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EXTENDED TO FEBRUARY 16, 2016

432001 11-07-14

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

Open to Public Inspection ▶ Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.lrs.gov/form990. 2015

AF	or the	2013 calendar year, or tax year beginning JUL 1, 2014 and ending	JUN 30, ZUIS	
B c	heck if	C Name of organization	D Employer identific	cation number
	Addre	FUND FOR GLOBAL HUMAN RIGHTS, INC		
	Name chang	Doing business as	75-3	029336
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/si	uite E Telephone numbe	
\neg	Final	1666 CONNECTICIT AVENUE NW 410		347-7488
	Jreturn. termin ated		G Gross receipts \$	13,607,010.
	Amen	ded the CHINGTON DC 20000	H(a) Is this a group re	
늗	Jreturn ∏Applic		for subordinates	
	Jtion pendii	P Name and address of principal officer REGATA TABLET		
		C/O 1666 CONNECTICUT AVENUE, NW, WASHINGTO		
				list. (see instructions)
		te: > GLOBALHUMANRIGHTS - ORG	H(c) Group exemptio	·
			ear of formation: 2002 N	State of legal domicile. DC
Pa	rt I	Summary	CITEC ADVOCACY	
Activities & Governance	1	Briefly describe the organization's mission or most significant activities HUMAN RI	GHTS ADVOCACY	
nar	2	Check this box I if the organization discontinued its operations or dispesed-ef-n	nore-than-25%-of-its-net-as	sets
Ver			FCFIVFD 3	17
ဌ		Number of independent voting members of the governing body (Part VI, line 1b)	4	17
- ಇರ			25	18
ties	ł	Total number of individuals employed in calendar year 2014 (Part V, line 2a) Total number of volunteers (estimate if necessary)	EB 1 6 2018 · 🔀	0
Ęį		Total harrison of volunteers (estimate in necessary)		0.
Ac	l	Total unrelated business revenue from Part VIII, column (C), line 12	COEN LIT 76	0.
	<u>b</u>	Net unrelated business taxable income from Form 990-T, line 34		
			Prior Year - 11 F33 070	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)	11,533,079.	13,398,379.
eu	l .	Program service revenue (Part VIII, line 2g)	0.	0.
ě		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	49,656.	82,037.
وي		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<51,565.	
Expenses MAR OS MAR	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,531,170.	13,480,416.
8	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,123,361.	9,765,591.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
TT 8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,759,260.	1,994,884.
C	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	<u>0.</u>
≋ 8	b	Total fundraising expenses (Part IX, column (D), line 25) 456,800.		
٤ú	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	976,617.	834,531.
(- >	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,859,238.	12,595,006.
3	19	Revenue less expenses Subtract line 18 from line 12	671,932.	885,410.
GID7 Sets or Balances			Beginning of Current Year	End of Year
Stage Page	20	Total assets (Part X, line 16)	8,760,229.	9,538,864.
ASS	21	Total liabilities (Part X, line 26)	195,153.	255,314.
E <u>s</u>		Net assets or fund balances Subtract line 21 from line 20	8,565,076.	9,283,550.
Pa	rt II	Signature Block		
Unde	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of m	y knowledge and belief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep		,
===,		What. Talk	12/22	12015
Sigi	_	Signature of officer	Date /	
Her		REGAN RALPH, EXECUTIVE DIRECTOR		
пеі	•	Type or print name and title	······	
		Print/Type preparer's name Preparer's salar presented in the preparer's prepa	Date / Check	PTIN
Paid	ı	MARC A. FRIEDMAN	12/18/15 If self-employ	P00064585
Prep		Firm's name FRIEDMAN & ASSOCIATES, P.C.	Firm's EIN	52-1656746
Use			330	
096	Jilly	ROCKVILLE, MD 20850	1	01)279-8900
N.4	, tha !	RS discuss this return with the preparer shown above? (see instructions)		X Yes No
	01 11-		``	Form 990 (2014)
4320	UI 11-1	Wild Fine I Of Labertacia Headorion Wat Harinel acc mis soberers miss demonst		/ 1 / · · · · · · · · · · · · · · · · ·

tal program service expenses \(\) 12,020,714.	
Position 4 I I to solida 4	
·)
har program services (Describe in Schedule O.)	
	· · · · · · · · · · · · · · · · · · ·
	
/ (1000)	·
ode) (Expenses \$ including grants of \$) (Revenue	e \$
	
	
	
/ (Lexpenses \$ including grants of \$) (Revenue)	, , , , , , , , , , , , , , , , , , , ,
Vice (Evenes \$ Industrial events of \$ 1/2	
	, , , , , , , , , , , , , , , , , , ,
	
ROVIDING TECHNICAL ASSISTANCE, SERVICES AND TOOLS TO AC	CTIVISTS.
RANT PROGRAM TO STRENGTHEN HUMAN RIGHTS WORK BY INCREAS	
venue, if any, for each program service reported.	
ection 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	
-	measured by expenses
	LTeS LAINO
	Yes X No
·	Yes X No
d the organization undertake any significant program services during the year which were not listed on	رينا
TRATEGY FOR IDENTIFYING FRONTLINE HUMAN RIGHTS DEFENDER	RS, WORKING
F LAW, SOCIETY'S MOST VULNERABLE AND ENVIRONMENTAL JUST	
RGANIZATIONS AND INDIVIDUALS BECOME EFFECTIVE CHAMPIONS	
•	OVER 300
	<u>_</u>
	X.
	75-3029336 Page 2
	F LAW, SOCIETY'S MOST VULNERABLE AND ENVIRONMENTAL JUST TRATEGY FOR IDENTIFYING FRONTLINE HUMAN RIGHTS DEFENDER to the organization undertake any significant program services during the year which were not listed on a prior Form 990 or 990-EZ? Yes," describe these new services on Schedule O to the organization cease conducting, or make significant changes in how it conducts, any program services? Eyes," describe these changes on Schedule O. Secribe the organization's program service accomplishments for each of its three largest program services, as action 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other venue, if any, for each program service reported. (Revenue) (Expenses \$ 12,020,714. Including grants of \$ 9,765,591.) (Revenue)

Form 990 (2014)

19

20a 20b X

complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2014) FUND FOR GLOBAL HU
Part IV Checklist of Required Schedules (continued)

			Yes	No
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	21	_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 III	_22		<u> </u>
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	23	_X_	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	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	25a		X
ь	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	25b		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	26		<u>X</u>
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	27		_X_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	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	28c	_X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
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	33		<u> </u>
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	34		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u> _
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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	\longrightarrow	_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	37		<u>X</u> _
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	_	3.5	
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 (2014)

