

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

A For the 2021 calendar year, or tax year beginning **APR 1, 2021** and ending **MAR 31, 2022**

B Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <b>HUMAN RIGHTS CAMPAIGN FOUNDATION</b>		D Employer identification number <b>52-1481896</b>
	Doing business as		E Telephone number <b>202-628-4160</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ <b>21,136,337.</b>
	1640 RHODE ISLAND AVENUE, NW		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20036</b>		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: <b>JONI MADISON</b> <b>SAME AS C ABOVE</b>			H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: <b>WWW.THEHRCFOUNDATION.ORG</b>			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: <b>1985</b> M State of legal domicile: <b>DC</b>	

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>RESEARCH, ADVOCACY AND EDUCATION TO SUPPORT AND PROTECT LGBTQ+ INDIVIDUALS AND FAMILIES.</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	29
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	29
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	236
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-7,603.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	19,123,062.	19,255,775.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	165,377.	592,980.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	127,853.	53,348.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-191,126.	-150,267.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	19,225,166.	19,751,836.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	1,160,276.	1,417,090.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	8,800,639.	9,977,203.
	b Total fundraising expenses (Part IX, column (D), line 25)	172,800.	222,913.
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,662,831.	6,290,822.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,796,546.	17,908,028.
	19 Revenue less expenses. Subtract line 18 from line 12	5,428,620.	1,843,808.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	42,658,051.	45,329,702.
22 Net assets or fund balances. Subtract line 21 from line 20	11,019,172.	11,870,165.	
		31,638,879.	33,459,537.

## Part II Signature Block

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

Sign Here	Signature of officer	Date
	<b>JAMES M. RINEFIERD, TREASURER</b>	<b>9-15-2022</b>
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	<b>AARON M. FOX</b>	<b>09/15/22</b>
	Firm's name	Firm's EIN
	<b>MARCUM LLP</b>	<b>11-1986323</b>
	Firm's address	Phone no. (202) 227-4000
	<b>1899 L STREET, NW, SUITE 850</b>	
	<b>WASHINGTON, DC 20036</b>	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

132001 12-09-21

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

\*\*\* ELECTRONICALLY FILED ON 09/15/22 \*\*\*

**COPY**

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

**THE HUMAN RIGHTS CAMPAIGN FOUNDATION IS ORGANIZED FOR THE CHARITABLE AND EDUCATIONAL PURPOSES OF PROMOTING PUBLIC EDUCATION AND WELFARE FOR THE LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUEER (LGBTQ+) COMMUNITY. HRC FOUNDATION ENVISIONS A WORLD WHERE LGBTQ+ PEOPLE ARE ENSURED**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ **No**

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ **No**

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ **8,529,136.** including grants of \$ **435,237.** ) (Revenue \$ **619,130.** )

**PUBLIC EDUCATION, RESEARCH AND TRAINING: THE HUMAN RIGHTS CAMPAIGN FOUNDATION (HRCF) ENVISIONS A WORLD WHERE ALL LGBTQ+ PEOPLE CAN PARTICIPATE FULLY IN THE SYSTEMS THAT SHAPE OUR DAILY LIVES. THROUGH PUBLIC EDUCATION, RESEARCH, POLICY AND PRACTICE CHANGE, AND TRAINING, THE FOUNDATION'S IMPACT CAN BE FELT IN SCHOOLS, ON FACTORY FLOORS AND CORPORATE SUITES, AND IN HOSPITALS. IT TOUCHES LGBTQ+ LIVES FROM CHILDHOOD THROUGH END-OF-LIFE, PEOPLE OF ALL RACES, ETHNICITIES, SEXUAL ORIENTATIONS, GENDER IDENTITIES, ABILITIES AND RELIGIOUS BELIEFS, IN BIG CITIES AND SMALL TOWNS, IN THE UNITED STATES AND ACROSS THE GLOBE.**

**ALL-CHILDREN ALL-FAMILIES (ACAF) IS THE ONLY NATIONAL PROGRAM DEDICATED TO LGBTQ+ INCLUSION IN CHILD WELFARE THAT PROVIDES RESOURCE**

**4b** (Code: ) (Expenses \$ **2,847,518.** including grants of \$ **6,853.** ) (Revenue \$ )

**COMMUNICATIONS AND MEDIA: HRCF WORKS TO BUILD UNDERSTANDING AND AWARENESS OF THE LGBTQ+ COMMUNITY BY TELLING OUR STORIES TO THE AMERICAN PUBLIC THROUGH THE MAINSTREAM PRESS. HRCF ALSO MAINTAINS A PRESENCE IN THE LGBTQ+ MEDIA TO HELP EDUCATE, INFORM, AND ENGAGE OUR COMMUNITY. HRCF WORKS TO SHARE OUR STORIES THROUGH OUR WEBSITE, OUR PUBLICATIONS, AND A VARIETY OF ONLINE OUTLETS, EMAIL AND SOCIAL MEDIA.**

**4c** (Code: ) (Expenses \$ **1,233,846.** including grants of \$ **975,000.** ) (Revenue \$ )

**FEDERAL AND STATE ADVOCACY: IN ADDITION TO GENERAL PUBLIC EDUCATION ON THE IMPORTANCE OF LGBTQ+ INCLUSION IN MUNICIPAL, STATE AND FEDERAL LAW, HRCF MADE A GRANT UNDER SECTION 501(H) OF THE INTERNAL REVENUE CODE TO THE HUMAN RIGHTS CAMPAIGN (HRC). THE GRANT FROM HRCF TO HRC ALLOWED FINANCIAL SUPPORT FOR DIRECT LOBBYING ACTIVITIES SUCH AS ADVOCATING FOR FEDERAL LEGISLATION THAT WILL PROVIDE EXPLICIT, CONSISTENT PROTECTION FROM DISCRIMINATION BASED ON SEXUAL ORIENTATION AND GENDER IDENTITY IN EMPLOYMENT, CREDIT, EDUCATION, FEDERAL FUNDING, HOUSING, JURY SERVICE, AND PUBLIC ACCOMMODATIONS (THE EQUALITY ACT) AND LEGISLATION THAT WILL IMPROVE THE SAFETY AND HEALTH OF THE LGBTQ+ COMMUNITY.**

**4d** Other program services (Describe on Schedule O.)(Expenses \$ **2,250.** including grants of \$ ) (Revenue \$ )**4e** Total program service expenses **12,612,750.**Form **990** (2021)

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b> X	
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b> X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b> X	
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b> X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b> X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b> X	
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	<b>17</b> X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b> X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b> X	
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	<b>23</b>	X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> X	

Note: All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 154	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 1	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
<b>2a</b> 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		
<b>2a</b> 0		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b> X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b> X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b> X	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	X
<b>b</b> If "Yes," enter the name of the foreign country		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders	<b>11a</b>	
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?	<b>13a</b>	
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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	<b>13b</b>	
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<b>15</b>	X
If "Yes," see the instructions and file Form 4720, Schedule N.		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	<b>16</b>	X
If "Yes," complete Form 4720, Schedule O.		
<b>17 Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	<b>17</b>	
If "Yes," complete Form 6069.		



**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 on Schedule O. See instructions.

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	29			
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 on Schedule O.				
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent		29		
<b>2</b> 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?			2	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
<b>6</b> Did the organization have members or stockholders?			6	X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?			8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body?			8b	X
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, IA**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records **JAMES M. RINEFIERD - 202-216-1500**  
**1640 RHODE ISLAND AVENUE, NW, WASHINGTON, DC 20036**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JODIE PATTERSON CHAIR	6.25	X						0.	0.	0.
(2) GWEN BABA DIRECTOR	2.50	X						0.	0.	0.
(3) LIZ BALCOM DIRECTOR - UNTIL 10/2021	6.25	X						0.	0.	0.
(4) BRUCE BASTIAN DIRECTOR	2.50	X						0.	0.	0.
(5) PERCY BROWN DIRECTOR	6.25	X						0.	0.	0.
(6) CANDI CASTLEBERRY SINGLETON DIRECTOR	2.50	X						0.	0.	0.
(7) EDIE COFRIN DIRECTOR	2.50	X						0.	0.	0.
(8) JAMES COSTOS DIRECTOR	2.50	X						0.	0.	0.
(9) PATTY ELLIS DIRECTOR - UNTIL 10/2021	2.50	X						0.	0.	0.
(10) XAVIER ESTERS DIRECTOR	3.75	X						0.	0.	0.
(11) ANNE FAY DIRECTOR	3.75	X						0.	0.	0.
(12) MATT GARRETT DIRECTOR	3.75	X						0.	0.	0.
(13) RANDALL HANCE DIRECTOR	3.75	X						0.	0.	0.
(14) SHERIE HUGHES DIRECTOR	2.50	X						0.	0.	0.
(15) ANDREA JENKINS DIRECTOR - UNTIL 02/2022	2.50	X						0.	0.	0.
(16) JOHNNIE LEE DIRECTOR	3.75	X						0.	0.	0.
(17) CHRIS LEHTONEN DIRECTOR	2.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JUSTIN MIKITA DIRECTOR	3.75	X						0.	0.	0.
(19) REY OCANAS DIRECTOR	2.50	X						0.	0.	0.
(20) MARLENE OLSHAN DIRECTOR	3.75	X						0.	0.	0.
(21) LESTER PERRYMAN DIRECTOR	3.75	X						0.	0.	0.
(22) LAYNE RACKLEY DIRECTOR	2.50	X						0.	0.	0.
(23) HENRY ROBIN DIRECTOR	3.75	X						0.	0.	0.
(24) CATHI SCALISE DIRECTOR	6.25	X						0.	0.	0.
(25) BRIGID SCARBROUGH DIRECTOR	2.50	X						0.	0.	0.
(26) JAY SETHI DIRECTOR	2.50	X						0.	0.	0.
<b>1b Subtotal</b> .....								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								0.	0.	0.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

