

Form **990**

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

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

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

CMB No. 1545-0047

**2017**

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning **APR 1, 2017** and ending **MAR 31, 2018**

<b>B</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	<b>C</b> Name of organization <b>HUMAN RIGHTS CAMPAIGN FOUNDATION</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1640 RHODE ISLAND AVENUE, NW</b> City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20036</b> <b>F</b> Name and address of principal officer: <b>CHAD GRIFFIN</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>52-1481896</b> <b>E</b> Telephone number <b>202-628-4160</b> <b>G</b> Gross receipts <b>20,517,739.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If "No," attach a list. (see instructions)) <b>H(c)</b> Group exemption number ▶
<b>I</b> 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 <b>J</b> Website: ▶ <b>WWW.HRC.ORG/FOUNDATION</b> <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>L</b> Year of formation: <b>1985</b> <b>M</b> State of legal domicile: <b>DC</b>		

### Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>RESEARCH, ADVOCACY AND EDUCATION TO SUPPORT AND PROTECT LGBTQ INDIVIDUALS AND FAMILIES.</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) <span style="float:right"><b>3</b> <b>31</b></span> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <span style="float:right"><b>4</b> <b>31</b></span> <b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a) <span style="float:right"><b>5</b> <b>0</b></span> <b>6</b> Total number of volunteers (estimate if necessary) <span style="float:right"><b>6</b> <b>486</b></span> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <span style="float:right"><b>7a</b> <b>2,498.</b></span> <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 <span style="float:right"><b>7b</b> <b>0.</b></span>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <span style="float:right"><b>Prior Year</b> <b>16,150,038.</b> <b>Current Year</b> <b>17,020,453.</b></span> <b>9</b> Program service revenue (Part VIII, line 2g) <span style="float:right"><b>0.</b> <b>122,347.</b></span> <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <span style="float:right"><b>110,588.</b> <b>116,827.</b></span> <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6c, 8c, 9c, 10c, and 11e) <span style="float:right"><b>1,828,254.</b> <b>1,168,056.</b></span> <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <span style="float:right"><b>18,088,880.</b> <b>18,427,683.</b></span>	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <span style="float:right"><b>1,210,101.</b> <b>1,752,193.</b></span> <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <span style="float:right"><b>0.</b> <b>0.</b></span> <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <span style="float:right"><b>7,488,331.</b> <b>8,668,268.</b></span> <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <span style="float:right"><b>153,695.</b> <b>220,400.</b></span> <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,114,744.</b> <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <span style="float:right"><b>5,159,108.</b> <b>6,209,634.</b></span> <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <span style="float:right"><b>14,011,235.</b> <b>16,850,495.</b></span> <b>19</b> Revenue less expenses. Subtract line 18 from line 12 <span style="float:right"><b>4,077,645.</b> <b>1,577,188.</b></span>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <span style="float:right"><b>Beginning of Current Year</b> <b>34,463,672.</b> <b>End of Year</b> <b>35,229,051.</b></span> <b>21</b> Total liabilities (Part X, line 26) <span style="float:right"><b>8,203,090.</b> <b>7,365,703.</b></span> <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <span style="float:right"><b>26,260,582.</b> <b>27,863,348.</b></span>	

### 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.

<b>Sign Here</b>	<b>Signature of officer</b>  <b>JAMES M. RINEFIERD, TREASURER</b> Type or print name and title	<b>Date</b> <b>8-15-18</b>
<b>Paid Preparer Use Only</b>	<b>Print/Type preparer's name</b> <b>FRANK H. SMITH</b> <b>Firm's name</b> ▶ <b>RAFFA, P.C.</b> <b>Firm's address</b> ▶ <b>1899 L STREET, NW, SUITE 850</b> <b>WASHINGTON, DC 20036</b>	<b>Preparer's signature</b>  <b>Date</b> <b>08/15/18</b> <b>Firm's EIN</b> ▶ <b>52-1511275</b> <b>Phone no.</b> <b>202-822-5000</b>

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 ☒ No

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

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

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

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

4a (Code ) (Expenses \$ 9,714,868. including grants of \$ 1,752,193. ) (Revenue \$ 122,347. )

PUBLIC POLICY, EDUCATION, OUTREACH & 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 THE ADOPTION OF LGBTQ-INCLUSIVE POLICIES AND PRACTICES. THROUGH PUBLIC EDUCATION AND RESEARCH, STRATEGIC PARTNERSHIPS, 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 AND THROUGH DIRECT CONSULTATION WITH SCHOOLS, CHILD WELFARE AGENCIES,

4b (Code ) (Expenses \$ 1,227,903. including grants of \$ ) (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. HRCF WORKED TO SHARE OUR STORIES THROUGH OUR WEBSITE, OUR PUBLICATIONS, AND A VARIETY OF ONLINE OUTLETS, EMAIL AND SOCIAL MEDIA.

4c (Code ) (Expenses \$ 1,313,398. including grants of \$ ) (Revenue \$ )

FEDERAL AND STATE ADVOCACY: HRCF CONDUCTED ACTIVITY ON ISSUES OF IMPORTANCE TO THE LGBTQ COMMUNITY, INCLUDING MAKING A GRANT TO THE HUMAN RIGHTS CAMPAIGN TO CONDUCT LOBBYING.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 3,038. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 12,259,207.