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		.00	.,,0
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b0			ı
	Did the construction of any live with the state of the st			
C	(gambling) winnings to prize winners?	1c		i
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
24	filed for the calendar year ending with or within the year covered by this return 2a 18			i
L	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	i
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
2-	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
3a	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	_ 		
44	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
h	If "Yes," enter the name of the foreign country.			
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			ı
5a	144 of the first o	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
b	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
Va	any contributions that were not tax deductible as charitable contributions?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
U	were not tax deductible?	6b		i
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
•	to file Form 8282?	7c		X
d	74			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		ı
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	ı İ		i
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 <u>b</u>		
10	Section 501(c)(7) organizations. Enter.			ı
а	Initiation fees and capital contributions included on Part VIII, line 12			ı
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			ı
11	Section 501(c)(12) organizations. Enter.		.]	ı
а	Gross income from members or shareholders . 11a		. [1
b	Gross income from other sources (Do not net amounts due or paid to other sources against		.	
	amounts due or received from them)		.	ı
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			ı
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O		,	
b	Enter the amount of reserves the organization is required to maintain by the states in which the		,	ı
	organization is licensed to issue qualified health plans . 13b		,	
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	(001.1)
		rorm	990 ((2014)

75-3029336 Form_990 (2014) FUND FOR GLOBAL HUMAN RIGHTS, 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 0. 17 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Х more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a The governing body? X 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a 10a Did the organization have local chapters, branches, or affiliates? Х 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? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a 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 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 14 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? 15a The organization's CEO Executive Director, or top management official 15b

_	· · · · · · · · · · · · · · · · · · ·
b	Other officers or key employees of the organization
	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?
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?

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	THE CONTRACT OF THE CONTRACT O
17	List the states with which a copy of this Form 990 is required to be filed ►SEE SCHEDULE O
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 X Upon request Other (explain in Schedule 0)
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:

THE ORGANIZATION - (202)347-7488

1666 CONNECTICUT AVENUE, NW, SUITE 410, WASHINGTON, DC 20009

X

16a

16b

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

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.

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

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

(A) Name and Title	(B) Average hours per	(do	not c	Pos heck	c) ition more		one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) MARY ROBINSON	2.00							_	_	_
HONORARY CHAIR		Х	<u> </u>	X	ļ	<u> </u>		0.	0.	0.
(2) HINA JILANI	2.00									_
HONORARY CHAIR	2 22	X	_		<u> </u>	ļ		0.	0.	<u> </u>
(3) MARY ANN STEIN	2.00									_
FOUNDING CHAIR		X				ļ.,		0.	0.	<u> </u>
(4) EDWARD MCKINLEY	2.00									_
BOARD MEMBER		X	_					0.	0.	
(5) JOAN PLATT	2.00									
BOARD MEMBER		X				 		0.	0.	0.
(6) AKWASI AIDOO	2.00									
CHAIR		X	_	X				0.	0.	0.
(7) PHILIP ALSTON	2.00									•
BOARD MEMBER	0 00	X				_		0.	0.	0.
(8) HOSSAM BAHGAT	2.00									•
BOARD MEMBER	0.00	X	-					0.	0.	<u> </u>
(9) GEORGE C. BIDDLE	2.00									•
BOARD MEMBER		X		<u> </u>	-	ļ		0.	0.	0.
(10) CHRIS CANAVAN	2.00									•
BOARD MEMBER		X			ļ			0.	0.	0.
(11) VRINDA GROVER	2.00									_
BOARD MEMBER		X			<u> </u>			0.	0.	0.
(12) ANNE AVIS	2.00									•
BOARD MEMBER	2 00	X					_	0.	0.	0.
(13) HELEN MACK	2.00	٦,								•
BOARD MEMBER	2 00	X			-			0.	0.	0.
(14) JOSHUA MAILMAN	2.00	,,								•
BOARD MEMBER	2 00	X						0.	0.	0.
(15) LUCIA NADER	2.00	3.7							•	0
BOARD MEMBER	2 00	X				-	-	0.	0.	0.
(16) CYNTHIA RYAN	2.00	.						^	0	^
BOARD MEMBER	2.00	X		-		-		0.	0.	0.
(17) AMY RAO	2.00	х						0.	0.	0.
BOARD MEMBER		Λ		L	<u> </u>	Щ	ئــــــا	<u> </u>	L	Form 990 (2014)
432007 11-07-14										rom 23U (2014)

Form 990 (2014)

Par	t VII Section A. Officers, Directors, Tr	ustees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both a officer and a director/trustee				1 than is bot	one th an	(D) Reportable compensation	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation		
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1	(W-2/1099-MIS			om ti anıza d rela	he ition ited
(18)	REGAN RALPH	40.00												_
EXE	CUTIVE DIRECTOR		<u> </u>		X	Х	X		239,241.		0.	2	0,3	<u> 888</u>
(19)	TALIA BILODEAU	40.00									_		_	
DIRE	CTOR OF STRATEGY & DEV	40.00		ļ	_		X	ļ	153,000.		0.		9,4	150
	DAVID MATTINGLY	40.00	-						114 000			_		
DIRE	ECTOR OF PROGRAMS		-				X		114,000.		0.		2,(81
			1											
			L				L.							
	Sub-total .								506,241.		0.	4	1,9	14.
	Total from continuation sheets to Part	VII, Section A							506,241.		0.		1 0	0.0
	Total (add lines 1b and 1c) Total number of individuals (including but	not limited to th		liete	nd al	2016		20.5		000 of reportable		4	<u>,,</u>	14
2	compensation from the organization	. Hot illilited to ti	1036	11316	o ai	JOVE	3) VVI	10 1	eceived more man groc	,000 of reportable	5			5
	compensation from the organization	· · · · · · · · · · · · · · · · · · ·						-	·········				Yes	No
3	Did the organization list any former office	er, director, or tru	uste	e, ke	y en	nplo	yee	, or	highest compensated e	mployee on	[
	line 1a? If "Yes," complete Schedule J for	r such ındıvıdual										3		X
4	For any individual listed on line 1a, is the									the organization				
	and related organizations greater than \$1											4	X	
5	Did any person listed on line 1a receive o							relat	ted organization or indiv	idual for services		_		١,,
	rendered to the organization? If "Yes," co	mplete Schedul	e J t	or si	JCh	pers	on	-	•			5		X
1	Complete this table for your five highest	rompensated in	dene	nde	nt c	ontr	acto	ars t	that received more than	\$100,000 of com	nens:	ation f	rom	
•	the organization Report compensation for										P 0 O .	20.0		
	(A)				<u> </u>		_		(B)			(0	;)	
	Name and busines	ss address	N	INC	₹				Description of s	services	<u>C</u>	ompe	nsatio	on
								ᅥ						
										T				
	Total number of independent contractors	(including but n	ot in	mite	d to	thos	سا مع	l	d above) who received m	ore than				
2	\$100,000 of compensation from the orga		J. 111	me	٠.٠	(_			ioio man				