**3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
TK ELEVATOR CORPORATION PO BOX 3796, CAROL STREAM, IL 60132	ELEVATOR MODERNIZATION	679,554.
UG2 LLC PO BOX 5972, SPRINGFIELD, MA 01101	PROPERTY MANAGEMENT SERVICES	413,932.
SCORPII INTERNATIONAL LLC PO BOX 691, KING GEORGE, VA 22485	SECURITY SERVICES	345,808.
ANCHOR TECHNOLOGIES, INC. 6315 HILLSIDE CT, STE J, COLUMBIA, MD 21046	IT SERVICES	230,728.
BULLY PULPIT INTERACTIVE, LLC, 1445 NEW YORK AVE NW, 5TH FL, WASHINGTON, DC 20005	DIGITAL ADVERTISING & PLACEMENT	132,613.
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		<b>6</b>

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JUDY SHEPARD DIRECTOR	2.50	X						0.	0.	0.
(28) MATT SMITH DIRECTOR	2.50	X						0.	0.	0.
(29) BRIAN MICHAEL SMITH DIRECTOR	2.50	X						0.	0.	0.
(30) ASHLEY SMITH DIRECTOR - UNTIL 10/2021	2.50	X						0.	0.	0.
(31) DEB TAFT DIRECTOR - UNTIL 10/2021	2.50	X						0.	0.	0.
(32) PAUL THOMPSON DIRECTOR - UNTIL 10/2021	2.50	X						0.	0.	0.
(33) AARON WALTON DIRECTOR	2.50	X						0.	0.	0.
(34) JAMAUL WEBSTER DIRECTOR	2.50	X						0.	0.	0.
(35) MICHAEL WEINHOLTZ DIRECTOR	2.50	X						0.	0.	0.
(36) ALPHONSO DAVID PRESIDENT - UNTIL 09/2021	5.25			X				0.	0.	0.
(37) JONI MADISON (INTERIM) PRESIDENT & VICE PRESIDENT	10.25			X				0.	0.	0.
(38) JAY BROWN, ASST. VICE PRES.; SVP, PROGRAMS, TEACHING & TRAINING	25.25			X				0.	0.	0.
(39) JAMES M. RINEFIERD TREASURER; VP, FINANCE & OPERATIONS	14.00			X				0.	0.	0.
(40) NICOLE GREENIDGE-HOSKINS SECRETARY; SVP & GENERAL COUNSEL	14.00			X				0.	0.	0.
(41) MOLLY MEEGAN ASST. SECRETARY; DEPUTY GEN. COUNSEL	14.00			X				0.	0.	0.
(42) ANDREA GREEN ASST. TREASURER; SR. DIR., FIN & OPS	14.00			X				0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	841,177.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	18,414,598.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 585,873.				
	<b>h Total.</b> Add lines 1a-1f .....				19,255,775.		
<b>Program Service Revenue</b>	<b>2 a</b> TRAINING REVENUE		<b>Business Code</b>				
			900099	592,980.	592,980.		
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....				592,980.		
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			40,024.			40,024.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	827,828.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	-150,267.				
	<b>d</b> Net rental income or (loss) .....			-150,267.	26,150.	-7,603.	-168,814.
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	556,673.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	13,324.				
	<b>d</b> Net gain or (loss) .....			13,324.			13,324.
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> .....		<b>Business Code</b>				
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....				19,751,836.	619,130.	-7,603.	-115,466.

**Part IX Statement of Functional Expenses**

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

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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,195,116.	1,195,116.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	107,971.	107,971.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	114,003.	114,003.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	800,742.	313,970.	472,065.	14,707.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	7,297,216.	5,021,395.	1,429,748.	846,073.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	346,792.	238,668.	67,576.	40,548.
<b>9</b> Other employee benefits	551,142.	381,434.	104,975.	64,733.
<b>10</b> Payroll taxes	981,311.	649,648.	226,281.	105,382.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	196,083.	152,238.	43,845.	
<b>c</b> Accounting	33,678.		33,678.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	222,913.			222,913.
<b>f</b> Investment management fees	13,055.		13,055.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,376,089.	2,029,819.	346,270.	
<b>12</b> Advertising and promotion	310,228.	212,944.	721.	96,563.
<b>13</b> Office expenses	1,423,300.	795,324.	480,726.	147,250.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	540,329.	355,043.	122,744.	62,542.
<b>17</b> Travel	147,012.	110,925.	2,958.	33,129.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	430,123.	357,707.	29,735.	42,681.
<b>20</b> Interest	3,367.	2,205.	804.	358.
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	612,407.	497,029.	49,612.	65,766.
<b>23</b> Insurance	34,300.	15,347.	18,650.	303.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a TAXES &amp; FEES</b>	82,790.	23,279.	20,402.	39,109.
<b>b MISCELLANEOUS</b>	46,440.			46,440.
<b>c PREMIUMS</b>	41,621.	38,685.	1,454.	1,482.
<b>d</b>				
<b>e</b> All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	17,908,028.	12,612,750.	3,465,299.	1,829,979.
<b>26 Joint costs.</b> 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)

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	12,848,536.	<b>1</b>	15,138,855.
	<b>2</b> Savings and temporary cash investments .....	254,391.	<b>2</b>	0.
	<b>3</b> Pledges and grants receivable, net .....	1,199,112.	<b>3</b>	1,094,117.
	<b>4</b> Accounts receivable, net .....	1,083,316.	<b>4</b>	2,109,918.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	46,440.	<b>8</b>	50,000.
	<b>9</b> Prepaid expenses and deferred charges .....	109,074.	<b>9</b>	193,735.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 31,277,624.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 13,804,631.		
	<b>11</b> Investments - publicly traded securities .....	17,382,036.	<b>10c</b>	17,472,993.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	8,295,759.	<b>11</b>	9,170,482.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,439,387.	<b>14</b>	99,602.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	42,658,051.	<b>15</b>	45,329,702.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	337,719.	<b>16</b>	633,281.
	<b>18</b> Grants payable .....		<b>17</b>	
	<b>19</b> Deferred revenue .....	708,702.	<b>18</b>	262,102.
	<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>21</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	942,698.	<b>22</b>	476,176.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	9,030,053.	<b>24</b>	10,498,606.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	11,019,172.	<b>25</b>	11,870,165.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	26,081,740.		28,684,656.
	<b>28</b> Net assets with donor restrictions .....	5,557,139.		4,774,881.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>26</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>27</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>28</b>	
	<b>32</b> Total net assets or fund balances .....	31,638,879.	<b>29</b>	33,459,537.
	<b>33</b> Total liabilities and net assets/fund balances .....	42,658,051.	<b>30</b>	45,329,702.

Form 990 (2021)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	19,751,836.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	17,908,028.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,843,808.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	31,638,879.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-36,437.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	13,287.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	33,459,537.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b> 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 on Schedule O.	<b>X</b>	
<b>3a</b> 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>X</b>
<b>b</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 on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2021)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

**HUMAN RIGHTS CAMPAIGN FOUNDATION**

Employer identification number

**52-1481896**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	17020453.	15796328.	14296769.	19123062.	19255775.	85492387.
2 Tax revenues levied for the organization'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 <b>Total.</b> Add lines 1 through 3 .....	17020453.	15796328.	14296769.	19123062.	19255775.	85492387.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						5842897.
6 <b>Public support.</b> Subtract line 5 from line 4.						79649490.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4 .....	17020453.	15796328.	14296769.	19123062.	19255775.	85492387.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	2257666.	1287880.	1152171.	726,270.	689,508.	6113495.
9 Net income from unrelated business 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 VI.) .....	20,786.	7,827.	16,553.	26,257.		71,423.
11 <b>Total support.</b> Add lines 7 through 10						91677305.
12 Gross receipts from related activities, etc. (see instructions) .....					12	2,412,257.
13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	14	86.88 %
15 Public support percentage from 2020 Schedule A, Part II, line 14 .....	15	85.49 %
16a <b>33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		► <input checked="" type="checkbox"/>
b <b>33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		► <input type="checkbox"/>
17a <b>10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		► <input type="checkbox"/>
b <b>10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		► <input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		► <input type="checkbox"/>

Schedule A (Form 990) 2021

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV** Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

	Yes	No
<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>2a</b>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

  

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

  

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)**Section D - Distributions**

		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

Schedule A (Form 990) 2021



**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:****MISCELLANEOUS INCOME**

2017 AMOUNT: \$ 20,786.

2018 AMOUNT: \$ 7,827.

2019 AMOUNT: \$ 16,553.

2020 AMOUNT: \$ 26,257.

2021 AMOUNT: \$ 0.

**Schedule B**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

**HUMAN RIGHTS CAMPAIGN FOUNDATION**

Employer identification number

**52-1481896**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization	Employer identification number
<b>HUMAN RIGHTS CAMPAIGN FOUNDATION</b>	<b>52-1481896</b>

