

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.

A For the **2020** calendar year, or tax year beginning **APR 1, 2020** and ending **MAR 31, 2021**

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 HUMAN RIGHTS CAMPAIGN FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1640 RHODE ISLAND AVENUE, NW City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036 F Name and address of principal officer: ALPHONSO DAVID SAME AS C ABOVE	D Employer identification number 52-1481896 E Telephone number 202-628-4160 G Gross receipts \$ 20,955,645. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions 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: ▶ WWW.THEHRCFOUNDATION.ORG 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: 1985 M State of legal domicile: DC		

Part I Summary			
1	Briefly describe the organization's mission or most significant activities: RESEARCH, ADVOCACY AND EDUCATION TO SUPPORT AND PROTECT LGBTQ+ INDIVIDUALS AND FAMILIES.		
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	26
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	26
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	283
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-16,239.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	14,296,769.	19,123,062.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	204,689.	165,377.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	179,226.	127,853.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	454,715.	-191,126.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,135,399.	19,225,166.
14	Benefits paid to or for members (Part IX, column (A), line 4)	1,537,717.	1,160,276.
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)	10,123,967.	8,800,639.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,295,166.	189,570.	172,800.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,708,037.	3,662,831.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,559,291.	13,796,546.
19	Revenue less expenses. Subtract line 18 from line 12	-2,423,892.	5,428,620.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	33,450,147.	42,658,051.
22	Net assets or fund balances. Subtract line 21 from line 20	7,291,840.	11,019,172.
		26,158,307.	31,638,879.

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 JAMES M. RINEFIELD, TREASURER Type or print name and title	Date	8-13-2021
Paid	Print/Type preparer's name AARON M. FOX	Preparer's signature 	Date 08/16/21
Preparer	Firm's name ▶ MARCUM LLP	Firm's EIN ▶ 11-1986323	Check <input type="checkbox"/> if self-employed PTIN P01365820
Use Only	Firm's address ▶ 1899 L STREET, NW, SUITE 850 WASHINGTON, DC 20036	Phone no. (202) 227-4000	

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

COPY

Part III Statement of Program Service AccomplishmentsCheck 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 \$ 7,065,424. including grants of \$ 313,039.) (Revenue \$ 165,377.)

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 PLACES OF WORSHIP. 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

4b (Code:) (Expenses \$ 1,735,461. including grants of \$ 15,237.) (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 \$ 1,087,743. including grants of \$ 832,000.) (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 \$ 7,937. including grants of \$) (Revenue \$)**4e** Total program service expenses **9,896,565.**Form **990** (2020)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 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>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 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>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a 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>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
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>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b X	
15 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>	15 X	
16 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>	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 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>	26	X
27 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>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 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>	32	X
33 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>	33	X
34 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>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 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>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38 X	

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

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 101	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

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

Form 990 (2020)

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
1a Enter the number of voting members of the governing body at the end of the tax year	26			
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 Enter the number of voting members included on line 1a, above, who are independent		26		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 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
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be 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
10a Did the organization have local chapters, branches, or affiliates?		X
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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 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?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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 ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See 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)	(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			
(1) JODIE PATTERSON CHAIR	6.25	X						0.	0.	0.
(2) BRUCE BASTIAN DIRECTOR	2.50	X						0.	0.	0.
(3) CANDI CASTLEBERRY SINGLETON DIRECTOR	2.50	X						0.	0.	0.
(4) GEORGE CHEEKS DIRECTOR - UNTIL 12/2020	2.50	X						0.	0.	0.
(5) EDIE COFRIN DIRECTOR	2.50	X						0.	0.	0.
(6) JUNE CRENSHAW DIRECTOR - UNTIL 09/2020	3.75	X						0.	0.	0.
(7) PATTY ELLIS DIRECTOR	3.75	X						0.	0.	0.
(8) XAVIER ESTERS DIRECTOR	2.50	X						0.	0.	0.
(9) ANNE FAY DIRECTOR	3.75	X						0.	0.	0.
(10) MATT GARRETT DIRECTOR	3.75	X						0.	0.	0.
(11) RANDALL HANCE DIRECTOR	3.75	X						0.	0.	0.
(12) NIK HARRIS DIRECTOR	6.25	X						0.	0.	0.
(13) ANDREA JENKINS DIRECTOR	3.75	X						0.	0.	0.
(14) TOM KOVACH DIRECTOR - UNTIL 3/2021	2.50	X						0.	0.	0.
(15) CHRIS LEHTONEN DIRECTOR	2.50	X						0.	0.	0.
(16) JUSTIN MIKITA DIRECTOR	3.75	X						0.	0.	0.
(17) REY OCANAS 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)	(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			
(18) MARLENE OLSHAN DIRECTOR	2.50	X						0.	0.	0.
(19) LESTER PERRYMAN DIRECTOR	3.75	X						0.	0.	0.
(20) HENRY ROBIN DIRECTOR	3.75	X						0.	0.	0.
(21) CATHI SCALISE DIRECTOR	3.75	X						0.	0.	0.
(22) BRIGID SCARBROUGH DIRECTOR	2.50	X						0.	0.	0.
(23) JAY SETHI DIRECTOR	2.50	X						0.	0.	0.
(24) JUDY SHEPARD DIRECTOR	2.50	X						0.	0.	0.
(25) ASHLEY SMITH DIRECTOR	2.50	X						0.	0.	0.
(26) MATT SMITH DIRECTOR	2.50	X						0.	0.	0.
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								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 **3** **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 **4** **X**
- 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 **5** **X**

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
UG2, LLC P.O. BOX 5972, SPRINGFIELD, MA 01101	PROPERTY MANAGEMENT SERVICES	401,660.
SCORPII INTERNATIONAL LLC P.O. BOX 691, KING GEORGE, VA 22485	SECURITY SERVICES	206,373.
THE TRUSTEES OF COLUMBIA UNIVERSITY P.O. BOX 29789, NEW YORK, NY 10087	ORAL HISTORY PROJECT CONSULTING	125,000.
TRUST SECURITY SERVICES, INC. P.O. BOX 60479, CHARLOTTE, NC 28260	SECURITY SERVICES	100,055.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **4**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2020)