Statement of Revenue			(2014) FUND	FOR GLOB	<u>AL HUMAN</u>	RIGHTS, I	NC	<u>75-3029</u>	336 Page 9
Total revenue Permit Continue Permit Continu	Pa	rt VI	3)						
Total reverue Permit Control Undersord Control Undersord Control Undersord Control Undersord Control Undersord Control Undersord Control Contr			Check if Schedule O con	tains a response	or note to any lir				
18 Foundation of the program service revenue 19 Foundation of the program service revenue 2 Foundation of the program service revenue 2 Foundation of the program service revenue 3 Foundation of the program service revenue 4 Foundation of the program service revenue 5 Foundation of the program service revenue 5 Foundation of the program service revenue 6 Foundation of the program service revenue 7 Foundation of the program service revenue 8 Foundation of the program service revenue 8 Foundation of the program service revenue 9 Foundation of the program service revenue 10 Foundation of the program service foundation	•					, ,	Related or exempt function	Unrelated business	Revenue excluded from tax under
Business Code 2 a	nts ts	1 a	Federated campaigns	1a					
2 a Business Code	를 하	t	Membership dues	1b					
2 a Business Code	Am Am	c	Fundraising events	1c					
2 a Business Code	를 를	c	Related organizations	1d					
2 a Business Code	Ş, Ë	e	Government grants (contribu	tions) 1e			,		(
2 a Business Code	ţ	f	All other contributions, gifts, gran	nts, and					
2 a Business Code	혈축		similar amounts not included abo	ove 1f	13,398,379.				
2 a Business Code	50	g	Noncash contributions included in line:	s 1a-1f \$			1		
2 a b b d d d d d d d d d d d d d d d d d	<u>0</u> <u>p</u>	<u> </u>	Total. Add lines 1a-1f	· 		13,398,379.			
Total, Add lines 2a:27 3 Investment moome (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents					Business Code				
Total, Add lines 2a:27 3 Investment moome (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents	<u>8</u>	2 a	·						ļ <u> </u>
Total, Add lines 2a:27 3 Investment moome (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents	₽ e	b							
Total, Add lines 2a:27 3 Investment moome (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents	en S	C	·						
Total, Add lines 2a:27 3 Investment moome (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents	Re	d	·						
Total, Add lines 2a:27 3 Investment moome (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents	ğ	е	·		<u> </u>				
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents b Less rental expenses c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) 4 Net gain or (loss) 6 A tot gain or (loss) 7 a Gross amount from sales of asset sother than inventory b Less cost or other basis and sales expenses c Gain or (loss) 6 A tot gain or (loss) 7 a Gross amount from sales of title, the same of the sales of the sa	-	f	· -	enue					<u> </u>
other similar amounts) Income from investment of tax-exempt bond proceeds Royalties G a Gross rents b Less' rental expenses c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gan or (loss) 4 Net gan or (loss) 5 Net gan or (loss) 6 a Gross income from fundraising events (not including \$					_ _				
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5 Royalites (i) Real (ii) Personal 6 a Gross rents b Less' rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$	1		· ·	w averent band a	ranaada	82,188.			82,188.
(i) Real (iii) Personal (iii) Personal (iii) Ess rental expenses (iii) Real (iii) Other (iii) Securities (iii)				ix-exempt bond p	roceeds	 .			
6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses 126,594 c Gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) b (loss) d Net gain or (loss) c Gain or (loss) c Of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less cost of goods sold c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b C C C C C C C C C C C C C C C C C C C	ł	5	Hoyalties	(i) Pool	(u) Porconal			 -	
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C Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses 126, 594, C Gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) 4 Sa Gross income from fundraising events (not including \$									
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assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b C d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. 13 480, 416, <151, 0, 82, 183,				(i) Securities					
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C Gain or (loss) Net gain or (loss) 8 a Gross income from fundraising events (not including \$	İ	ь	•						
C Gain or (loss) Net gain or (loss) 8 a Gross income from fundraising events (not including \$				126 594		:			
d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less direct expenses b or Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 a b Less: direct expenses b or Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b or Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a b		c	•		>				
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c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.	ě		contributions reported on line	1c). See					
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c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.	ŧ l	b	Less direct expenses	b					
Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.	_			_					<u> </u>
b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.		9 a		ctivities See					
c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions.	}						!		
10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.			•	(j		
and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.			· · · · · · · · · · · · · · · · · · ·						
b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.		10 a							
C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b C d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.					-				
Miscellaneous Revenue 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. Business Code 13 480 416. <151.> 0 82 188.	İ		-						
11 a	ŀ	<u>C</u>			Business Code				
b	}	11 -			ousiness Code				
c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 13,480,416. <151. 0, 82,188.	-			ſ					
d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 13 480 416. <151. 0. 82 188.	ļ	-							
e Total. Add lines 11a-11d 12 Total revenue. See instructions. 13 480 416. <151. 0. 82 188.]	_							
12 Total revenue. See instructions. 13,480,416, <151, 0, 82,188.		_		1	•				
		-				13 480 416	<151	0	82 188
	43200					<u> </u>			Form 990 (2014)