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>797,007.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>614,253.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>575,290.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>504,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
<b>HUMAN RIGHTS CAMPAIGN FOUNDATION</b>	<b>52-1481896</b>

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 496,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 466,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 473,778.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

52-1481896

## Part II

(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	<div></div> <div></div> <div></div> <div></div>	\$	
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	<div></div> <div></div> <div></div> <div></div>	\$	
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	<div></div> <div></div> <div></div> <div></div>	\$	
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	<div></div> <div></div> <div></div> <div></div>	\$	
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	<div></div> <div></div> <div></div> <div></div>	\$	
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	<div></div> <div></div> <div></div> <div></div>	\$	
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	<div></div> <div></div> <div></div> <div></div>	\$	

Name of organization	Employer identification number
<b>HUMAN RIGHTS CAMPAIGN FOUNDATION</b>	<b>52-1481896</b>

**Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee



**SCHEDULE C**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

**HUMAN RIGHTS CAMPAIGN FOUNDATION**

Employer identification number

**52-1481896**

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ..... ▶ \$

3 Volunteer hours for political campaign activities .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No

4a Was a correction made? ..... ☐ Yes ☐ No

b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527  
exempt function activities ..... ▶ \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,  
line 17b ..... ▶ \$

4 Did the filing organization file **Form 1120-POL** for this year? ..... ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		975,000.	
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		975,000.	
<b>d</b> Other exempt purpose expenditures		16,674,435.	
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		17,649,435.	
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-		0.	
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-		0.	
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount	929,313.	1,000,000.	828,097.	1,000,000.	3,757,410.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					5,636,115.
<b>c</b> Total lobbying expenditures	920,000.	975,000.	820,000.	975,000.	3,690,000.
<b>d</b> Grassroots nontaxable amount	232,328.	250,000.	207,024.	250,000.	939,352.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,409,028.
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2021



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

**Name of the organization**

**HUMAN RIGHTS CAMPAIGN FOUNDATION**

**Employer identification number**

**52-1481896**

**Part I**

**Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II**

**Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III**

**Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB 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:

(i) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ .....

(ii) Assets included in Form 990, Part X .....

▶ \$ .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ .....

b Assets included in Form 990, Part X .....

▶ \$ .....

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

Schedule D (Form 990) 2021

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☐ Public exhibition d ☐ Loan or exchange program  
 b ☐ Scholarly research e ☐ Other \_\_\_\_\_  
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	23,485.	23,485.	23,485.	23,485.	23,485.
b Contributions					
c Net investment earnings, gains, and losses	5,761.	3,961.	2,485.	2,023.	1,919.
d Grants or scholarships					
e Other expenditures for facilities and programs	5,761.	3,961.	2,485.	2,023.	1,919.
f Administrative expenses					
g End of year balance	23,485.	23,485.	23,485.	23,485.	23,485.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ .0000 %  
 b Permanent endowment ☐ 100 %  
 c Term endowment ☐ .0000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations  
 (ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,245,760.		3,245,760.
b Buildings		24,320,121.	10,485,461.	13,834,660.
c Leasehold improvements				
d Equipment		1,975,928.	1,626,272.	349,656.
e Other		1,735,815.	1,692,898.	42,917.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				17,472,993.

Schedule D (Form 990) 2021

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO HUMAN RIGHTS CAMPAIGN	10,365,516.
(3) CHARITABLE GIFT ANNUITY PAYABLE	132,664.
(4) RATE SWAP OBLIGATION	426.
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	10,498,606.

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



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	24,684,403.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-36,437.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	4,154,231.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	827,828.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	4,945,622.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	19,738,781.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	13,055.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	13,055.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	19,751,836.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	22,877,032.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	4,154,231.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	827,828.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	4,982,059.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	17,894,973.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	13,055.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	13,055.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	17,908,028.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

HRCF PERFORMED AN EVALUATION OF UNCERTAINTY IN INCOME TAXES FOR THE YEAR ENDED MARCH 31, 2022, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION OR DISCLOSURE IN THE COMBINED FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

RENTAL EXPENSES 827,828.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

RENTAL EXPENSES 827,828.

<b>Part XIII</b>	<b>Supplemental Information</b> <i>(continued)</i>
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[illegible]

**COPY**

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

Employer identification number

**HUMAN RIGHTS CAMPAIGN FOUNDATION**

**52-1481896**

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... ☒ **Yes** ☐ **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS IN REGION (SEE SCHEDULE F, PART II AND III)		4,500.
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS IN REGION (SEE SCHEDULE F, PART II AND III)		8,000.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS IN REGION (SEE SCHEDULE F, PART II AND III)		9,446.
NORTH AMERICA	0	2	PROGRAM SERVICE	CONSULTING ON EQUIDAD MX	49,460.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS IN REGION (SEE SCHEDULE F, PART II AND III)		9,500.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	GRANTS TO RECIPIENTS IN REGION (SEE SCHEDULE F, PART II AND III)		19,557.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS IN REGION (SEE SCHEDULE F, PART II AND III)		39,000.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS IN REGION (SEE SCHEDULE F, PART II AND III)		6,500.
<b>3 a Subtotal</b> .....	0	2			145,963.
<b>b Total from continuation sheets to Part I</b> .....	0	0			17,500.
<b>c Totals</b> (add lines 3a and 3b) .....	0	2			163,463.

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

Schedule F (Form 990) 2021

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS IN REGION (SEE SCHEDULE F, PART II AND III)		17,500.
<b>Totals</b> .....					17,500.

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	SUPPORT LGBTQ+ DIVERSITY & INCLUSION IN WORKPLACE	10,000.	WIRE	0.		
		SOUTH AMERICA	SUPPORT LGBTQ+ DIVERSITY & INCLUSION IN WORKPLACE	9,500.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	SUPPORT LGBTQ+ EQUALITY IN REGION	6,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	SUPPORT LGBTQ+ UKRANIANS, REFUGEES & DISPLACED PERSONS	5,057.	CREDIT CARD	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... 0

3 Enter total number of other organizations or entities ..... 4

Schedule F (Form 990) 2021

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
GRANTS TO SUPPORT LGBTQ+ EQUALITY IN REGION	EAST ASIA AND THE PACIFIC	1	1,000.	CASH PAYMENT	0.		
GRANTS TO SUPPORT LGBTQ+ EQUALITY IN REGION	EUROPE (INCLUDING ICELAND AND GREENLAND)	1	1,000.	CASH PAYMENT	0.		
GRANTS TO SUPPORT LGBTQ+ EQUALITY IN REGION	SOUTH AMERICA	2	10,500.	CASH PAYMENT	0.		
GRANTS TO SUPPORT LGBTQ+ EQUALITY IN REGION	SOUTH ASIA	2	2,500.	CASH PAYMENT	0.		
GRANTS TO SUPPORT LGBTQ+ EQUALITY IN REGION	SUB-SAHARAN AFRICA	2	4,000.	CASH PAYMENT	0.		

**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ..... ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ..... ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ..... ☐ Yes ☒ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ..... ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ..... ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* ..... ☐ Yes ☒ No

Schedule F (Form 990) 2021

**Part V Supplemental Information**

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

**PART I, LINE 2:**

STAFF MONITOR AND ARE IN REGULAR CONTACT WITH ORGANIZATIONS RECEIVING GRANTS OR OTHER ASSISTANCE. THROUGH THIS PROCESS, STAFF PROVIDE STRATEGIC ADVICE TO GRANTEEES AND WORK WITH THEM BEFORE AND AFTER A GRANT IS PROVIDED TO DEVELOP PLANS CONSISTENT WITH HRCF'S MISSION IN SUPPORT OF LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUEER (LGBTQ+) EQUAL RIGHTS. GRANT RECIPIENTS ARE REVIEWED IN ADVANCE BY STAFF AND INFORMED OF A GRANT'S PURPOSES AND RESTRICTIONS THROUGH WRITTEN COMMUNICATION CONVEYING THE FUNDS.

**PART I, LINE 3:**

THE ACCRUAL METHOD OF ACCOUNTING WAS USED TO ACCOUNT FOR FOREIGN EXPENDITURES.

**PART III, COL (C):**

THIS COLUMN REPRESENTS THE ACTUAL NUMBER OF GRANT RECIPIENTS.

**PART II, LINE 1:**

THE ACCRUAL METHOD OF ACCOUNTING WAS USED TO ACCOUNT FOR FOREIGN GRANTS TO ORGANIZATIONS.

**PART III:**

THE ACCRUAL METHOD OF ACCOUNTING WAS USED TO ACCOUNT FOR FOREIGN GRANTS TO INDIVIDUALS.



Department of the Treasury  
Internal Revenue Service

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

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public Inspection**

Name of the organization

HUMAN RIGHTS CAMPAIGN FOUNDATION

Employer identification number	
--------------------------------	--

52-1481896

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations
- b ☒ Internet and email solicitations
- c ☒ Phone solicitations
- d ☒ In-person solicitations
- e ☒ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes☐ No

- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
LAUTMAN, MASKA, NEILL & COMPANY - 1730 RHODE ISLAND	DIRECT RESPONSE FUNDRAISING COUNSEL		X	86,210.	50,113.	36,097.
SKY ADVISORY GROUP - 11693						
SAN VINCENT BLVD, LOS	FUNDRAISING		X	25,000.	96,000.	-71,000.
V2 CONSULTING, LLC - 304 PARK AVENUE SOUTH, 8TH FL, NEW	FUNDRAISING		X	25,000.	76,800.	-51,800.
<b>Total</b>				136,210.	222,913.	-86,703.

