

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **APR 1, 2018** and ending **MAR 31, 2019**

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: CHAD GRIFFIN SAME AS C ABOVE	D Employer identification number 52-1481896 E Telephone number 202-628-4160 G Gross receipts \$ 20,755,592. 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.HRC.ORG/FOUNDATION		
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	28
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	28
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	473
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-9,358.
7b	Net unrelated business taxable income from Form 990-T, line 38	7b	-11,358.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	17,020,453.	15,796,328.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	122,347.	244,116.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	116,827.	171,756.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,168,056.	440,912.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	18,427,683.	16,653,112.
14	Benefits paid to or for members (Part IX, column (A), line 4)	1,752,193.	1,672,452.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	8,668,268.	9,238,068.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,921,226.	220,400.	254,400.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,209,634.	4,708,922.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,850,495.	15,873,842.
19	Revenue less expenses. Subtract line 18 from line 12	1,577,188.	779,270.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	35,229,051.	36,552,318.
22	Net assets or fund balances. Subtract line 21 from line 20	7,365,703.	7,927,787.
		27,863,348.	28,624,531.

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 8/9/2019
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Paid Preparer Use Only	Print/Type preparer's name FRANK H. SMITH	Preparer's signature 	Date 08/09/2019	Check <input type="checkbox"/> if self-employed	PTIN P00639053
	Firm's name ▶ MARCUM LLP	Firm's EIN ▶ 11-1986323			
	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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE HUMAN RIGHTS CAMPAIGN FOUNDATION IS ORGANIZED FOR THE CHARITABLE AND EDUCATIONAL PURPOSES OF PROMOTING PUBLIC EDUCATION AND WELFARE FOR THE LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUEER COMMUNITY. HRC FOUNDATION ENVISIONS A WORLD WHERE LGBTQ PEOPLE ARE ENSURED EQUALITY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 8,444,750. including grants of \$ 682,527.) (Revenue \$ 244,116.) PUBLIC EDUCATION, RESEARCH AND TRAINING: THE HUMAN RIGHTS CAMPAIGN FOUNDATION (HRCF) IMPROVES THE LIVES OF LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUEER (LGBTQ) PEOPLE BY WORKING TO INCREASE UNDERSTANDING AND ENCOURAGE INSTITUTIONS OF DAILY LIFE TO ADOPT LGBTQ-INCLUSIVE POLICIES AND PRACTICES. THROUGH STRATEGIC PARTNERSHIPS, INCLUSIVE OUTREACH AND IN-DEPTH PROGRAMMING, THE HRCF SEEKS TO FUNDAMENTALLY CHANGE THE WAY LGBTQ PEOPLE ARE TREATED IN THEIR EVERYDAY LIVES.

HRCF'S CHILDREN, YOUTH, AND FAMILIES PROGRAM CREATES WELCOMING, AFFIRMING, AND SUPPORTIVE ENVIRONMENTS FOR LGBTQ PROSPECTIVE PARENTS, FAMILIES AND YOUTH THROUGH THE FOLLOWING INNOVATIVE TRAINING PROGRAMS

4b (Code:) (Expenses \$ 1,206,483. including grants of \$ 9,630.) (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 PRESENCE IN THE LGBTQ MEDIA TO HELP EDUCATE, INFORM, AND ENGAGE OUR COMMUNITY. WE ALSO SHARE OUR STORIES THROUGH OUR WEBSITE, OUR PUBLICATIONS, AND A VARIETY OF ONLINE OUTLETS, EMAIL AND SOCIAL MEDIA.

4c (Code:) (Expenses \$ 1,880,704. including grants of \$ 972,100.) (Revenue \$) FEDERAL AND STATE ADVOCACY: HRCF CONDUCTED EDUCATIONAL AND ADVOCACY ACTIVITIES ON ISSUES OF IMPORTANCE TO THE LGBTQ COMMUNITY AND MADE A GRANT TO THE HUMAN RIGHTS CAMPAIGN TO CONDUCT LOBBYING.

4d Other program services (Describe in Schedule O.) (Expenses \$ 28,066. including grants of \$ 8,195.) (Revenue \$)

4e Total program service expenses 11,560,003.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (28); 1b Enter the number of voting members included in line 1a, above, who are independent (28); 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? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (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 in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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); 11b 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); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c 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); 16b 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. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records JAMES M. RINEFIERD - 202-216-1500 1640 RHODE ISLAND AVENUE, NW, WASHINGTON, DC 20036