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**Part IV Checklist of Required Schedules**

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

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

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and II	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	116	
<b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	0	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b> If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b> Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b> Sponsoring organizations maintaining donor advised funds.		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4956?		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b> Section 501(c)(12) organizations. Enter:		
<b>a</b> Gross income from members or shareholders	11a	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b> Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b> Section 501(c)(29) qualified nonprofit health insurance issuers.		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b> Enter the amount of reserves on hand	13c	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

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

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	31			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b Enter the number of voting members included in line 1a, above, who are independent		31		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	X

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

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

**Section C. Disclosure**

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain 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 - 202-216-1549**  
**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) JOAN LAU CHAIR - UNTIL 11/2017	6.25	X						0.	0.	0.
(2) CHARLIE FREW CHAIR	6.25	X						0.	0.	0.
(3) DEB TAFT VICE CHAIR	6.25	X						0.	0.	0.
(4) GWEN BABA DIRECTOR; COMMITTEE CO-CHAIR	3.75	X						0.	0.	0.
(5) BRUCE BASTIAN DIRECTOR	1.25	X						0.	0.	0.
(6) JAY BILES DIRECTOR	2.50	X						0.	0.	0.
(7) SCOTT BISHOP DIRECTOR - UNTIL 10/2017	1.25	X						0.	0.	0.
(8) KEN BRITT DIRECTOR - UNTIL 07/2017	2.50	X						0.	0.	0.
(9) TODD CANON DIRECTOR	1.25	X						0.	0.	0.
(10) EDIE COFRIN DIRECTOR	2.50	X						0.	0.	0.
(11) JUNE CRENSHAW DIRECTOR; COMMITTEE CO-CHAIR	3.75	X						0.	0.	0.
(12) JAIME DUGGAN - UNTIL 11/2017 DIRECTOR; BOG CO-CHAIR	6.25	X						0.	0.	0.
(13) PATTY ELLIS DIRECTOR; COMMITTEE CO-CHAIR	2.00	X						0.	0.	0.
(14) ANNE FAY DIRECTOR; COMMITTEE CO-CHAIR	2.00	X						0.	0.	0.
(15) SUZANNE HAMILTON DIRECTOR	1.25	X						0.	0.	0.
(16) RANDALL HANCE DIRECTOR	2.50	X						0.	0.	0.
(17) JAMES HARRISON DIRECTOR; COMMITTEE CO-CHAIR	2.00	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) TOM KOVACH DIRECTOR	2.50	X						0.	0.	0.
(19) DAVID LAHTI DIRECTOR	2.50	X						0.	0.	0.
(20) BOBBIE LANCASTER DIRECTOR - UNTIL 05/2017	2.50	X						0.	0.	0.
(21) CHRIS LEHTONEN DIRECTOR	2.50	X						0.	0.	0.
(22) ANDY LINSKY DIRECTOR - UNTIL 10/2017	2.50	X						0.	0.	0.
(23) JUSTIN MIKITA DIRECTOR	1.25	X						0.	0.	0.
(24) JOSH MILLER DIRECTOR - UNTIL 10/2017	2.50	X						0.	0.	0.
(25) DYSHAUN MUHAMMAD DIRECTOR; COMMITTEE CO- CHAIR	2.00	X						0.	0.	0.
(26) REY OCANAS DIRECTOR	2.50	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								0.	0.	0.

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

- 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 **3**
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual **4**
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **5**

	Yes	No
3		X
4		X
5	X	

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
UG2, LLC P.O. BOX 5972, SPRINGFIELD, MA 01101	PROPERTY MANAGEMENT SERVICES	334,569.

**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 **1**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Instant corporation officer	Officer	Key employee	Highest compensated employee	Former			
(27) BRYAN PARSONS DIRECTOR	1.25	X						0.	0.	0.
(28) CHERYL ROSE DIRECTOR	1.25	X						0.	0.	0.
(29) JOHN RUFFIER DIRECTOR - UNTIL 11/2017	2.00	X						0.	0.	0.
(30) LINDA SCAPAROTTI DIRECTOR - UNTIL 10/2017	1.25	X						0.	0.	0.
(31) CANDICE SHAPIRO DIRECTOR	2.50	X						0.	0.	0.
(32) JUDY SHEPARD DIRECTOR	2.50	X						0.	0.	0.
(33) AMES SIMMONS COMMITTEE CO-CHAIR	2.00	X						0.	0.	0.
(34) ASHLEY SMITH DIRECTOR	2.50	X						0.	0.	0.
(35) STEVE SORENSON COMMITTEE CO-CHAIR	2.00	X						0.	0.	0.
(36) FAYE TATE DIRECTOR - UNTIL 10/2017	2.50	X						0.	0.	0.
(37) PAUL THOMPSON DIRECTOR	2.50	X						0.	0.	0.
(38) REBECCA TILLET DIRECTOR; EMERITUS CO CHAIR	25.00	X						0.	0.	0.
(39) ROBB WEBB DIRECTOR	2.50	X						0.	0.	0.
(40) JAMAUL WEBSTER DIRECTOR	6.25	X						0.	0.	0.
(41) TINA WHITE DIRECTOR	1.25	X						0.	0.	0.
(42) CHAD GRIFFIN PRESIDENT	8.67			X				0.	0.	0.
(43) JONI MADISON VICE PRESIDENT	9.94			X				0.	0.	0.
(44) JAMES H. RINEFIERD TREASURER	12.96			X				0.	0.	0.
(45) ROBERT FALK SECRETARY	12.96			X				0.	0.	0.
(46) DARRIN HURWITZ ASST. SECRETARY	12.96			X				0.	0.	0.
Total to Part VII, Section A, line 1c										