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) DEB TAFT DIRECTOR	3.75	X						0.	0.	0.
(28) PAUL THOMPSON DIRECTOR	2.50	X						0.	0.	0.
(29) SEAN VANGORDER DIRECTOR - UNTIL 10/2020	6.25	X						0.	0.	0.
(30) ROBB WEBB DIRECTOR - UNTIL 9/2020	2.50	X						0.	0.	0.
(31) MICHAEL WEINHOLTZ DIRECTOR	2.50	X						0.	0.	0.
(32) TINA WHITE DIRECTOR - UNTIL 12/2020	2.50	X						0.	0.	0.
(33) ALPHONSO DAVID PRESIDENT	4.50			X				0.	0.	0.
(34) JONI MADISON VICE PRESIDENT	8.50			X				0.	0.	0.
(35) JAY BROWN ASST. VICE PRESIDENT	21.00			X				0.	0.	0.
(36) JAMES M. RINEFIERD TREASURER	12.00			X				0.	0.	0.
(37) NICOLE GREENIDGE-HOSKINS SECRETARY	12.00			X				0.	0.	0.
(38) MOLLY MEEGAN ASST. SECRETARY	12.00			X				0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of RevenueCheck 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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	988,072.					
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	18,134,990.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 825,471.					
	h Total. Add lines 1a-1f							19,123,062.
Program Service Revenue	2 a TRAINING REVENUE	Business Code 900099		165,377.	165,377.			
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f				165,377.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			106,370.			106,370.
4 Income from investment of tax-exempt bond proceeds								
5 Royalties								
6 a Gross rents		6a	(i) Real 665,460.					
b Less: rental expenses ...		6b	882,843.					
c Rental income or (loss)		6c	-217,383.					
d Net rental income or (loss)					-217,383.	14,600.	-16,239.	-215,744.
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities 869,119.					
b Less: cost or other basis and sales expenses		7b	847,636.					
c Gain or (loss)		7c	21,483.					
d Net gain or (loss)					21,483.			21,483.
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a						
b Less: direct expenses		8b						
c Net income or (loss) from fundraising events								
9 a Gross income from gaming activities. See Part IV, line 19		9a						
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	10a							
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11 a OTHER INCOME	Business Code 900099		26,257.			26,257.	
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d				26,257.			
	12 Total revenue. See instructions				19,225,166.	179,977.	-16,239.	-61,634.

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 ☐

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,061,579.	1,061,579.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	33,197.	33,197.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	65,500.	65,500.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	550,344.	215,967.	320,584.	13,793.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,598,053.	4,628,750.	1,223,581.	745,722.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	312,313.	221,263.	55,136.	35,914.
9 Other employee benefits	458,554.	325,277.	79,622.	53,655.
10 Payroll taxes	881,375.	600,020.	186,856.	94,499.
11 Fees for services (nonemployees):				
a Management				
b Legal	84,713.	58,510.	25,611.	592.
c Accounting	31,088.		31,088.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	172,800.			172,800.
f Investment management fees	17,705.		17,705.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,352,866.	1,041,631.	311,235.	
12 Advertising and promotion	124,379.	90,778.		33,601.
13 Office expenses	701,112.	454,312.	246,800.	
14 Information technology				
15 Royalties				
16 Occupancy	293,491.	199,451.	62,481.	31,559.
17 Travel	12,025.	9,294.	1,206.	1,525.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	312,097.	304,540.	1,274.	6,283.
20 Interest	5,795.	3,967.	1,200.	628.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	536,204.	457,446.	21,267.	57,491.
23 Insurance	17,160.	12,990.		4,170.
24 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.)				
a PREMIUMS	98,325.	89,843.	412.	8,070.
b TAXES & FEES	75,871.	22,250.	18,757.	34,864.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	13,796,546.	9,896,565.	2,604,815.	1,295,166.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	5,266,005.	1	12,848,536.
	2 Savings and temporary cash investments	254,148.	2	254,391.
	3 Pledges and grants receivable, net	1,216,122.	3	1,199,112.
	4 Accounts receivable, net	1,108,332.	4	1,083,316.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	0.	8	46,440.
	9 Prepaid expenses and deferred charges	146,833.	9	109,074.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 30,196,056.		
	b Less: accumulated depreciation	10b 12,814,020.		
	11 Investments - publicly traded securities	17,902,100.	10c	17,382,036.
	12 Investments - other securities. See Part IV, line 11	7,285,219.	11	8,295,759.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	271,388.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	33,450,147.	15	1,439,387.	
17 Accounts payable and accrued expenses	247,160.	16	42,658,051.	
18 Grants payable		17	337,719.	
19 Deferred revenue	55,850.	18		
20 Tax-exempt bond liabilities		19	708,702.	
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
22 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		21		
23 Secured mortgages and notes payable to unrelated third parties	1,399,761.	22		
24 Unsecured notes and loans payable to unrelated third parties		23	942,698.	
25 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	5,589,069.	24		
26 Total liabilities. Add lines 17 through 25	7,291,840.	25	9,030,053.	
27 Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		26	11,019,172.	
28 Net assets without donor restrictions	24,277,047.	27	26,081,740.	
29 Net assets with donor restrictions	1,881,260.	28	5,557,139.	
30 Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
31 Capital stock or trust principal, or current funds		29		
32 Paid-in or capital surplus, or land, building, or equipment fund		30		
33 Retained earnings, endowment, accumulated income, or other funds		31		
34 Total net assets or fund balances	26,158,307.	32	31,638,879.	
35 Total liabilities and net assets/fund balances	33,450,147.	33	42,658,051.	

Form 990 (2020)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,225,166.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,796,546.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,428,620.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	26,158,307.
5	Net unrealized gains (losses) on investments	5	39,115.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	12,837.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	31,638,879.

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

	Yes	No
1 Accounting method used to prepare the Form 990: <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 in Schedule O.		
2a 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	2a	X
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	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2020)

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.

OMB No. 1545-0047

2020

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 or 990-EZ).)
- 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 in 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).