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

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

Schedule G (Form 990) 2021

SEE PART IV FOR CONTINUATIONS

# COPY

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts .....				
	2 Less: Contributions .....				
	3 Gross income (line 1 minus line 2) .....				
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses .....				
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				
	11 Net income summary. Subtract line 10 from line 3, column (d) .....				

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue .....				
Direct Expenses	2 Cash prizes .....				
	3 Noncash prizes .....				
	4 Rent/facility costs .....				
	5 Other direct expenses .....				
	6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) .....				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 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 ► \$ \_\_\_\_\_

**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.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: LAUTMAN, MASKA, NEILL & COMPANY

(I) ADDRESS OF FUNDRAISER: 1730 RHODE ISLAND AVENUE, WASHINGTON, DC 20036

(I) NAME OF FUNDRAISER: SKY ADVISORY GROUP

(I) ADDRESS OF FUNDRAISER: 11693 SAN VINCENT BLVD, LOS ANGELES, CA 90049

(I) NAME OF FUNDRAISER: V2 CONSULTING, LLC

**Part IV** Supplemental Information *(continued)*

(I) ADDRESS OF FUNDRAISER:

304 PARK AVENUE SOUTH, 8TH FL, NEW YORK, NY 10010

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

**HUMAN RIGHTS CAMPAIGN FOUNDATION**

**Employer identification number**  
**52-1481896**

**Part I** **General Information on Grants and Assistance**

- 1** 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 criteria used to award the grants or assistance? ..... ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
BROTHERHOOD INC. 1422 KERLEREC ST NEW ORLEANS, LA 70116	72-1326474	501(C)(3)	10,000.	0.			GENERAL PROGRAM SUPPORT
BROTHERS UNITED INC. DBA BU WELLNESS NETWORK - 3737 N MERIDIAN ST, STE 401 - INDIANAPOLIS, IN 46208	35-2072935	501(C)(3)	10,000.	0.			GENERAL PROGRAM SUPPORT
COMMUNITY HEALTH PREVENTION INTERVENTION EDUCATION & RESEARCH - 124 S POPLAR ST - GREENVILLE, MS 38701	84-4696123	501(C)(3)	10,000.	0.			GENERAL PROGRAM SUPPORT
EQUALITY FEDERATION INSTITUTE 818 SW 3RD AVE #141 PORTLAND, OR 97204	81-0670151	501(C)(3)	10,000.	0.			GENERAL PROGRAM SUPPORT
EQUALITY OHIO EDUCATION FUND 370 S 5TH ST, STE G3 COLUMBUS, OH 43215	02-0743268	501(C)(3)	7,500.	0.			GENERAL PROGRAM SUPPORT
HUMAN RIGHTS CAMPAIGN, INC. 1640 RHODE ISLAND AVE NW WASHINGTON, DC 20036	52-1243457	501(C)(4)	975,000.	0.			DIRECT LOBBYING IN FURTHERANCE OF HRCF'S EXEMPT PURPOSE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **13.**
- 3** Enter total number of other organizations listed in the line 1 table ..... **2.**

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

**Schedule I (Form 990) 2021**

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTANA HUMAN RIGHTS NETWORK PO BOX 1509 HELENA, MT 59624	81-0472423	501(C)(3)	9,000.	0.			GENERAL PROGRAM SUPPORT
MUSLIMS FOR PROGRESSIVE VALUES 1626 N WILCOX AVE LOS ANGELES, CA 90028	26-1125983	501(C)(3)	25,000.	0.			GENERAL PROGRAM SUPPORT
NATIONAL GAY & LESBIAN CHAMBER OF COMMERCE - 1032 15TH ST NW #190 - WASHINGTON, DC 20005	13-4219714	501(C)(6)	7,500.	0.			LGBTQ+ SUPPLIER DIVERSITY PROGRAMS
RAINBOW RAILROAD USA, INC. 601 WEST 26TH ST NEW YORK, NY 10001	47-4896980	501(C)(3)	15,000.	0.			GENERAL PROGRAM SUPPORT
TEXAS TRIBUNE, INC. 919 CONGRESS AVE, 6TH FLOOR AUSTIN, TX 78701	26-4527097	501(C)(3)	6,000.	0.			GENERAL PROGRAM SUPPORT
UNITY COALITION   COALICION UNIDA, INC. - 777 BRICKELL AVE, STE 500 - MIAMI, FL 33131	26-3327254	501(C)(3)	10,000.	0.			GENERAL PROGRAM SUPPORT
US HELPING US, PEOPLE INTO LIVING INC. - 3636 GEORGIA AVE NW - WASHINGTON, DC 20010	52-1628279	501(C)(3)	13,500.	0.			GENERAL PROGRAM SUPPORT
WAVES AHEAD CORP 1149 AMERICO MIRANDA SAN JUAN, PR 00921	66-0886812	501(C)(3)	5,500.	0.			GENERAL PROGRAM SUPPORT
YOUNG SCHOLARS FOR ACADEMIC EMPOWERMENT DBA TRUEEVOLUTION - 4164 BROCKTON AVE, STE A - RIVERSIDE, CA 92501	26-2350778	501(C)(3)	10,000.	0.			GENERAL PROGRAM SUPPORT

Schedule I (Form 990)

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SUPPORT FOR PARTICIPATION IN TRANSGENDER JUSTICE INITIATIVE PROGRAMS	67	75,181.	0.		
SUPPORT FOR PARTICIPATION IN HIV & HEALTH EQUITY PROGRAMS	16	16,025.	0.		
TRAVEL SUPPORT FOR PROGRAM PARTICIPATION	25	16,765.	0.		

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

**PART I, LINE 2:**

STAFF MONITOR AND ARE IN REGULAR CONTACT WITH INDIVIDUALS AND ORGANIZATIONS RECEIVING GRANTS OR OTHER ASSISTANCE. THROUGH THIS PROCESS, STAFF PROVIDE STRATEGIC ADVICE TO GRANTEEES AND WORK WITH THEM BEFORE AND AFTER A GRANT IS PROVIDED TO DEVELOP PLANS CONSISTENT WITH HRCF'S MISSION IN SUPPORT OF LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUEER (LGBTQ+) EQUAL RIGHTS. GRANT RECIPIENTS ARE REVIEWED IN ADVANCE BY STAFF AND INFORMED OF A GRANT'S PURPOSES AND RESTRICTIONS THROUGH WRITTEN COMMUNICATION CONVEYING THE FUNDS.

**Part IV** Supplemental Information

HRCF PROVIDES INDIVIDUAL SUPPORT AS PART OF VARIOUS PROGRAMS, INCLUDING BUT NOT LIMITED TO THE TRANSGENDER JUSTICE INITIATIVE AND HIV & HEALTH EQUITY. THE TJI PROGRAM LEADS ECONOMIC EMPOWERMENT PROGRAMS, CAPACITY-BUILDING INITIATIVES, COMMUNITY ENGAGEMENT EFFORTS, AND PUBLIC SAFETY EDUCATION CAMPAIGNS THAT COMBAT THE DISCRIMINATION FACED BY TRANSGENDER PEOPLE. THE H&HE PROGRAM IMPLEMENTS PUBLIC EDUCATION AND CAPACITY-BUILDING PROGRAMS TO ADDRESS THE DISPROPORTIONATE IMPACT OF HIV ON BLACK AND LATINX COMMUNITIES. THE LEADERS OF THE PROGRAMS REVIEW GRANT AND FELLOWSHIP APPLICATIONS AND SELECT RECIPIENTS BASED ON OBJECTIVE CRITERIA, INCLUDING PRIOR EXPERIENCE AND LONG-TERM CAREER GOALS.



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

**HUMAN RIGHTS CAMPAIGN FOUNDATION**

Employer identification number

**52-1481896**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input checked="" type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>	<b>X</b>
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....	<b>2</b>	<b>X</b>
<b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	<b>X</b>
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2021



**Part III** Supplemental Information

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

**PART I, LINE 1A:**

HRCF REIMBURSED HRC FOR ITS ALLOCABLE SHARE OF AIRFARE WITH RESPECT TO THE FOLLOWING. HRC PROVIDED FIRST CLASS AIR TRAVEL ON OCCASION FOR THE PRESIDENT, AS PERMITTED BY POLICY ADOPTED BY THE HRC BOARD. THE PRESIDENT'S SCHEDULE OFTEN REQUIRES LAST MINUTE CHANGES IN TRAVEL PLANS, AND, THEREFORE, FULLY REFUNDABLE TICKETS ARE FREQUENTLY USED. FIRST CLASS TICKETS WERE OCCASIONALLY PURCHASED IN SITUATIONS IN WHICH FULLY REFUNDABLE COACH TICKETS WERE COMPARABLY PRICED TO FIRST CLASS TICKETS.

