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DLN: 93493320085626

## Form **990**

Department of the Treasury

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

**Return of Organization Exempt From Income Tax** 

foundations) ▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

Intern	al Reve	enue Serv	rice					
A F	or the	<b>2015</b> ca	alendar year, or tax year b	eginning 01-01-2015 , and ending 12-31-	-2015			
_		applicable	C Name of organization Humanity United			DE	mployer	identification number
		change				2	6-2583	379
	lame ch nitial ret	_	Doing business as					
-	ınal	cum				ET	elephone	number
	/termin		Number and street (or P O One Letterman Drive Bldg D	box if mail is not delivered to street address) Roon	n/suite	(	115\40	6-6300
		l return	City or town state or provin	nce, country, and ZIP or foreign postal code			+13)42	0-0300
Application pending			San Francisco, CA 94129	ise, sealia,, and Est of foreign postal code		<b>G</b> 6	iross rece	ipts \$ 29,104,544
			<b>F</b> Name and address of	principal officer	Н	<b>(a)</b> Is this a g	roup ret	turn for
						subordina	•	☐ Yes 🗸
						No <b>I(b)</b> Are all su	hordinat	·es
I Tā	ıx-exen	npt status	501(c)(3) <b>3</b> 501(c)	(4) ◀ (insert no ) 4947(a)(1) or 527		included?	boramae	Yes V No
J W	ebsite	e:▶ ww	vw humanityunited org			•		ist (see instructions)
						I(c) Group ex		
<b>K</b> For	m of or	rganızatıor	n 🗸 Corporation   Trust	Association   Other >		L Year of formation	n 2008	M State of legal domicile Ci
Pa	rt I	Sun	nmary		<u> </u>			I
	<b>1</b> B			nission or most significant activities				
				IId peace and advance human freedom We It share our vision of a world free of conflic			llaborat	e with a broad network of
Ce		nores, re	reas, and organizations tha	re share our vision of a world free of comme	c unu m	ijustice		
æ	_							
Activities & Governance	2 /	Chack t	his hov > C if the organiza	ation discontinued its operations or dispos	ed of m	ore than 25%	of its ne	at accets
9	- \	CHECK	ilis box P   Il the organiza	acion discontinued its operations of dispos	ieu oi iii	iore than 25 %	OI ILS IIC	
<b>&gt;</b> 0	3 1	Number	of voting members of the g	governing body (Part VI, line 1a)			3	5
tre	4 1	Number	of independent voting men	nbers of the governing body (Part VI, line	1b) .		4	4
Ę	5	Total nu	ımber of ındıvıduals employ	ved in calendar year 2015 (Part V , line 2a	)		5	60
ĕ	6	Total nu	ımber of volunteers (estıma	ate if necessary)			6	3
				from Part VIII, column (C), line 12			7	<b>a</b> 0
	b N	let unrel	lated business taxable inco	ome from Form 990-T, line 34			-	'b
					F	Prior Yea		Current Year
<u>Qr</u>	8		- ·	VIII, line 1h)	•  -	31,	200,000	29,000,000
Ravenue	10	-	•	VIII, line 2g)	•	99,946		5 104,544
Ę.	11		, ,	nn (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	·		J J , J T (	104,544
	12			ugh 11 (must equal Part VIII, column (A),	, line	31,299,946		
		12)				31,.	299,940	29,104,344
	13			d (Part IX, column (A), lines 1-3)		18,911,552		17,018,561
	14		·	(Part IX, column (A), line 4)	<b>—</b>			
82	15	Salar 5-10	· · · · · · · · · · · · · · · · · · ·	mployee benefits (Part IX, column (A), line	es	6,7	770,288	7,550,127
Expenses	16a	Profe	· essional fundraising fees (P	Part IX, column (A), line 11e)	[			C
<u>8</u>	ь	Total f	fundraising expenses (Part IX, co	lumn (D), line 25) ▶ <u>0</u>	_ [			
ш	17	Othe	r expenses (Part IX, colum	ın (A), lines 11a-11d, 11f-24e)		٠, 5	158,400	7,403,854
	18		·	17 (must equal Part IX, column (A), line 25	· -	31,	140,240	31,972,542
	19	Reve	nue less expenses Subtra	ct line 18 from line 12	<u>· ·  </u>	:	159,706	-2,867,998
Net Assets or Fund Balances					В	Beginning of Cur	rent Yea	r End of Year
alai	20	Total	assets (Part X, line 16)		. 🕇	16,6	547,462	11,712,127
A As	21						279,027	<u> </u>
ξŠ	22			obtract line 21 from line 20	. [	10,	368,435	7,500,437
	rt II		nature Block					•
				ave examined this return, including accom nd complete Declaration of preparer (othe				
			knowledge	nd complete Declaration of preparer (other	er tilali	officer) is base	u on an	morniation of which
		Tk						
٠.	_		nature of officer			2016-11 Date	15	
	Sign / Here \							
	-		ndy Newcomb Pres,CEO,Trstee be or print name and title					
			Print/Type preparer's name	Preparer's signature	Date	Check		IN SOCIAL
			Roger V Hansen	Roger V Hansen		self-empl		0294980
Pai	d	L	_					
	d pare	er ⊢	Firm's name ► Comprehensiv			Firm's EIN	<b>&gt;</b>	

Los Gatos, CA 95032

. ✓Yes No

27.798.081

Total program service expenses ▶

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

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Yes

Yes

Yes

Form 990 (2015)

	<u>'</u>		_
TV.	Chacklist of Paguired	Schodules (continued)	

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

	Circulation of Residual Contained (Contained)			
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	Yes	
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		No
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	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Pait I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11b and 19?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	 Vas	. L
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a	72	Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	. 1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered			
	by this return	60 <b>2b</b>	Yes	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		103	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	. 3b		No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	у 4а		No
b	Trives, enter the name of the foreign country $\triangleright$			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	35		
-		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or were not tax deductible?	gifts 6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods a services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require file Form 8282?	<b>7c</b>		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	. <b>7</b> f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 889 required?	9 as <b>7g</b>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file	e a <b>7h</b>		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any tilduring the year?			
0-	5 ,	8		No
	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		No No
LO	Section 501(c)(7) organizations. Enter	30		110
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L1				
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<b>12</b> a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
L3	year  Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions additional information the organization must report on Schedule O	for <b>13a</b>		No
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand			
L4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

orm	990 (2015)			Page
Par	<b>TVI</b> Governance, Management, and Disclosure  For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.	or 10	Ob belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI			[
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 5			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	<u>eve</u> n	ue Cod	e.)
			Yes	No

**10a** Did the organization have local chapters, branches, or affiliates? . . . . . . . . . . . . . . 10a Νo **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing **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 . . . . Yes **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 13 Yes Did the organization have a written document retention and destruction policy? . . . . . . . . . . 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . . . 15a Yes 15b Yes 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 16a Νo **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? . . . . . . . . . . . . . . . . . . 16b

#### Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed

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

Own website Another's website V Upon request Other (explain in Schedule O)

9 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

State the name, address, and telephone number of the person who possesses the organization's books and records

▶Kevin Luu One Letterman Dr Bldg D Suite D3100 San Francisco, CA 94129 (415) 426-6300

Part VII

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	( <b>E</b> ) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) Randy Newcomb	40 00									
Pres, CEO, TTEE		X		×				480,943	0	61,160
(2) Pamela Omidyar	2 00									
Chair & TTEE	0 00	×						0	0	0
(3) Susan McCue	2 00									
ViceChair &TTEE		X						0	0	0
(4) Daniel Boggan	0 00 2 00			<u> </u>						
		X						0	0	0
TTEE	0 00									
(5) Shannon Sedgwick Davis TTEE	0 00	×						0	0	0
(6) Kevin Luu	40 00									
Treasurer & CFO				×				260,995	0	47,233
	2 00 40 00									
(7) Lawrence Mendenhall				×				331,908	0	46,510
Secty, GC, COO	2 00							·		
(8) Peter Rundlet	40 00							363.404		F0 274
VP, Investments	0 00				X			362,101	0	58,374
(9) Kurt Kroemer	40 00									
					X			351,882	0	22,491
<u>C00</u>	0 00 40 00									
(10) Ed Marcum					×			276,938	0	48,820
VP, Investments	0 00							·		,
(11) David Abramowitz	40 00									
VP, Policy & Gov't Relations	0 00				X			251,062	0	26,349
(12) Timothy Isgitt	40 00									
Dir, Communications	0 00				X			200,692	0	25,684
(13) Robyn Arville	40 00									
Dir, HR	0 00					X		182,777	0	33,013
(14) Catherine Chen	40 00			$\vdash$						
						×		159,014	0	21,213
Dir, Investments	0 00	1			1	1				