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		
Total						

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16150038.	17020453.	15796328.	14296769.	19123062.	82386650.
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 Total. Add lines 1 through 3	16150038.	17020453.	15796328.	14296769.	19123062.	82386650.
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)						5903289.
6 Public support. Subtract line 5 from line 4.						76483361.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	16150038.	17020453.	15796328.	14296769.	19123062.	82386650.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1583320.	2257666.	1287880.	1152171.	726,270.	7007307.
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 Total support. Add lines 7 through 10						89465380.
12 Gross receipts from related activities, etc. (see instructions)					12	2,142,410.
13 First 5 years. 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 stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	85.49 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	87.95 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. 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 stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. 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 stop here. 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 10% -facts-and-circumstances test - 2019. 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 stop here. 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 Private foundation. 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 or 990-EZ) 2020

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. 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 stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c 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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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>		
7 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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a 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 Did one or more disqualified persons (as defined in 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>		
c Did a disqualified person (as defined in 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>		
10a 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 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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 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 Part VI 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.		
1		
2 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 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?		
1		
2 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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in 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 Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a 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 Part VI 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.		
2a		
b Did the activities described in 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a 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 Part VI .		
3a		
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 Part VI the role played by the organization in this regard.		
3b		

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	Adjusted Net Income (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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount 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	Minimum Asset Amount (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	Distributable Amount. 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 or 990-EZ) 2020

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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**

2016 AMOUNT: \$ 0.

2017 AMOUNT: \$ 20,786.

2018 AMOUNT: \$ 7,827.

2019 AMOUNT: \$ 16,553.

2020 AMOUNT: \$ 26,257.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

HUMAN RIGHTS CAMPAIGN FOUNDATION

52-1481896

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>3,200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>2,613,375.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>942,991.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>704,913.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>407,500.</u>	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.)

Name of organization

Employer identification number

HUMAN RIGHTS CAMPAIGN FOUNDATION**52-1481896****Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization	Employer identification number
HUMAN RIGHTS CAMPAIGN FOUNDATION	52-1481896

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	

SCHEDULE C
(Form 990 or 990-EZ)

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 for instructions and the latest information.**

OMB No. 1545-0047

2020

**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 or 990-EZ) 2020

LHA

032041 12-02-20

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												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		0.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		820,000.													
c Total lobbying expenditures (add lines 1a and 1b)		820,000.													
d Other exempt purpose expenditures		12,741,947.													
e Total exempt purpose expenditures (add lines 1c and 1d)		13,561,947.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		828,097.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	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.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
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.														
g Grassroots nontaxable amount (enter 25% of line 1f)		207,024.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	992,525.	929,313.	1,000,000.	828,097.	3,749,935.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,624,903.
c Total lobbying expenditures	975,000.	920,000.	975,000.	820,000.	3,690,000.
d Grassroots nontaxable amount	248,131.	232,328.	250,000.	207,024.	937,483.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,406,225.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

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 for instructions and the latest information.**

OMB No. 1545-0047

2020**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) 2020

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	3,961.	2,485.	2,023.	1,919.	691.
d Grants or scholarships					
e Other expenditures for facilities and programs	3,961.	2,485.	2,023.	1,919.	691.
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 ☐ _____ %

b Permanent endowment ☒ 100 %

c Term endowment ☐ _____ %

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

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

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

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		23,397,634.	9,867,194.	13,530,440.
c Leasehold improvements				
d Equipment		1,816,847.	1,270,849.	545,998.
e Other		1,735,815.	1,675,977.	59,838.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				17,382,036.

Schedule D (Form 990) 2020

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)		
Total. (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)		
Total. (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)	
Total. (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	8,851,745.
(3) CHARITABLE GIFT ANNUITY PAYABLE	164,595.
(4) RATE SWAP OBLIGATION	13,713.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	9,030,053.

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 ... ☒

Schedule D (Form 990) 2020

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.

1	Total revenue, gains, and other support per audited financial statements	1	22,523,827.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	39,115.
b	Donated services and use of facilities	2b	2,394,408.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	882,843.
e	Add lines 2a through 2d	2e	3,316,366.
3	Subtract line 2e from line 1	3	19,207,461.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	17,705.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	17,705.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	19,225,166.

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.

1	Total expenses and losses per audited financial statements	1	17,056,092.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	2,394,408.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	882,843.
e	Add lines 2a through 2d	2e	3,277,251.
3	Subtract line 2e from line 1	3	13,778,841.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	17,705.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	17,705.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	13,796,546.

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, 2021, 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 882,843.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 882,843.

Part XIII Supplemental Information *(continued)*

Supplemental information area with horizontal lines for text entry.

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 for instructions and the latest information.

OMB No. 1545-0047

2020

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)		3,500.
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS IN REGION (SEE SCHEDULE F, PART II AND III)		3,000.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS IN REGION (SEE SCHEDULE F, PART II AND III)		10,500.
NORTH AMERICA	0	2	PROGRAM SERVICE	CONSULTING ON EQUIDAD MX	38,346.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS IN REGION (SEE SCHEDULE F, PART II AND III)		3,000.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS IN REGION (SEE SCHEDULE F, PART II AND III)		23,500.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS IN REGION (SEE SCHEDULE F, PART II AND III)		10,000.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS IN REGION (SEE SCHEDULE F, PART II AND III)		12,000.
3 a Subtotal	0	2			103,846.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	2			103,846.

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

Schedule F (Form 990) 2020

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 LGBTI DIVERSITY & INCLUSION IN WORKPLACE	10,000.	WIRE	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 **1**

3 Enter total number of other organizations or entities **0**

Schedule F (Form 990) 2020

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)
GLOBAL PARTNERSHIPS GRANT TO SUPPORT LGBTQ+ EQUALITY IN REGION	EUROPE (INCLUDING ICELAND & GREENLAND)	1	1,500.	CASH PAYMENT	0.		
GLOBAL PARTNERSHIPS GRANT TO SUPPORT LGBTQ+ EQUALITY IN REGION	SOUTH AMERICA	2	6,000.	CASH PAYMENT	0.		
GLOBAL PARTNERSHIPS GRANT TO SUPPORT LGBTQ+ EQUALITY IN REGION	SOUTH ASIA	2	4,500.	CASH PAYMENT	0.		
GLOBAL PARTNERSHIPS GRANT TO SUPPORT LGBTQ+ EQUALITY IN REGION	SUB-SAHARAN AFRICA	1	2,000.	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) 2020

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 ARE IN REGULAR CONTACT WITH THOSE RECEIVING CONTRIBUTIONS OR OTHER ASSISTANCE. STAFF PROVIDES STRATEGIC ADVICE TO CONTRIBUTION RECIPIENTS AND WORK WITH THEM BEFORE AND AFTER FINANCIAL SUPPORT IS PROVIDED TO DEVELOP PLANS CONSISTENT WITH HRCF'S MISSION IN SUPPORT OF LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUEER (LGBTQ+) EQUAL RIGHTS. THE POLICY IS THAT ALL PROSPECTIVE CONTRIBUTIONS AND RECIPIENTS ARE REVIEWED IN ADVANCE BY STAFF.