**PART II:**

THE HUMAN RIGHTS CAMPAIGN (HRC) AND HUMAN RIGHTS CAMPAIGN FOUNDATION (HRCF) HAVE ENTERED INTO A COST SHARING ARRANGEMENT UNDER WHICH HRCF REIMBURSES HRC FOR HRCF'S ALLOCABLE SHARE OF THE COMPENSATION OF CERTAIN EMPLOYEES FOR PERFORMING SERVICES PROVIDED TO HRCF. COMPENSATION REIMBURSED BY HRCF IS NOT ADDITIVE TO THE COMPENSATION REPORTED BY HRC. HRC AND HRCF ARE NOT "RELATED ORGANIZATIONS" AS THAT TERM IS DEFINED IN THE FORM 990, GLOSSARY. PURSUANT TO THEIR AGREEMENT, HRCF REIMBURSED HRC FOR ITS SHARE OF COMPENSATION AS FOLLOWS:

**Part III** Supplemental Information

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

ALPHONSO DAVID (OFFICER) \$42,155

JONI MADISON (OFFICER) \$132,950

JAMES M. RINEFIERD (OFFICER) \$126,314

NICOLE GREENIDGE-HOSKINS (OFFICER) \$125,986

MOLLY MEEGAN (OFFICER) \$58,707

JAY BROWN (OFFICER) \$220,845

ANDREA GREEN (OFFICER) \$93,785

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

**HUMAN RIGHTS CAMPAIGN FOUNDATION**

Employer identification number

**52-1481896**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....	X	1	50,000.	FMV
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	79	529,453.	FMV
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....	X	7	6,200.	FMV
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( <u>AIRFARE</u> ) .....	X	1	219.	FMV
26 Other ▶ ( _____ ) .....				
27 Other ▶ ( _____ ) .....				
28 Other ▶ ( _____ ) .....				

29 Number of Forms 8283 received by the organization during the tax year for contributions  
for which the organization completed Form 8283, Part V, Donee Acknowledgement .....

**29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it  
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for  
exempt purposes for the entire holding period? .....

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2021

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

SCHEDULE M, PART I, COLUMN (B):

THIS COLUMN REPRESENTS THE NUMBER OF CONTRIBUTIONS, NOT THE NUMBER OF CONTRIBUTED ITEMS.

SCHEDULE M, PART I, LINE 31:

HRCF REVIEWS NON-STANDARD CONTRIBUTIONS UNDER ITS WRITTEN GIFT ACCEPTANCE POLICY. THE SVP, DEVELOPMENT, THE VP, FINANCE & OPERATIONS, THE CHIEF OPERATING OFFICER AND THE SVP, GENERAL COUNSEL CONSTITUTE THE GIFT ACCEPTANCE COMMITTEE. THE COMMITTEE IS RESPONSIBLE FOR REVIEWING NON-STANDARD GIFTS PROPOSALS, RESOLVING QUESTIONS ABOUT SAID PROPOSALS, AND UPDATING/DISSEMINATING THE POLICY AS NEEDED.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

HUMAN RIGHTS CAMPAIGN FOUNDATION

Employer identification number

52-1481896

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

EQUALITY AND EMBRACED AS FULL MEMBERS OF SOCIETY AT HOME, AT WORK AND  
IN EVERY COMMUNITY.

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

DEVELOPMENT, TECHNICAL ASSISTANCE AND TRAINING. IN FY22, ACAF RELEASED  
THEIR ANNUAL CHANGE-MAKERS REPORT, THE THIRD ANNUAL REPORT FOR THE  
PROGRAM. IT WAS THE FIRST DIGITAL REPORT RELEASE, AND IT WAS RELEASED  
WITH A SHORT VIDEO CELEBRATING THE 119 ORGANIZATIONS THAT PARTICIPATED  
IN THE 2021 CYCLE. THESE ORGANIZATIONS EMPLOY MORE THAN 24,000

PROFESSIONALS AND SERVE OVER A MILLION YOUTH AND FAMILIES ANNUALLY.

ACAF ALSO BUILT A PARTNERSHIP WITH A LARGE HEALTH ORGANIZATION FOR A  
LARGE-SCALE TRAINING INITIATIVE. THESE TRAININGS INCLUDED MULTIPLE  
STAFF TRAININGS, CO-LED BY ACAF EXPERT TRAINERS AND THE ORGANIZATION'S  
FACILITATORS-IN-TRAINING. ADDITIONALLY, ACAF BEGAN ROLLING OUT FOSTER  
PARENT TRAININGS, AS THE SECOND PHASE OF THE TRAINING OF FACILITATORS  
PROGRAM WITH THE ORGANIZATION.

THE GLOBAL PARTNERSHIPS PROGRAM PROVIDES CAPACITY-BUILDING AND  
LEADERSHIP DEVELOPMENT SUPPORT TO LGBTQ+ ADVOCATES FROM AROUND THE  
WORLD. IN THE BEGINNING OF FY22, THE GLOBAL PARTNERSHIP TEAM CELEBRATED  
THE INNOVATIVE OUTCOMES OF HRC'S INAUGURAL GLOBAL SMALL GRANTS PROGRAM,  
WHICH SUPPORTED 19 INITIATIVES TO ADVANCE LGBTQ+ EQUALITY IN 17  
COUNTRIES. THE TEAM COMPLETED THE COMPETITIVE SELECTION PROCESS FOR THE  
SECOND YEAR OF THEIR GLOBAL INNOVATION SMALL GRANTS. FOR 2021-2022,

THEY AWARDED 20 GRANTS TO ADVOCATES AND ORGANIZATIONS IN 20 COUNTRIES

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization

HUMAN RIGHTS CAMPAIGN FOUNDATION

Employer identification number

52-1481896

THAT WILL IMPROVE THE LIVES OF THEIR LGBTQ+ COMMUNITIES. FOLLOWING THAT, THEY FOCUSED ON SUPPORTING LGBTQ+ AFGHANS FOLLOWING THE RAPID TAKEOVER OF THE COUNTRY BY THE TALIBAN. THESE EFFORTS CULMINATED IN THE LAUNCH OF A MAJOR MULTIFACETED CAMPAIGN TO GENERATE PUBLIC SUPPORT FOR A 10-POINT APPEAL TO THE BIDEN ADMINISTRATION DESIGNED TO EASE THE PROCESS FOR EVACUATION AND RESETTLEMENT OF LGBTQ+ REFUGEES FROM AFGHANISTAN. IN QUARTERS THREE AND FOUR, THEY FOCUSED THEIR EFFORTS ON THE CRISIS IN UKRAINE. WHEN THE CRISIS BROKE IN FEBRUARY, THEY LAUNCHED A RESOURCE PAGE ON UKRAINE PROVIDING BACKGROUND ON THE CRISIS FACING LGBTQ+ UKRAINIANS AND WAYS TO SUPPORT RELIEF EFFORTS AND CALLED ON THE WHITE HOUSE TO PROTECT LGBTQ+ REFUGEES. THEY DISTRIBUTED \$30,000 TO ORGANIZATIONS SUPPORTING LGBTQ+ PEOPLE INSIDE UKRAINE AND REFUGEES OUTSIDE.

THE HEALTH & AGING PROGRAM (HAP) WORKS TO INFORM AND FUNDAMENTALLY TRANSFORM THE POLICIES, PRACTICES AND CULTURES OF HEALTHCARE AND AGING ORGANIZATIONS NATIONWIDE AS WELL AS TO PROMOTE AWARENESS OF LGBTQ+ HEALTH AND AGING CONCERNS. IN FY22, THE HAP TEAM LAUNCHED THE FIRST EDITION OF THE LONG-TERM CARE EQUALITY INDEX IN PARTNERSHIP WITH SAGE, WHICH IS SET TO TRANSFORM THE REALITIES OF LGBTQ+ OLDER ADULTS IN THE U.S. IN THIS INAUGURAL REPORT, THERE WERE 78 FACILITIES THAT COMPLETED "COMMITMENT TO CARING" PLEDGES AND 49 SELF-ASSESSMENTS COMPLETED FOR 184 DIVERSE LONG-TERM CARE COMMUNITIES, REPRESENTING 32 STATES. THE TEAM ALSO PUBLISHED A CONSUMER GUIDE TITLED "FINDING AN LGBTQ+ LONG-TERM CARE COMMUNITY." THIS RESOURCE GUIDES OLDER ADULTS AND THEIR CARE PARTNERS ON WHAT QUESTIONS TO ASK AND WHAT TO LOOK FOR WHEN CHOOSING CARE. FINALLY, THIS YEAR MARKED THE 15TH ANNIVERSARY OF THE HEALTHCARE EQUALITY INDEX, WHICH WAS LAUNCHED IN CHICAGO DURING THE



Name of the organization

HUMAN RIGHTS CAMPAIGN FOUNDATION

Employer identification number

52-1481896

CONGRESS OF THE AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES (ACHE). A RECORD 906 HEALTHCARE FACILITIES ACTIVELY PARTICIPATED IN THE SURVEY, AND OVER 2,200 HEALTHCARE FACILITIES WERE EVALUATED NATIONWIDE. THIS YEAR SAW A 20 PERCENT INCREASE IN PARTICIPATION FROM THE HEI 2020 THAT INCLUDES 178 NEW HEALTHCARE FACILITIES. 55 PERCENT OF HEI 2022 PARTICIPANTS EARNED THE LEADER DESIGNATION WHILE ANOTHER 28 PERCENT OF PARTICIPANTS EARNED THE TOP PERFORMER DESIGNATION, DEMONSTRATING THAT HEALTHCARE FACILITIES PARTICIPATING IN THE HEI GO BEYOND THE BASICS WHEN ADOPTING POLICIES AND PRACTICES IN LGBTQ+ CARE.