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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) DEB TAFT CHAIR	6.25	X						0.	0.	0.
(2) CHARLIE FREW VICE-CHAIR	6.25	X						0.	0.	0.
(3) GWEN BABA DIRECTOR	3.75	X						0.	0.	0.
(4) BRUCE BASTIAN DIRECTOR	1.25	X						0.	0.	0.
(5) JAY BILES DIRECTOR	2.50	X						0.	0.	0.
(6) TODD CANON DIRECTOR - UNTIL 09/2018	1.25	X						0.	0.	0.
(7) EDIE COFRIN DIRECTOR	2.50	X						0.	0.	0.
(8) JUNE CRENSHAW DIRECTOR	3.75	X						0.	0.	0.
(9) PATTY ELLIS DIRECTOR	3.75	X						0.	0.	0.
(10) ANNE FAY DIRECTOR	3.75	X						0.	0.	0.
(11) JODY GATES DIRECTOR - AS OF 9/2018	6.25	X						0.	0.	0.
(12) SUZANNE HAMILTON DIRECTOR	1.25	X						0.	0.	0.
(13) RANDALL HANCE DIRECTOR	3.75	X						0.	0.	0.
(14) JAMES HARRISON DIRECTOR	2.00	X						0.	0.	0.
(15) TOM KOVACH DIRECTOR	2.50	X						0.	0.	0.
(16) DAVID LAHTI DIRECTOR	2.50	X						0.	0.	0.
(17) CHRIS LEHTONEN DIRECTOR	2.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) JUSTIN MIKITA DIRECTOR	1.25	X						0.	0.	0.
(19) DYSHAUN MUHAMMAD DIRECTOR	2.00	X						0.	0.	0.
(20) REY OCANAS DIRECTOR	2.50	X						0.	0.	0.
(21) JODIE PATTERSON DIRECTOR - AS OF 9/2018	2.50	X						0.	0.	0.
(22) BRYAN PARSONS DIRECTOR - UNTIL 09/2018	1.25	X						0.	0.	0.
(23) CHERYL ROSE DIRECTOR	5.00	X						0.	0.	0.
(24) ELIZABETH SCHLESINGER DIRECTOR - AS OF 10/2018	6.25	X						0.	0.	0.
(25) JUDY SHEPARD DIRECTOR	2.50	X						0.	0.	0.
(26) AMES SIMMONS DIRECTOR - UNTIL 09/2018	2.00	X						0.	0.	0.
1b Sub-total								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**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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		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	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 116 HUNTINGTON AVENUE, BOSTON, MA 02116	PROPERTY MANAGEMENT SERVICES	346,629.
HELLER CONSULTING, INC., 1736 FRANKLIN STREET, SUITE 600, OAKLAND, CA 94612	SURVEY DATABASE CONSULTING	214,241.
2407124 ONTARIO, INC. 25 WATERLOO, GUELPH, ONTARIO, CANADA N1H3H4	REPORT & PUBLICATION CONSULTING	155,500.
TRUST SECURITY SERVICES, INC., 9400 LIVINGSTON RD., #395, FORT WASHINGTON, MD	SECURITY SERVICES	130,802.
VALUES PARTNERSHIPS CORP., 6600 GREEN BRANCH LANE, UPPER MARLBORO, MD 20772	FAITH MOBILIZATION CONSULTING	109,089.

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 **6**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 643,435.					
	b Membership dues	1b					
	c Fundraising events	1c 100,250.					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 15,052,643.					
	g Noncash contributions included in lines 1a-1f: \$	653,443.					
	h Total. Add lines 1a-1f		15,796,328.				
Program Service Revenue	2 a TRAINING REVENUE	Business Code 900099	244,116.	244,116.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		244,116.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		168,461.			168,461.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	1,193,248.				
		(ii) Personal					
		b Less: rental expenses	727,171.				
		c Rental income or (loss)	466,077.				
	d Net rental income or (loss)		466,077.	547,880.	-9,358.	-72,445.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	3,036,081.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	3,032,786.				
		c Gain or (loss)	3,295.				
	d Net gain or (loss)		3,295.			3,295.	
	8 a Gross income from fundraising events (not including \$ 100,250. of contributions reported on line 1c). See Part IV, line 18	a	187,691.				
		b Less: direct expenses	233,432.				
c Net income or (loss) from fundraising events			-45,741.			-45,741.	
9 a Gross income from gaming activities. See Part IV, line 19	a	121,840.					
	b Less: direct expenses	109,091.					
	c Net income or (loss) from gaming activities		12,749.			12,749.	
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a OTHER INCOME		900099	7,827.			7,827.	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			7,827.			
12 Total revenue. See instructions			16,653,112.	791,996.	-9,358.	74,146.	

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	1,412,050.	1,412,050.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	143,363.	143,363.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	117,039.	117,039.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	597,709.	265,845.	315,441.	16,423.
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	7,022,722.	4,980,451.	1,298,596.	743,675.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	344,221.	245,501.	62,463.	36,257.
9 Other employee benefits	502,760.	352,691.	97,548.	52,521.
10 Payroll taxes	770,656.	531,932.	161,464.	77,260.
11 Fees for services (non-employees):				
a Management				
b Legal	71,480.	62,028.	7,704.	1,748.
c Accounting	26,709.		26,709.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	254,400.			254,400.
f Investment management fees	13,315.		13,315.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,176,812.	1,067,661.	109,151.	
12 Advertising and promotion	86,960.	62,095.		24,865.
13 Office expenses	617,349.	465,643.	13,087.	138,619.
14 Information technology				
15 Royalties				
16 Occupancy	524,175.	356,022.	116,441.	51,712.
17 Travel	651,791.	485,645.	14,731.	151,415.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	986,832.	670,203.	58,658.	257,971.
20 Interest	7,206.	4,970.	1,514.	722.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	385,382.	267,159.	79,423.	38,800.
23 Insurance	18,391.	15,568.	1,522.	1,301.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TAXES & FEES	90,860.	23,012.	13,666.	54,182.
b PREMIUMS	36,102.	31,125.	1,180.	3,797.
c MISCELLANEOUS	15,558.			15,558.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	15,873,842.	11,560,003.	2,392,613.	1,921,226.
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 Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,283,097.	1	6,791,672.
	2 Savings and temporary cash investments	250,827.	2	251,861.
	3 Pledges and grants receivable, net	2,135,482.	3	1,372,182.
	4 Accounts receivable, net	201,005.	4	881,390.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	186,207.	9	163,881.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 29,473,116.		
	b Less: accumulated depreciation	10b 10,925,038.	19,012,269.	10c 18,548,078.
	11 Investments - publicly traded securities	9,622,436.	11	8,168,852.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	537,728.	15	374,402.
16 Total assets. Add lines 1 through 15 (must equal line 34)	35,229,051.	16	36,552,318.	
Liabilities	17 Accounts payable and accrued expenses	463,794.	17	495,183.
	18 Grants payable		18	
	19 Deferred revenue	339,129.	19	569,189.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,286,276.	23	1,847,558.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	4,276,504.	25	5,015,857.
	26 Total liabilities. Add lines 17 through 25	7,365,703.	26	7,927,787.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	26,254,208.	27	26,797,551.
	28 Temporarily restricted net assets	1,585,655.	28	1,803,495.
	29 Permanently restricted net assets	23,485.	29	23,485.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	27,863,348.	33	28,624,531.	
34 Total liabilities and net assets/fund balances	35,229,051.	34	36,552,318.	