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.

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:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

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: SKY ADVISORY GROUP

(I) ADDRESS OF FUNDRAISER:

2311 MANDEVILLE CANYON RD, LOS ANGELES, CA 90049

Part IV	Supplemental Information <i>(continued)</i>
----------------	--

[illegible]

COPY

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 for the latest information.**

OMB No. 1545-0047

2020

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HUMAN RIGHTS CAMPAIGN, INC. 1640 RHODE ISLAND AVENUE, NW WASHINGTON, DC 20036	52-1243457	501(C)(4)	820,000.	0.			LOBBYING
THE TYLER CLEMENTI FOUNDATION, INC. - 104 WEST 29TH ST, 11TH FLOOR - NEW YORK, NY 10001	27-3751181	501(C)(3)	50,000.	0.			GENERAL PROGRAM SUPPORT
NEW GEORGIA PROJECT, INC 830 GLENWOOD AVE SE, STE 510-221 ATLANTA, GA 30316	82-1348307	501(C)(3)	25,000.	0.			GENERAL PROGRAM SUPPORT
DESTINATION TOMORROW, INC. 452 EAST 149TH ST, 3RD FL BRONX, NY 10455	80-0259180	501(C)(3)	10,000.	0.			GENERAL PROGRAM SUPPORT
ALLIED MEDIA PROJECTS 4126 THIRD ST DETROIT, MI 48201	01-0559608	501(C)(3)	7,000.	0.			GENERAL PROGRAM SUPPORT
EMPOWERMENT ENTERPRISE II, INC. 611 PENNSYLVANIA AVE, SE, SUITE 164 WASHINGTON, DC 20003	26-2950191	501(C)(3)	7,000.	0.			GENERAL PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **6.**

3 Enter total number of other organizations listed in the line 1 table **1.**

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

Schedule I (Form 990) 2020

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
TRANSGENDER JUSTICE INITIATIVE GRANTS	32	33,197.	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 ARE IN REGULAR CONTACT WITH ORGANIZATIONS RECEIVING CONTRIBUTIONS OR
OTHER ASSISTANCE. STAFF PROVIDE STRATEGIC ADVICE TO CONTRIBUTION RECIPIENTS
AND WORK WITH THEM BEFORE AND AFTER FINANCIAL SUPPORT IS PROVIDED TO
DEVELOP PLANS CONSISTENT WITH HRC'S MISSION IN SUPPORT OF LGBTQ+ EQUAL
RIGHTS. THE POLICY IS THAT ALL PROSPECTIVE CONTRIBUTIONS AND RECIPIENTS ARE
REVIEWED IN ADVANCE BY STAFF.

HRCF AWARDS GRANTS AS PART OF THE TRANSGENDER JUSTICE INITIATIVE PROGRAM;

Part IV Supplemental Information

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 LEADERS OF THE PROGRAM 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 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

HUMAN RIGHTS CAMPAIGN FOUNDATION

Employer identification number

52-1481896

Part I Questions Regarding Compensation

1a 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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 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?

3 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 type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 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:

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 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:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 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:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 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

8 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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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) \$60,642

JONI MADISON (OFFICER) \$71,297

JAMES M. RINEFIERD (OFFICER) \$99,950

NICOLE GREENIDGE-HOSKINS (OFFICER) \$95,872

MOLLY MEEGAN (OFFICER) \$64,037

JAY BROWN (OFFICER) \$158,546

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2020

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 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	46,440.	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	86	779,031.	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				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
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) 2020

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 or 990-EZ)

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 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

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:

TO LGBTQ+ INCLUSION IN CHILD WELFARE THAT PROVIDES RESOURCE
DEVELOPMENT, TECHNICAL ASSISTANCE AND TRAINING. IN FY21, ACAF RELEASED
ITS SECOND ANNUAL CHANGE-MAKERS IN CHILD WELFARE REPORT, WHICH
RECOGNIZED 100 PARTICIPATING ORGANIZATIONS. ACAF ALSO SUCCESSFULLY
ADAPTED ITS TRAINING PROGRAM TO BE DELIVERED ENTIRELY ONLINE AND
CONDUCTED ITS FIRST-EVER VIRTUAL TRAINING OF FACILITATORS PROGRAM.

THE GLOBAL PARTNERSHIPS PROGRAM PROVIDES CAPACITY-BUILDING AND
LEADERSHIP DEVELOPMENT SUPPORT TO LGBTQ+ ADVOCATES FROM AROUND THE
WORLD. IN FY21, THE PROGRAM HOSTED ITS FIFTH - AND FIRST VIRTUAL -
ANNUAL GLOBAL INNOVATIVE ADVOCACY SUMMIT THAT WELCOMED 31 GLOBAL
INNOVATORS FROM 27 COUNTRIES ON FIVE CONTINENTS TO WASHINGTON DC. WE
LAUNCHED OUR FIRST-EVER GLOBAL SMALL GRANTS PROGRAM, AWARDING 19
INITIATIVES IN 17 COUNTRIES WITH GRANTS OF UP TO \$5,000 TO SUPPORT
THEIR INNOVATIVE PROGRAMS IN THE AGE OF COVID AND HELPING TO BUILD
ALLIES WITH BUSINESSES AND FAITH COMMUNITIES. WE HELD OUR FIRST GLOBAL
CONVERSATION, FEATURING A DIVERSE AND ENGAGING PANEL OF TRANS ADVOCATES
FROM AROUND THE WORLD ON "TRANS RIGHTS AND RESILIENCE." THAT PROGRAM
REACHED AN AUDIENCE OF 9,000 ON FACEBOOK ALONE, AND WAS WIDELY PROMOTED
ON SOCIAL MEDIA PLATFORMS. WE ALSO CONTINUED TO MONITOR AND REPORT ON

THE STATE OF LGBTQ+ RIGHTS AROUND THE WORLD, AND ENGAGED WITH THE

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization

HUMAN RIGHTS CAMPAIGN FOUNDATION

Employer identification number

52-1481896

UNITED NATIONS, GLOBAL EQUALITY FUND AND OTHER MULTILATERAL
INSTITUTIONS.