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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>	791,860.				
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	91,750.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	16,136,843.				
	<b>g</b> Noncash contributions included in lines 1a-1f \$		853,378.				
	<b>h</b> Total. Add lines 1a-1f			17,020,453.			
<b>Program Service Revenue</b>	<b>2 a</b> TRAINING REVENUE	<b>Business Code</b>	900099	122,347.	122,347.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g</b> Total. Add lines 2a-2f			122,347.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			106,558.			106,558.
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	(ii) Personal				
		2,335,897.					
	<b>b</b> Less: rental expenses			1,352,307.			
	<b>c</b> Rental income or (loss)			983,590.			
	<b>d</b> Net rental income or (loss)			983,590.	965,062.	2,498.	16,030.
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		539,052.					
	<b>b</b> Less: cost or other basis and sales expenses			528,783.			
	<b>c</b> Gain or (loss)			10,269.			
	<b>d</b> Net gain or (loss)			10,269.			10,269.
	<b>8 a</b> Gross income from fundraising events (not including \$ 91,750. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>		234,909.			
	<b>b</b> Less: direct expenses	<b>b</b>		191,205.			
	<b>c</b> Net income or (loss) from fundraising events			43,704.			43,704.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>		137,737.			
<b>b</b> Less: direct expenses	<b>b</b>		17,761.				
<b>c</b> Net income or (loss) from gaming activities			119,976.			119,976.	
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
<b>b</b> Less: cost of goods sold	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</b> OTHER INCOME		900099	20,786.			20,786.	
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e</b> Total. Add lines 11a-11d			20,786.				
<b>12</b> Total revenue. See instructions.			18,427,683.	1,087,409.	2,498.	317,323.	

**Part IX** Statement of Functional Expenses

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

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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,470,894.	1,470,894.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	210,242.	210,242.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	71,057.	71,057.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	683,983.	339,900.	313,030.	31,053.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,445,391.	4,604,769.	1,220,071.	620,551.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	293,767.	209,780.	55,084.	28,903.
9 Other employee benefits	750,269.	533,726.	143,693.	72,850.
10 Payroll taxes	494,858.	344,385.	104,855.	45,618.
11 Fees for services (non-employees):				
a Management				
b Legal	32,708.	20,019.	11,067.	1,622.
c Accounting	48,510.		48,510.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	220,400.			220,400.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,696,710.	1,431,128.	182,980.	82,602.
12 Advertising and promotion	312,021.	273,913.	8,245.	29,863.
13 Office expenses	792,870.	496,229.	90,636.	206,005.
14 Information technology				
15 Royalties				
16 Occupancy	260,664.	181,458.	54,924.	24,282.
17 Travel	581,136.	438,415.	3,855.	138,866.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,540,587.	1,052,673.	68,380.	419,534.
20 Interest	27,210.	15,342.	9,811.	2,057.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	505,366.	351,501.	106,738.	47,127.
23 Insurance	19,451.	11,210.	7,131.	1,110.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24a. If line 24a amount exceeds 10% of line 25, column (A) amount, list line 24a expenses on Schedule O.)				
a TAXES & FEES	148,008.	99,351.	35,286.	13,371.
b BAD DEBT EXPENSE	89,274.			89,274.
c PREMIUMS	77,663.	49,545.	11,795.	16,323.
d DUES & SUBSCRIPTIONS	76,847.	53,339.	453.	23,055.
e All other expenses	609.	331.		278.
25 Total functional expenses. Add lines 1 through 24e	16,850,495.	12,259,207.	2,476,544.	2,114,744.
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
<b>Assets</b>	1 Cash - non-interest-bearing	3,360,253.	1	3,283,097.
	2 Savings and temporary cash investments	4,001,106.	2	250,827.
	3 Pledges and grants receivable, net	1,338,412.	3	2,135,482.
	4 Accounts receivable, net	571,610.	4	201,005.
	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	574,207.	9	186,207.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 29,101,693.		
	b Less: accumulated depreciation	10b 10,089,424.	10c 19,317,751.	19,012,269.
	11 Investments - publicly traded securities	5,266,984.	11	9,622,436.
	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	33,349.	15	537,728.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	34,463,672.	16	35,229,051.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	193,219.	17	463,794.
	18 Grants payable		18	
	19 Deferred revenue	720,595.	19	339,129.
	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	2,716,100.	23	2,286,276.
	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	4,573,176.	25	4,276,504.
	26 <b>Total liabilities.</b> Add lines 17 through 25	8,203,090.	26	7,365,703.
	<b>Net Assets or Fund Balances</b>	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		25,109,067.	27	26,254,208.
28 Temporarily restricted net assets		1,128,030.	28	1,585,655.
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 <b>Total net assets or fund balances</b>		26,260,582.	33	27,863,348.
34 <b>Total liabilities and net assets/fund balances</b>		34,463,672.	34	35,229,051.

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,427,683.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,850,495.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,577,188.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	26,260,582.
5	Net unrealized gains (losses) on investments	5	-7,285.
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	32,863.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	27,863,348.