(A) Name and Title	(B) Average hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)		organization and related organizations	
(15) Michael Kleinman	40 00					x		156,221	0	23,033	
Dır, Investments	0 00							130,221	0	23,033	
(16) Carmelita Mitchell	40 00					x		152,508	0	14,173	
Dır, Grant Admın	0 00					^		132,308	U	14,1/3	
(17) Elise Ford	40 00					x		152,499	0	20,353	
Dir, Investments	0 00							132,433		20,333	
1b Sub-Total	$\mathbf{I}$ , Section $\mathbf{A}$ .		:	<b>&gt;</b>			2.2	10.540		140.406	
d Total (add lines 1b and 1c)			•	<b>&gt;</b>			3,3	19,540		448,406	

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

#### **Section B. Independent Contractors**

 $Complete \ this \ table \ for \ your \ five \ highest \ compensated \ independent \ contractors \ that \ received \ more \ than \ \$100,000 \ of \ solution \ for \ the \ for \ your \ five \ highest \ compensated \ independent \ contractors \ that \ received \ more \ than \ \$100,000 \ of \ for \ your \ five \ highest \ compensated \ independent \ contractors \ that \ received \ more \ than \ \$100,000 \ of \ for \ your \ five \ highest \ compensated \ independent \ contractors \ that \ received \ more \ than \ \$100,000 \ of \ for \ your \ five \ highest \ compensated \ independent \ for \ your \ five \ highest \ compensated \ independent \ for \ your \ five \ highest \ for \ your \ five \ highest \ for \ your \ five \ for \ your \ for \ for \ your \ five \ for \ your \ five \ for \ your \ five \ for \ your \ for \ your \ five \ for \ your \ for \ your \ five \ for \ your \ for \ your \ five \ for \ your \ for \ your \ five \ for \ your \ for \ y$ 

compensation from the organization. Report compensation for the calendar year ending	with or within the organization?	s tax year
(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
Luminary Labs LLC	Consulting	175,661
30 West 22nd St 6th Floor New York, NY 10010		_
Morgan Lewis & Bockius LLP	Legal Services	140,798
PO Box 79356 City of Industry, CA 91716		_
Carliner Strategies LLC	Consulting	125,000
PO Box 6575 Falls Church, VA 22046		
Turning Point Consulting Inc	Consulting	121,442
PO Box 865 Keyport, WA 98345		
John Paul Lederach	Consulting	119,139
1033 Willow Place Louisville, CO 80474		

Form 99								Page <b>9</b>
Part V	* 🛊 🕂	Statement o						_
		Check if Schedu	ule O contains a respon	se or note to any III	ne in this Part VIII  (A)  Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s	<b>1</b> a	Federated camp	paigns 1a					
Grants Amounts	ь	Membership du	es <b>1b</b>					
ons, Gifts, Grants Similar Amounts	c	Fundraising eve	ents <b>1</b> c					
ifts ar 4	d	Related organiz	ations <b>1d</b>					
 ⊒	e	Government grants	(contributions) <b>1e</b>					
ions Sis	f	similar amounts not included above		29,000,000				
Contributions, Gifts, and Other Similar A								
nti do	g	1a-1f \$	ons included in lines					
Cont	h	Total. Add lines	s 1a-1f	▶	29,000,000			
ā.			-	Business Code				
¥.	2a							
a <u>¥</u>	b							
Š	c d							
Program Service Revenue	e							
Jran.	f	All other progra	ım service revenue					
<b>P</b>	g	Total Add lines	[ 3 2 a – 2 f	>	0			
	3		ome (including dividend					
	_	and other simila	aramounts)	•	104,544			104,544
	4 5		tment of tax-exempt bond p	roceeds	0			
		,	(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental incor	me or (loss)		0			
		_	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory						
	ь	Less cost or other basis and						
	c	sales expenses Gain or (loss)						
	d	Net gaın or (los	s)		О			
Other Revenue	8a	Gross income fi events (not incl \$	luding reported on line 1c)					
Jer.			a					
O	b c		penses <b>b</b> [ loss)from fundraising e	vents	0			
			rom gaming activities					
	ь	Less direct exp	penses <b>b</b>					
	l		loss) from gaming activ	ities	0			
	10a	Gross sales of i	inventory, less	•				
		returns and allo						
	ь	Less cost of go	<b> </b>					
	С		loss) from sales of inve	ntory <b>&gt;</b>	0			
		Miscellaneous	Revenue	Business Code				
	11a							
	b							
	c d	All other revenu						
	e e	Total. Add lines	L	▶				
	12		See Instructions		0			
					29,104,544			104,544

#### 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								-

	Γ				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	11,535,426	11,535,426		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	5,483,135	5,483,135		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,478,769	1,250,020	1,228,749	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	3,618,578	2,816,681	801,897	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	1,080,166	778,025	302,141	
10	Payroll taxes				
		372,614	256,284	116,330	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	153,013		153,013	
С	Accounting	70,440		70,440	
d	Lobbying	131,737	131,737		
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	336,134	212,662	123,472	
12	Advertising and promotion	224,701	214,971	9,730	
13	Office expenses	81,331	8,226	73,105	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	1,401,902	1,152,541	249,361	
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	227,979		227,979	
23	Insurance	43,631		43,631	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Travel & Meeting Expenses	1,056,191	874,256	181,935	
b	Research & Tech Assistance	926,517	926,517		
c	Strategic Comms & Public Aware	766,782	766,782		
d	ATEST Project	417,972	417,972		
e	All other expenses	1,565,524	972,846	592,678	
25	<b>Total functional expenses.</b> Add lines 1 through 24e	31,972,542	27,798,081	4,174,461	0
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Dar	. V	Palance Cheet					1 age 11
Par	ιx	Balance Sheet Check if Schedule O contains a response or note to any li	ne in this l	Part X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			906,740	1	1,183,730
	2	Savings and temporary cash investments			13,952,527	2	8,854,827
	3	Pledges and grants receivable, net				3	0
	4	Accounts receivable, net				4	18,242
	5	Loans and other receivables from current and former offi					· ·
		key employees, and highest compensated employees C Schedule L	omplete P	art II of			
						5	0
ţs	6	Loans and other receivables from other disqualified pers section 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see ins II of Schedule L	and )1(c)(9)				
Assets						6	0
As	7	Notes and loans receivable, net				7	0
	8	Inventories for sale or use				8	0
	9	Prepaid expenses and deferred charges			456,284	9	334,149
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	2,007,072			
	b	Less accumulated depreciation	10b	1,136,850	880,954	<b>10</b> c	870,222
	11	Investments—publicly traded securities				11	0
	12	Investments—other securities See Part IV, line 11 .				12	0
	13	Investments—program-related See Part IV, line 11 .			450,957	13	450,957
	14	Intangible assets				14	0
	15	Other assets See Part IV, line 11				15	0
	16	Total assets.Add lines 1 through 15 (must equal line 34	)		16,647,462	16	11,712,127
	17	Accounts payable and accrued expenses			1,317,097	17	1,725,462
	18	Grants payable			4,530,195	18	1,739,019
	19	Deferred revenue				19	_
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV	of Schedul	e D		21	
bilities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and d					
		persons Complete Part II of Schedule L				22	
Lia	23	Secured mortgages and notes payable to unrelated third	parties			23	
	24	Unsecured notes and loans payable to unrelated third pa	rties .			24	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D	to related	third parties,			
					431,735	25	747,209
	26	Total liabilities. Add lines 17 through 25			6,279,027	26	4,211,690
Sè		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	ere 🕨 🦵	and complete			
ance	27	Unrestricted net assets				27	
Ba	28	Temporarily restricted net assets				28	
Þ	29	Permanently restricted net assets				29	-
Ξ		Organizations that do not follow SFAS 117 (ASC 958), o	 heck here	 ▶ ⊡and			-
Net Assets or Fund Balances		complete lines 30 through 34.	Here	·  V alla			
ets	30	Capital stock or trust principal, or current funds				30	
455	31	Paid-in or capital surplus, or land, building or equipment				31	
t je	32	Retained earnings, endowment, accumulated income, or	other fund	s	10,368,435	32	7,500,437
ž	33	Total net assets or fund balances			10,368,435	33	7,500,437
	34	Total liabilities and net assets/fund balances			16.647.462	34	11.712.127

Schedule O

Schedule O

Separate basis

Separate basis

Single Audit Act and OMB Circular A-133?

Total revenue (must equal Part VIII, column (A), line 12) . . . . . .