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 (C) Management and general expenses (D) Fundraising (A)
Total expenses Do not include amounts reported on lines 6b, Program service expenses 7b. 8b. 9b. and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 220,000 220,000 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 9,545,591. 9,545,591. individuals See Part IV. lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors. 272,588 104,939 106,220. 61,429. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,395,894 889,669 257,907 248,318. Other salaries and wages Pension plan accruals and contributions (include 12,509 56,215 34,313 9,393. section 401(k) and 403(b) employer contributions) 170,864 98,668. 42,191. 30,005. Other employee benefits 99,323 56,524 25,143. 17,656. Payroll taxes 10 Fees for services (non-employees): Management 244. 244 Legal 20,375 30,905 7,260. 58,540. c Accounting Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 7,174. 56,644. 37,861 11,609. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 43,660 59,934. 6,759. 110,353 13 Office expenses 99,743. 23,312 64,480. 11,951. Information technology 15 Royalties 175,905 175,905 16 Occupancy 192,288 30,746. 20,242. 243,276. Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 88,426. 72,504 5,342. 10,580. 19 Conferences, conventions, and meetings Interest 20 Payments to affiliates 21 1,400 1,400. Depreciation, depletion, and amortization 22 23 Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 0. 681,010. <707,043.b 26,033. a OVERHEAD APPLIED e All other expenses 12,020,714. 117,492. 12,595,006. 456,800. Total functional expenses. Add lines 1 through 24e 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 no	te to any	line in this Part X			
•				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			1,326,969.	1	1,241,671
2	Savings and temporary cash investments			5,822,737.	2	6,679,205
3	Pledges and grants receivable, net		· [76,500.	3	111,835
4	Accounts receivable, net			15,543.	4	69,405
5	Loans and other receivables from current and fo	ficers, directors.				
	trustees, key employees, and highest compens.		1			
- 1	Part II of Schedule L	pioyoda. dompioto		5		
6	Loans and other receivables from other disqual	ified ner	eons (as defined under			
"	section 4958(f)(1)), persons described in section		1			
	employers and sponsoring organizations of sec					
	employees' beneficiary organizations (see instr)		6_			
7	Notes and loans receivable, net		-		7	
8	Inventories for sale or use		 	10 745	8	21 200
9	Prepaid expenses and deferred charges	1 1	 -	10,745.	9	21,399
10a	Land, buildings, and equipment, cost or other		65 000			
	basis Complete Part VI of Schedule D	10a	65,232.	4 004		0 60
b	Less accumulated depreciation	10b	62,548.	4,084.		2,684
11	Investments - publicly traded securities		-		11	4 004 44
12	Investments - other securities See Part IV, line	11	ļ	1,487,682.	12	1,394,146
13	Investments - program-related See Part IV, line	11	_		13	
14	Intangible assets			14		
15	Other assets See Part IV, line 11		15,969.	15	18,519	
16_	Total assets, Add lines 1 through 15 (must equ	ial line 34	4)	8,760,229.	16	9,538,864
17	Accounts payable and accrued expenses		195,153.	17	<u>255,314</u>	
18	Grants payable				18	
19	Deferred revenue			<u> </u>	19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability Complete	Part IV o	of Schedule D		21	
22	Loans and other payables to current and forme	r officers	, directors, trustees,			
	key employees, highest compensated employed	es, and d	disqualified persons			
22	Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrel	ated thir	d parties		23	
24	Unsecured notes and loans payable to unrelate		r-		24	
25	Other liabilities (including federal income tax, pa		l l			
	parties, and other liabilities not included on line					
1	Schedule D	,	·		25	
26	Total liabilities. Add lines 17 through 25			195,153.	26	255,314
	Organizations that follow SFAS 117 (ASC 956	B), check	here X and			
,	complete lines 27 through 29, and lines 33 ar					
27	Unrestricted net assets			4,432,599.	27	4,310,545
28	Temporarily restricted net assets			4,132,477.	28	4,973,005
20	Permanently restricted net assets		<u> </u>		29	-1
29	Organizations that do not follow SFAS 117 (A	1SC 052), check here			
27 28 29 30 31 32		-30 300 ₁	, officer field			
	and complete lines 30 through 34.	,		30		
30	Capital stock or trust principal, or current funds		+ fund		31	
31	Paid-in or capital surplus, or land, building, or ed				 	
32	Retained earnings, endowment, accumulated in	icome, o	ir other lunds	8,565,076.	32	9,283,550
33	Total net assets or fund balances		-		33	9,538,864
34	Total liabilities and net assets/fund balances			<u>8,760,229.</u>	34	5, 330, 004

	990 (2014) FUND FOR GLOBAL HUMAN RIGHTS, INC	<u>75-30</u>	29336	Pag	ge 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	,			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u>13,48</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,59		
3	Revenue less expenses Subtract line 2 from line 1	3			10.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,56		
5	Net unrealized gains (losses) on investments	5	<16	<u>6,9</u>	<u>35.</u> >
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	9,28	3,5	<u>51.</u>
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			<u>,</u>	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.	1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?		. 3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	and the same where Cale data O and describe any stone taken to undergo each guide		25		

Form **990** (2014)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Inspection

vame o	r the organization					Embioye	er identification number	
			L HUMAN RIGH		NC		<u>75-3029336 </u>	
Part I	Reason for Public	Charity Status (All organizations must c	omplete th	ıs part) Se	e instructions		
The orga	inization is not a private found	dation because it is:	(For lines 1 through 11,	check only	one box.)		_	
1	A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1	I)(A)(ı).		
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)							
з 🗀	A hospital or a cooperative			ection 170	(b)(1)(A)(ii	i).		
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
	city, and state.	•						
5	An organization operated for	or the benefit of a co	ollege or university owne	d or operat	ted by a go	overnmental unit descri	bed in	
	section 170(b)(1)(A)(iv). (0		,	•				
6	A federal, state, or local go	•	mental unit described in	section 17	'0(b)(1)(A)	(v).		
7 X		-				• •	ıl public described in	
	section 170(b)(1)(A)(vi). (C	•		Ū		Ū	,	
8	A community trust describe	-	(1)(A)(vi). (Complete Par	t II.)				
9 🗀	An organization that norma				contribution	ons, membership fees,	and gross receipts from	
	activities related to its exer	=						
	income and unrelated busin	ness taxable income	e (less section 511 tax) fr	om busine	sses acqu	ired by the organization	n after June 30, 1975	
	See section 509(a)(2) . (Co	mplete Part III)						
10 🗔	An organization organized	and operated exclus	sively to test for public sa	ifety See s	section 50	9(a)(4).		
11 🗀	An organization organized	and operated exclus	sively for the benefit of, t	o perform t	he functio	ns of, or to carry out th	e purposes of one or	
	more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section (509(a)(2).	See section 509(a)(3).	Check the box in	
	lines 11a through 11d that	describes the type o	of supporting organization	n and com	iplete lines	11e, 11f, and 11g		
a L	Type I. A supporting orga	anization operated, s	supervised, or controlled	by its supp	ported org	anization(s), typically b	y giving	
	the supported organization	on(s) the power to re	egularly appoint or elect	a majority o	of the direc	ctors or trustees of the	supporting	
_	organization You must o	complete Part IV, Se	ections A and B.					
b L	Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	s supporte	ed organization(s), by h	aving	
	control or management of	of the supporting org	janization vested in the s	ame perso	ns that co	ntrol or manage the su	pported	
_	organization(s) You mus							
c L	Type III functionally interpretation	_					ted with,	
_	its supported organization							
d L	Type III non-functionally	_						
	that is not functionally in	•		-		•	tiveness	
_	requirement (see instruct	•	•					
e L	Check this box if the orga					Type I, Type II, Type II		
_	functionally integrated, o		onally integrated support	ing organiz	zation.			
	ter the number of supported	_	1					
g Pr	ovide the following information (i) Name of supported	(ii) EIN	ed organization(s) (iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of	
	organization	(-,	(described on lines 1-9	listed ii governing c	n your	support (see	other support (see	
			above or IRC section (see instructions))	Yes	No	Instructions)	Instructions)	
			(see instructions))	100				
		· ·						
			_					
						-		
Total								