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12029665.	14550271.	13051610.	16150038.	17020453.	72802037.
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	12029665.	14550271.	13051610.	16150038.	17020453.	72802037.
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)						1110303.
6 Public support. Subtract line 5 from line 4.						71691734.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	12029665.	14550271.	13051610.	16150038.	17020453.	72802037.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1370722.	1401221.	1520980.	1583320.	2257666.	8133909.
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.	20,786.
11 Total support. Add lines 7 through 10						80956732.
12 Gross receipts from related activities, etc. (see instructions)					12	1,725,274.
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 2017 (line 6, column (f) divided by line 11, column (f))	14	88.56	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	90.76	%
16a 33 1/3% support test - 2017. 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 - 2016. 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 - 2017. 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 - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2017

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 <input type="checkbox"/>						

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

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

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

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. 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? 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
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)? 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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
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? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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))? If "Yes," provide detail in Part VI.		
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? If "Yes," provide detail in Part VI.		
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? If "Yes," provide detail in Part VI.		
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)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV** Supporting Organizations *(continued)*

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? 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.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in 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.	Yes	No
<b>b</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? 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.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

**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 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017



**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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required; explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

**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**

2013 AMOUNT: \$ 0.

2014 AMOUNT: \$ 0.

2015 AMOUNT: \$ 0.

2016 AMOUNT: \$ 0.

2017 AMOUNT: \$ 20,786.

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

OMB No 1545-0047

**2017**

Name of the organization

Employer identification number

**HUMAN RIGHTS CAMPAIGN FOUNDATION****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, 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

HUMAN RIGHTS CAMPAIGN FOUNDATION

52-1481896

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 502,327.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 475,730.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,223,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 618,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 391,359.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,301,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

HUMAN RIGHTS CAMPAIGN FOUNDATION

52-1481896

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 375,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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Employer identification number

52-1481896

[illegible]



Name of organization

Employer identification number

**HUMAN RIGHTS CAMPAIGN FOUNDATION****52-1481896**

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

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

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

**COPY**

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

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

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

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

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

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

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

Name of organization

**HUMAN RIGHTS CAMPAIGN FOUNDATION**

Employer identification number

**52-1481896**

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

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

2 Political campaign activity expenditures

▶ \$

3 Volunteer hours for political campaign activities

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

1 Enter the amount of any excise tax incurred by the organization under section 4955

▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955

▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes ☐ No

4a Was a correction made?

☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities

▶ \$

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

▶ \$

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

▶ \$

4 Did the filing organization file Form 1120-POL for this year?

☐ Yes ☐ No

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

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

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

Schedule C (Form 990 or 990-EZ) 2017

LHA

732041 11-09-17

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

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)		0.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		975,000.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		975,000.													
<b>d</b> Other exempt purpose expenditures		15,875,495.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		16,850,495.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		992,525.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		248,131.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount	960,666.	973,021.	850,562.	992,525.	3,776,774.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					5,665,161.
<b>c</b> Total lobbying expenditures	900,000.	900,000.	825,000.	975,000.	3,600,000.
<b>d</b> Grassroots nontaxable amount	240,167.	243,255.	212,641.	248,131.	944,194.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,416,291.
<b>f</b> Grassroots lobbying expenditures	0.	0.	0.	0.	

Schedule C (Form 990 or 990-EZ) 2017

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

**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."

<b>Part IV</b>	<b>Supplemental Information</b>
----------------	---------------------------------

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.

COPY

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

CMB No. 1545 0047

**2017**

Open to Public Inspection

Name of the organization

**HUMAN RIGHTS CAMPAIGN FOUNDATION**

Employer identification number

**52-1481896**

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under 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.

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

(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) 2017

732051 10-09-17

**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:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ Nob 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	1,919.	691.	3,294.	3,401.	2,473.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,919.	691.	3,294.	3,351.	2,473.
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 ☐ %b Permanent endowment ☒ 100.00 %c Temporarily restricted endowment ☐ %

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

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

(i) unrelated organizations

(ii) related organizations

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,245,760.		3,245,760.
b Buildings		23,154,415.	8,049,655.	15,104,760.
c Leasehold improvements				
d Equipment		1,044,056.	587,116.	456,940.
e Other		1,657,462.	1,452,653.	204,809.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				19,012,269.

Schedule D (Form 990) 2017

**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	4,181,194.
(3) CHARITABLE GIFT ANNUITY PAYABLE	95,310.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

4,276,504.

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 ☒

Schedule D (Form 990) 2017

**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	20,870,315.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-7,285.
b	Donated services and use of facilities	2b	888,644.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	1,561,273.
e	Add lines 2a through 2d	2e	2,442,632.
3	Subtract line 2e from line 1	3	18,427,683.
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	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	18,427,683.

**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	19,300,412.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	888,644.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	1,561,273.
e	Add lines 2a through 2d	2e	2,449,917.
3	Subtract line 2e from line 1	3	16,850,495.
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	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	16,850,495.

**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 FOR UNCERTAINTY IN INCOME TAXES FOR THE YEAR ENDED MARCH 31, 2018, 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	191,205.
GAMING ACTIVITY EXPENSES	17,761.
RENTAL EXPENSES	1,352,307.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,561,273.



## Part XIII Supplemental Information (continued)

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

FUNDRAISING EVENT EXPENSES	191,205.
----------------------------	----------

GAMING ACTIVITY EXPENSES	17,761.
--------------------------	---------

RENTAL EXPENSES	1,352,307.
-----------------	------------

TOTAL TO SCHEDULE D, PART XII, LINE 2D 1,561,273.