	-	
Total expenses (must equal Part IX, column (A), line 25)	2	
Revenue less expenses Subtract line 2 from line 1	3	
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	
Net unrealized gains (losses) on investments	5	
Donated services and use of facilities	6	
Investment expenses	7	
Prior period adjustments	8	
Other changes in net assets or fund balances (explain in Schedule O)	9	
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	
t XII Financial Statements and Reporting		
Check if Schedule O contains a response or note to any line in this Part XII		

#### 10 Net assets or fund balances at end of year Co column (B))

Part XIII Financial Statements and Rep Check if Schedule O contains a response or note to any line in this Part XII

1 Accounting method used to prepare the Form 990

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Consolidated basis Both consolidated and separate basis

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

basis, consolidated basis, or both ✓ Consolidated basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

If the organization changed its method of accounting from a prior year or checked "Other," explain in

**b** Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

Cash Accrual Other\_

☐ Both consolidated and separate basis

2b

2c

3a

3b

2a

Yes

Yes

Yes

Page **12** 

29,104,544

31,972,542

-2,867,998

10,368,435

7,500,437

No

Νo

Nο

Form 990 (2015)

#### **SCHEDULE D**

(Form 990)

Department of the

Internal Revenue Service

Treasury

#### **Supplemental Financial Statements**

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

Information about Schedule D (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

DLN: 93493320085626

Open to Public Inspection

	me of the organization nanity United			Empi	oyer identification number
	·				583379
Pa	rt I Organizations Maintaining Donor Complete if the organization answere			unds (	or Accounts.
		(a) Donor advised fund	ds	(b)	Funds and other accounts
	Total number at end of year				
	Aggregate value of contributions to (during year)				
	Aggregate value of grants from (during year)				
	Aggregate value at end of year				
	Did the organization inform all donors and donor a funds are the organization's property, subject to			or advı:	sed Yes N
5	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?				
а	rt II Conservation Easements. Comple	ete if the organization	answered "Yes" o	n Forn	n 990, Part IV, line 7.
	Purpose(s) of conservation easements held by th	-	l that apply)		
	Preservation of land for public use (e g , recreducation)	eation or F		n histor	rically important land area
	Protection of natural habitat	, 			d historic structure
	Preservation of open space	'	r reservation of a	cereme	a mistoric structure
:	Complete lines 2a through 2d if the organization	held a qualified conserv:	ation contribution in t	he form	of a conservation
	easement on the last day of the tax year	neia a quamica conscive	acion contribution in c	iic ioiiii	or a conscivation
					Held at the End of the Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easeme	ents		2b	
c	Number of conservation easements on a certified	I historic structure inclu	ded ın (a)	<b>2</b> c	
d	Number of conservation easements included in (o historic structure listed in the National Register	c) acquired after 8/17/0	6, and not on a	2d	
	Number of conservation easements modified, train	nsferred, released, extin	guished, or terminate	d by th	e organization during the
	tax year ▶				
	Number of states where property subject to cons	ervation easement is loc	ated <b>&gt;</b>		
	Does the organization have a written policy regar violations, and enforcement of the conservation e		ring, inspection, hand	dling of	☐ Yes ☐ No
;	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of v	iolations, and enforci	ng cons	servation easements during the
,	A mount of expenses incurred in monitoring, inspe	ecting, handling of violat	ions, and enforcing c	onserva	ation easements during the year
	<b>\$</b>	2712 -1 611			10 (1) (4)
	Does each conservation easement reported on III (B)(I) and section 170(h)(4)(B)(II)?	ne 2(a) above satisty the	e requirements of sec	tion 17	Yes No
	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the or			se statement, and
ar	Complete if the organization answers			or Oth	ner Similar Assets.
a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	assets held for public e	xhibition, education,	or resea	arch in furtherance of public
b	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public e			
(	i) Revenue included on Form 990, Part VIII, line :			<b>*</b> ¢	
		-			
	i) Assets included in Form 990, Part X	historical treasures, ar a			cial gain, provide the

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Par	t III	Organizations Maintaining (continued)	Collections of A	rt, Hi	istorical	Trea	sures, or	Oth	er Similar As	sets
3		g the organization's acquisition, accection items (check all that apply)	ession, and other reco	ords, c	heck any	of the f	following that	are	a sıgnıfıcant use	e of its
а		Public exhibition		d		oan or e	exchange pro	gran	ns	
b	Г	Scholarly research		е	Го	ther				
c		Preservation for future generations								
4	Provi Part :	de a description of the organization's XIII	s collections and exp	laın ho	ow they fu	rther th	ie organizatio	n's e	exempt purpose	in
5		g the year, did the organization solid ts to be sold to raise funds rather th							mılar <b>Ves</b>	□No
Pa	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form	990, Pa	rt IV,	line 9, or re	por	ted an amoun	on Form 990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other intern	nedıar	y for conti	rıbutıor	ns or other as	sets	not <b>Yes</b>	∏ No
ь	If'	"Yes," explain the arrangement in Pa	art XIII and complete	the fo	ollowing ta	ıble		Γ	A mo	ount
c		ginning balance					10	c		
d		ditions during the year					10	d		
e		stributions during the year					16	e		
f		ding balance					11	f		
<b>2</b> a	Did tl	ne organization include an amount o	n Form 990, Part X, II	ne 21	, for escro	w or cu	ıstodıal acco	unt I	ıabılıty? <b>Yes</b>	□ No
b	If"Y€	es," explain the arrangement in Part	XIII Check here if th	ne exp	olanation h	ıas bee	n provided in	Part	XIII	
Pa	rt V	Endowment Funds. Comple								
		·	(a)Current year		Pnor year	_	Two years back	_	Three years back	(e)Four years back
<b>1</b> a	Begii	nning of year balance								
b	C ont	ributions								
С	Net i	nvestment earnings, gains, and es								
d	Gran	ts or scholarships								
e		r expenditures for facilities programs								
f	A dm	inistrative expenses								
g		of year balance								
2		de the estimated percentage of the	current vear end bala	nce (lı	ine 1a, col	lumn (a	)) held as	-	I.	
а		d designated or quasi-endowment	,	,	٥,	,	,,			
ь		anent endowment ►								
c		porarily restricted endowment								
·		percentages on lines 2a, 2b, and 2c	should equal 100%							
3a	A re t	here endowment funds not in the pos iization by		ızatıor	that are	held an	d administer	ed fo	r the	Yes No
	(i) ur	related organizations							3a	
		elated organizations					•		3a(	<del>- + - +</del>
ь 4		es" on 3a(II), are the related organiza ribe in Part XIII the intended uses o						•	31	<u> </u>
	rt VI	Land, Buildings, and Equip		nuowi	nent iunus	•				
ГС	I C VI	Complete if the organization a		orm 9	990, Part	: IV, lu	ne 11a.See	For	m 990, Part X	, line 10.
		Description of property			(a) Cost or othe (investm	er basıs	(b) Cost or other b (other)		Accumulated (c) depreciation	(d)Book value
<b>1</b> a	Land			.		· ·	<u> </u>			
b	Buildir	ngs						_		
c	Leasel	nold improvements		. [			859,	207	342,04	8 517,159
d	Equipr	nent					332,	718	272,99	2 59,726

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) )

293,337

See Form 990, Part X, line 12.  (a) Description of security or category			s' on Form 990, Part IV, line 11
(including name of security)	у	(b)Book value	(c)Method of valuation Cost or end-of-year market val
(1)Financial derivatives			
2)Closely-held equity interests 3)Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII Investments—Program Related.	•		
Complete if the organization answere	d 'Yes' on Form 990		
(a) Description of investment		(b) Book value	<b>(c)</b> Method of valuation Cost or end-of-year market valu
1)Private Equity		450,957	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. Complete if the organization (a) Description		orm 990, Part IV, line 1	1d See Form 990, Part X, line 15 (b) Book value
	•		
<b>Fotal.</b> (Column (b) must equal Form 990, Part X, col (B) line	215)		Þ
Part X Other Liabilities. Complete if the org			
Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25.			
Part X Other Liabilities. Complete if the organized See Form 990, Part X, line 25.  (a) Description of liability	ganization answered		
Part X Other Liabilities. Complete if the organized See Form 990, Part X, line 25.  (a) Description of liability	ganization answered		
Part X Other Liabilities. Complete if the organized See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes	ganization answered	l 'Yes' on Form 990, F	
Part X Other Liabilities. Complete if the organized See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes  Deferred Rent	ganization answered (b) Book value	1 'Yes' on Form 990, F	
Part X Other Liabilities. Complete if the organized See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes  Deferred Rent	(b) Book value	1 'Yes' on Form 990, F	
Part X Other Liabilities. Complete if the organized See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes  Deferred Rent	(b) Book value	1 'Yes' on Form 990, F	
Part X Other Liabilities. Complete if the organized See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  Deferred Rent	(b) Book value	1 'Yes' on Form 990, F	
Part X Other Liabilities. Complete if the organized See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  Deferred Rent	(b) Book value	1 'Yes' on Form 990, F	
Part X Other Liabilities. Complete if the organized See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  Deferred Rent	(b) Book value	1 'Yes' on Form 990, F	
Part X Other Liabilities. Complete if the organized See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  Deferred Rent	(b) Book value	1 'Yes' on Form 990, F	
Part X Other Liabilities. Complete if the orgen See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  Deferred Rent	(b) Book value	1 'Yes' on Form 990, F	
Part X Other Liabilities. Complete if the orgen See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  Deferred Rent	(b) Book value	1 'Yes' on Form 990, F	
See Form 990, Part X, line 25.	(b) Book value	09 00	