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 FY21, THE HEALTHCARE EQUALITY INDEX SAW A
RECORD 765 PARTICIPATING HEALTHCARE FACILITIES, INCLUDING INCREASES IN
HRC PRIORITY STATES. THE LONG-TERM CARE EQUALITY INDEX, DEVELOPED AND
LAUNCHED THE SELF-ASSESSMENT TOOL FOR LONG-TERM CARE COMMUNITIES TO
COMPLETE AS PART OF THE LEI JOURNEY TOWARDS LGBTQ+ INCLUSION. 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
FY21, THE PROGRAM PIVOTED TO A VIRTUAL NATIONAL LEADERSHIP SYMPOSIUM,
DRAWING MORE THAN 80 STUDENTS, STAFF, AND ALUMNI FROM NEARLY 30 HBCUS.
OTHER KEY ACCOMPLISHMENTS INCLUDE INCORPORATING GOTV EFFORTS INTO THE
ANNUAL HBCU OUT LOUD DAY, A NATIONAL DAY TO RAISE AWARENESS ABOUT THE
LGBTQ+ HBCU COMMUNITY; AND, IN COLLABORATION WITH RUTGERS CENTER FOR
MINORITY SERVING INSTITUTIONS (CMSI) RELEASED 'MODELING INCLUSION:
HBCUS AND LGBTQ+ SUPPORT,' A RESEARCH BRIEF EXAMINING THE
GROUND-BREAKING STEPS THAT HBCUS ARE TAKING TO ESTABLISH LGBTQ+
INCLUSIVE POLICIES AND PRACTICES ON THEIR CAMPUSES. THE PROGRAM ALSO
MAINTAINED CONSTANT ENGAGEMENT WITH STUDENTS, STAFF, AND PARTNERS BY
HOSTING SEVERAL WEBINARS AND DISCUSSIONS CENTERED AROUND EXPANDING
INCLUSION AND SUPPORTING LGBTQ+ STUDENTS.

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

Name of the organization

HUMAN RIGHTS CAMPAIGN FOUNDATION

Employer identification number

52-1481896

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 FY21, THE TEAM INTRODUCED MY BODY, AN EVIDENCE-BASED CAMPAIGN THAT UTILIZES CDC'S HIV DATA TO CONVEY THE REALITIES OF HIV TO A TARGETED COMMUNITY THAT'S HIGHLY VULNERABLE TO NEW HIV DIAGNOSES, WHICH RECEIVED OVER 2,500 ONLINE ENGAGEMENTS. ADDITIONALLY, H&HE PARTNERED WITH THE PREVENTION ACCESS (PAC) TO DEVELOP A U=U (UNDETECTABLE = UNTRANSMITTABLE) RESOURCE GUIDE AND IMAGE SHARE CAMPAIGN, WITH OVER 2,000 VIRTUAL ENGAGEMENTS. THE PROGRAM LAUNCHED A SERIES OF COVID AND HIV PUBLIC EDUCATION CONVERSATIONS IN PARTNERSHIP WITH COMMUNITY-BASED ORGANIZATIONS, FEDERAL HEALTH AGENCIES, AND ADVOCATES, AND ASSESSED COMMUNITY HEALTH WORKER NEEDS THROUGH THE DEVELOPMENT OF THE SOUTHERN HEALTH & HIV SURVEY IN PARTNERSHIP WITH THE SOUTHERN AIDS COALITION (SAC), LATINOS IN THE DEEP SOUTH/LATINO COMMISSION ON AIDS (LCOA), AND SOUTHERN BLACK POLICY AND ADVOCACY NETWORK (SBPAN), WHICH GIVES HRC ACCESS TO 17 MINORITY-LED AND SERVICE CBOS, ADVOCATES, AND STAKEHOLDERS - SERVING OVER 50,000 LGBTQ+ PEOPLE IN THE SOUTH ANNUALLY. THE TEAM WORKED TO EXPAND YOUTH ENGAGEMENT THROUGH YOU ARE NOW, A COMMUNITY DISCUSSION CENTERED ON THE IMPACT OF HIV, CRIMINALIZATION, AND SURVIVAL AMONG THE BLACK AND LATINX HOUSE AND BALLROOM COMMUNITY, WHILE ALSO INCREASING PROFESSIONAL DEVELOPMENT FOR THE TRANS AND GENDER NONCONFORMING COMMUNITY WITH THE SECOND CLASS OF ELEVATE AND LAUNCH OF ACTIVATE, WITH ALMOST 100 APPLICANTS.

THE IMPACT LITIGATION PROGRAM IS A PROGRAM FOCUSED ON COMBATTING ATTACKS ON LGBTQ+ EQUALITY. BY PARTNERING WITH LITIGATORS FROM TOP

Name of the organization	Employer identification number
HUMAN RIGHTS CAMPAIGN FOUNDATION	52-1481896

FIRMS, HRCF IS PURSUING STRATEGIC CASES THAT WILL SHAPE STATE AND FEDERAL LAW AND EXPAND THE APPLICATION OF CONSTITUTIONAL PRINCIPLES. BY WORKING TOGETHER, THE ORGANIZATION AND THESE FIRMS UTILIZE THE COURTS TO HOLD ACCOUNTABLE ENTITIES AND GOVERNMENTS THAT TARGET THE LGBTQ+ COMMUNITY WITH DISCRIMINATORY LAWS, REGULATIONS AND POLICIES. THE IMPACT LITIGATION PROGRAM SECURED ITS FIRST WIN BY OBTAINING A PRELIMINARY INJUNCTION AGAINST THE FEDERAL GOVERNMENT'S EFFORT TO ELIMINATE PROTECTIONS FOR SEXUAL ORIENTATION AND GENDER IDENTITY IN THE REGULATION IMPLEMENTING SECTION 1557 OF THE AFFORDABLE CARE ACT (WALKER V. AZAR). ADDITIONALLY, HRCF IS WORKING WITH IN-COUNTRY PARTNERS (INCLUDING LOCAL ADVOCACY GROUPS) AND AN INTERNATIONAL LAW FIRM TO THOUGHTFULLY IDENTIFY CHANGE OPPORTUNITIES AND SUPPORT IMPACT LITIGATION EFFORTS AS PART OF BROADER EFFORTS IN THE MOVEMENT FOR LGBTQ+ EQUALITY, COMPLEMENTING HRCF'S CAPACITY BUILDING EFFORTS FOR LOCAL ADVOCATES THROUGH THE GLOBAL PROGRAM.