**SCHEDULE F**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

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

OMB No 1545-0047

**2017**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	GRANTMAKING		2,186.
NORTH AMERICA	0	2	PROGRAM SERVICE	CONSULTING ON EQUALIDAD MX	33,853.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		12,460.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		10,730.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		5,793.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTMAKING		2,744.
SOUTH AMERICA	0	0	GRANTMAKING		10,231.
SOUTH ASIA	0	0	GRANTMAKING		8,511.
3 a Sub-total	0	2			86,508.
b Total from continuation sheets to Part I	0	0			18,402.
c Totals (add lines 3a and 3b)	0	2			104,910.

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

Schedule F (Form 990) 2017

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		18,402.
<b>Totals</b>					18,402.

[illegible]

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

3 Enter total number of other organizations or entities

52-1481896

## HUMAN RIGHTS CAMPAIGN FOUNDATION

Schedule F (Form 990) 2017

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	CENTRAL AMERICA AND THE CARIBBEAN	1	2,186	CASH PAYMENT	0.		
TRAVEL AND LODGING ASSISTANCE	EAST ASIA AND THE PACIFIC	4	12,460	CASH PAYMENT	0.		
TRAVEL AND LODGING ASSISTANCE	EUROPE (INCLUDING ICELAND & GREENLAND)	4	10,730	CASH PAYMENT	0.		
TRAVEL AND LODGING ASSISTANCE	MIDDLE EAST AND NORTH AFRICA	3	5,793	CASH PAYMENT	0.		
TRAVEL AND LODGING ASSISTANCE	RUSSIA AND NEIGHBORING STATES	1	2,744	CASH PAYMENT	0.		
TRAVEL AND LODGING ASSISTANCE	SOUTH AMERICA	4	10,331	CASH PAYMENT	0.		
TRAVEL AND LODGING ASSISTANCE	SOUTH ASIA	3	8,511	CASH PAYMENT	0.		
TRAVEL AND LODGING ASSISTANCE	SUB-SAHARAN AFRICA	7	18,402	CASH PAYMENT	0.		

Schedule F (Form 990) 2017

**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) 2017

**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.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

**HUMAN RIGHTS CAMPAIGN FOUNDATION**

Employer identification number

**52-1481896**

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

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

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

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

☒ Yes ☐ No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SKY ADVISORY GROUP - 2311 HANDEVILLE CANYON RD, LOS	FUNDRAISING		X	275,000.	88,000.	187,000.
V2 CONSULTING, LLC - 525 WEST 28TH ST, NEW YORK, NY 10001	FUNDRAISING		X	102,083.	44,800.	57,283.
TIPAH CONSULTING, LLC - 525 WEST 28TH ST, NEW YORK, NY	FUNDRAISING		X	72,917.	32,000.	40,917.
STOWE PRIVATE POLITICAL MANAGEMENT - 325 BERRY ST,	FUNDRAISING		X	0.	47,600.	-47,600.
<b>Total</b>				450,000.	212,400.	237,600.

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

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



**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 WASHINGTON DC EVENT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
	(event type)	(event type)	(total number)	
<b>Revenue</b>				
1 Gross receipts	326,659.			326,659.
2 Less: Contributions	91,750.			91,750.
3 Gross income (line 1 minus line 2)	234,909.			234,909.
<b>Direct Expenses</b>				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	109,557.			109,557.
7 Food and beverages	36,366.			36,366.
8 Entertainment				
9 Other direct expenses	45,282.			45,282.
10 Direct expense summary. Add lines 4 through 9 in column (d)				191,205.
11 Net income summary. Subtract line 10 from line 3, column (d)				43,704.

**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))
<b>Revenue</b>				
1 Gross revenue			137,737.	137,737.
<b>Direct Expenses</b>				
2 Cash prizes				
3 Noncash prizes			4,000.	4,000.
4 Rent/facility costs				
5 Other direct expenses			13,761.	13,761.
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 18.00 % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				17,761.
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				119,976.

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 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 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: TIPAH CONSULTING, LLC

(I) ADDRESS OF FUNDRAISER: 525 WEST 28TH ST, NEW YORK, NY 10001

**Part IV** Supplemental Information (continued)

(I) NAME OF FUNDRAISER: STOWE PRIVATE POLITICAL MANAGEMENT

(I) ADDRESS OF FUNDRAISER: 325 BERRY ST, #417, SAN FRANCISCO, CA 94158

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

**HUMAN RIGHTS CAMPAIGN FOUNDATION**

Employer identification number  
**52-1481896**

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

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IN10, INC. 1101 N CENTRAL AVE, STE 202 PHOENIX, AZ 85004	86-0728990	501(C)(3)	10,000.	0.			GENERAL PROGRAM SUPPORT
ABOVE THE STATUS QUO, INC. 811 JUNIPER ST NW, UNIT 1145 ATLANTA, GA 30308	47-5172430	501(C)(3)	7,500.	0.			GENERAL PROGRAM SUPPORT
AIDS PROJECT OF THE EAST BAY 1320 WEBSTER ST OAKLAND, CA 94612	94-3061583	501(C)(3)	7,500.	0.			GENERAL PROGRAM SUPPORT
ALI FORNEY CENTER 224 WEST 35TH ST, STE 1500 NEW YORK, NY 10001	30-0104507	501(C)(3)	17,500.	0.			GENERAL PROGRAM SUPPORT
ASSOCIATION OF THE US ARMY 2425 WILSON BLVD ARLINGTON, VA 22201	51-0193361	501(C)(3)	10,000.	0.			GENERAL PROGRAM SUPPORT
BETTER COMMUNITY DEVELOPMENT, INC. 3805 W 12TH ST, STE 203 LITTLE ROCK, AR 72204	58-1807967	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

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

22.  
1.

