant	• United States. C onal space is neec	funds in the United	or assistance, the		RIGHTS	 Attach to Form 990. 	Other Assistance , and Individuals
				٥.	•	0.	(e) Amount of non-cash assistance	omplete if the orga led.	d States.	grantees' eligibility			n 990.	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States
							(f) Method of valuation (book, FMV, appraisal, other)	anization answered "Y		y for the grants or ass			T IV, line ZT or ZZ.	
							(g) Description of non-cash assistance	'es" to Form 990, Part		istance, and the selec				
	Schedule I (Form 990) (2012)	▼ ▼ 0.		general support	GENERAL SUPPORT		(h) Purpose of grant or assistance	: IV, line 21, for any				Employer identification number $94 - 3478012$	Open to Public Inspection	OMB No. 1545-0047

AMERICAN FOUNDATION FOR EQUAL RIGHTS Schedule I (Form 990) (2012) C/O COHEN PIVO CPA'S	TION FOR CPA'S	EQUAL RIC	HTS		94-3478012 Page 2
r Assist plicated	ted States. Com	plete if the organiz	ation answered "Yes'	' to Form 990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column SCHEDULE I, PART I, LINE 2: ALL OF THE GRANTEE ORGANIZATIONS AR	the information require THE GRANTEE	NTEE ORGAN	d in Part I, line 2, Part III, column ORGANIZATIONS AR	n (b), and any other additional information. RE 501 (C) (3)	formation.
ORGANIZATIONS, AND NO MONITORING OR EXPENDITURE	R EXPEND		RESPONSIBILITY	IS REQUIRED.	

Schedule I (Form 990) (2012)

232102 12-18-12

SCHEDULE O	Supplemental Information to Form 990 or 990	E7	OMB No. 1545-0047		
(Form 990 or 990-EZ)	Complete to provide information for responses to specific questions on		2012		
Department of the Treasury Internal Revenue Service	Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.		Open to Public Inspection		
Name of the organization	AMERICAN FOUNDATION FOR EQUAL RIGHTS C/O COHEN PIVO CPA'S		identification number 478012		

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

THE FOUNDATION SEEKS TO ACCOMPLISH ITS MISSION OF SUPPORTING EQUALITY

AND EQUAL RIGHTS FOR ALL AMERICANS INCLUDING LESBIAN, GAY, BISEXUAL AND

TRANSGENDER (LGBT) AMERICANS AND THEIR CHILDREN (THE "LGBT" COMMUNITY),

BY SECURING THE FUNDAMENTAL RIGHTS AS GUARANTEED BY THE CONSTITUTION OF

THE UNITED STATES THROUGH LITIGATION AND PUBLIC EDUCATION.

FORM 990, PART VI, SECTION A, LINE 2: DIRECTORS ROB REINER AND MICHELE

SINGER REINER HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11: COPIES OF FORM 990 WERE CIRCULATED ELECTRONICALLY AMONG MEMBERS OF THE GOVERNING BODY FOR REVIEW, AND COMMENTS WERE SOLICITED PRIOR TO FILING.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST TO THE FOUNDATION'S OFFICE.

FORM 990, PART VII, SECTION A: OFFICERS AND DIRECTORS

CHANGES IN OFFICERS AND DIRECTORS OF ORGANIZATION

ON MAY 18, 2012, PURSUANT TO ACTION BY THE BOARD OF DIRECTORS, THE

FOLLOWING CHANGES TOOK PLACE IN THE OFFICERS OF THE ORGANIZATION:

CHAD GRIFFIN RESIGNED THE PRESIDENCY;

BRUCE COHEN RESIGNED THE OFFICE OF SECRETARY / TREASURER AND BECAME

PRESIDENT;

MICHELE SINGER REINER BECAME SECRETARY / TREASURER.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012) 232211 01-04-13

31

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Schedule O (Form 990 or 9	990-EZ) (2012)					Page 2
Name of the organization	AMERICAN	FOUNDATION	FOR	EQUAL	RIGHTS	Employer identification number
	C/O COHEN	N PIVO CPA'S	5			94-3478012

ON JULY 4, 2013, PURSUANT TO ACTION BY THE BOARDD OF DIRECTORS,

KRISTINA SCHAKE WAS APPOINTED A DIRECTOR OF THE ORGANIZATION.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ROUNDING

-1.