Schedule D (Form 990) 2015

information

included on form 990

Return Reference

Part XI, Line 2d Other revenue

amounts included in F/S but not

			are 117 mile 11				organizacion ai	Complete if the o	
29,145,494	1			ments .	inancial sta	er audited f	nd other support p	Total revenue, gains, and	1
			_	2	rt VIII, line	rm 990, Pa	ne 1 but not on Fo	Amounts included on line	2
			2a			ents	osses) on investm	Net unrealized gains (los	а
			2b				use of facilities .	Donated services and us	b
			2c	[			rgrants	Recoveries of prior year	c
		40,950	2d				tXIII)	Other (Describe in Part )	d
40,950	2e						d	Add lines 2a through 2d	e
29,104,544	3						ne <b>1</b>	Subtract line 2e from line	3
				1	out not on li	I, line 12, b	orm 990, Part VII	Amounts included on For	4
			4a	· .	rt VIII, lıne	rm 990, Pai	not included on Fo	Investment expenses no	а
			4b	. [			tXIII)	Other (Describe in Part >	b
	4c							Add lines 4a and 4b .	c
									_
29,104,544	5	[	12)	t I, line 1	orm 990, P	nust equal F	es <b>3</b> and <b>4c.</b> (This m	Total revenue Add lines	5
<u> </u>	_	ts With Expenses	tements Wit	ial Stat	ted Fina	per Audi	n of Expenses	XII Reconciliation	
turn.	s per Ret	ts With Expenses	atements Wit Part IV, line 12	ial Stat 990, Pa	<b>ted Fina</b> ı 'es' on Foı	<b>per Audi</b> nswered 'Y	n of Expenses organization ar	Reconciliation Complete if the c	Part
<u> </u>	_	ts With Expenses	atements Wit Part IV, line 12	ial Stat 990, Pa	ted Final 'es' on For ements .	per Audinswered 'Y	n of Expenses organization ar ses per audited fin	Reconciliation Complete if the c	Part 1
turn.	s per Ret	ts With Expenses	atements Wit Part IV, line 12	<b>ial Stat</b> 990, Pa	ted Final (es' on Folements . rt IX, line 2	per Audinswered 'Ynancial stat rm 990, Pa	n of Expenses organization ar ses per audited fir ne 1 but not on Fo	Complete if the complete and lossed Amounts included on line	Part 1
turn.	s per Ret	ts With Expenses	atements Wit Part IV, line 12	ial Stat 990, Pa	ted Finar 'es' on For ements . rt IX, line 2	per Audi nswered 'Y nancial stat rm 990, Pa	n of Expenses organization ar ses per audited fir ne 1 but not on Fo use of facilities .	Complete if the complete in the complete in the complete included on line complete included in the complete included in the complete included	Part 1
turn.	s per Ret	ts With Expenses	atements Wit Part IV, line 12	ial Stat 990, Pa	ted Finar 'es' on For ements . rt IX, line 2	per Audi nswered 'Y nancial stat rm 990, Pa	n of Expenses organization ar ses per audited fir ne 1 but not on Fo use of facilities .	Complete if the complete and lossed Amounts included on line	Part 1 2
turn.	s per Ret	ts With Expenses	Part IV, line 12	990, Pa	ted Finar 'es' on For ements . rt IX, line 2	per Audinswered 'Ynancial stat rm 990, Pa	n of Expenses organization are ses per audited fir ne 1 but not on Fo use of facilities	Complete if the complete in the complete in the complete included on line complete included in the complete included in the complete included	Part 1 2 a
turn.	s per Ret	ts With Expenses	Part IV, line 12	990, Pa	ted Final 'es' on Folements rt IX, line 2	per Audinswered 'Ynancial stat rm 990, Pa	n of Expenses organization ar ses per audited fir ne 1 but not on Fo use of facilities	Complete if the complete if th	Part  1  2  a  b
turn.	s per Ret	ts With Expenses	Part IV, line 12  2a  2b  2c  2d	990, Pa	ted Final 'es' on Fole ements . rt IX, line 2	per Audi nswered 'Y nancial stat rm 990, Pa	n of Expenses organization are ses per audited fine 1 but not on Fouse of facilities	Complete if the complete in th	Part  1  2  a  b  c
32,013,492	1	ts With Expenses line 12a	2a 2b 2c 2d	990, Pa	ted Final 'es' on Fol ements . rt IX, line 2	per Audi nswered 'Y nancial stat rm 990, Pa	n of Expenses organization are ses per audited fine 1 but not on Fouse of facilities	Complete if the complete in th	Part  1 2 a b c d
32,013,492 40,950	1 2e	ts With Expenses line 12a	2a 2b 2c 2d	ial Stat 990, Pa	ted Finat 'es' on Fole ements . rt IX, line 2  	per Audi nswered 'Y nancial stat rm 990, Pa	n of Expenses corganization are ses per audited fir ne 1 but not on Fo use of facilities t XIII ) ne 1	Complete if the complete in the complete interval inter	Part  1 2 a b c d e
32,013,492 40,950	1 2e	ts With Expenses line 12a	2a 2b 2c 2d	ial Stat 990, Pa	ted Final 'es' on Fole ements . rt IX, line 2	per Audi nswered 'Y nancial stat rm 990, Pa 	n of Expenses corganization are ses per audited fire ne 1 but not on Fo use of facilities t XIII ) d orm 990, Part IX, not included on Fo	Complete if the complete in th	1 2 a b c d e 3
32,013,492 40,950	1 2e	ts With Expenses line 12a	Part IV, line 12  2a  2b  2c  2d	ial Stat 990, Pa	ted Final 'es' on Fole ements . rt IX, line 2	per Audi nswered 'Y nancial stat rm 990, Pa 	n of Expenses corganization are ses per audited fire ne 1 but not on Fo use of facilities t XIII ) d orm 990, Part IX, not included on Fo	Complete if the complete in th	1 2 a b c d e 3 4
32,013,492 40,950	1 2e	ts With Expenses Inne 12a	2a 2b 2d 2d 4a 4b	ial Stat 990, Pa	ted Final 'es' on Fole ements . rt IX, line 2	per Audi nswered 'Y nancial stat rm 990, Pa 	n of Expenses corganization are ses per audited fin ne 1 but not on Fo use of facilities t XIII ) t a corm 990, Part IX, not included on For	Complete if the complete in th	1 2 a b c d e 3 4 a

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional

Security & Transportation \$40950

Explanation

Schedule D (Form 990) 2015						
Part XIII Supplemental Information	on (continued)					
Return Reference	Explanation					

efile GRAPHIC prin	RAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493					93493320085626
SCHEDULE F (Form 990)	Stat	ement of	Activities (	Outside the Unit	ed States	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	▶ Informatio	·	Part IV, line : ▶ Attach t	n answered "Yes" to Form 14b, 15, or 16. o Form 990. nd its instructions is at <i>w</i>	·	2015 Open to Public Inspection
Name of the organization Humanity United	٦				<b>Employer iden</b> 26-2583379	tification number
				<b>ne United States.</b> orm 990, Part IV, line		
<del>-</del>	ance, the gra	ntees' eligibil		s to substantiate the one of the or assistance, and	•	「✓ Yes  No
2 For grantmaker assistance outsi			rganızatıon's p	rocedures for monitori	ng the use of its grar	ts and other
3 Activites per Regi	on (The follow	ing Part I, line	3 table can be d	uplicated if additional sp	ace is needed)	
(a) Region		<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is program service, describe specific type of service(s) in region	a <b>(f)</b> Total expenditures for and investments in region
(1) Africa		0	0	Grants		566,272
(2) Europe		0	0	Grants		4,666,863
(3) Asia		0	0	Grants		250,000
(4)						
(5)						
3a Sub-total b Total from continu to Part I c Totals (add lines 3						5,483,135 5,483,135
For Paperwork Reduction		the Instructions	for Form 990.	Cat	No 50082W Sched	lule F (Form 990) 2015

<b>12:31:011</b> Grants and Other Assistance to Organizations or Entities Outside the United Stat	Part II	Grants and Other Assistance to Organizations or Entities Outside the United States.
---	---------	---

Complete if the organization answered "Yes" to 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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1) See Add'l Data								
(2)								
(3)								
(4)								
( 5)								
( 6)								
(7)								
(8)								
( 9)								
( 10)								
( 11)								
( 12)								
( 13)								
( 14)								
( 15)								
( 16)								
( 10)								
2								

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

27

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (a) Type of grant or (b) Region (c) Number of (d) A mount of (e) Manner of cash (f) A mount of (g) Description (h) Method of assistance recipients cash grant disbursement of non-cash valuation non-cash assistance (book, FMV, assistance appraisal, other) (1) (2) (3) (8) (9)

(4) (5) (6) (7) (10) (11) (12) (13) (14) (15) (16) (17)

(18) Schedule F (Form 990) 2015

# Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865) Yes ✓ No 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 for Form 5713, do not file with Form 990) Yes ✓ No