THE HISTORICALLY BLACK COLLEGE AND UNIVERSITIES (HBCU) PROGRAM IS THE ONLY NATIONAL PROJECT THAT PARTNERS WITH HISTORICALLY BLACK COLLEGES AND UNIVERSITIES ON ESTABLISHING AN LGBTQ+ INCLUSIVE CAMPUS CLIMATE. IN FY22, THE HBCU PROGRAM IN PARTNERSHIP WITH THE HIV & HEALTH EQUITY RELEASED THE HBCU HIV HEALTH CENTER DIRECTOR, WHICH WILL SUPPORT, EDUCATE, AND EMPOWER CAMPUSES TO LEAD IN THE FIGHT TO PREVENT THE SPREAD OF HIV AMONG ITS STUDENTS AND COMMUNITY. THEY HELD A VIRTUAL EXECUTIVE LEADERSHIP SUMMIT, WHICH CONVENED HBCU EXECUTIVE LEADERS FROM ACROSS THE COUNTRY TO DISCUSS LGBTQ+ INCLUSIVE POLICIES AMID THE COVID-19 PANDEMIC. THE TEAM HOSTED A VIRTUAL HBCU OUTLOUD DAY, AND A VIRTUAL TRUTH WEEK, A THREE-DAY SUMMIT TO SUPPORT AND AFFIRM LGBTQ+ STUDENTS, TRAIN A NEW GENERATION OF BLACK LGBTQ+ ACTIVISTS, AND COMBAT HOMOPHOBIA AND STIGMA THROUGH PUBLIC LECTURES, PANELS, AND STUDENT ENGAGEMENT. THEY HELD MULTIPLE INSTAGRAM LIVE CONVERSATIONS AND ONE FACEBOOK/YOUTUBE LIVE PANEL WITH CORPORATE LEADERS ON WORKPLACE READINESS.

THE HIV AND HEALTH EQUITY (H&HE) PROGRAM DEVELOPS PUBLIC EDUCATION AND

Name of the organization

HUMAN RIGHTS CAMPAIGN FOUNDATION

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CAPACITY-BUILDING PROGRAMS TO ADDRESS THE DISPROPORTIONATE IMPACT OF HIV ON BLACK AND LATINX COMMUNITIES. H&HE SECURED A MULTI-MILLION DOLLAR GRANT FROM GILEAD SCIENCES TO FUND EXISTING HIV AND HEALTH EQUITY RELATED PROJECTS AND CREATE NEW PROGRAMMING. IN FY22, THE H&HE TEAM LAUNCHED THE MY BODY MY HEALTH CAMPAIGN, A PUBLIC HEALTH CAMPAIGN THAT AIMS TO ADDRESS THE SOCIETAL BARRIERS MULTIPLY MARGINALIZED COMMUNITIES FACE WITH HIV/AIDS PREVENTION, TESTING, AND TREATMENT. THEY ALSO LAUNCHED THE GENERATE PROGRAM, A PROGRAM FOR 18 TO 24 YEAR OLDS TO PROMOTE SEXUAL HEALTH ON COLLEGE CAMPUSES AND WITHIN LOCAL LGBTQ+ COMMUNITIES TO FINALLY BUILD A GENERATION FREE OF HIV AND STIGMA. ADDITIONALLY, AS PART OF THIS CAMPAIGN, AND IN PARTNERSHIP WITH US HELPING US, THE TEAM LAUNCHED THE UNITED STATES' FIRST NATIONAL IN-HOME HIV TESTING PROGRAM CENTERED AROUND REACHING COMMUNITIES DISPROPORTIONATELY IMPACTED BY HIV.

THE IMPACT LITIGATION AND ADVOCACY PROGRAM WORKS TO SERVE AS A VEHICLE THROUGH WHICH THE LIVED EXPERIENCES OF LGBTQ+ PEOPLE ARE RECOGNIZED AND LIFTED UP BEFORE JUDGES, LEVERAGING OUR DEEP ORGANIZATIONAL KNOWLEDGE AND PARTNERSHIPS TO STRATEGICALLY ENGAGE IN ISSUES, PROJECTS, AND CASES TO BRING ABOUT POSITIVE SYSTEMIC CHANGES. BY WORKING WITH LITIGATORS FROM TOP FIRMS, THE ORGANIZATION UTILIZES THE COURTS TO HOLD ACCOUNTABLE ENTITIES AND GOVERNMENTS THAT TARGET THE LGBTQ+ COMMUNITY WITH DISCRIMINATORY LAWS, REGULATIONS AND POLICIES. FOLLOWING THIS YEAR'S RECORD NUMBER OF ANTI-LGBTQ+ STATE LEGISLATION, THE PROGRAM PURSUED LEGAL ACTION AGAINST FLORIDA AND TENNESSEE'S DISCRIMINATORY LAWS TARGETING TRANSGENDER YOUTH. IN ADDITION TO OUR LITIGATION WORK, OUR PROGRAM ENGAGED WITH AMICUS BRIEFS FOR KENNEDY V. BREMERTON AND BRANDT V. RUTLEDGE. THE TEAM ALSO PROVIDED ADVICE AND REFERRALS TO

Name of the organization

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ABOUT 20 INTAKES FROM CONCERNED COMMUNITY MEMBERS ON ISSUES RANGING  
FROM EMPLOYMENT TO HARASSMENT.

THE MUNICIPAL EQUALITY INDEX (MEI) AND THE STATE EQUALITY INDEX (SEI)  
ARE 2 FLAGSHIP PUBLICATIONS PRODUCED ANNUALLY BY THE HRCF -- DESIGNED  
TO PROVIDE LGBTQ+ ADVOCATES AND CITY AND STATE LEADERS WITH A THOROUGH  
UNDERSTANDING OF THE LEGAL LANDSCAPE FOR LGBTQ+ PEOPLE IN THEIR  
REGIONS. THE MEI IS THE ONLY NATIONWIDE ASSESSMENT OF LGBTQ+ INCLUSION  
IN MUNICIPAL LAW, POLICY AND SERVICES. THE 2021 MEI RATED 506 CITIES --  
INCLUDING THE 50 STATE CAPITALS, THE 200 LARGEST CITIES IN THE U.S.,  
THE FIVE LARGEST MUNICIPALITIES IN EACH STATE, 75 MUNICIPALITIES WITH A  
HIGH PROPORTION OF SAME-SEX COUPLES, AND THE CITIES WITH THE STATE'S  
TWO LARGEST PUBLIC UNIVERSITIES -- ON 49 DIFFERENT CRITERIA. THIS YEAR,  
A RECORD-BREAKING 110 CITIES EARNED THE HIGHEST SCORE OF 100.  
FURTHERMORE, 181 CITIES HAVE TRANSGENDER-INCLUSIVE HEALTHCARE BENEFITS  
FOR MUNICIPAL EMPLOYEES UP FROM 179 IN 2020, DESPITE MORE RIGOROUS  
STANDARDS. THE STATE EQUALITY INDEX (SEI) IS A COMPREHENSIVE  
STATE-BY-STATE REPORT THAT PROVIDES A REVIEW OF STATEWIDE LAWS AND  
POLICIES THAT AFFECT LGBTQ+ PEOPLE AND THEIR FAMILIES. THE 2021 SEI  
DETAILED STATEWIDE LAWS AND POLICIES THAT AFFECT LGBTQ+ PEOPLE AND  
THEIR FAMILIES AND ASSESSED HOW WELL STATES ARE PROTECTING LGBTQ+  
PEOPLE FROM DISCRIMINATION. 21 STATES AND WASHINGTON, D.C. WERE  
RECOGNIZED IN THE TOP CATEGORY OF THE SEI, WITH IOWA, NEW HAMPSHIRE AND  
VIRGINIA JOINING FOR THE FIRST TIME.

CONTINUES.....

PART III, LINE 4A (CONTINUED)

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HUMAN RIGHTS CAMPAIGN FOUNDATION