Part XI Reconciliation of Net Assets

Check 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	16,653,112.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,873,842.
3	Revenue less expenses. Subtract line 2 from line 1	3	779,270.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	27,863,348.
5	Net unrealized gains (losses) on investments	5	6,556.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-24,643.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	28,624,531.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2018)

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14550271.	13051610.	16150038.	17020453.	15796328.	76568700.
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	14550271.	13051610.	16150038.	17020453.	15796328.	76568700.
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)						1088727.
6 Public support. Subtract line 5 from line 4.						75479973.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	14550271.	13051610.	16150038.	17020453.	15796328.	76568700.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1401221.	1520980.	1583320.	2257666.	1287880.	8051067.
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.	28,613.
11 Total support. Add lines 7 through 10						84648380.
12 Gross receipts from related activities, etc. (see instructions)					12	2,008,405.
13 First five 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 2018 (line 6, column (f) divided by line 11, column (f))	14	89.17 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	88.56 %
16a 33 1/3% support test - 2018. 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 - 2017. 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 - 2018. 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 - 2017. 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"/>

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 five 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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 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 (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

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 government entity (see instructions).		
2 Activities Test. Answer (a) and (b) 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? <i>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.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) 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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 (explain in detail in Part VI):		
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 1-1/2% 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 .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 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).		

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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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

2014 AMOUNT: \$ 0.

2015 AMOUNT: \$ 0.

2016 AMOUNT: \$ 0.

2017 AMOUNT: \$ 20,786.

2018 AMOUNT: \$ 7,827.

Multiple horizontal lines for providing additional information.

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

2018

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 HUMAN RIGHTS CAMPAIGN FOUNDATION	Employer identification number 52-1481896
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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>	 <hr/> <hr/> <hr/>	\$ <u>439,048.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>501,590.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>695,708.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>442,893.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>787,686.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>1,403,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HUMAN RIGHTS CAMPAIGN FOUNDATION	Employer identification number 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 HUMAN RIGHTS CAMPAIGN FOUNDATION	Employer identification number 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	
(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)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**

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
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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) 2018**

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 (grass roots lobbying)	0.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	920,000.													
c	Total lobbying expenditures (add lines 1a and 1b)	920,000.													
d	Other exempt purpose expenditures	14,666,258.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	15,586,258.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	929,313.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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)	232,328.													
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	973,021.	850,562.	992,525.	929,313.	3,745,421.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,618,132.
c Total lobbying expenditures	900,000.	825,000.	975,000.	920,000.	3,620,000.
d Grassroots nontaxable amount	243,255.	212,641.	248,131.	232,328.	936,355.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,404,533.
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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

2018

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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? (Yes/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? (Yes/No)

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure; 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: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register; 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.

Table with 2 columns: \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (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.; 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (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 SFAS 116 (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) 2018

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 are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 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	2,023.	1,919.	691.	3,294.	3,401.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,023.	1,919.	691.	3,294.	3,351.
f Administrative expenses					50.
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 0.00 %
 - b Permanent endowment 100.00 %
 - c Temporarily restricted endowment 0.00 %
- 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:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 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		23,319,279.	8,657,144.	14,662,135.
c Leasehold improvements				
d Equipment		1,244,465.	717,100.	527,365.
e Other		1,663,612.	1,550,794.	112,818.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				18,548,078.

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	4,822,661.
(3) CHARITABLE GIFT ANNUITY PAYABLE	193,196.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	18,214,073.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	6,556.	
b	Donated services and use of facilities	2b	498,026.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	1,069,694.	
e	Add lines 2a through 2d	2e		1,574,276.
3	Subtract line 2e from line 1		3	16,639,797.
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	13,315.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		13,315.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	16,653,112.

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	17,428,247.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	498,026.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	1,069,694.	
e	Add lines 2a through 2d	2e		1,567,720.
3	Subtract line 2e from line 1		3	15,860,527.
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	13,315.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		13,315.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	15,873,842.

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, 2019, 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:

FUNDRAISING EVENT EXPENSES	233,432.
GAMING ACTIVITY EXPENSES	109,091.
RENTAL EXPENSES	727,171.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,069,694.



Part XIII Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES 233,432.

GAMING ACTIVITY EXPENSES 109,091.

RENTAL EXPENSES 727,171.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 1,069,694.

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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

2018

Open to Public Inspection

Name of the organization: **HUMAN RIGHTS CAMPAIGN FOUNDATION**
Employer identification number: **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)		8,892.
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS IN REGION (SEE SCHEDULE F, PART II AND III)		28,664.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS IN REGION (SEE SCHEDULE F, PART II AND III)		36,023.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS IN REGION (SEE SCHEDULE F, PART II AND III)		12,382.
NORTH AMERICA	0	2	PROGRAM SERVICE	CONSULTING ON EQUIDAD MX	34,430.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS IN REGION (SEE SCHEDULE F, PART II AND III)		5,756.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTS TO RECIPIENTS IN REGION (SEE SCHEDULE F, PART II AND III)		4,783.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS IN REGION (SEE SCHEDULE F, PART II AND III)		19,187.
3 a Subtotal	0	2			150,117.
b Total from continuation sheets to Part I	0	0			30,851.
c Totals (add lines 3a and 3b)	0	2			180,968.

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

Schedule F (Form 990) 2018

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS IN REGION (SEE SCHEDULE F, PART II AND III)		6,336.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS IN REGION (SEE SCHEDULE F, PART II AND III)		24,515.
Totals					30,851.

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)
		EUROPE (INCLUDING ICELAND & GREENLAND)	CONFERENCE SPONSORSHIP	10,500.	WIRE	0.		
		SUB-SAHARAN AFRICA	SPONSORSHIP FOR GLOBAL FELLOWS EXCHANGE	9,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	MARRIAGE EQUALITY GRANT	10,000.	WIRE	0.		