Schedule A (Form 990 or 990 EZ) 2014 FUND FOR GLOBAL HUMAN RIGHTS, INC 75-3029336 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	8868025.	8907114.	9787367.	11533079.	13398379.	52493964.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf					Ì	
3	The value of services or facilities						
	furnished by a governmental unit to						ł
	the organization without charge						
4	Total. Add lines 1 through 3	8868025.	8907114.	9787367.	11533079.	13398379.	52493964.
5	The portion of total contributions						
	by each person (other than a		İ				
	governmental unit or publicly				}		
	supported organization) included]	ļ	ļ
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						12819123.
6	Public support. Subtract line 5 from line 4				· · · · · · · · · · · · · · · · · · ·		39674841.
	ction B. Total Support	<u></u>			<u> </u>	<u> </u>	1920120
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	8868025.	8907114.				52493964.
8	Gross income from interest,	33333	<u> </u>				
	dividends, payments received on				}		
	securities loans, rents, royalties						
	and income from similar sources	45,934.	68,378.	84,287.	54,177.	82,188.	334,964.
9	Net income from unrelated business		00,000			77	
Ŭ	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
.0	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						52828928.
	Gross receipts from related activities,	etc (see instruction		-	<u> </u>	12	64,984.
	First five years. If the Form 990 is for	•		d. fourth, or fifth to	ax vear as a sectio		01/0010
	organization, check this box and stor	-		-,			▶ □
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
	Public support percentage for 2014 (olumn (f))		14	75.10 %
15	Public support percentage from 2013	Schedule A, Part	II, line 14			15	74.73 %
	33 1/3% support test - 2014. If the			n line 13, and line	14 is 33 1/3% or m	nore, check this bo	ox and
	stop here. The organization qualifies						$\triangleright X$
b	33 1/3% support test - 2013. If the				l line 15 is 33 1/3%	or more, check th	
	and stop here. The organization qual						\blacktriangleright
17a	10% -facts-and-circumstances tes				e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						▶□
ь	10% -facts-and-circumstances tes					17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						s _ > _
<u> </u>	2.50					dule A (Form 990	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

Section A. Public Support	O.F. Dicase Colli	p.oto i dit ii j				
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to			1			
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						
Salendar year (or fiscal year beginning in) ► 🔼	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
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						
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)		<u> </u>	<u> </u>		1	
14 First five years. If the Form 990 is for t	he organization's	s first, second, thir	d, fourth, or fifth to	ax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here						▶□
Section C. Computation of Public	Support Pe	rcentage				
5 Public support percentage for 2014 (lin	e 8, column (f) d	ivided by line 13, o	column (f))		15	
6 Public support percentage from 2013 S	Schedule A, Part	III, line 15			16	
ection D. Computation of Invest	ment Incom	e Percentage				
17 Investment income percentage for 201	4 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	
18 Investment income percentage from 20					18	
19a 33 1/3% support tests - 2014. If the o	rganization did r	not check the box	on line 14, and line	15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box and						▶□
b 33 1/3% support tests - 2013. If the o						and
line 18 is not more than 33 1/3%, check	k this box and s	top here. The orga	anızatıon qualifies a	as a publicly supp	orted organization	▶□
20 Private foundation. If the organization						►□

432023 09-17-14

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A and D, and Complete Part V.)

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)			
Sec	tion 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	1		
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)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
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	3ь		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)		·	
Ť	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
h	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.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination			
Ŭ	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used		ĺ	
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			ļ
	purposes.	4c		
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)	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (c) 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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
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).	8		
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.	9a		
b	• • • • • • • • • • • • • • • • • • • •			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9(a)) 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.	9c	<u> </u>	
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below.	10a		
	Did the organization have any excess business holdings in the tay year? (I se Schedule C. Form 4720, to	1		

determine whether the organization had excess business holdings)

instructions)

	dule A (Form 990 or 990-EZ) 2014 FUND FOR GLOB			5-3029336 Page 7
Pa	.	(a)(3) Supporting Orga	anizations (continued)	
<u>Sect</u>	ion D - Distributions			Current Year
1.	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
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. Total annual distributions. Add lines 1 through 6.			
<u>7</u> 8	Distributions to attentive supported organizations to which ti	he organization is responsive		
0	(provide details in Part VI). See instructions	ne organization is responsive	,	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Sect	ion E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
а			<u></u>	
b				
<u>c</u>				
<u>d</u>				ļ
	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
<u>i</u>	Carryover from 2009 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7.			
	Ine 7. \$ Applied to underdistributions of prior years		<u> </u>	
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			· · · · · · · · · · · · · · · · · · ·
5				
Ū	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
a				
b				
<u> </u>				<u> </u>
d	Excess from 2013			
	E			

Schedule A	(Form 9	<u>90 or </u> 990	<u>-EZ) 201</u>	4 FUND	<u>FOR</u>	GLOBAL	HUMAN	RIGHTS	INC	75-3029336 Page 8
Part VI	Supp	lement	al Info	rmation.	Provide	the explanati	ons required	RIGHTS by Part II, line	10; Part II. lin	e 17a or 17b; and Part III, line 12.
لنــــــــــــــــــــــــــــــــــــ						formation (Se		•	-,	a see that are the first terms are the
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									-	

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Inspection **Employer** identification number