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 2020 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. A RECORD 94 CITIES EARNED PERFECT SCORES FOR ADVANCING LGBTQ+ INCLUSIVE POLICIES AND PRACTICES -- UP FROM 88 IN 2019 AND JUST 11 IN 2012. THE AVERAGE

Name of the organization	Employer identification number
HUMAN RIGHTS CAMPAIGN FOUNDATION	52-1481896

SCORE FOR CITIES INCREASED EVERY YEAR DURING THE TRUMP-PENCE ADMINISTRATION-- FROM 57 IN 2017, TO 66 THIS YEAR. 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 2020 SEI DETAILED STATEWIDE LAWS AND POLICIES THAT AFFECT LGBTQ+ PEOPLE AND THEIR FAMILIES AND ASSESSED HOW WELL STATES ARE PROTECTING LGBTQ+ PEOPLE FROM DISCRIMINATION. TWO STATES MOVE INTO THE TOP CATEGORY RESULTING IN A NEW HIGH OF 19 STATES WORKING TOWARD INNOVATIVE EQUALITY.

THE PUBLIC EDUCATION & RESEARCH PROGRAM PRODUCES WRITTEN RESOURCES AND CONDUCTS ORIGINAL QUANTITATIVE AND QUALITATIVE RESEARCH EXPLORING THE LIVED EXPERIENCES OF LGBTQ+ PEOPLE. IN FY21, THE TEAM TRACKED AND RESEARCHED EVERY KNOWN INCIDENT OF FATAL VIOLENCE AGAINST TRANS PEOPLE ACROSS THE UNITED STATES, AND LAUNCHED THE "2020 FATAL VIOLENCE AGAINST TRANS PEOPLE REPORT." WE ALSO PRODUCED A WEB RESOURCE UPDATE ON UNDERSTANDING THE TRANSGENDER COMMUNITY AND A NEW TRANSGENDER AND NON-BINARY PEOPLE FAQ. THE PROGRAM PRODUCED A SERIES OF EIGHT RESEARCH BRIEFINGS DETAILING THE VARIOUS WAYS IN WHICH THE LGBTQ+ COMMUNITY WAS AFFECTED BY THE COVID-19 PANDEMIC. THE RESEARCH, WHICH PULLED 20,000 RESPONSES FROM ADULTS IN THE U.S., WAS USED TO EDUCATE ON TOPICS IN THE LGBTQ+ COMMUNITY FROM UNEMPLOYMENT TO VACCINE CONFIDENCE. THE PROGRAM ALSO PARTNERED WITH THE CENTER FOR BLACK EQUITY, COMMUNITY MARKETING & INSIGHTS, AARP, FREDDIE MAC AND WILSON MEDIA TO CONDUCT THE 2020 BLACK LGBTQ+ COMMUNITY SURVEY, THE LARGEST EXISTING SURVEY OF THE BLACK LGBTQ+ COMMUNITY.

PART III, LINE 4A (CONTINUED)

Name of the organization	Employer identification number
HUMAN RIGHTS CAMPAIGN FOUNDATION	52-1481896

THE TEAM USED DATA FROM THIS SURVEY TO PRODUCE "BLACK LGBTQ+ PEOPLE AND COMPOUNDING DISCRIMINATION," A REPORT THAT ANALYZED HOW OFTEN DISCRIMINATION FACES BLACK LGBTQ+ PEOPLE AND ITS IMPACT. ADDITIONALLY, WE PUBLISHED SEVERAL NEW PRODUCTS SUCH AS UPDATES TO THREE COMING OUT RESOURCES; A NEW WEB RESOURCE ON UNDERSTANDING THE INTERSEX COMMUNITY (WRITTEN IN PARTNERSHIP WITH INTERACT); A REPORT ON GUN VIOLENCE (WRITTEN IN PARTNERSHIP WITH GIFFORDS AND EQUALITY FLORIDA); A REPORT ON COMMUNITY PROGRESS SINCE THE OBERGEFELL DECISION; ANALYSIS OF NEW FEDERAL YOUTH DATA; AND RESEARCH WITH THE UNIVERSITY OF CONNECTICUT ON BLACK AND LATINX GAY AND BI MEN WHO HAVE HAD SEX WITH ANOTHER MAN.

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 FY21, R&F LED A VIRTUAL NATIONAL FAITH TOUR, "REMAINING HOME IN FAITH" THAT SERVED AS A PUBLIC EDUCATION CAMPAIGN SHIFTING THE PUBLIC NARRATIVE AT THE NEXUS OF RELIGION AND THE LGBTQ+ COMMUNITY. TOPICS RANGED FROM HOW TO NAVIGATE THE COVID-19 PANDEMIC TO THE RISE OF RELIGIOUS NATIONALISM AND HOW WE CAN MOBILIZE IN RESPONSE TO IT; EACH EVENT BROUGHT IN 15,000-40,000 VIEWERS. R&F ALSO LAUNCHED ITS FIRST INSTITUTE OF THEOLOGY AND SOCIAL CHANGE, WHERE 20 FAITH ORGANIZERS WERE TRAINED TO SUPPORT PRO-EQUALITY INITIATIVES AROUND THE COUNTRY, AND EFFECTIVELY MOBILIZED HUNDREDS OF OTHER ORGANIZERS IN SUPPORT OF OUR LEGISLATIVE AGENDAS AT BOTH THE STATE AND FEDERAL LEVEL, INCLUDING HELPING REACH 17,000 FAITH LEADER ENDORSEMENTS OF THE EQUALITY ACT, SECURING OVER 100 FAITH BASED ORGANIZATIONS AND DENOMINATIONAL ENDORSEMENTS, AND SECURING THE ENDORSEMENT OF A SITTING CATHOLIC BISHOP. R&F CONTINUED EXPANDING ITS