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

3 Enter total number of other organizations or entities ▲ 3

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)
TRAVEL AND LODGING ASSISTANCE FOR GLOBAL INNOVATIVE ADVOCACY SUMMIT AND OTHER PROGRAM ACTIVITIES	CENTRAL AMERICA AND THE CARIBBEAN	4	8,892.	CASH PAYMENT	0.		
TRAVEL AND LODGING ASSISTANCE FOR GLOBAL INNOVATIVE ADVOCACY SUMMIT AND OTHER PROGRAM ACTIVITIES	EAST ASIA AND THE PACIFIC	10	18,664.	CASH PAYMENT	0.		
TRAVEL AND LODGING ASSISTANCE FOR GLOBAL INNOVATIVE ADVOCACY SUMMIT AND OTHER PROGRAM ACTIVITIES	EUROPE (INCLUDING ICELAND & GREENLAND)	14	25,523.	CASH PAYMENT	0.		
TRAVEL AND LODGING ASSISTANCE FOR GLOBAL INNOVATIVE ADVOCACY SUMMIT AND OTHER PROGRAM ACTIVITIES	MIDDLE EAST AND NORTH AFRICA	5	12,382.	CASH PAYMENT	0.		
TRAVEL AND LODGING ASSISTANCE FOR GLOBAL INNOVATIVE ADVOCACY SUMMIT AND OTHER PROGRAM ACTIVITIES	NORTH AMERICA	3	5,756.	CASH PAYMENT	0.		
TRAVEL AND LODGING ASSISTANCE FOR GLOBAL INNOVATIVE ADVOCACY SUMMIT AND OTHER PROGRAM ACTIVITIES	RUSSIA AND NEIGHBORING STATES	3	4,783.	CASH PAYMENT	0.		
TRAVEL AND LODGING ASSISTANCE FOR GLOBAL INNOVATIVE ADVOCACY SUMMIT AND OTHER PROGRAM ACTIVITIES	SOUTH AMERICA	9	19,187.	CASH PAYMENT	0.		
TRAVEL AND LODGING ASSISTANCE FOR GLOBAL INNOVATIVE ADVOCACY SUMMIT AND OTHER PROGRAM ACTIVITIES	SOUTH ASIA	3	6,336.	CASH PAYMENT	0.		
TRAVEL AND LODGING ASSISTANCE FOR GLOBAL INNOVATIVE ADVOCACY SUMMIT AND OTHER PROGRAM ACTIVITIES	SUB-SAHARAN AFRICA	7	15,515.	CASH PAYMENT	0.		

Schedule F (Form 990) 2018

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) 2018

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 EQUAL RIGHTS. THE POLICY IS THAT ALL CONTRIBUTIONS AND RECIPIENTS ARE REVIEWED IN ADVANCE BY GENERAL COUNSEL.

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.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

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

a <input type="checkbox"/> Mail solicitations	e <input checked="" type="checkbox"/> Solicitation of non-government grants
b <input checked="" type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input checked="" type="checkbox"/> Phone solicitations	g <input checked="" type="checkbox"/> Special fundraising events
d <input checked="" type="checkbox"/> In-person solicitations	
- Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
 - If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SKY ADVISORY GROUP - 2311 MANDEVILLE CANYON RD, LOS	FUNDRAISING		X	100,000.	96,000.	4,000.
V2 CONSULTING, LLC - 525 WEST 28TH ST, NEW YORK, NY 10001	FUNDRAISING		X	10,000.	76,800.	-66,800.
STOWE PRIVATE POLITICAL MANAGEMENT - 325 BERRY ST.,	FUNDRAISING		X	0.	81,600.	-81,600.
Total				110,000.	254,400.	-144,400.

- List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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))	
		WASHINGTON DC EVENT		NONE		
		(event type)	(event type)	(total number)		
Revenue	1 Gross receipts	287,941.			287,941.	
	2 Less: Contributions	100,250.			100,250.	
	3 Gross income (line 1 minus line 2)	187,691.			187,691.	
Direct Expenses	4 Cash prizes					
	5 Noncash prizes					
	6 Rent/facility costs	153,755.			153,755.	
	7 Food and beverages	43,254.			43,254.	
	8 Entertainment	1,100.			1,100.	
	9 Other direct expenses	35,323.			35,323.	
	10 Direct expense summary. Add lines 4 through 9 in column (d)				233,432.	
11 Net income summary. Subtract line 10 from line 3, column (d)				-45,741.		

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))
		1 Gross revenue			121,840.
Direct Expenses	2 Cash prizes			1,000.	1,000.
	3 Noncash prizes			96,233.	96,233.
	4 Rent/facility costs				
	5 Other direct expenses			11,858.	11,858.
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 38.00 % <input type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d)				109,091.	
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				12,749.	

9 Enter the state(s) in which the organization conducts gaming activities: CA, DC, TX

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	.00	%
b An outside facility	13b	100.00	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ JAMES M. RINEFIERD

Address ▶ 1640 RHODE ISLAND AVENUE, NW - WASHINGTON, DC 20036

- 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 ▶ JAMES M. RINEFIERD

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ RESPONSIBLE FOR OVERSIGHT OF GAMING OPERATIONS INCLUDING RECORDKEEPING, MONEY COUNTING, HIRING AND FIRING WORKERS, AND MAKING BANKING DEPOSITS FOR GAMING OPERATIONS.

- 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

(I) NAME OF FUNDRAISER: STOWE PRIVATE POLITICAL MANAGEMENT

(I) ADDRESS OF FUNDRAISER: 325 BERRY ST., SAN FRANCISCO, CA 94158

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**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