	FUND FOR GLOBAL HUMAN RIGHTS, INC	75-3029336
Par	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
		(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 ful	nds
Ū	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	only
•	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	
	impermissible private benefit?	Yes No
Par		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•	Preservation of land for public use (e.g., recreation or education) Preservation of a historical	y important land area
	Protection of natural habitat Preservation of a certified h	• •
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution contribution in the form of a conservation contribution contri	onservation easement on the last
_	day of the tax year.	
	, ,	Held at the End of the Tax Year
а	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 8/17/06, 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 orga	inization 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, and enforcing conservation easements during	the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the y	rear ▶ \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)((B)(ı)
	and section 170(h)(4)(B)(ii)?	L Yes
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the o	rganization's accounting for
	conservation easements	0: :1 4
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to 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 a	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	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	
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public s	ervice, provide the following amounts
	relating to these items:	
	(i) Revenue included in 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:	
а	Revenue included in 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. 432051 10-01-14

Schedule D (Form 990) 2014

Sche		R GLOBAL H							<u> 29336</u>	
Par	t III. Organizations Maintaining C	ollections of A	rt, Hist	torical Tre	easures, c	or Oth	<u>er Simil</u>	ar Asse	ts(continue	e <i>d)</i>
3	Using the organization's acquisition, accessi	on, and other record	ds, check	k any of the f	ollowing tha	t are a	significant	use of its	collection i	tems
	(check all that apply).									
а	Public exhibition	C	ı 🗀 1	Loan or exch	ange progra	ams				
b	Scholarly research	•	• 🗀	Other			··			
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	in how th	ney further th	e organizati	on's exe	mpt purp	ose in Parl	XIII	
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical treas	ures, or oth	er simıla	ar assets		_	
	to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	organization	answered	"Yes" to	Form 990), Part IV, I	ıne 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for	contributions	s or other as	sets no	t included		_	
	on Form 990, Part X?								Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able:						
									Amount	
С	Beginning balance					-	1c			
d	Additions during the year					-	1d			
е	Distributions during the year						1e			
f	Ending balance						1f	L		
2 a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for 6	escrow or cu	stodial acco	unt liab	ility?		Yes	No No
b	If "Yes," explain the arrangement in Part XIII	Check here if the e	xplanatio	n has been	provided in l	Part XIII				
Par	t V Endowment Funds. Complete it	f the organization ar	nswered	"Yes" to For	m 990, Part	IV, line	10			
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three	years back	(e) Four ye	ears back
1a	Beginning of year balance									
b	Contributions		<u> </u>				_			
С	Net investment earnings, gains, and losses		<u> </u>		 					
d	Grants or scholarships		<u> </u>							
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1	g, column (a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.								
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held ar	nd administe	ered for	the organi	zation	_	1
	by								Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(iı)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required (on Sched	dule R?					_3b	
4	Describe in Part XIII the intended uses of the		owment :	funds.						
Par										
	Complete if the organization answere						_			
	Description of property	(a) Cost or o		(b) Cost			Accumulat		(d) Book v	/alue
		basis (invest	ment)	basis (other)	de	preciation	1		
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment							4.0		
	Other				5 <u>,232.</u>		62,5	48.		684.
Total	. Add lines 1a through 1e (Column (d) must e	equal Form 990, Pan	t X, colur	nn (B), line 1	0c.)				2	<u>,684.</u>

Schedule D (Form 990) 2014

D ////	Investments - Other Securities.	
Part VIII	Investments - Other Securities	

Complete if the organization answered "Yes"	to Form 990 Part IV II	ne 11b. See Form 990 Par	t X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value			of-year market value
1) Financial derivatives	<u> </u>			
2) Closely-held equity interests				
3) Other				
(A) INVESTMENTS	1,394,14	6. COST		
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
fotal (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,394,14	6.		
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	to Form 990, Part IV, Ir	ne 11c. See Form 990, Par	t X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of value	ation: Cost or end-	of-year market value
(1)				
(2)				
(3)				
(4)				<u> </u>
(5)				
(6)				
(7)				
(8)	ļ			
(9)	<u> </u>			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>			
Part IX Other Assets.				
Complete if the organization answered "Yes"		ne 11d. See Form 990, Par	t 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) lin	ie 15)			
Part X Other Liabilities.				
Complete if the organization answered "Yes"	to Form 990, Part IV, II		30, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)		_		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 25)			

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2014

	edule D (Form 990) 2014 FUND FOR GLOBAL HUMAN RIG				<u>3029336</u>	Page 4
Pai	rt XI Reconciliation of Revenue per Audited Financial Staten	nents With Re	venue per F	leturr	1.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12	?a				
1.	Total revenue, gains, and other support per audited financial statements			1	13,313	,481.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
а	Net unrealized gains (losses) on investments	2a <	<u> 166,935.</u>	.⊳		
b	Donated services and use of facilities	2b		4		
С	Recoveries of prior year grants .	2c		4		
d	Other (Describe in Part XIII)	2d		. i		
е	Add lines 2a through 2d			_2e		<u>,935.</u> :
3	Subtract line 2e from line 1			3	13,480	<u>,416.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 . 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-		
b	Other (Describe in Part XIII)	<u>4</u> b		┨. │		0
_C	Add lines 4a and 4b			4c	12 400	0.
5 Do	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State	mente With Ex	(DORGOG BOT	Dotu	13,480	410.
га			chenses her	netu	111.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12.	.a			12,595	007
1	Total expenses and losses per audited financial statements		•	1	14,090	,00/.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25. Donated services and use of facilities	2a				
a		2b		1		
b	Prior year adjustments Other losses	2c		1 1		
c d	Other losses Other (Describe in Part XIII)	2d	·	1 1		
e	Add lines 2a through 2d		·	2e		0.
3	Subtract line 2e from line 1			3	12,595	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					7077
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII)	4b		1		
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	12,595	007.
Pa	rt XIII Supplemental Information.	 · .				
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any accomplete the part to provide any accomplete the part to provide any accomplete this part to provide any accomp			4; Part -	X, line 2, Part)	KI,
PAI	RT X, LINE 2:					
ΙN	JUNE 2006, THE FINANCIAL ACCOUNTING STAN	DARDS BOA	RD (FASE	3) R	ELEASED	
<u>F</u> A	SB ASC 740-10, INCOME TAXES, THAT PROVIDE	S GUIDANC	E FOR RE	POR	TING	
<u>UN</u>	CERTAINTY IN INCOME TAXES. FOR THE YEAR	ENDED JUN	E 30, 20	15,	THE FU	4D
HA:	S DOCUMENTED ITS CONSIDERATION OF FASB AS	C 740-10	AND DETE	RMI	NED THAT	NO I
<u>MA'</u>	TERIAL UNCERTAIN TAX POSITIONS QUALIFY FO	R EITHER	RECOGNIT	NOI	OR	
<u>DI:</u>	SCLOSURE IN THE FINANCIAL STATEMENTS.		·····			

SCHEDULE F (Form 990)

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.

Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule F (Form 990) and its instructions is at www.lrs.gov/form990.

Employer identification number

FUND FOR GLOBAL	HIIMAN R	TGHTS. I	NC.	75-30293	36
Part I General Info	rmation on A	ctivities Ou	tside the United States. Comple		
Form 990, Part I\					
1 For grantmakers. Does	the organization	maintain recor	ds to substantiate the amount of its gra	ants and other assistance,	, —
the grantees' eligibility fo	or the grants or a	assistance, and	the selection criteria used to award the	grants or assistance?	Yes X No
•	ribe in Part V the	organization's	procedures for monitoring the use of its	s grants and other assistance out	iside the
United States				d - d \	
		ľ	an be duplicated if additional space is r	(e) If activity listed in (d)	(f) Total
(a) Region	offices	(c) Number of employees, agents, and	(d) Activities conducted in region (by type) (e g , fundraising, program	is a program service,	expenditures
	in the region	agents, and independent	services, investments, grants to	describe specific type	for and investments
		contractors in region	recipients located in the region)	of service(s) in region	in region
		irregion			
CENTRAL AMERICA AND			GRANTS TO RECIPIENTS IN THE		
THE CARIBBEAN	0	0	REGION.		1,618,584.
EAST ASIA AND THE			GRANTS TO RECIPIENTS IN THE		
PACIFIC	0	0	REGION.		627,400.
	1				
	1				
MIDDLE EAST AND			GRANTS TO RECIPIENTS IN THE		
NORTH AFRICA	0	0_	REGION.		1,286,066.
			GRANTS TO RECIPIENTS IN THE		5,000.
SOUTH AMERICA	<u> </u>		REGION.		3,000.
			GRANTS TO RECIPIENTS IN THE		
SOUTH ASIA	0	0	REGION.		1,589,639.
Jooin Moin					
			GRANTS TO RECIPIENTS IN THE		
SUB-SAHARAN AFRICA	<u> </u>	0_	REGION.		4,413,407.
			GRANTS TO RECIPIENTS IN THE		
EUROPE	1	5	REGION,		5,495.
O - Cub total	 	5			9,545,591,
3 a Sub-total b Total from continuation	 	55_			3,343,331,
sheets to Part I	,	0			0.
c Totals (add lines 3a					1
and 3b)	1	5			9 545 591.

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

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 FUND FOR GLC

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SEE ATTACHED	SEE ATTACHED	9545591,		0		
		7						
2 Enter total number of recipient organizations listed at the IRS, or for which the grantee or counsel has pro	recipient organization the grantee or counse	ns listed above that are related has provided a section	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country,	recognized as tax-ex	empt by		

Schedule F (Form 990) 2014

Page 3

Schedule F (Form 990) 2014 FUND FOR GLOBAL HUMAN RIGHTS, INC 75–3029336

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

1	1]	,	Ī	I :	1	,]	1
(h) Method of valuation (book, FMV, appraisal, other)									
(g) Description of non-cash assistance									
(f) Amount of non-cash assistance									
(e) Manner of cash disbursement									
(d) Amount of cash grant									
(c) Number of recipients									
(b) Region									
(a) Type of grant or assistance (b) Region									

Schedule F (Form 990) 2014

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 file Form 5713, International Boycott Report (see Instructions

Schedule F (Form 990) 2014

Yes X No

for Form 5713, do not file with Form 990)

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

INC

FUND FOR GLOBAL HUMAN RIGHTS,

OMB No 1545-0047 2014

Open to Public Inspection Employer identification number

75-3029336

% (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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 non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. 220,000 (d) Amount of cash grant (c) IRC section if applicable 501(C)(3) 52-2302849 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization ABDORRAHMAN BOROUMAND FOUNDATION or government 3220 N STREET, NW NO357 WASHINGTON, DC 20007 Part PartII

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2014)

35

Page 2 (f) Description of non-cash assistance 75-3029336 (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance FUND FOR GLOBAL HUMAN RIGHTS, INC (c) Amount of cash grant 36 (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2014) Part III

Schedule I (Form 990) (2014)

432102 10-15-14

SCHEDULE J (Form 990)

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.

GLOBAL HUMAN RIGHTS

OMB No 1545-0047

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 75-3029336

Pa	irt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., 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	1b		
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 in line 1a?	2		1
		-		
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.			
	X Compensation committee			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
				İ
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			İ
•	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		x
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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.			l
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			ĺ
	contingent on the revenues of			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	if "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			1
	contingent on the net earnings of.			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			ĺ
	not described in lines 5 and 67 If "Yes," describe in Part III	7		_X_
8	Were any amounts reported in 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	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		L

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

Schedule J (Form 990) 2014

INC

75-3029336

Page 2

FUND FOR GLOBAL HUMAN RIGHTS,

Schedule J (Form 990) 2014

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

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

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

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	ple	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Sellells		in column (b) reported as deferred in prior Form 990
(1) REGAN RALPH	Ξ	239,241.	0	0.	0	20,383.	259,624.	0.
CUTIVE DIRECTOR	(ii)	0	0	0.	0	0.	0	0
D	Ξ	153,000.	0.	.0	0	9,450.	162,45	0
DIRECTOR OF STRATEGY & DEV	(ii)	0	0.	0.	• 0	0		0
	(i)							
	(ii)							
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Schedule J (Form 990) 2014