#### Part V

#### **Supplemental Information**

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

990 Schedule F, Supplemental Information							
Return Reference	Explanation						
Part I, Line 2 - Grantmakers Explanation For Monitoring Use of Funds Outside US	As with Humanity United's (HU) domestic grants, before making a grant to a grantee outside the U.S., HU performs due diligence, including anti-terrorism checks and a formal "pre-gr ant inquiry," as defined in the federal tax regulations, when required In addition, HU de termines whether the proposed grantee is eligible for 501(c)(3) public charity equivalency status that would permit the foreign grantee to be treated as a U.S. public charity for r eporting purposes. To demonstrate eligibility for equivalency status, foreign grantees are required to provide extensive documentation related to their foreign tax status, governan ce and operations. Grantees (U.S. and non-U.S.) are also required to enter into a detailed written grant agreement that governs the use of grant funds and includes financial and na rrative reporting requirements, including heightened "expenditure responsibility" restrict ions and reporting requirements for those grantees that are not eligible for public charit y equivalency status. Grantee reporting under the grant agreement is reviewed and approved by program and grants management staff, and these approvals are documented. The grantee's written reporting under the grant agreement is frequently supplemented by meetings, phone conversations and emails between HU and grantee staff, as well as site visits by HU staff to non-U.S. grantees						

#### **Additional Data**

Software ID: 15000324
Software Version: 2015v2.0

**EIN:** 26-2583379

Name: Humanity United

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		A frica	Peace building	200,000	Wire			
		A frica	Peace building	50,000	Wire			
		A frica	Peace building	67,897	Wire			
		A frica	Peace building	75,000	Wire			

(b) IRS code (i) Method of (g) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of section valuation (c) Region (d) Purpose of grant cash non-cash organization and EIN(if cash grant cash disbursement (book, FMV, assistance assistance applicable) appraisal, other) A frica Peace building 83.375 Wire A frica Peace building 90,000 Wire

65,000 Wire

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Asıa Asıa Anti-slavery

Anti-slavery

(b) IRS code (I) Method of (g) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of section valuation (c) Region (d) Purpose of grant cash non-cash and EIN(ıf cash grant cash disbursement (book, FMV, organization assistance assistance applicable) appraisal, other) lA sıa Peace building 60,000 Wire Advancing Freedom 777,540 Wire Europe

176,500 Wire

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Europe

Europe

Anti-slavery

Anti-slavery

(b) IRS code (i) Method of (g) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of section valuation (c) Region (d) Purpose of grant cash non-cash organization and EIN(if cash grant cash disbursement (book, FMV, assistance assistance applicable) appraisal, other) lEurope Anti-slavery 205.800 Wire A nti-slavery 294.785 Wire Europe

75,031 Wire

	•

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Europe

Europe

Anti-slavery

A nti-slavery

(b) IRS code (i) Method of (g) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of section valuation (c) Region (d) Purpose of grant cash non-cash and EIN(if cash grant cash disbursement (book, FMV, organization assistance assistance applicable) appraisal, other) lEurope Peace building 100,000 Wire

128,874 Wire

						1
	Europe	Peace building	102,853	Wire		
	Europe	Peace building	109,971	Wire		

Peace building

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Europe

(b) IRS code (i) Method of (g) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of section valuation (c) Region (d) Purpose of grant cash non-cash organization and EIN(if cash grant cash disbursement (book, FMV, assistance assistance applicable) appraisal, other) lEurope Peace building 150.000 Wire Peace building 156,170 Wire Europe

174,970 Wire

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Europe

Europe

Peace building

Peace building

(b) IRS code (i) Method of (g) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of section valuation (c) Region (d) Purpose of grant cash non-cash organization and EIN(if cash grant cash disbursement (book, FMV, assistance assistance applicable) appraisal, other) lEurope Peace building 211.547 Wire Peace building 236,000 Wire Europe

262,712 Wire

299,110 Wire

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Europe

Europe

Peace building

Peace building

(b) IRS code (i) Method of (g) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of section valuation (c) Region (d) Purpose of grant non-cash cash and EIN(If cash grant cash disbursement (book, FMV, organization assistance assistance applicable) appraisal, other) Furone Deace huilding 300 000 Wire

	Lurope	r cace ballaring	300,000	I WITC		
	Europe	Peace building	60,000	Wire		

Peace building

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Europe

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493320085626 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number **Humanity United** 26-2583379 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and √ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (d) A mount of cash (a) Name and address of (b) EIN (c) IRC section (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table

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

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

ons lis	ted in the line 1 table .			•	121					
				• _	0					
	Cat No 50055P Schedule I (Form 990) 2015									

D TV	Cumplemental Informa	Alleria Direction also also confe	 and the analysis Daniel TIT	and the same of the American and the same of the same	and all the area of the Common attention	
1						

grantee staff, as well as site visits by HU staff to grantees

Part IV Supplemental	Information. F	Provide the info	rmation required in P	art I, line 2, Part III,	column (b), and any other	additional information.			
Return Reference	Explanation								
Grantmaker's Description of How Grants are Used  Grants and making a grant to a grantse in the U S , HU performs due diligence, including determining the grantsee's U S tax status, performing anti-terrorism checks and making a formal "pre-grant inquiry," as defined in the federal tax regulations, when required Grantees (U S and non-U S ) are also required to enter into a detailed written grant agreement that governs the use of grant funds and includes financial and narrative reporting requirements, including heightened "expenditure responsibility" restrictions and reporting requirements for those grantees that are not 501(c)(3) public charities Grantee reporting under the grant agreement is reviewed and approved by program and grants management staff, and these approvals are documented The grantee's written reporting under the grant agreement is frequently supplemented by meetings, phone conversations and emails between HU and									

#### **Additional Data**

Accountability Lab Inc

1110 Vermont Ave NW Washington, DC 20005

12 Gill Street Ste 2600 Woburn, MA 01801

Advisors Charitable Gift Fund

**Software ID:** 15000324 **Software Version:** 2015v2.0

**EIN:** 26-2583379

Name: Humanity United

Form 990,Schedule I, Pai	rt II, Grants and	l Other Assistance	e to Domestic Orga	anizations and D	omestic Govern
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valua (book, FMV, apprais other)

45-4613016

01-0782573

organization or government		if applicable	grant	cash assistance	(book, FMV, appraisal, other)	n
Access Now	27-0597430		20,000	0		

or government			assistance	other)	
Access Now Level 6 34 West 27th St New York, NY 10001	27-0597430	20,000	0		

63,000

5,500

or government		п аррисаріе	grant	assistance	other)	non-casn
Access Now	27-0597430		20,000	0		

rga	nizations and D	omestic Governme	ents.
		1	

<b>(f)</b> Method of valuation	
(book, FMV, appraisal,	r
othor\	

non-cash assistance

(h) Purpose of grant or assistance

Rights Con Silicon

Nepal technology

Matching Gift

Valley

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance arant or aovernment assistance other) 15,000 Advocacy Project 52-2333129 Community-based 2201 P Street NW ladvocated Washington DC 20027 udan human rights

International justice

60,000

washington, DC 20037					
A frican Cntr for Justic&Peace	27-2851336	100,000	0		Sud
1483 York Ave 20463				1	l
New York, NY 10021				1	l

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Art Works Projects

1074 W Taylor St Ste 113 Chicago, IL 60607

71-1049669

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) As You Sow 94-3169008 100,000 Anti-slavery supply 1611 Telegraph AveSte 600 chain ng Gift

Coalition

Oakland, CA 94612					
Asylum Access 1611 Telegraph Ave Suite	20-3642040	6,000	0		Matching
111 Oakland, CA 94612					

Bay Area Anti-Trafficking Cln 45-2549797 10,000 Antı- Trafficking

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2346 Walsh Ave

Santa Clara, CA 95051

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Boston College Trustees 9,000 Sudan human rights 04-2103545 140 Commonwealth HRSC

Liberia - supply chain

129Lake Chestnut Hill, MA 02467					
BOT Leland Stanford Jr Univ 450 Serra Mall Bldg 200	94-1156365	5,400	0		Soul Wounds Conference

300,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Stanford, CA 94305

98-0575195

Building Markets Ltd

17 State St Ste 1520 New York, NY 10004

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Business&Human Rghts Rsrc 20-0829209 159,160 Nepal fair labor

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Cnt 630 Ninth Avenue Suite 304 New York, NY 10036					
Carnegie Mellon University 5000 Forbes Ave	25-0969449	100,000	0	l .	Technology and Human Rights

Technology and Human

Rights

175,000

Pittsburgh, PA 15213

25-0969449

Carnegie Mellon University

5000 Forbes Ave

Pittsburgh, PA 15213

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) CDA Collab Learning Pricts In 56-2339052 230,000 Atrocity Prevention 1 Alewife Center Ste 400 Cambridge, MA 02140 Center for American Progress 400,000 Sudan peace building 30-0126510 1333 H Street NW