Name of the organization	Employer identification number
HUMAN RIGHTS CAMPAIGN FOUNDATION	52-1481896

RESOURCES ACROSS FAITH TRADITIONS, INCLUDING DEVELOPING NEW MEDIA TARGETING CATHOLIC AUDIENCES INCLUDING AN OP-ED IN NATIONAL CATHOLIC REPORTER DISCUSSING THE IMPACT OF PRESIDENT JOE BIDEN'S CATHOLICISM ON LGBTQ+ POLICY, A NEW VIDEO FEATURING SISTER LOUIS DEROUEN (APPROX. 200,000 VIEWS) ABOUT HER TWENTY YEARS OF SERVICE TO THE TRANSGENDER COMMUNITY, AND ISSUING A LETTER CALLING FOR THE DEFENSE OF TRANS LIVES SIGNED BY TWO CATHOLIC BISHOPS AND SEVERAL LEADING CATHOLIC ORGANIZATIONS.

THE TRANSGENDER JUSTICE INITIATIVE IS AN INNOVATIVE PROGRAM IN 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 FY21, TJI ALSO COLLABORATED WITH COMMUNITY-BASED ADVOCATES TO PRODUCE A SERIES OF POWERFUL VIDEO SERIES WITH WARNERMEDIA, THE TJI NEWSLETTER AND BLOGS HIGHLIGHTING BOTH REALITIES OF ANTI-TRANSGENDER VIOLENCE AND AMPLIFYING TRANSGENDER ADVOCATES PUSHING FOR REAL CHANGE -- VIDEOS RELEASED AROUND TRANSGENDER DAY OF REMEMBRANCE. TJI ALSO PARTNERED WITH TRANSCANWORK FOR THE WHO'S HIRING SERIES AND MAYOR KEISHA LANCE-BOTTOMS TO EXECUTE A SERIES OF VIRTUAL JOB AND OPPORTUNITY FAIRS FOR THE TRANSGENDER AND NON-BINARY COMMUNITY ACROSS THE COUNTRY. IN ADDITION, TJI PROVIDED ONGOING MENTORSHIP TO FELLOWS ENGAGED IN THE ELEVATE CAPACITY-BUILDING PROGRAM, FOR BLACK AND LATINX TRANSGENDER WOMEN IN THE HIV ADVOCACY SPHERE. TJI ALSO DEBUTED ACTIVATE, WHICH IS A CAPACITY-BUILDING PROGRAM FOR BIPOC TRANS AND GENDER EXPANSIVE LEADERS TO FURTHER DEVELOP THEIR LEADERSHIP SKILLS. THESE 12-MONTH PROGRAMS ALSO PROVIDED A COMPREHENSIVE MENTORSHIP PHASE TO PROMOTE COLLABORATIVE LEADERSHIP. IN A COLLABORATION WITH LYFT RIDESHARE COMPANY, TJI

Name of the organization	Employer identification number
HUMAN RIGHTS CAMPAIGN FOUNDATION	52-1481896

PROVIDED \$15,000 IN FREE LYFT RIDE CODES TO COMMUNITY BASED ORGS TO PROVIDE SAFE, FREE RIDES FOR THE TRANS AND GENDER EXPANSIVE COMMUNITY ACROSS THE COUNTRY. FINALLY, THROUGH SEVERAL COMMUNITY-BASED MEETINGS IN CITIES HARD HIT BY ANTI-TRANSGENDER VIOLENCE, TJI IS WORKING WITH DOZENS OF ON-THE-GROUND LEADERS TO DEVELOP PUBLIC SAFETY AND ADVOCACY IN THEIR LOCAL COMMUNITIES AND NETWORKING OPPORTUNITIES TO ADVANCE PUBLIC SAFETY. WE WERE ABLE TO REALLOCATE \$10,000 FOR A COVID RAPID RESPONSE FUND, WHICH WAS DISTRIBUTED BY DESTINATION TOMORROW TO THE TRANS COMMUNITY. FY21 ALSO SAW TJI PROVIDE \$30,000 THROUGH ITS NEW TJI SMALL GRANTS PROGRAM TO 30 ADVOCATES, COMMUNITY BASED ORGS, PROGRAMS AND PROJECTS ACROSS THE COUNTRY. THIS PROGRAM COINCIDED WITH THE FIRST NATIONAL JUSTICE & ADVOCACY SUMMIT, WHICH TOOK PLACE MARCH 29 AND 30, 2021. SEVERAL HUNDRED TRANS COMMUNITY MEMBERS AND ALLIES JOINED LEADERS FOR TWO DAYS OF WORKSHOPS FOCUSED ON PUBLIC SAFETY AND EMPOWERMENT FOR THE TRANS COMMUNITY. THIS NATIONAL SUMMIT CULMINATED A FULL YEAR OF INNOVATIVE AND IMPACTFUL PROGRAMS GEARED TO BRING GREATER EQUALITY AND JUSTICE TO THE TRANS AND GENDER EXPANSIVE COMMUNITY.

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 FY21, WELCOMING SCHOOLS ESTABLISHED A VIRTUAL PLATFORM TO DELIVER TRAININGS, A STANDALONE PRE-TRAINING SITE AND A VIRTUAL EDUCATOR SERIES REACHING EDUCATORS ALL ACROSS THE COUNTRY. WE DEVELOPED SEVERAL NEW RESOURCES DURING COVID-19 AND MOST RECENTLY RELEASED A BIPOC BOOKLIST WITH TRANSGENDER, NON-BINARY AND GENDER EXPANSIVE CHARACTERS." THE ANNUAL JAZZ & FRIENDS NATIONAL DAY OF SCHOOL AND COMMUNITY READINGS WAS MORE INCLUSIVE AND INCLUDED AUTHORS AND CHARACTERS OF COLOR, AS WELL AS

Name of the organization

HUMAN RIGHTS CAMPAIGN FOUNDATION

Employer identification number

52-1481896

STORIES WITH NON-BINARY THEMES. ADDITIONALLY, WE HAVE SOLIDIFIED PARTNERSHIPS WITH THE AFT (AMERICAN FEDERATION OF TEACHERS) AS WELL AS PRINCE GEORGE'S COUNTY PUBLIC SCHOOLS FINALLY, WELCOMING SCHOOLS HAS TRAINED OVER 150,000 EDUCATORS AND IMPACTED OVER 10.5 MILLION STUDENTS IN 44 STATES AS WELL AS CANADA AND TAIWAN AND OVER 2 MILLION PEOPLE HAVE VISITED OUR WEBSITE FOR RESOURCES AND LESSON PLANS.