Employer identification number

52-1481896

THE PUBLIC EDUCATION & RESEARCH PROGRAM PRODUCES WRITTEN RESOURCES AND CONDUCTS ORIGINAL QUANTITATIVE AND QUALITATIVE RESEARCH EXPLORING THE LIVED EXPERIENCES OF LGBTQ+ PEOPLE. IN FY22, THE TEAM RELEASED A NUMBER OF NEW RESOURCES AND RESEARCH PRODUCTS. JUST BEFORE JUNETEENTH, THE TEAM RELEASED A REPORT THAT HIGHLIGHTS THE PREVALENCE AND IMPACT OF DISCRIMINATION ON BLACK LGBTQ+ PEOPLE. IN PARTNERSHIP WITH LEADING HEALTH AND POLICY ORGANIZATIONS, PE&R ALSO RELEASED A NEW REPORT DETAILING THE URGENT NEED FOR LGBTQ+ INCLUSIVE SEX EDUCATION. FOR BI+ VISIBILITY DAY, THE PE&R TEAM CREATED A NEW FULLY DIGITAL BI+ COMING OUT GUIDE THAT DISCUSSES WHAT IT MEANS TO BE BISEXUAL, TERMS, FREQUENTLY ASKED QUESTIONS AND MORE. THEY ALSO CREATED A NEW RESOURCE FOR PARENTS AND YOUTH-SERVING PROFESSIONALS -- ONLINE COMMUNITIES AND LGBTQ+ YOUTH. AS PART OF THEIR SERIES ON THE IMPACT OF COVID-19 AND THE LGBTQ+ COMMUNITY, THE TEAM RELEASED TWO NEW RESEARCH BRIEFS: "LGBTQ+ HEALTH EQUITY & COVID-19: BUILDING TRUST AND CONFIDENCE FOR THE HEALTH OF OUR COMMUNITIES" (NOVEMBER 2021) AND "LGBTQ+ HEALTH EQUITY & COVID-19: VACCINES, BOOSTERS AND PATHWAYS TO POSITIVE LONG-TERM HEALTH (MARCH 2022), BASED ON OUR ONGOING PARTNERSHIP WITH COMMUNITY MARKETING INSIGHT AND SUPPORTED BY THE ROCKEFELLER FOUNDATION. THE TEAM RELEASED THEIR REPORT ON "THE WAGE GAP AMONG LGBTQ+ WORKERS IN THE UNITED STATES," THE FIRST ESTIMATE OF WAGE DISPARITIES FACED BY LGBTQ+ AMERICANS, AS WELL AS ENTERED A PARTNERSHIP WITH THE EQUAL PAY TODAY ROUNDTABLE, A COALITION OF ORGANIZATIONS FIGHTING TO CLOSE THE WAGE GAP. THE TEAM ALSO RELEASED "UNDERSTANDING POVERTY IN THE LGBTQ+ COMMUNITY," A PUBLIC EDUCATION RESOURCE SYNTHESIZING RESEARCH FINDINGS AND DATA POINTS ON POVERTY AND OTHER MARKERS OF ECONOMIC INSECURITY FACED BY LGBTQ+ AMERICANS. THE TEAM RELEASED THEIR ANNUAL FATAL VIOLENCE REPORT (COVERING 2020 DATA) AND AN UPDATE TO THE RESOURCE

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DISMANTLING A CULTURE OF VIOLENCE. THE TEAM CONTINUES TO TRACK INCIDENTS OF FATAL VIOLENCE AMONG TRANSGENDER AND NON-BINARY PEOPLE, RECORDING IN 2021 THE HIGHEST NUMBER OF INCIDENTS (57) SINCE TRACKING BEGAN. THE TEAM ALSO RELEASED A NEW CHATBOT TO HELP NAVIGATE CONVERSATIONS AROUND TRANSGENDER SPORTS PARTICIPATION AND POLICIES, AND A REPORT TARGETED AT THE MEDIA AND INFLUENCERS TO URGE BETTER COVERAGE AND VISIBILITY OF TRANSGENDER PEOPLE/ISSUES ("TRANS LIVES & POSITIVE VISIBILITY HOW NEWS & MEDIA CAN POSITIVELY COVER TRANS AND NON-BINARY STORIES").

THE RELIGION AND FAITH PROGRAM WORKS TO PROVIDE RESOURCES AND TOOLS FOR FAITH COMMUNITIES AND THEIR LEADERS TO ADVANCE LGBTQ+ EQUITY AND JUSTICE WITHIN HOUSES OF WORSHIP, PAROCHIAL HIGHER EDUCATION, FAITH-BASED ORGANIZATIONS, AND IN THE PUBLIC SQUARE. IN FY22, AS COVID-19 VACCINATION RATES INCREASED ACROSS THE UNITED STATES, IT BECAME CLEAR THAT THERE WERE DISPARITIES IN COMFORT WITH THE VACCINES AND OUTREACH WAS NEEDED FOR THE LGBTQ+ COMMUNITY. THE R&F TEAM SUPPORTED AN EXTENSIVE VACCINATION CAMPAIGN IN PARTNERSHIP WITH THE WHITE HOUSE, MADE TO SAVE, AND THE NATIONAL CATHEDRAL. IN THE 2022 NATIONAL SURVEY OF LGBTQ+ TEENS, IN PARTNERSHIP WITH THE UNIVERSITY OF CONNECTICUT, THEY HAVE DEVELOPED SEVERAL QUESTIONS THAT LOOK AT THE CONNECTION TO AND INVOLVEMENT IN FAITH COMMUNITIES. ADDITIONALLY, IN THE NATIONAL SURVEY OF PARENTS AND CAREGIVERS OF TRANSGENDER AND NON-BINARY CHILDREN, THEY ARE ASSESSING WHETHER THEIR AFFILIATION WITH A FAITH COMMUNITY CHANGED ONCE THEIR CHILD SELF-IDENTIFIED AS TRANS OR NON-BINARY, AND/OR IF THEY PURSUED A MORE WELCOMING FAITH COMMUNITY.

THE TRANSGENDER JUSTICE INITIATIVE (TJI) IS AN INNOVATIVE PROGRAM IN

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ITS SECOND YEAR, AND LEADS ECONOMIC EMPOWERMENT PROGRAMS, CAPACITY-BUILDING INITIATIVES, COMMUNITY ENGAGEMENT EFFORTS, AND PUBLIC SAFETY EDUCATION CAMPAIGNS THAT COMBAT THE DISCRIMINATION FACED BY TRANSGENDER PEOPLE. IN FY22, TJI PROVIDED A NUMBER OF COMMUNITY-BASED ORGANIZATIONS WITH FREE LYFT COUPONS, WITH A FOCUS ON SUPPORTING ORGANIZATIONS THAT ARE TRANS RUN AND TRANS SERVING. THEY WERE SELECTED BECAUSE OF THEIR HISTORY OF STRONG WORK AT THE LOCAL AND NATIONAL LEVELS, WITH A SPECIAL EMPHASIS ON ORGANIZATIONS THAT SERVE BIPOC POPULATIONS. THIS YEAR ALSO SAW THE LAUNCH OF THEIR NEWEST COHORT OF ELEVATE AND ACTIVATE FELLOWS. A WEALTH OF GREAT CANDIDATES LED TJI TO EXPAND THE COHORTS TO 16 ACTIVATE FELLOWS AND 16 ELEVATE FELLOWS FOR THIS YEAR, AND THEY HAVE HELD MONTHLY MEETINGS WITH THE FELLOWS AS WELL AS OTHER PROFESSIONAL DEVELOPMENT OPPORTUNITIES. FINALLY, TJI RECOGNIZED BOTH TRANS DAY OF REMEMBRANCE/TRANS WEEK OF AWARENESS AND TRANS DAY OF VISIBILITY, A PARTICULARLY BUSY TIME FOR THEM WITH COMMUNITY EVENTS AND MEDIA ENGAGEMENT. FROM TRANS DAY OF REMEMBRANCE ALONE, THE TEAM SECURED UPWARDS OF 591 EDITORIAL MENTIONS WITH AN ESTIMATED TOTAL REACH OF 2.5 BILLION PEOPLE.

WELCOMING SCHOOLS IS THE ONLY BIAS-BASED BULLYING PREVENTION PROGRAM IN THE NATION THAT PROVIDES LGBTQ+ SPECIFIC TRAINING AND RESOURCES FOR PRE-K-12 EDUCATORS WITH AN INTERSECTIONAL LENS. IN FY22, AMIDST THE CONTINUALLY RISING NUMBER OF LEGISLATIVE AND CULTURAL ATTACKS ON TRANS YOUTH, WELCOMING SCHOOLS HAS BEEN INUNDATED WITH TRAINING REQUESTS SPECIFICALLY ASKING FOR SUPPORT TO CREATE INCLUSIVE SPACES FOR TRANSGENDER AND NON-BINARY YOUTH. THEY DELIVERED TRAINING IN MANY STATES, FROM DC, TO ALABAMA, TO MASSACHUSETTS. IN TOTAL IN 2021, THE WELCOMING SCHOOLS TEAM DELIVERED 176 TRAININGS TO 16,398 EDUCATORS.

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THEY ALSO UPDATED THEIR VIRTUAL AND IN-PERSON PROFESSIONAL DEVELOPMENT MODULES, AND SIGNED MULTIPLE PARTNERSHIP AGREEMENTS, INCLUDING ONE WITH AFT'S SHARE MY LESSON WHO WILL PROVIDE WELCOMING SCHOOLS RESOURCES AND LESSON PLANS TO ITS 1.8 MILLION MEMBERS. THE TEAM ALSO HOSTED THEIR 6TH ANNUAL JAZZ AND FRIENDS DAY OF SCHOOL AND COMMUNITY READINGS. THE AMERICAN ASSOCIATION OF SCHOOL LIBRARIES (AASL) AND THE NATIONAL EDUCATION ASSOCIATION (NEA) WERE CO-SPONSORS. THEY HAD OVER 250 REGISTERED READINGS ACROSS THE COUNTRY AND IN IRAQ, CANADA, FRANCE, AND UGANDA. THAT IS OVER 15,000 CARING COMMUNITY MEMBERS JOINING TOGETHER ACROSS THE WORLD TO ADVOCATE FOR THE RIGHTS OF TRANSGENDER AND NON-BINARY YOUTH.