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

Schedule I (Form 990) (2017)

## HUMAN RIGHTS CAMPAIGN FOUNDATION

Schedule I (Form 990) 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
CENTER FOR ARTISTIC REVOLUTION 800 SCOTT ST LITTLE ROCK, AR 72201	20-2902352	501(C)(3)	7,500.	0.			GENERAL PROGRAM SUPPORT
CHRISTOPHER STREET WEST ASSOCIATION, INC. - 8235 SANTA MONICA BLVD, STE 302 - WEST HOLLYWOOD, CA 90046	95-3736454	501(C)(3)	25,000.	0.			GENERAL PROGRAM SUPPORT
FAITH IN AMERICA, INC. 135 ONE COMFORTABLE PL TAYLORSVILLE, NC 28681	59-3830615	501(C)(3)	50,000.	0.			GENERAL PROGRAM SUPPORT
HUDSON PRIDE FOUNDATION, INC. P.O. BOX 656 HUDSON, NY 12534	27-3319863	501(C)(3)	7,500.	0.			GENERAL PROGRAM SUPPORT
HUMAN RIGHTS CAMPAIGN, INC. 1640 RHODE ISLAND AVE, NW WASHINGTON, DC 20036	52-1243457	501(C)(4)	975,000.	0.			LOBBYING
MIRACLE OF LOVE, INC. 741 W COLONIAL DR ORLANDO, FL 32804	59-3455949	501(C)(3)	7,500.	0.			GENERAL PROGRAM SUPPORT
MUSLIMS FOR PROGRESSIVE VALUES 1626 N WILCOX AVE, STE 702 LOS ANGELES, CA 90028	26-1125983	501(C)(3)	15,000.	0.			GENERAL PROGRAM SUPPORT
NAESH, INC. 2140 MARTIN LUTHER KING JR. DR ATLANTA, GA 30310	58-1986941	501(C)(3)	5,900.	0.			GENERAL PROGRAM SUPPORT
NATIONAL CENTER FOR TRANSGENDER EQUALITY - 1325 MASSACHUSETTS AVE, NW, STE 700 - WASHINGTON, DC 20005	41-2090291	501(C)(3)	10,000.	0.			GENERAL PROGRAM SUPPORT

Schedule I (Form 990)

## 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
NATIONAL MINORITY AIDS COUNCIL 1931 13TH ST, NW WASHINGTON, DC 20009	52-1578289	501(C)(3)	10,000.	0.			GENERAL PROGRAM SUPPORT
NEW VENTURE FUND 1201 CONNECTICUT AVE, NW, STE 300 WASHINGTON, DC 20036	20-5806345	501(C)(3)	40,000.	0.			GENERAL PROGRAM SUPPORT
ONEPULSE FOUNDATION, INC 1223 E CONCORD ST ORLANDO, FL 32803	81-3142847	501(C)(3)	10,000.	0.			GENERAL PROGRAM SUPPORT
RESOURCE CENTER OF DALLAS 2701 REAGAN ST DALLAS, TX 75219	75-1892059	501(C)(3)	7,500.	0.			GENERAL PROGRAM SUPPORT
RESOURCE IMPACT 1341 G ST, NW, FL 5 WASHINGTON, DC 20005	81-2266962	501(C)(3)	90,000.	0.			GENERAL PROGRAM SUPPORT
THE RED DOOR FOUNDATION, INC 1750 MADISON AVE, 6TH FL MEMPHIS, TN 38104	27-1379797	501(C)(3)	17,494.	0.			GENERAL PROGRAM SUPPORT
THE VOTER PARTICIPATION CENTER 1707 L STREET, NW, STE 300 WASHINGTON, DC 20036	55-0889748	501(C)(3)	125,000.	0.			GENERAL PROGRAM SUPPORT
URBAN AFFAIRS COALITION 1207 CHESTNUT ST, STE 700 PHILADELPHIA, PA 19107	23-7046393	501(C)(3)	7,500.	0.			GENERAL PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FELLOW SCHOLARSHIPS & PROFESSIONAL DEVELOPMENT	11	23,310.	0.		
VOLUNTEER TRAVEL SUPPORT	83	187,932.	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)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

**HUMAN RIGHTS CAMPAIGN FOUNDATION**

Employer identification number  
**52-1481896**

**Part I Questions Regarding Compensation**

- 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> First-class or charter travel  | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross up payments | <input 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) 2017



**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.

**PART I, LINE 4B:**

CHAD GRIFFIN, THE PRESIDENT OF HRCF, RECEIVED \$4,163 OF SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN.

**SCHEDULE J, PART I**

HUMAN RIGHTS CAMPAIGN FOUNDATION (HRCF) AND THE HUMAN RIGHTS CAMPAIGN

Schedule J (Form 990) 2017

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.