2018

Open to Public
Inspection

Name of the organization

HUMAN RIGHTS CAMPAIGN FOUNDATION

Part I General Information on Grants and Assistance

Employer identification number
52-1481896

- 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 non-cash assistance	(h) Purpose of grant or assistance
AIDS UNITED 1101 14TH ST, NW, STE 300 WASHINGTON, DC 20005	52-1706646	501(C)(3)	10,000.	0.			GENERAL PROGRAM SUPPORT
ARKANSAS HOSPITALITY ASSOCIATION, INC. - P.O. BOX 3866 - LITTLE ROCK, AR 72203	71-0441069	501(C)(6)	20,000.	0.			TO CONDUCT ECONOMIC IMPACT STUDY
CASA RUBY, INC. 2822 GEORGIA AVE, NW WASHINGTON, DC 20001	34-1978347	501(C)(3)	6,000.	0.			GENERAL PROGRAM SUPPORT
CBE-PRIDE 901 6TH ST, SW, STE 615A WASHINGTON, DC 20024	20-5933471	501(C)(3)	10,000.	0.			GENERAL PROGRAM SUPPORT
EQUALITY OHIO EDUCATION FUND 118 E MAIN ST, STE 200 COLUMBUS, OH 43215	02-0743268	501(C)(3)	6,614.	0.			GENERAL PROGRAM SUPPORT
THE GEORGE WASHINGTON UNIVERSITY 45155 RESEARCH PL, STE 260 ASHBURN, VA 20147	53-0196584	501(C)(3)	7,500.	0.			GENERAL PROGRAM SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **12.**
- 3** Enter total number of other organizations listed in the line 1 table **2.**

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

Schedule I (Form 990) (2018)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMAN RIGHTS CAMPAIGN, INC. 1640 RHODE ISLAND AVE, NW WASHINGTON, DC 20036	52-1243457	501(C)(4)	920,000.	0.		LOBBYING	
MUSLIMS FOR PROGRESSIVE VALUES 1626 N. WILCOX AVE, STE 702 LOS ANGELES, CA 90028	26-1125983	501(C)(3)	20,000.	0.		GENERAL PROGRAM SUPPORT	
NATIONAL MINORITY AIDS COUNCIL 1931 13TH ST, NW WASHINGTON, DC 20009	52-1578289	501(C)(3)	10,000.	0.		GENERAL PROGRAM SUPPORT	
NATIONAL CENTER FOR TRANSGENDER EQUALITY - 1133 19TH ST, NW, STE 302 - WASHINGTON, DC 20036	41-2090291	501(C)(3)	6,000.	0.		GENERAL PROGRAM SUPPORT	
THE NATIONAL QUEER ASIAN PACIFIC ISLANDER ALLIANCE - 217 WEST 18TH ST, BOX 1277 - NEW YORK, NY 10011	27-2114866	501(C)(3)	7,500.	0.		GENERAL PROGRAM SUPPORT	
1N10, INC. 1101 N CENTRAL AVE, STE 202 PHOENIX, AZ 85004	86-0728990	501(C)(3)	5,500.	0.		GENERAL PROGRAM SUPPORT	
THE TYLER CLEMENTI FOUNDATION, INC. - 104 WEST 29TH ST, 11TH FL - NEW YORK, NY 10001	27-3751181	501(C)(3)	50,000.	0.		GENERAL PROGRAM SUPPORT	
THE VOTER PARTICIPATION CENTER 1707 L ST, NW, STE 300 WASHINGTON, DC 20036	55-0889748	501(C)(3)	100,000.	0.		GENERAL PROGRAM SUPPORT	

HUMAN RIGHTS CAMPAIGN FOUNDATION

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
VOLUNTEER TRAVEL SUPPORT	127	143,363.	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 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 EQUAL RIGHTS. THE POLICY IS THAT ALL CONTRIBUTIONS AND RECIPIENTS ARE REVIEWED IN ADVANCE BY GENERAL COUNSEL.

HRCF AWARDS FELLOW SCHOLARSHIPS AND PROFESSIONAL DEVELOPMENT OPPORTUNITIES

Part IV Supplemental Information

AS PART OF A FELLOWSHIP PROGRAM. THE LEADERS OF THE FELLOWSHIP PROGRAM
REVIEW AND SELECT THE RECIPIENTS.

AS PART OF FURTHERING HRCF'S MISSION, VOLUNTEER TRAVEL SUPPORT IS PROVIDED
TO HRCF VOLUNTEERS ON AN AS NEEDED BASIS THROUGH TRAVEL EXPENSE
REIMBURSEMENT OR DIRECT PAYMENT OF TRAVEL.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 checked="" 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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, 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) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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)						
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	(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:

HRC PROVIDED A CLUB MEMBERSHIP FOR THE PRESIDENT; THE MEMBERSHIP WAS USED TO CONDUCT BUSINESS ENTERTAINMENT ON BEHALF OF HRC AND HRCF. HRCF REIMBURSED HRC FOR ITS ALLOCABLE SHARE OF THE MEMBERSHIP.

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. HRCF REIMBURSED HRC FOR ITS ALLOCABLE SHARE OF SUCH AIRFARE.

FORM 990, PART VII, SECTION A:

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

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.

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:

CHAD GRIFFIN (OFFICER) \$44,199.32

JONI MADISON (OFFICER) \$79,441.51

JAMES M. RINEFIERD (OFFICER) \$96,160.01

NICOLE GREENIDGE-HOSKINS (OFFICER) \$81,806.34

DARRIN HURWITZ (OFFICER) \$55,435.37

MARY BETH MAXWELL (OFFICER) \$305,814.74

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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	2	96,233.	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	67	557,210.	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 IV, 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? **X**

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? **X**

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

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

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

Schedule M (Form 990) 2018

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.

Multiple horizontal lines for data entry.

COPY

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

2018

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:

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

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

AND THROUGH DIRECT CONSULTATION WITH SCHOOLS, CHILD WELFARE AGENCIES,
AND OTHER SERVICE PROVIDERS. IN RESPONSE TO INCREASING ATTACKS ON THE
RIGHTS OF TRANSGENDER YOUTH, THE HRC FOUNDATION MOBILIZED THE "PARENTS
FOR TRANSGENDER EQUALITY COUNCIL" TO INCREASE PUBLIC EDUCATION AND
CULTIVATE RESPECT AND INCLUSION FOR TRANSGENDER AND NON-BINARY
CHILDREN, WITH PARTICULAR FOCUS ON ACCESS TO SUPPORTIVE HEALTH CARE
PROVIDERS.