232212 01-04-13

						OMB No. 1545-0172
Form 4562		ciation and A)	2012
Department of the Treasury nternal Revenue Service (99)	See separate ir	•	ach to your tax re			Attachment Sequence No. 179
Name(s) shown on return			usiness or activity to white		es	Identifying number
AMERICAN FOUND	ATION FOR EQUAI	RIGHTS				
C/O COHEN PIVO			ORM 990 PZ	AGE 10		94-3478012
•	se Certain Property Under Sectio				V before y	
1 Maximum amount (see ir		,				500,000
· ·	9 property placed in service (s					,
	n 179 property before reduct					2,000,000
	Subtract line 3 from line 2. If z					
	otract line 4 from line 1. If zero or less, e					
	(a) Description of property		ousiness use only)	(c) Electe		
]
7 Listed property. Enter th	ne amount from line 29		7			
	ction 179 property. Add amou				8	
	ter the smaller of line 5 or line					
	deduction from line 13 of you					
	ion. Enter the smaller of busin					
	eduction. Add lines 9 and 10,					
	deduction to 2013. Add lines					
	Part III below for listed propert					
Part II Special Depres	ciation Allowance and Othe	r Depreciation (Do not ir	clude listed prope	ty.)		
14 Special depreciation allo	wance for qualified property	other than listed property	/) placed in service	during		
the tax year	· · · · ·		· ·	U U	14	
15 Property subject to sect	ion 168(f)(1) election					
16 Other depreciation (inclu	ion 168(f)(1) election					4,020
16 Other depreciation (inclu					15	4,020
16 Other depreciation (inclu	uding ACRS)				15	4,020
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Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)	Form	1 4562 (2012)		RICAN F COHEN				OR EÇ	UAL	RIGH	ITS		94-	3478	012	Page 2
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Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles. Part VI Amortization (a) (b) (c) (d) (e) (f) Description of costs Date amortization begins Amortizable amount Code section Amortization period or percentage Amortization for this year 42 Amortization of costs that begins during your 2012 tax year: Image: Code section B for the covered vehicles. Image: Code section B for the covered vehicles. Image: Code section B for the covered vehicles. 43 Amortization of costs that began before your 2012 tax year Image: Code section B for the covered vehicles. Image: Code section B for the covered vehicles. Image: Code section B for the covered vehicles. 43 Amortization of costs that began before your 2012 tax year Image: Code section B for the covered vehicles. Image: Code section B for the covered vehicles. Image: Code section B for the covered vehicles. 43 Amortization of costs that began before your 2012 tax year Image: Code section B for the covered vehicles. Image: Code section B for the covered vehicles. Image: Code section B for the covered vehicles. 43 Amortization of costs that began before your 2012 tax year Image: Code section B for the covered vehicles. Image: Code section B for the covered vehicles.																
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• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

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

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

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the origin	nal (no copies needed).
	Enter filer's	identifying number, see instructions
Type or print	Name of exempt organization or other filer, see instructions AMERICAN FOUNDATION FOR EQUAL RIGHTS	Employer identification number (EIN) or
- File by the	C/O COHEN PIVO CPA'S	94-3478012
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 9171 WILSHIRE BLVD, NO. 400	Social security number (SSN)
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BEVERLY HILLS, CA 90210	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ 01 02 Form 1041-A 08 Form 990-BL Form 4720 (individual) Form 4720 03 09 Form 990-PF Form 5227 04 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 12 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. COHEN PIVO AND COMPANY, CPA'S • The books are in the care of > 9171 WILSHIRE BLVD., SUITE 400 - BEVERLY HILLS, CA 90210 Telephone No. ► 310-274-5847 FAX No. ► 310-275-1960 If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box \blacktriangleright box 🕨 | and attach a list with the names and EINs of all members the extension is for. I request an additional 3-month extension of time until FEBRUARY 15, 2014 4 ____, and ending ______ 31 , 2013 For calendar year , or other tax year beginning APR 1, 2012 5 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period State in detail why you need the extension SEE STATEMENT 1 7 If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 8a 0. nonrefundable credits. See instructions. \$ 8a If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated b tax payments made. Include any prior year overpayment allowed as a credit and any amount paid 0. previously with Form 8868. 8h \$ Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using С 0. EFTPS (Electronic Federal Tax Payment System). See instructions. 8c \$ Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature 🕨

Title 🕨 CPA

Date 🕨

Form 8868 (Rev. 1-2013)

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EXPLANATION FOR EXTENSION

STATEMENT 1

EXPLANATION

AN ATTEMPT TO OBTAIN INFORMATION NECESSARY FOR FILING A RETURN WAS REQUESTED IN A TIMELY FASHION, BUT THE INFORMATION WAS NOT FURNISHED IN SUFFICIENT TIME TO PERMIT THE TIMELY FILING OF THE RETURN, OR THE TAXPAYER PERSONALLY VISITED AN IRS OFFICE FOR THE PURPOSE OF SECURING INFORMATION OR ADVICE AND WAS UNABLE TO MEET WITH AN IRS REPRESENTATIVE