(HRC), AN UNRELATED ORGANIZATION UNDER SECTION 501(C)(4), HAVE ENTERED

INTO A COST SHARING ARRANGEMENT UNDER WHICH HRCF REIMBURSES HRC FOR

HRCF'S ALLOCABLE SHARE OF THE COMPENSATION OF CERTAIN EMPLOYEES FOR

SERVICES PROVIDED TO HRCF. COMPENSATION REIMBURSED BY HRCF IS NOT

ADDITIVE TO THE COMPENSATION REPORTED BY HRC. PURSUANT TO THEIR

AGREEMENT, HRCF REIMBURSED HRC FOR ITS SHARE OF COMPENSATION AS

FOLLOWS:

CHAD GRIFFIN (OFFICER) \$116,175

JONI MADISON (OFFICER) \$79,956

JAMES M. RINEFLERD (OFFICER) \$100,228

ROBERT FALK (OFFICER) \$78,507

DARRIN HURWITZ (OFFICER) \$48,817

MARY BETH MAXWELL (OFFICER) \$235,586

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

OMB No 1545-0047

**2017**

Open To Public  
Inspection

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				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	74	441,959.FMV	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	5	20,060.FMV	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( SOFTWARE )	X	1	391,359.FMV	
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions  
for which the organization completed Form 8283, Part 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?

Yes No

30a 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?

31 X

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

32a 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.

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

Schedule M (Form 990) 2017

**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.

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

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

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

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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 OTHER SERVICE PROVIDERS.

THE ALL-CHILDREN ALL-FAMILIES (ACAF) PROGRAM WORKS WITH ADOPTION AND  
FOSTER CARE AGENCIES TO BUILD LGBTQ CULTURAL COMPETENCE AMONG CHILD  
WELFARE PROFESSIONALS AND TO PROMOTE POLICIES AND PRACTICES THAT  
WELCOME QUALIFIED LGBTQ FOSTER AND ADOPTIVE PARENTS. THE PROGRAM  
SIGNIFICANTLY EXPANDED ITS REACH INTO THE CHILD WELFARE FIELD WITH THE  
CREATION OF NUMEROUS NEW RESOURCES IN PRINT AND ONLINE, WHILE THE  
FEE-FOR-SERVICE TRAINING PROGRAM CONTINUES TO GROW 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  
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

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

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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. TIME TO THRIVE BROUGHT OVER 600 YOUTH SERVING PROFESSIONALS TO ORLANDO FOR 3 DAYS OF PROGRAMMING, AND INCLUDED APPEARANCES FROM LEADING NATIONAL FIGURES.

THE WELCOMING SCHOOLS PROGRAM, WHICH BRINGS ANTI-BULLYING MATERIALS AND TRAINING TO ELEMENTARY SCHOOLS ACROSS THE COUNTRY, WORKS TO ADDRESS BIAS-BASED BULLYING, TO CELEBRATE FAMILY DIVERSITY AND TO DEVELOP MORE GENDER AND LGBTQ-INCLUSIVE SCHOOLS. THE PROGRAM DOUBLED THE NUMBER OF EDUCATORS TRAINED IN THE FEE-FOR-SERVICE FACILITATOR CERTIFICATION PROGRAM, AND THE WILDLY SUCCESSFUL "I AM JAZZ" READING PROGRAM EXPANDED TO MORE THAN 400 READINGS.

THE YOUTH AND CAMPUS OUTREACH PROGRAM IS ENGAGED ON COLLEGE CAMPUSES WITH OUR "COMING OUT" PROGRAM AND RELATED RESOURCES, AND REACHED OVER 65,000 PEOPLE THROUGH CONFERENCES, SITE VISITS, TALKS, AND SOCIAL MEDIA.

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. BY PUTTING THE SPOTLIGHT ON THE SPREAD OF ANTI-LGBTQ ANIMUS AROUND THE GLOBE, SHARING BEST PRACTICES WITH GLOBAL FELLOWS AT OUR WASHINGTON, D.C. OFFICE, CONTINUING TO LOBBY THE U.S. EXECUTIVE BRANCH TO EMBRACE AN LGBTQ-INCLUSIVE FOREIGN POLICY AND THROUGH GLOBAL PARTNERSHIPS WITH



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LGBTQ ORGANIZATIONS AND MOVEMENTS AROUND THE WORLD, HRC GLOBAL HELPS SPREAD THE MESSAGE THAT LGBTQ RIGHTS ARE HUMAN RIGHTS. HRC GLOBAL HOSTED THE 2ND ANNUAL GLOBAL INNOVATIVE ADVOCACY SUMMIT THAT WELCOMED 30 INNOVATORS FROM 28 COUNTRIES, HOSTED 4 GLOBAL FELLOWS, LAUNCHED A GLOBAL PARTNERSHIPS IN INNOVATIVE ADVOCACY PROGRAM, SOUNDED THE ALARM ON THE ANTI-LGBTQ ATROCITIES IN CHECHNYA, AND MORE.

HRCF'S HEALTHCARE EQUALITY INDEX (HEI) ASSESSES POLICIES AND PRACTICES OF HOSPITALS AND HEALTHCARE INSTITUTIONS FOR THEIR LGBTQ PATIENTS AND EMPLOYEES. THE 2018 HEI HAD 626 PARTICIPANTS, OF WHICH 418 RECEIVED PERFECT SCORES AND EARNED THE LEADER IN LGBTQ HEALTHCARE EQUALITY DESIGNATION - MAKING REMARKABLE PROGRESS IN ADOPTING LGBTQ POLICIES AND PRACTICES. THE HEALTH AND AGING PROGRAM ALSO PROVIDED OVER 70,000 HOURS OF LGBTQ CARE TRAINING TO HEALTHCARE PROFESSIONALS AT FACILITIES AROUND THE COUNTRY.