THE ALL-CHILDREN ALL-FAMILIES (ACAF) PROGRAM WORKS WITH PUBLIC AND
PRIVATE CHILD WELFARE AGENCIES TO BUILD LGBTQ CULTURAL COMPETENCE AND
TO PROMOTE POLICIES AND PRACTICES THAT AFFIRM LGBTQ YOUTH AND WELCOME
QUALIFIED LGBTQ FOSTER AND ADOPTIVE PARENTS. THE PROGRAM PILOTED NEW
RESOURCES FOR THE FIELD AND CONTINUED TO GROW ITS FEE-FOR-SERVICE
TRAINING PROGRAM WITH INTENSIVE TRAININGS IN MANY STATEWIDE AND
COUNTYWIDE CHILD WELFARE SYSTEMS ACROSS THE COUNTRY.

THE HISTORICALLY BLACK COLLEGE AND UNIVERSITIES (HBCU) PROGRAM PROVIDES
TRAINING, SUPPORT, AND LEADERSHIP DEVELOPMENT TO FACULTY, STAFF, LGBTQ
AND ALLIED STUDENTS WHO WISH TO IMPROVE THE LIVES AND EXPERIENCES OF
THE LGBTQ COMMUNITY ON THEIR CAMPUSES. THE PROGRAM HOSTED ITS LARGEST
AND 12TH ANNUAL HBCU LEADERSHIP SUMMIT, A LEADERSHIP DEVELOPMENT

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

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INITIATIVE CONVENING OVER 50 STUDENTS. THE PROGRAM ALSO HOSTED A FIRST OF ITS KIND "HBCU DIVERSITY & INCLUSION LEADERSHIP BRIEFING" FOR HBCU PRESIDENTS AND SENIOR EXECUTIVES.

YOUTH AND ADOLESCENT WELL-BEING IS THE CENTRAL FOCUS OF HRCF'S ANNUAL TIME TO THRIVE CONFERENCE, WHICH PROVIDES A COMPREHENSIVE OPPORTUNITY FOR YOUTH-SERVING PROFESSIONALS TO BUILD AWARENESS AND CULTURAL COMPETENCY, LEARN CURRENT AND EMERGING BEST PRACTICES, AND GATHER RESOURCES FROM LEADING EXPERTS AND NATIONAL ORGANIZATIONS IN THE FIELD. HRCF'S 6TH ANNUAL TIME TO THRIVE BROUGHT OVER 800 YOUTH SERVING PROFESSIONALS TO ANAHEIM, CALIFORNIA FOR 3 DAYS OF PROGRAMMING, AND INCLUDED APPEARANCES FROM LEADING NATIONAL FIGURES.

HRCF'S YOUTH AMBASSADOR INITIATIVE AMPLIFIES THE IMPORTANT VOICES OF TEENS AND YOUNG ADULTS, AND ENGAGES THEM TO IMPROVE THE LIVES OF LGBTQ YOUNG PEOPLE. THIS TWO-YEAR PROGRAM HARNESSSES THE LEADERSHIP OF LGBTQ YOUTH PROVIDING THEM OPPORTUNITIES TO MAKE MEANINGFUL CONTRIBUTIONS, CHANGE HEARTS AND MINDS, AND HELP BUILD AWARENESS AND ACCEPTANCE IN THEIR COMMUNITIES. ALL YOUTH AMBASSADORS RECEIVE INTENSIVE MENTORING AND COACHING AND PARTICIPATE IN HRCF'S ANNUAL TIME TO THRIVE CONFERENCE.

THE WELCOMING SCHOOLS PROGRAM IS THE NATION'S PREMIER PROFESSIONAL DEVELOPMENT PROGRAM PROVIDING TRAINING AND RESOURCES TO ELEMENTARY SCHOOL EDUCATORS TO EMBRACE FAMILY DIVERSITY, CREATE LGBTQ AND GENDER INCLUSIVE SCHOOLS, PREVENT BIAS-BASED BULLYING, AND SUPPORT TRANSGENDER AND NON-BINARY STUDENTS. BY THE CLOSE OF THE 2018-2019 K-12 ACADEMIC YEAR, WELCOMING SCHOOLS WILL HAVE REACHED OVER 91,000 EDUCATORS IN 39

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STATES AND THE DISTRICT OF COLUMBIA IN OVER 1,000 SCHOOLS AND IMPACTED OVER 7 MILLION STUDENTS. IN 2019 THE TRAINING PROGRAM LAUNCHED A NEW INTERSECTIONALITY PROFESSIONAL DEVELOPMENT MODULE, ENABLING WELCOMING SCHOOLS TO HELP EDUCATORS TO TAKE AN INTERSECTIONAL APPROACH TO CREATING A MORE INCLUSIVE SCHOOL CLIMATE FOR ALL STUDENTS ACROSS THE COUNTRY. IN ADDITION TO DIRECTLY TRAINING EDUCATORS THROUGHOUT THE NATION IN THE WELCOMING SCHOOLS APPROACH, THE PROGRAM PROVIDES NUMEROUS OPEN SOURCE MATERIALS ON THE WELCOMING SCHOOLS WEBSITE FOR CREATING SAFE AND SUPPORTIVE SCHOOLS THAT ARE CONTINUOUSLY REVIEWED TO REFLECT BEST PRACTICE. WELCOMING SCHOOLS SEAL OF EXCELLENCE (SOE) IS AWARDED TO SCHOOLS THAT PROVE THEMSELVES TO BE EXEMPLARY IN IMPLEMENTING THE WELCOMING SCHOOLS APPROACH. THREE SCHOOLS IN MA, MN AND WI EARNED THE WELCOMING SCHOOLS SOE IN 2019. WELCOMING SCHOOLS LAUNCHED A SIGNIFICANT PARTNERSHIP WITH THE NATIONAL EDUCATION ASSOCIATION VIA THE NEWLY REVAMPED AND SUCCESSFUL ANNUAL JAZZ & FRIENDS SCHOOL & COMMUNITY READINGS IN SUPPORT OF TRANSGENDER AND NON-BINARY YOUTH IN FEBRUARY 2019.