Liberia development

83,930

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Washington, DC 20005
Center for Global

Development 2055 L Street Fifth FL Washington, DC 20036

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) 20-2588279 108,812 Nepal technology Centro Derechos Del Migrante 519 N Charles St Ste 260 Matching Gift

Chain

Baltımore, MD 21201					
Charity Water 200 Varick St 201 New York, NY 10014	22-3936753	16,667	0		Matching Gift
Coalition of Immokalee	65-0641010	300,000	0		Antı-Slavery Supply

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Worker

110 South 2nd Street Immokalee, FL 34142

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Coalition of Immokalee 65-0641010 46,650 Anti-Slavery Coalition 141 - -- --

worker 110 South 2nd Street Immokalee,FL 34142					
Coalition to Abolish Slavery 5042 Wilshire Blvd Suite 586	10-0008533	12,000	0		Antı-Slavery Coalition

48,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Los Angeles, CA 90036 Coalition to Abolish Slavery

5042 Wilshire Blvd Ste 586 Los Angeles, CA 90036

(a) Name and address of (b) EIN (c) IRC section (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (d) A mount of cash organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) 8,500 Darfur Women Action Group 80-0593976 Sudan human rights 3636 16th St NW A1204 program

washington, DC 20010					
Dream Corps	26-1140201	50,000	0		Cut 50 pr
1611 Telegraph Ave Ste 600					sponsor
Oakland, CA 94612					

10,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

13-3755580

ECPAT USA

30 third Ave Ste 800A Brooklyn, NY 11217

(a) Name and address of (b) EIN (c) IRC section (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (d) A mount of cash organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) 13-3755580 40.000 ECPAT USA Anti-Slavery Coalition 30 Third Ave Suite 880A Brooklyn NY 11217 52-1984719 10.000 Cntr Anti-slavery coalition

40.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2.00,,
Educn Fund of the Amer
888 16th St NW Ste 400
Washington DC 20006

Educn Fund of the Amer Cntr

888 16th St Suite 400 NW Washington, DC 20006

(a) Name and address of (b) EIN (c) IRC section (e) Amount of non- (f) Method of valuation (a) Description of (d) A mount of cash (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) 69,700 Educn Fund of the Amer Cntr 52-1984719 Anti-slavery supply 888 16th St Suite 400 NW lc hain pal fair labor

General operating

support

10,000

Washington, DC 20006					Chan
Educn Fund of the Amer Cntr 888 16th St NW Ste 400	52-1984719	249,997	0		Nepa
Washington, DC 20006					l

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Equal Justice Initiative

122 Commerce Street

Montgomery, AL 36104

(a) Name and address of (b) EIN (c) IRC section (e) Amount of non- (f) Method of valuation (a) Description of (d) A mount of cash (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance arant or aovernment assistance other) 50,000 Equal Justice Initiative 63-1135091 General operating 122 Commerce Street support Montgomery, AL 36104 50.000 FCNL Education Fund 52-1254489 Atrocity Prevention 245 Second Street NE Washington, DC 20002

Burundi peace building

15,750

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Filmmakers Collaborative Inc.

6 Eastman Place Suite 202 Melrose, MA 02176

(a) Name and address of (b) EIN (c) IRC section (e) Amount of non- (f) Method of valuation (a) Description of (d) A mount of cash (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance arant or aovernment assistance other) 45.000 Free the Slaves 56-2189635 Anti-slavery coalition 1320 19th StNW Ste 600 Washington, DC 20036 85,000 Freedom Fund 30-0805768 Anti-slavery supply 6 West 48th Street 10th FL lchain New York, NY 10036

6,126

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Futures without Violence

100 Montgomery Street San Francisco, CA 94129

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) 43,874 Futures Without Violence 94-3110973 Anti-Slavery Coalition

Nepal fair labor

San Francisco, CA 94129					
Global Collab Lab Network 3402 21st Ave North Arlington, VA 22207	47-3401575	6,000	0		Matching Gift

319,366

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Global Fairness Initiative

2122 P Street NW Suite 302 Washington, DC 20037

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) 33,900 Nepal-fair labor Global Fairness Initiative 05-0563219

Nepal fair labor

2122 P Street NW Suite 302 Washington, DC 20037					
Global Fairness Initiative 2122 P Street NW Suite 302 Washington, DC 20037	05-0563219	83,220	0		Nepal fair labor

27,576

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Goodweave International

2001 S Street NW Suite 510 Washington, DC 20009

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance arant or aovernment assistance other) 302,162 Nepal fair labor GoodWeave International 52-2042014 2001 S Street NW Ste 510 Washington, DC 20009 200,000 13-3116646 General operating

100.000

support

Burundi rapid response

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Human Rights	First
75 Broad Stre	et 31st Floor
New York, NY	10004

Human Rights Watch

350 Fifth Avenue 34th Fl New York, NY 10118

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) 13-2875808 135,000 Anti-slavery supply Human Rights Watch 350 Fifth Avenue 34th FI lchain.

New York, NY 10118					
Human Rights Watch 350 Fifth Avenue 34th Fl New York NY 10118	13-2875808	30,000	0		Support Journalis

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

350 Fifth Ave Fl 34 New York, NY 10118

rt independent

350 Fifth Avenue 34th Fl New York, NY 10118	13 2073000	30,000	v		journalists
Human Rights Watch - DRC	13-2875808	74,000	0		Burundı Rapıd

Response

(a) Name and address of (b) EIN (c) IRC section (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (d) A mount of cash organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) 200,000 International Crisis Group 52-5170039 Atrocity prevention 1629 K St NW Ste 450 very Coalition

Washington, DC 20006					
International Justice Mission PO Box 58147 Washington DC 20037	54-1722887	10,000	0		Antı-slave

40,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

International Justice Mission

PO Box 58147 Washington, DC 20037

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance arant or aovernment assistance other) 105,000 International Refugee Rights 20-1408831 Sudan peace transition 1483 York Ave 20463 New York NY 10021 132,075 Sudan human rights

Sudan public opinion

project

199,600

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

,	
International Refugee Rights 1483 York Ave 20463 New York, NY 10021	20-1408831

20-1408831

International Refugee Rights

1483 York Ave 20463

New York, NY 10021

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance arant or aovernment assistance other) 140,000 International Refugee Rights 20-1408831 Sudan human rights 1483 York Avenue New York, NY 10021 20-1408831 375,000 International Refugee Rights Sudan conflict reporting 1484 York Avenue No 20463

Women's Voices

Sponsorship

25,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

New York, NY 10021
Internews Network

876 7th Street

Arcata, CA 95521

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 52-1081455 10,000 Champions for Change Intl Cntr for Resrch on Women 1120 20th Street NW Ste sponsor EOO N

Washington, DC 20036					
Intl Labor Rights Forum 1634 I Street NW Ste 1001	52-1497461	55,382	0		Antı-Sla Chains

Slavery Supply

Washington, DC 20006

27-3560200 189,000 Anti-slavery supply Labor Voices lchain

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Milbrae, CA 94030

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) 20,000 Matching Gift Living Ubuntu 52-2449561 1151 Dove St Suite 210 lavery supply

Anti-slavery supply

lchain

Newport Beach, CA 92660					
Made in a Free World Inc 850 Montgomery St Ste 155 San Francisco, CA 94133	26-2780747	250,000	0		A ntı-s la c haın

120,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

316 Mid Valley CenterSte190

65-0859840

Manta Consulting

Carmel, CA 93923

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) 35-2420942 10,000 Natl Domestic Workers Allnce Anti-Slavery Coalition 330 7th Ave 19th Fl New York NY 10001 Slavery Coalition

,					
Natl Domestic Workers Allnce	35-2420942	40,000	0		Antı-Sla
330 7th Ave 19th Fl					
New York, NY 10001					

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Natl Network for Youth Inc.