THE WORKPLACE EQUALITY PROGRAM 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. IN FY21, THE CEI 2021 LAUNCHED WITH A RECORD 767 TOP-RATED COMPANIES. ON THE PUBLIC POLICY FRONT, THE TEAM INCREASED MEMBERSHIP IN THE BUSINESS COALITION FOR THE EQUALITY ACT TO 451 COMPANIES, ENGAGED COALITION MEMBERS IN ADVOCACY EFFORTS, AND LED THE "BUSINESS STATEMENT ON ANTI-LGBTQ+ STATE LEGISLATION" ALONGSIDE FREEDOM FOR ALL AMERICANS, WITH 138 MAJOR EMPLOYERS SIGNED ON. THE TEAM CREATED NEW WEB-BASED CONTENT FOCUSED ON ALL ASPECTS OF LGBTQ+ WORKPLACE INCLUSION. THE TEAM'S DIRECT ENGAGEMENT WITH EMPLOYERS ALSO CONTINUED TO GROW, EVEN IN THE VIRTUAL ENVIRONMENT. WORKPLACE DELIVERED MONTHLY LEARNING WEBINARS FOR BOTH CORPORATE DIVERSITY & INCLUSION PROFESSIONALS AND TRANS AND NONBINARY JOB SEEKERS, AND DELIVERED ON VIRTUAL ENGAGEMENTS WITH KEY PARTNERS.

THE WORKPLACE EQUALITY PROGRAM'S GLOBAL BUSINESS ENGAGEMENT PROJECT DIRECTLY SUPPORTS A FOUNDATIONAL INSTITUTION OF DAILY LIFE, THE WORKPLACE. HRC'S TWO IN-COUNTRY WORKPLACE INDICES, EQUIDAD MX (MEXICO) AND EQUIDAD CL (CHILE) 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

Name of the organization

HUMAN RIGHTS CAMPAIGN FOUNDATION

Employer identification number

52-1481896

COUNTRY-SPECIFIC BUSINESSES. IN FY21, THE EQUIDAD MX AND CL PROGRAMS EXPANDED TO 235 AND 96, RESPECTIVELY. THROUGHOUT THE YEAR, WE LED GLOBAL EDUCATION ENGAGEMENTS WITH KEY PARTNERS, SECURED OFFICIAL MEMBERSHIP IN THE PARTNERSHIP FOR GLOBAL LGBTI EQUALITY, AND CREATED NEW PARTNERSHIPS WITH KEY STAKEHOLDERS AROUND THE WORLD, LAUNCHING A GLOBAL CORPORATE MENTORSHIP PROGRAM FOR LGBTQ+ REFUGEES WITH THE TENT FOUNDATION AND THE #WORKINGPOSITIVELY INITIATIVE WITH IBM TO COMBAT HIV STIGMA IN THE WORKPLACE.

THE YOUTH WELL-BEING PROGRAM PROVIDES PROFESSIONAL DEVELOPMENT TO OVER 10,000 YOUTH-SERVING PROFESSIONALS ANNUALLY, THROUGH THE ANNUAL 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. LAST YEAR, THE PROGRAM LAUNCHED PROJECT THRIVE, A NATIONAL COLLABORATIVE CAMPAIGN WITH NEARLY 30 NATIONAL ORGANIZATIONS AND ASSOCIATIONS REPRESENTING OVER SIX MILLION YOUTH-SERVING PROFESSIONALS ALL WORKING TO PROMOTE THE WELL-BEING OF LGBTQ+ YOUTH. YOUTH WELL-BEING CONTINUED TO DEVELOP AND DISSEMINATE HIGH IMPACT GUIDES AND RESOURCES FOR PARENTS OF TRANSGENDER YOUTH AND A BROAD RANGE OF YOUTH-SERVING PROFESSIONALS, AND PRESENTED KEYNOTES, WEBINARS, AND LED PANELS WITH HRC YOUTH AMBASSADORS FOR SEVERAL KEY NATIONAL PARTNERS. THE 2021 TIME TO THRIVE CONFERENCE, HOSTED ON A VIRTUAL PLATFORM, ATTRACTED NEARLY 3,000 ATTENDEES FROM ALL OVER THE U.S. FINALLY, THE PROGRAM RECRUITED FIVE NEW YOUTH AMBASSADORS AND FIVE NEW PTEC FAMILIES, WHO ADD TREMENDOUS RACIAL AND GEOGRAPHIC DIVERSITY TO THESE BODIES.

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

Name of the organization	Employer identification number
HUMAN RIGHTS CAMPAIGN FOUNDATION	52-1481896

OTHER PROGRAMS

EXPENSES \$ 7,937. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

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

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

THE ORGANIZATION ANNUALLY SENDS OUT A CONFLICTS OF INTEREST POLICY TO ITS BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES AND REQUESTS A SIGNED DISCLOSURE FORM FROM EACH COVERED INDIVIDUAL. ANY DISCLOSED CONFLICT IS REVIEWED BY THE GENERAL COUNSEL. IF A CONFLICT DOES EXIST ON A SPECIFIC ISSUE, MEETING MINUTES REFLECT THE BOARD ACTION TO CLEAR THE CONFLICT, EITHER BY HAVING THE AFFECTED BOARD MEMBER, OFFICER OR KEY EMPLOYEE RECUSE THEMSELVES FROM THE DISCUSSION OR VOTE OR REMOVE THEMSELVES FROM ALL DELIBERATIONS. THIS 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

Name of the organization

HUMAN RIGHTS CAMPAIGN FOUNDATION

Employer identification number

52-1481896

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:

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 XI, LINE 9, CHANGES IN NET ASSETS:

UNREALIZED GAIN ON INTEREST RATE SWAP 12,837.