HRC GLOBAL WORKS ALONGSIDE BRAVE ADVOCATES, ORGANIZATIONS, AND MOVEMENTS AROUND THE WORLD TO LIFT UP THEIR VOICES, EXPOSE HUMAN RIGHTS ABUSES, AND COLLABORATE ON EFFORTS TO MOVE TOWARDS FULL EQUALITY. THE PROGRAM PUTS A SPOTLIGHT ON THE SPREAD OF ANTI-LGBTQ ANIMUS AROUND THE GLOBE, SHARES BEST PRACTICES WITH GLOBAL ADVOCATES, AND ADVOCATES FOR A U.S. FOREIGN POLICY THAT SUPPORTS AND PROTECTS LGBTQ HUMAN RIGHTS. THROUGH GLOBAL PARTNERSHIPS WITH LGBTQ ORGANIZATIONS AND MOVEMENTS AROUND THE WORLD, HRC GLOBAL HELPS SPREAD THE MESSAGE THAT LGBTQ RIGHTS ARE HUMAN RIGHTS. HRC GLOBAL HOSTED THE 3RD ANNUAL GLOBAL INNOVATIVE ADVOCACY SUMMIT THAT WELCOMED 31 GLOBAL INNOVATORS TO WASHINGTON, D.C.,

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HOSTED 3 GLOBAL FELLOWS AT HRC, CONVENED 3 REGIONAL WORKSHOPS ON ENGAGING EMPLOYERS AS ALLIES THROUGH THE GLOBAL PARTNERSHIPS IN INNOVATIVE ADVOCACY PROGRAM, AND SUPPORTED 8 PRIDE EVENTS THROUGH THE GLOBAL PARTNERSHIPS IN PRIDE PROGRAM. HRC GLOBAL ALSO SOUNDED THE ALARM ON THE ANTI-LGBTQ ATROCITIES IN CHECHNYA, INDONESIA, TANZANIA, AND ELSEWHERE.

HRCF'S HEALTHCARE EQUALITY INDEX (HEI) ASSESSES POLICIES AND PRACTICES OF HOSPITALS AND HEALTHCARE INSTITUTIONS FOR THEIR LGBTQ PATIENTS AND EMPLOYEES. THE HEI 2019 HAD OVER 680 PARTICIPANTS MAKING REMARKABLE PROGRESS IN ADOPTING LGBTQ POLICIES AND PRACTICES. OVER 100,000 HOURS OF LGBTQ CARE TRAINING TO HEALTHCARE PROFESSIONALS AT FACILITIES AROUND THE COUNTRY WERE PROVIDED AS PART OF THE HEI 2019

HRC'S HIV & HEALTH EQUITY PROGRAM IS RELENTLESS IN ITS WORK TO COMBAT HIV- RELATED STIGMA AND END THE HIV EPIDEMIC ONCE AND FOR ALL, THROUGH INNOVATIVE PUBLIC EDUCATION CAMPAIGNS, CUTTING EDGE RESOURCES TARGETED FOR THE COMMUNITY, ADVOCACY ON CAPITOL HILL, AND PARTNERSHIPS WITH OTHER DIRECT-SERVICE ORGANIZATIONS. HRC SPEARHEADED THE DEVELOPMENT OF TWO NEW CRITICAL RESOURCES: "HIV 101: A GUIDE TO PREVENTION, TREATMENT, AND CARE ON COLLEGE CAMPUSES", WHICH PROVIDES ACTIONABLE ADVICE FOR IMPLEMENTING POLICIES AND PROCEDURES THAT IMPROVE STUDENT SEXUAL HEALTH IN A DIGESTIBLE FORMAT; AND "MAKING HISTORY: A PRAGMATIC GUIDE TO CONFRONTING HIV AT HBCUS", WHICH WAS UNVEILED AT THE HBCU PRESIDENT'S SUMMIT. HRC ALSO DESIGNED A PROGRAM TO SUPPORT OUR 360 FELLOWS IN CREATING AND EXECUTING COMMUNITY-BASED EVENTS ON WORLD AIDS DAY TO REDUCE STIGMA AND RAISE AWARENESS ABOUT THE LATEST TREATMENT AND PREVENTION STRATEGIES.

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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 2018 MEI RATED 506 CITIES ON 44 DIFFERENT CRITERIA, AND A RECORD 78 CITIES EARNED PERFECT SCORES FOR ADVANCING LGBTQ-INCLUSIVE POLICIES AND PRACTICES -- UP FROM 68 IN 2017 AND JUST 11 IN 2012. 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. THIS YEAR'S SEI DETAILED THE ONSLAUGHT OF MORE THAN 110 ANTI-LGBTQ LAWS INTRODUCED ACROSS 29 STATES DURING THE 2018 LEGISLATIVE SESSION.

OUTREACH AND ENGAGEMENT: THE HRC FOUNDATION PRIORITIZES ACTIONS THAT SUPPORT AND INVEST IN BUILDING RELATIONSHIPS WITH ALLIED ORGANIZATIONS. HRCF HAS STOOD IN SOLIDARITY WITH NATIONAL CIVIL RIGHTS PARTNERS TO DEFEND SHARED VALUES, ENGAGED OUR MEMBERSHIP ON KEY INTERSECTIONAL ISSUES, CREATED ENGAGING DIGITAL CONTENT THAT REACHED MILLIONS OF USERS, AND LEVERAGED OUR SOCIAL MEDIA PLATFORMS TO STRENGTHEN RELATIONSHIPS WITH A RANGE OF ALLIED ORGANIZATIONS AND EDUCATED HRC'S MEMBERSHIP ON A VARIETY OF ISSUES, AND BUILD ALLY SUPPORT FOR LGBTQ EQUALITY.