HRCF'S HIV & HEALTH EQUITY PROJECT IS RELENTLESS IN ITS WORK TO COMBAT HIV-RELATED STIGMA AND END THE HIV EPIDEMIC ONCE AND FOR ALL. THROUGH A RANGE OF GUIDES, VIDEOS, PUBLICATIONS, AND IMAGES, THE TEAM EDUCATED LGBTQ PEOPLE AND ALLIES ABOUT THE CURRENT REALITIES OF HIV AS WELL AS THE EFFECTS OF STIGMA ON THE VERY COMMUNITIES MOST IN NEED. THIS YEAR, THE TEAM HAS LED CAMPAIGNS ENDORSING THE USE OF PREP AS AN EFFECTIVE PREVENTION TOOL, ON THE NEED TO END LAWS CRIMINALIZING PEOPLE LIVING WITH HIV, AND THE UNIQUE CHALLENGES FACING GAY AND BISEXUAL MEN AND TRANSGENDER WOMEN -- ESPECIALLY THOSE OF COLOR -- IN THE SOUTH. IN ITS THIRD-YEAR, THE HIV-360 FELLOWSHIP PROGRAM CONTINUED TO BUILD CAPACITY AMONG YOUNG, NONPROFIT LEADERS WHO ARE TAKING THEIR HIV-INCLUSIVE ORGANIZATIONS AND INITIATIVES TO THE NEXT LEVEL.

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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 2017 MEI RATED 506 CITIES ON 44 DIFFERENT CRITERIA, AND A RECORD 68 CITIES EARNED PERFECT SCORES FOR ADVANCING LGBTQ-INCLUSIVE POLICIES AND PRACTICES -- UP FROM 60 IN 2016 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 125 ANTI-LGBTQ LAWS INTRODUCED ACROSS 30 STATES DURING THE 2017 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 KEY CIVIL RIGHTS PARTNERS TO DEFEND SHARED VALUES, ENGAGED OUR SUPPORTERS ON KEY ISSUES, CREATED ENGAGING DIGITAL CONTENT THAT REACHED MILLIONS OF USERS, AND LEVERAGED SOCIAL MEDIA PLATFORMS TO STRENGTHEN RELATIONSHIPS WITH A RANGE OF ALLIED ORGANIZATIONS AND EDUCATED SUPPORTERS ON A VARIETY OF ISSUES, AND BUILT ALLY SUPPORT FOR LGBTQ EQUALITY.

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

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EXPERIENCES OF LGBTQ PEOPLE. REPORTS PUBLISHED THIS YEAR INCLUDED THE FIRST EVER U.S. LGBTQ PAID LEAVE SURVEY, "A TIME TO ACT: FATAL VIOLENCE AGAINST TRANSGENDER PEOPLE IN AMERICA IN 2017." THROUGH PUBLIC EDUCATION CAMPAIGNS, THE PROGRAM ALSO LIFTED UP STORIES OF OUT LGBTQ AMERICANS AT THE OLYMPICS, WORKED WITH ACADEMICS TO DEBUNK ANTI-LGBTQ "JUNK" SCIENCE, AND MORE.

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 ONE.

HRCF'S WORKPLACE EQUALITY PROGRAM CONTINUES TO ADVANCE PROTECTIONS, 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 15TH YEAR, THE 2018 CEI SAW THE 609 BUSINESSES EARN THE CEI'S TOP SCORE OF 100, UP FROM 517 LAST YEAR - AN 18% INCREASE FROM LAST YEAR, WITH SIGNIFICANT INCREASES IN ADOPTION OF GENDER IDENTITY PROTECTIONS IN

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NON-DISCRIMINATION POLICIES. THE WORKPLACE EQUALITY PROGRAM ALSO CONDUCTS TRAININGS, SITE-VISITS, EXTENSIVE CONSULTATION, CONFERENCE PRESENTATIONS, EVALUATION OF INSURANCE AND NON-DISCRIMINATION POLICIES AND COLLABORATION WITH FORTUNE 500 AND OTHER MAJOR EMPLOYERS TO ADVANCE LGBTQ EQUALITY IN THE WORKPLACE.

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

EDUCATION AND MOBILIZATION

EXPENSES \$ 3,038. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

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

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

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

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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 2016.

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

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

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

HRCF DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICTS OF INTEREST POLICY  
AVAILABLE TO THE PUBLIC.

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

TEMP AGENCIES:

PROGRAM SERVICE EXPENSES	5,829.
MANAGEMENT AND GENERAL EXPENSES	803.
FUNDRAISING EXPENSES	1,316.
TOTAL EXPENSES	7,948.

INDEPENDENT CONTRACTORS:

PROGRAM SERVICE EXPENSES	1,425,299.
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MANAGEMENT AND GENERAL EXPENSES 182,177.

FUNDRAISING EXPENSES 80,740.

TOTAL EXPENSES 1,688,216.

## DATA PROCESSING:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 546.

TOTAL EXPENSES 546.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 1,696,710.

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

UNREALIZED GAIN ON INTEREST RATE SWAP 32,863.