741 8th Street SE Washington, DC 20006 52-1009952

10,000

(a) Name and address of (b) EIN (c) IRC section (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (d) A mount of cash organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) 40.000 Natl Network for Youth Inc. 52-1009952 Anti-Slavery Coalition 741 8th Street SE

Washington, DC 20006					
New Venture Fund 741 8th Street SE	20-5806345	30,000	0		Human Rights
Washington DC 20006					

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

13-5562308

125,000

Nepal fair labor

New York University 665 Broadway Ste 801 New York, NY 10012

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) New York University 13-5562308 328,300 A frica-human rights 665 Broadway Ste 801

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

601 West 26th St Ste 325-

New York, NY 10001

New York, NY 10012					
Nonviolent Peaceforce 425 Oak Grove Street Minneapolis, MN 55403	35-2197019	300,000	0		Sudan peaceful trade
Peace Direct Inc	27-4681063	155,725	0		Burundı peace building

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) 27-4681063 125,000 Burundi Rapid Peace Direct Inc. 601 West 26th St Ste 325-Response

Burundi rapid response

Human rights

35,700

10,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

New York, NY 10001
Peace Direct Inc
601 West 26th St Ste 325-
78

New York, NY 10001

Physicians for Human Rights

256 West 38th Street 9th FL New York, NY 10018 27-4681063

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Polaris Project 03-0391561 41,900 Anti-slavery Coalition 1660 L Street NW 7th Floor

Summit

Washington,DC 20036					
Polaris Project 1660 L Street NW 7th Floor Washington, DC 20036	03-0391561	8,100	0		Antı-Slavery Coalition
Pres & Fellows of Harvard	04-2103580	10.000	0		Humanitarian Action

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1350 Massachusetts Ave Rm

Cambridge, MA 02138

480

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) R F K Cntr for 13-2522784 400,000 Human rights Justice&HumRts 1300 19th St NW Suite 750 ology &

Washington, DC 20036					
Regents of University of CA 2150 Shattuck Av Ste300 5940 Berkeley,CA 94704	94-6002123	200,000	0		Technology & Accountability
Research Fd of Grad Cntr	13-3893536	203,500	0		A trocity prevention

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Research Ed of Grad Cntr. CUNY

230 West 41st Street New York, NY 10036

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) 12,000 Safe Horizon 69-7013294 Anti-Slavery Coalition 2 Lafavette St 3rd Floor Now York NY 10007 Slavery Coalition

Matching Gift

New Tolk, NT 10007					
Safe Horizon	69-7013294	48,000	0		A ntı-Sla
2 Lafayette Street 3rd Floor					1
New York, NY 10007					ĺ

20,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Schwab Charitable Fund

San Francisco, CA 94105

211 Main Street

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Search for Common Ground 52-1257425 155,000 Burundi rapid response

General operating

support

1601 Connecticut Ave NW Washington, DC 20009		·			
Search for Common Ground 1601 Connecticut Ave NW Washington, DC 20009	52-1257425	200,000	0		General operating support

150,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Security Council Report Inc

New York, NY 10017

2 nd

1 Dag Hammarskjold PI 885

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) 19,827 Sudan Sunrise 20-4239298 Sudan peace transition

Sudan peace transition

30,784

11404 Summer House Ct Reston, VA 20194					
Sudan Sunrise 11404 Summer House Ct	20-4239298	30,000	0		General operating support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Reston, VA 20194

20-4239298

Sudan Sunrise

11404 Summer House Ct Reston, VA 20194

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Sudan Sunrise 20-4239298 65,600 Sudan-Governance 11404 Summer House Ct Roadmap Decton VA 20104 slavery supply

Nepal fair trade

Reston, VA 20134					1
Sustainable Fisheries Advocat	57-1169538	10,000	0		Antı-sla chaın
500 Seabright Ave Ste 101					
Camba Cruz CA OFOCO					í

188,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Santa Cruz, CA 95062

94-3070617

Techsoup Global

435 Brannan St Suite 100 San Francisco, CA 94107

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) 31-1580204 19,000 The Clinton Foundation General operating 1271 Ave of the Americas support FI42

New York, NY 10020					
The Clinton Foundation 1271 Ave of the Americas FL42	31-1580204	19,000	0		General support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Williamsburg, VA 23187

ral operating

FL42 New York, NY 10020					support
The College of William & Mary 427 Scotland Street	54-6001718	115,174	0		AıdData

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance arant or aovernment assistance other) 20,000 Matching Gift The Philadelphia Foundation 23-1581832 1234 Market Street 1800 Philadelphia, PA 19107 50.000 The Philanthropy West 98-0592591 General operating 100 Broadway Floor 17 support New York, NY 10005

Anti-slavery supply

lchain

86,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

The Sustainability Incubator

4348 Waialae Avenue

Honolulu, HI 96816

(a) Name and address of (b) EIN (c) IRC section (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (d) A mount of cash organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) 50.000 Thomson Reuters Foundation 13-4192037 Anti-slavery supply 3 Times Square lchain. ıa ebola

Sudan justice

New York, NY 10036					1
Tides Foundation PO Box 29903	51-0198509	10,000	0		Liberia
San Franciso CA 94129					1

300,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2100 M Street Ste 170-350 Washington, DC 20037

20-3074517

TrustA frica

(a) Name and address of (b) EIN (c) IRC section (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (d) A mount of cash organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government other) assistance 04-1843040 20.000 Trustees of the Smith College General operating 10 Elm St College Hall R 204 support a climate change

Atrocity prevention

North Hampton, MA 01063					
UC Berkeley Foundation 54 Mulford Hall Berkeley,CA 94720	94-6002123	225,000	0		A frica

US Holocaust Memorial Musm 52-1309391 200,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

100 Raoul Wallenberg PI SW Washington, DC 20024

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) 70.600 US Holocaust Memorial Musm 52-1309391 Human rights 100 Raoul Wallenberg PI SW Washington DC 20024 ing Madina's

Anti-Slavery Supply

IC hain

Washington, DC 20024					
US Holocaust Memorial Musm	52-1309391	10,000	0		Screening
100 Raoul Wallenberg Plc SW					Dream
Washington, DC 20024					

120,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Verite Inc

44 Belchertown Road

Amherst, MA 01002

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Verite Inc 04-3304538 400,000 General Operating 44 Belchertown Road Support Amherst, MA 01002 Anti-Slavery Coalition

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Verite Inc 44 Belchertown Road Amherst, MA 01002	04-3304538	57,000
Vital Voices Global Ptnrshp	52-2151557	10,000

1625 Massachusetts Av Ste

Washington, DC 20036

300

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Vital Voices Global Pthrshp 52-2151557 40,000 Anti-Slavery Coalition

Human rights

A veSte300 Washington, DC 20036					
Wildlife Conservation Global 1615 Riverside Avenue	26-0035224	10,000	0		Okapi conservation project

100,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

13-4167155

Jackson, FL 32204

80 Hanson PI 5th Floor Brooklyn, NY 11217

Witness Inc.

(a) Name and address of (b) EIN (c) IRC section (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (d) A mount of cash organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) 50.000 World Affairs Council of N CA 94-1156356 Global Philanthropy 312 Sutter Street Suite 200 Forum Nepal fair labor

San Franciso, CA 94108				
World Education Inc	13-1804349	50,000	0	
44 Farnsworth Street				
Boston, MA 02210				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

World Federalist Movement 13-3823538 150,000

International Criminal 708 Third Ave24th Floor Court

New York, NY 10017

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN (c) IRC section (d) A mount of cash organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) 46.700 World Vision Inc. 95-3202116 Anti-Slavery Coalition

PO Box 9716

Federal Way, WA 98063

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Schedule J (Form 990)

Department of the Treasury

DLN: 93493320085626

## OMB No 1545-0047

2015

## 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.

▶ Information about Schedule J (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

Open to Public Inspection

	al Revenue Service   me of the organization			Employer identification	on nur	nber	
	nanity United						
Pa	rt I Questions Regarding Compensation			26-2583379			
	Queens negaraning compensation					Yes	No
1a	Check the appropriate box(es) if the organization provide 990, Part VII, Section A, line 1a Complete Part III to p						
	▼ First-class or charter travel	$\Gamma$	Housing allowance or residence fo	r personal use			
	Travel for companions	$\Gamma$	Payments for business use of pers	sonal residence			
	Tax idemnification and gross-up payments	$\Gamma$	Health or social club dues or initia	ition fees			
	Discretionary spending account	Г	Personal services (e g , maid, cha	uffeur, chef)	İ		
b	If any of the boxes in line 1a are checked, did the organi reimbursement or provision of all of the expenses descri				1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?						
3	Indicate which, if any, of the following the filing organization organization's CEO/Executive Director Check all that a used by a related organization to establish compensation	pply	Do not check any boxes for metho	ods			
	▼ Compensation committee	<b>~</b>	Written employment contract				
	Independent compensation consultant	<b>~</b>	Compensation survey or study				
	Form 990 of other organizations	<b>~</b>	Approval by the board or compens	ation committee			
4	During the year, did any person listed on Form 990, Part or a related organization	t VII	I, Section A, line 1a with respect to	the filing organization			
а	Receive a severance payment or change-of-control payi	ment	t?		4a		Νo
b	Participate in, or receive payment from, a supplemental	nond	qualified retirement plan?		4b		Νo
c	Participate in, or receive payment from, an equity-based	cor	mpensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provid	e the	e applicable amounts for each item	ın Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization:	s mu	st complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, lin compensation contingent on the revenues of		·	any			
а	The organization?				5a		Νo
b	Any related organization?				5b		Νo
	If "Yes," on line 5a or 5b, describe in Part III						
6	For persons listed on Form 990, Part VII, Section A, lin compensation contingent on the net earnings of	e 1a	, did the organization pay or accrue	any			
а	The organization?				<b>6</b> a		Νo
b	Any related organization?				6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III						
7	For persons listed on Form 990, Part VII, Section A, lin payments not described in lines 5 and 67 If "Yes," desc			on-fixed	7		Νo
8	Were any amounts reported on Form 990, Part VII, paid subject to the initial contract exception described in Red in Part III		•		8		Νo
9	If "Yes" on line 8, did the organization also follow the rel	butta	able presumption procedure describ	ed in Regulations			

section 53 4958-6(c)?