PART III, LINE 4A (CONTINUED)

HRCF'S PUBLIC EDUCATION & RESEARCH PROGRAM SPEARHEADS A WIDE VARIETY OF LGBTQ ADVOCACY AND OUTREACH CAMPAIGNS, WORKING TO ENSURE THAT HRCF'S

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RESOURCES AND PROGRAMS ARE TIMELY, IMPACTFUL, AND INCLUSIVE. THE TEAM PUBLISHES RESOURCE GUIDES, INFORMATION MATERIALS, REPORTS, AND CONDUCTS ORIGINAL QUANTITATIVE AND QUALITATIVE RESEARCH EXPLORING THE LIVED EXPERIENCES OF LGBTQ PEOPLE. REPORTS PUBLISHED THIS YEAR INCLUDED THE U.S. LGBTQ PAID LEAVE SURVEY, 2018 PAID LEAVE SURVEY: REPORT ON NON-BINARY AND TRANSGENDER RESPONDENTS, LGBTQ WORKING PEOPLE OF COLOR NEED PAID LEAVE, HIV 101: A GUIDE TO HIV PREVENTION, TREATMENT, AND CARE ON COLLEGE AND UNIVERSITY CAMPUSES, 2018 LGBTQ YOUTH REPORT, PLAY TO WIN: IMPROVING THE LIVES OF LGBTQ YOUTH THROUGH SPORTS, COMING OUT: LIVING AUTHENTICALLY AS ASIAN AND PACIFIC ISLANDER AMERICANS, 2018 LATINX YOUTH REPORT, 2018 GENDER EXPANSIVE YOUTH REPORT, COMING OUT: LIVING AUTHENTICALLY AS LATINX AMERICANS, AND A NATIONAL EPIDEMIC: FATAL ANTI-TRANSGENDER VIOLENCE IN AMERICA IN 2018. THE PROGRAM ALSO LAUNCHED SURVEYS EXPLORING TOPICS RANGING FROM ADOPTION AND FOSTER CARE TO INCLUSION IN SPORTS, PRESENTED AT DOZENS OF CONFERENCES, AND SUPPORTED PROGRAMS THROUGHOUT THE BUILDING WITH RESEARCH AND WRITING EFFORTS.

HRCF'S RELIGION AND FAITH PROGRAM CONTINUES TO WORK TO CREATE A WORLD WHERE LGBTQ PEOPLE ARE WELCOMED AS FULL MEMBERS OF THE FAITH COMMUNITIES, AND WHERE FAITH LEADERS HAVE THE SUPPORT THEY NEED TO SPEAK FOR TRUTH AND JUSTICE FOR LGBTQ PEOPLE. THE PROGRAM WORKS TO HARNESS PRO-LGBTQ FAITH LEADERS AND LAY PEOPLE TO FURTHER EQUALITY, AND FOR MORE THAN A DECADE HAS SUCCESSFULLY ENGAGED DIRECTLY WITH RELIGIOUS LEADERS AND FAITH COMMUNITIES AND URGED THEM TO SPEAK OUT IN FAVOR OF FULL LGBTQ INCLUSION. THE TEAM ALSO CREATES RESOURCES TO SUPPORT THE DESIRES OF MANY LGBTQ PEOPLE TO LIVE OPENLY IN THEIR FAITH TRADITION, IN THE COMMUNITY IN WHICH THEY WERE RAISED, OR IN A NEW, MORE ACCEPTING

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

HRCF'S WORKPLACE EQUALITY PROGRAM CONTINUES TO ADVANCE NON-DISCRIMINATION PROTECTIONS, EQUITABLE BENEFITS, AND INCLUSIVE PRACTICES FOR LGBTQ EMPLOYEES THROUGH RELATIONSHIPS WITH BUSINESS LEADERS AND WORKPLACES ADVOCATES, AND THROUGH ITS ANNUAL CORPORATE EQUALITY INDEX (CEI) - THE NATIONAL BENCHMARKING TOOL ON CORPORATE POLICIES AND PRACTICES PERTINENT TO LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUEER EMPLOYEES. IN ITS 16TH YEAR, THE 2019 CEI HAD 571 BUSINESSES EARN THE CEI'S TOP SCORE OF 100, WITH SIGNIFICANT INCREASES IN ADOPTION OF TRANSGENDER-INCLUSIVE HEALTHCARE COVERAGE. THE WORKPLACE EQUALITY PROGRAM PRODUCES EXTENSION RESOURCES FOR EMPLOYERS, CONDUCTS SITE-VISITS AND TRAININGS AS WELL AS CONFERENCE PRESENTATIONS. THE TEAM ENGAGES IN EXTENSIVE CONSULTATION AND COLLABORATION WITH FORTUNE 1000 AND OTHER MAJOR EMPLOYERS TO ADVANCE LGBTQ EQUALITY IN THE WORKPLACE.

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

OTHER PROGRAM SERVICES

EXPENSES \$ 28,066. INCLUDING GRANTS OF \$ 8,195. 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.

Name of the organization HUMAN RIGHTS CAMPAIGN FOUNDATION	Employer identification number 52-1481896
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FORM 990, PART VI, SECTION B, LINE 12C:

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

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

WITHIN THE FISCAL YEAR, THE PRESIDENT'S COMPENSATION WAS REVIEWED BY A COMMITTEE OF INDEPENDENT DIRECTORS AND EXTERNAL COMPENSATION CONSULTANT. THE RESULTS WERE PRESENTED TO THE FULL BOARD FOR REVIEW AND APPROVAL. COMPENSATION FOR SENIOR LEVEL STAFF IS ANALYZED PERIODICALLY BY INDEPENDENT CONSULTANT AND REVIEWED WITH A COMMITTEE OF THE BOARD. MINUTES ARE KEPT OF SUCH MEETINGS. THE LAST COMPENSATION REVIEW FOR THE TOP MANAGEMENT OFFICIAL TOOK PLACE IN JULY 2018.

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

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

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

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

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

UNREALIZED LOSS ON INTEREST RATE SWAP -24,643.

FORM 990, PART VII, SECTION A:

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:

- CHAD GRIFFIN (OFFICER) \$44,199.32
- JONI MADISON (OFFICER) \$79,441.51
- JAMES M. RINEFIERD (OFFICER) \$96,160.01
- NICOLE GREENIDGE-HOSKINS (OFFICER) \$81,806.34
- DARRIN HURWITZ (OFFICER) \$55,435.37
- MARY BETH MAXWELL (KEY EMPLOYEE) \$305,814.74

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