THE WORKPLACE EQUALITY PROGRAM (WEP) ADVANCES EQUALITY FOR LGBTQ+ WORKERS BY WORKING WITH EMPLOYERS ON THE ADOPTION AND IMPLEMENTATION OF INCLUSIVE POLICIES, PRACTICES, AND BENEFITS IN THE U.S. AND BEYOND. THIS YEAR MARKED THE 20TH ANNIVERSARY OF THE CORPORATE EQUALITY INDEX AS THE PREMIER SURVEY BENCHMARKING TOOL TO GAUGE AND IMPROVE WORKPLACE EQUALITY AND INCLUSION. THE INDEX HAS BEEN A POWERFUL TOOL FOR ADVANCING WORKPLACE EQUALITY AS WELL AS ACHIEVING CRITICAL CHANGES IN THE LAW FOR THE LGBTQ+ COMMUNITY. THE 20TH ANNIVERSARY EDITION OF THE CORPORATE EQUALITY INDEX CLOSED AT THE END OF JULY. THEY HAD 1,271 COMPANIES PARTICIPATE, AND 842 COMPANIES EARNED A SCORE OF 100 ON THE SURVEY. THEY ALSO ANNOUNCED ROBUST CRITERIA CHANGES THAT RAISE THE BAR FOR LGBTQ+ EQUALITY AND INCLUSION. FINALLY, THE WEP TEAM ENGAGED IN SIGNIFICANT ADVOCACY AROUND LGBTQ+ EQUALITY. THE TEAM CONTINUES TO WORK WITH BUSINESSES ACROSS THE COUNTRY TO BUILD UP THE BUSINESS COALITION FOR THE EQUALITY ACT. THE COALITION HAS SURPASSED 500 MAJOR BUSINESSES REPRESENTING OPERATIONS IN ALL 50 STATES AND MORE THAN 15.3 MILLION

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EMPLOYEES. IN PERHAPS ONE OF THE MOST INFLUENTIAL MOVES THIS PAST YEAR, IN LIGHT OF THE TEXAS ANTI-TRANS POLICY ISSUED, HRC ORGANIZED AN AD PLACEMENT FOR CORPORATE STAKEHOLDERS THAT RAN IN THE DALLAS MORNING NEWS. OVER 60 COMPANIES SIGNED ONTO THE AD IN SUPPORT OF TRANSGENDER YOUTH.

THE WORKPLACE EQUALITY PROGRAM'S GLOBAL BUSINESS ENGAGEMENT PROJECT DIRECTLY SUPPORTS A FOUNDATIONAL INSTITUTION OF DAILY LIFE, THE WORKPLACE. HRC'S FOUR IN-COUNTRY WORKPLACE INDICES, EQUIDAD MX (MEXICO), EQUIDAD CL (CHILE), EQUIDAD AR (ARGENTINA), AND EQUIDAD BR (BRAZIL), GROW LGBT-INCLUSIVE WORKPLACES ACROSS LATIN AMERICA, IN PARTNERSHIP WITH LOCAL ADVOCACY ORGANIZATIONS AND LEADERS FROM THE PUBLIC AND PRIVATE SECTORS, INCLUDING BOTH MULTI-NATIONALS AND COUNTRY-SPECIFIC BUSINESSES. IN FY22, THE TEAM RELEASED THEIR FOURTH ANNUAL EQUIDAD CL REPORT, WITH 135 PARTICIPATING BUSINESSES. THEY ALSO LAUNCHED THEIR LATEST VERSION OF EQUIDAD MX, AGAIN WITH A RECORD-BREAKING 262 BUSINESSES PARTICIPATING, IMPACTING 1.2 MILLION EMPLOYEES. THEY RELEASED THE SURVEYS FOR EQUIDAD AR AND BR, WITH PARTNERS INSTITUTO DE POLITICAS PUBLICAS LGBT AND INSTITUTO MAIS DIVERSIDADE IN ARGENTINA AND BRAZIL, RESPECTIVELY. THEIR INAUGURAL REPORTS WILL BE PUBLISHED IN FY23.

PART III, LINE 4A (CONTINUED)

THE YOUTH WELL-BEING PROGRAM PROVIDES PROFESSIONAL DEVELOPMENT TO OVER 10,000 YOUTH-SERVING PROFESSIONALS ANNUALLY, THROUGH THE TIME TO THRIVE CONFERENCE, WEBINARS, PARTICIPATION AT MAJOR NATIONAL CONVENINGS, AND BY AMPLIFYING THE STORIES OF HRC YOUTH AMBASSADORS. THE PROGRAM ALSO CONVENES HRC'S PARENTS FOR TRANSGENDER EQUALITY COUNCIL. IN FY22, THIS TEAM CONTINUED THEIR WORK WITH PROJECT THRIVE, GROWING TO INCLUDE OVER



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30 PARTNER ORGANIZATIONS AND HOLDING MONTHLY WEBINARS ON TOPICS RANGING FROM SUPPORTING TRANS AND NON-BINARY CHILDREN TO PHYSICAL EDUCATION FOR LGBTQ+ YOUTH AND MUCH MORE. THEY ALSO HELD THEIR 9TH ANNUAL TIME TO THRIVE CONFERENCE VIRTUALLY ON FEBRUARY 8-10, 2022. THERE WERE OVER 1,300 ATTENDEES AT THE VARIOUS WORKSHOPS AND PLENARY SESSIONS. OVER 75 PERCENT OF TIME TO THRIVE WORKSHOP PRESENTERS WERE BIPOC FOLKS, FAR SURPASSING THE TEAM'S GOAL OF DIVERSIFYING THE RACIAL MAKEUP OF TIME TO THRIVE WORKSHOP PRESENTERS. THE PROGRAM ALSO LEADS THE PARENTS FOR TRANSGENDER EQUALITY COUNCIL (PTEC), FOR WHICH THEY HELD A CONVENING IN MARCH. PTEC MEMBERS HAVE PARTICIPATED IN NUMEROUS HRC EVENTS, HAVE GIVEN TESTIMONY AT THEIR STATE'S CAPITAL, ENGAGED IN MEDIA OPPORTUNITIES TO ADDRESS THESE INCREASED POLITICAL ATTACKS. FINALLY, THE YOUTH WELL-BEING TEAM HELPED LAUNCH THE FIRST-EVER NATIONAL SURVEY OF PARENTS/CAREGIVERS OF TRANSGENDER AND NON-BINARY YOUTH, IN PARTNERSHIP WITH RESEARCHERS AT THE UNIVERSITY OF ARIZONA AND THE UNIVERSITY OF FLORIDA AND THE 2022 NATIONAL SURVEY OF LGBTQ+ TEENS IN PARTNERSHIP WITH THE UNIVERSITY OF CONNECTICUT.

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

OTHER PROGRAMS

EXPENSES \$ 2,250. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND WAS REVIEWED BY SENIOR MANAGEMENT. THE AUDIT AND FINANCE COMMITTEES REVIEWED THE FORM 990 PUBLIC DISCLOSURE COPY PRIOR TO FILING. THE BOARD WAS INVITED TO REVIEW THE 990 PUBLIC DISCLOSURE COPY BEFORE FILING AND A COPY WAS PROVIDED ELECTRONICALLY TO ALL BOARD MEMBERS BEFORE THE 990 WAS FILED.

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FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION ANNUALLY SENDS OUT A CONFLICTS OF INTEREST POLICY TO ITS BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES AND REQUESTS A SIGNED DISCLOSURE FORM FROM EACH COVERED INDIVIDUAL. ANY DISCLOSED CONFLICT IS REVIEWED BY THE GENERAL COUNSEL. IF A CONFLICT DOES EXIST ON A SPECIFIC ISSUE, MEETING MINUTES REFLECT THE BOARD ACTION TO CLEAR THE CONFLICT, EITHER BY HAVING THE AFFECTED BOARD MEMBER, OFFICER OR KEY EMPLOYEE RECUSE THEMSELVES FROM THE DISCUSSION OR VOTE OR REMOVE THEMSELVES FROM ALL DELIBERATIONS. THIS POLICY ALSO APPLIES TO EMPLOYEES. ALL DIRECTOR-LEVEL STAFF CERTIFY ANNUALLY THEY HAVE REVIEWED THE POLICY AND HAVE NO POTENTIAL CONFLICTS TO REPORT. IF A CONFLICT IS REPORTED, IT IS REVIEWED BY GENERAL COUNSEL WHO RESOLVES THE CONFLICT.

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

WITHIN THE FISCAL YEAR, THE PRESIDENT'S COMPENSATION WAS REVIEWED BY A COMMITTEE OF INDEPENDENT DIRECTORS AND EXTERNAL COMPENSATION CONSULTANT. THE RESULTS WERE PRESENTED TO THE FULL BOARD FOR REVIEW AND APPROVAL. COMPENSATION FOR SENIOR LEVEL STAFF IS ANALYZED PERIODICALLY BY INDEPENDENT CONSULTANT AND REVIEWED WITH A COMMITTEE OF THE BOARD. MINUTES ARE KEPT OF SUCH MEETINGS. THE LAST COMPENSATION REVIEW FOR THE TOP MANAGEMENT OFFICIAL TOOK PLACE IN MARCH 2021.

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

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

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

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HRCF DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICTS OF INTEREST POLICY AVAILABLE TO THE PUBLIC. THE COMBINED FINANCIAL STATEMENTS OF HUMAN RIGHTS CAMPAIGN AND HUMAN RIGHTS CAMPAIGN FOUNDATION ARE POSTED ON THE WEBSITE, WWW.HRC.ORG.

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

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES 2,029,819.

MANAGEMENT AND GENERAL EXPENSES 346,270.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 2,376,089.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 2,376,089.

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

UNREALIZED GAIN ON INTEREST RATE SWAP 13,287.