432112 10-13-14

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SCHEDULE L

Depaitment of the Treasury

Internal Revenue Service

Transactions With Interested Persons

(Form 990 or 990-EZ)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

Open To Public Inspection

Name of th	e organization	FUND FOR	GLOBAL H	IUMA	N R	IGHTS, INC			1		ident		on nu	ımber
Part I	Excess Bene	efit Transact	ions (section 5	01(c)(3	3), sect	tion 501(c)(4), and 50)1(c)		ns onl	y)				
1	Complete if the o		Relationship bet			art IV, line 25a or 25I	o, or	Form 990-EZ, P	art v,	iine 40	JD	(4)	Corre	cted?
(a) Nar	me of disqualified p	person	person and o		-	illed (c) De	escription of tran	sactio	on			es	No
							_					 '		110
								-						
				_										
								<u> </u>						
	tne amount of tax i n 4958	incurred by the (organization mar	agers	or also	qualified persons du	ring	the year under		S				
	the amount of tax,	if any, on line 2.	above, reimburs	sed by	the or	ganization				► \$				
		•												
Part II	Loans to and	d/or From In	terested Per	sons	•									
	Complete if the o	organization ans	wered "Yes" on	Form 9	990-EZ	, Part V, line 38a or f	orn	n 990, Part IV, Im	e 26,	or if th	e orga	anızatı	on	
	reported an amo							 			(h) Ap	nroved		
4) Name of ested person	(b) Relationship with organization		fron	an to or	(e) Original principal amount	(f) Balance due) In ault?	by bo	ard or		ritten ment?
111011	solog pologi.	, with or gameation	0,104.1		From	po.pa. aoa				No	Yes	nttee?	Yes	
				То	FIOIII	<u></u>			Yes	NO	Tes	No	res	No_
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Part III	Grants or As	sistance Be	nefiting Inter	reste	d Pe						L			
	Complete if the	organization ans	wered "Yes" on	Form 9	990, Pa	art IV, line 27.								
(a) N	ame of interested (person	(b) Relationship			(c) Amount of		(d) Type			•) Purp		f
			interested pers the organiza		ď	assistance		assistan	CO		i	assista	ance	
										-		-		
	-		···-		-					-		•		
	 									+				
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							_							
														
								L		L				

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

Schedule L (Form 990 or 990-EZ) 2014

Schedule L (Form 990 or 990 EZ) 2014 FUNI	FOR GLOBAL HUMAN RIG	HTS, INC	75-3029	336 Page 2
	volving Interested Persons.	201 00-		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?
				Yes No
MARY ANN STEIN	BOARD MEMBER	1,165,000.	ALSO A BOAR	X
JOSHUA MAILMAN	BOARD MEMBER		ALSO A BOAR	
AMY RAO	BOARD MEMBER	_50,000.	AMY RAO PRO	X
Part V Supplemental Information	l		·	
Provide additional information for i	responses to questions on Schedule L (see	instructions)		
CCU I DADM TV DIICTNECO	S TRANSACTIONS INVOLVI	NG TNTEDERT	ED DEDCOMC.	
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVE	NG INIERESI	ED PERSONS.	
(A) NAME OF PERSON: MARY	Y ANN STEIN			
/p) per autoricum pembeer	N INTERESTED PERSON AN	m opeanteam	TON.	
(B) RELATIONSHIP BETWEEN	N INTERESTED PERSON AN	D ORGANIZAI	TON:	
BOARD MEMBER				
(C) AMOUNT OF TRANSACTION	ON \$ 1,165,000.			
(D) DESCRIPTION OF TRANS	SACTION: ALSO A BOARD	MEMBER OF T	HE MORIAH F	UND.
THE MORIAH FUND PROVIDED	GRANTS TO THE FUND F	OR GLOBAL H	UMAN RIGHTS	•
(E) SHARING OF ORGANIZAT	TION REVENUES? = NO			
(A) NAME OF PERSON: JOSE	HUA MAILMAN			
(B) RELATIONSHIP BETWEEN	N INTERESTED PERSON AN	D ORGANIZAT	ION:	
BOARD MEMBER				
(C) AMOUNT OF TRANSACTION	ON \$ 50.000.			
(D) DESCRIPTION OF TRANS		MEMBED OF T	UP TOCUITA	
				mo
MAILMAN FOUNDATION. THE	E JOSHUA MAILMAN FOUND	ATION PROVI	DED A GRANT	
THE FUND FOR GLOBAL HUMA	AN RIGHTS			
(E) SHARING OF ORGANIZAT	rion revenues? = NO			-
(A) NAME OF DEDCOM. ANY	PAO.			

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

Schedule L (Form 990 or 990-EZ) 2014

Schedule L (Form 990 or 990-EZ) FUND FOR GLOBAL HUMAN RIGHTS, INC	75-3029336 Page 2
Part V · Supplemental Information	10 ma)
Complete this part to provide additional information for responses to questions on Schedule L (see instruct	ions).
BOARD MEMBER	
(C) AMOUNT OF TRANSACTION \$ 50,000.	
(D) DESCRIPTION OF TRANSACTION: AMY RAO PROVIDED A CONTRIBUT	ION TO THE
FUND FOR GLOBAL HUMAN RIGHTS.	
(E) SHARING OF ORGANIZATION REVENUES? = NO	
	<u> </u>
	· -
	

SCHEDULE O

(Form 990 or 990-EZ)

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.

20 14 Open to Public

Department of the Treasury
Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

m990. Inspection
Employer identification number

75-3029336 FUND FOR GLOBAL HUMAN RIGHTS INC FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: RELATIONSHIPS THAT LEVERAGE OUR EXPERTISE, ALONG WITH OUR FINANCIAL RESOURCES HAVE MADE THE FUND AN INDISPENSABLE ALLY TO COURAGEOUS RIGHTS GROUPS WORKING ON THE GROUND, AROUND THE WORLD. FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S OUTSIDE ACCOUNTING FIRM RECONCILES THE FINANCIAL INFORMATION PER THE 990 TO THE ORGANIZATION'S ACCOUNTING SYSTEM AND THEN PROVIDES THE 990 TO THE EXECUTIVE DIRECTOR OF THE ORGANIZATION. EXECUTIVE DIRECTOR AND THE OUTSIDE ACCOUNTING FIRM REVIEW THE RESPONSES THE EXECUTIVE DIRECTOR THEN SIGNS THE 990 WHICH IS THEN SEPARATELY. PROVIDED TO THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD IS REMINDED ANNUALLY OF THE CONFLICT OF INTEREST POLICY. FORM 990, PART VI, SECTION B, LINE 15: AN INDEPEDENT REVIEW IS CONDUCTED OF EXECUTIVE DIRECTOR SALARIES. THE EXECUTIVE COMMITTEE PREPARES A WRITTEN ANNUAL PERFORMANCE REVIEW. A SALARY THIS RECOMMENDATION IS THEN PREPARED BY THE EXECUTIVE COMMITTEE. RECOMMENDATION IS BASED ON A COMBINATION OF THE PERFORMACE REVIEW AND THE REVIEW OF THE COMPARABLE SALARY DATA. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: DC, CA, CO, IL, MD, MA, MI, NJ, NY, OH, PA, WA, WI

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

Schedule O (Form 990 or 990-EZ) (2014)

Schedule O (Form 990 or 990-EZ) (2014) Name of the organization	Page 2 Employer identification number
FUND FOR GLOBAL HUMAN RIGHTS, INC	75-3029336
FORM 990, PART VI, SECTION C, LINE 19:	
ALL INFORMATION IS AVAILABLE UPON WRITTEN REQUEST.	