Selledales (Form 550) 2015					r age 🕳					
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.										
ınstructions, on row (II) Do not list ar	tion must be reported on Schedule J, report compensation from the ony individuals that are not listed on Form 990, Part VII for each listed individual must equal the total amount of Form 990, F	.,	-	·						
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in					

Page 2

Schedule J (Form 990) 2015

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation in
	B	(ii)	(ıiı)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	Base (1) compensation	Bonus & incentive	Other reportable	compensation			as deferred on prior
	(1) compensation	compensation	compensation				Form 990

Schedule 1 (Form 990) 2015

See Additional Data Table

Part III Supplemental Inform	Supplemental Information									
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information										
Return Reference	Explanation									
in regards to selections on 1a	Humanity United has a trustee travel policy for its board of trustees that requires all expenditures to be reasonable and documented, and requires travelers to make reasonable judgments in an environment of changing travel costs, as well as to be mindful of Humanity United's tax-exempt status Because attendance at in-person board meetings requires significant travel (between 5 and 12 hours, depending on the trustee's home city), Humanity									

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Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

Because attendance at in-person board meetings requires significant travel (between 5 and 12 hours, depending on the trustee's home city), Humanity
United permits travel in business class when business class is available and permits trustees to travel first-class if business class is not available. All trustees serve without compensation, except for the President of the organization who serves ex officio as a trustee. Humanity United has a non-trustee.

Itravel policy that applies to staff, including Humanity United's president and other executives. The staff travel policy prohibits first-class travel

**Software ID:** 15000324 **Software Version:** 2015v2.0 **EIN:** 26-2583379

Name: Humanity United

Form 990, Schedule J,	Part I	I - Officers, Direc	tors, Trustees, Ke	ey Employees, and	Highest Compen	sated Employees		
(A) Name and Title			f W-2 and/or 1099-MI:  (ii)  Bonus &  Incentive  compensation		(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1Carmelita Mitchell Dir, Grant Admin	(1)	128,790			7,626	6,547 	166,681	
1Catherine Chen Dir, Investments	(1)	132,897	26,117		13,260	7,953	180,227	
<b>2</b> David Abramowitz VP, Policy & Gov't Relations	(1)	210,641	40,421		20,926	5,423	277,411	
<b>3</b> Ed MarcumVP, Investments	(1)	234,873	42,065		23,487	25,333	325,758	
4Elise FordDir, Investments	(1)	127,443	25,056		12,714	7,639	172,852	
<b>5</b> Kevin LuuTreasurer & CFO	(1)	219,430	41,565		25,290	21,943	308,228	
<b>6</b> Kurt KroemerCOO	(1)	298,494	53,388		7,586	14,905	374,373	
<b>7</b> Lawrence Mendenhall Secty, GC, COO	(1)	281,170	50,738		18,423	28,087	378,418	
<b>8</b> Michael Kleinman Dir, Investments	(1)	129,534	26,687		12,953	10,080	179,254	
<b>9</b> Peter Rundlet VP, Investments	(1)	292,002	70,099		29,032	29,342	420,475	
10Randy Newcomb Pres, CEO, TTEE	(1)	373,214	107,729		37,016	24,144	542,103	
11Robyn ArvilleDir, HR	(1)	149,939	32,838		14,964	18,049	215,790	
<b>12</b> Timothy Isgitt Dir, Communications	(1)	168,271	32,421		16,797	8,887	226,376	
			ı	1		<u> </u>	1	



Department of the

Internal Revenue

Humanity United

Name of the organization

11b Form 990 Review

Process

Treasurv

Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

2015
Open to Public Inspection

DLN: 93493320085626

Employer identification number

26-2583379

Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

990 Schedule O, Supplemental Information

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Return Reference	Explanation
Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 Liberia/West Africa - In 2015, Humanity Uniteds program service in Liberia/West Africa focused on three primary areas developing the capacity of local public and non-profit institutions to contribute to good governance, rule of law, and citizen participation in their own governance, supporting entrepreneurship in Liberia, and efforts to increase transparency of natural resource management and concessions
Form 990, Part VI, Line	The process followed for review of the Form 990 is to distribute it prior to the Board of

Trustees meeting for independent review by the Board members. At the Board meeting, the Fo

rm 990 is presented and any questions that arise are discussed and addressed

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Humanity United monitors and enforces its conflict of interest policy by annually gathering from the trustees, officers and key employees all potential conflicts of interests and requiring all other employees to proactively disclose any conflicts of interest as they arise. The policy outlines a process by which Humanity United evaluates and protects against undue influence by any person who may have a conflict of interest. The policy also outlines a process to be undertaken if there is a potential violation of the policy. Finally, the Board reviews the policy and its administration on a periodic basis.
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	The process Humanity United follows in determining compensation for our officers and key e mployees (note that Board members are not compensated) includes utilizing an independent o utside consultant to conduct a compensation benchmark study and perform an analysis for ea ch compensated officer and/or key employee. The independent consultant procures relevant b enchmark survey data from both non-profit and for-profit survey sources to compile the compensation analysis for each compensated officer and/or key employee. The independent consultant presents the analysis for each compensated officer and/or key employee to the Compensation Committee of the Board of Trustees of Humanity United for review and approval. The Compensation Committee contemporaneously documents its basis for the determination of the appropriate compensation. Humanity United conducts this process on an annual basis and more frequently as needed for compensation increases to an officer or key employee, as well as for new hires which become officers and/or key employees.

990 Schedule O, Supplemental Information

Return Reference Explanation

Form 990, Part VI, Line 19 Other Organization
Documents Publicly Available

Humanity United's governing documents, conflict of interest policy and financial statements are available to the public upon request

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |
SCHEDULE R | Related Or.

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

**DLN: 93493320085626**OMB No 1545-0047

## **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

Open to Public Inspection

Schedule R (Form 990) 2015

Department of the Treasury Internal Revenue Service

(Form 990)

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at  $\underline{www.irs.qov/form990}$ .

Name of the organization Humanity United				26-2583379	ntification number		
Part I Identification of Disregarded Entities Com	plete if the organization	answered "Yes" or	n Form 990, Part I				
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income End	(e) -of-year assets	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during		ne organization an	swered "Yes" on F	Form 990, Part I	IV, line 34 because it	had on	e
(a)  Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity statu (if section 501(c)(3		(13) controlle entity?	
(1)Humanity United Chantable Fund One Letterman Dr Bldg D D3100	Advancing Human Freedom, Building Peace	CA	501(c)(3)	Public Charity	Humanity United	Yes	No
San Francisco, CA 94129 46-2666558							
						(g) Section 512(b) (13) controlled entity? Yes No	
						+	

Cat No 50135Y

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form	990, Pa	art IV, I	line 34
	because it had one or more related organizations treated as a partnership during the tax year.			

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop alloca	) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or aging	<b>(k)</b> Percentage ownership
				] 3117			Yes	No	1	Yes	No	
Part TV Identification of Polated Organizations Taxable a	<u> </u>			<u> </u>								

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end- of-year assets	<b>(h)</b> Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

No

Yes

1a

Part V	<b>Transactions With Related Or</b>	ganizations Complete if t	he organization answered "Y	es" on Form 990,	Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	No
<b>c</b> Gift, grant, or capital contribution from related organization(s)				1c	No
<b>d</b> Loans or loan guarantees to or for related organization(s)				1d	No
<b>e</b> Loans or loan guarantees by related organization(s)				1e	No
f Dividends from related organization(s)				1f	No
g Sale of assets to related organization(s)				<b>1</b> g	No
h Purchase of assets from related organization(s)				1h	No
i Exchange of assets with related organization(s)				1i	No
j Lease of facilities, equipment, or other assets to related organization(s)				1j	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)				1k	No
Performance of services or membership or fundraising solicitations for related organization(s)				11	No
f m Performance of services or membership or fundraising solicitations by related organization(s)				1m	No
$oldsymbol{n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n Ye	
o Sharing of paid employees with related organization(s)				10 Y	es
p Reimbursement paid to related organization(s) for expenses				<b>1</b> p	No
<b>q</b> Reimbursement paid by related organization(s) for expenses				<b>1</b> q	No
r Other transfer of cash or property to related organization(s)				1r	No
<b>s</b> Other transfer of cash or property from related organization(s)				<b>1</b> s	No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complet	te this line, including co	vered relationships	and transaction threshol	ds	
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining	amount invo	lved
(1)Humanity United Charitable Fund	0	61,437	Cash FMV		
			•		

## Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships														
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(e) all partners section s01(c)(3) janizations?  (f) Share of total income					(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No		
												l I		
						_								

