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EXTENDED TO MAY 15, 2017

Department of the Treasury Internal Revenue Service

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

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A	For the	2015 calendar year, or tax year beginning JUL 1, 2015 and	ending J	<u>UN 30, 2016</u>	
В	Check if applicable	C Name of organization	-	D Employer identific	cation number
	Address	FUND FOR GLOBAL HUMAN RIGHTS, INC			
Ļ	Name change Initial	Doing business as		75-3	029336
F	return Final		Room/suite	E Telephone number	
L	return/ termin-		400		347-7488 16,691,565.
Г	ated Amende	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036		G Gross receipts \$	
F	return Applica-	F Name and address of principal officer REGAN RALPH		H(a) Is this a group re for subordinates	
	pending	C/O 1301 CONNECTICUT AVENUE, NW # 400,	WASHI		
Ī	Tax-exen	npt status X 501(c)(3)		1 ' '	list (see instructions)
		▶ GLOBALHUMANRIGHTS.ORG		H(c) Group exemptio	
		ganization: X Corporation Trust Association Other	L Year	of formation: 2002 N	State of legal domicile: DC
\ <u>\</u>		Summary	T DTOIL	ma apuodadu	
့် မွ	1 B	riefly describe the organization's mission or most significant activities. HUMAI	N RIGH	TS ADVOCACY	
Governance	2 C	heck this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.
. ove	3 N	umber of voting members of the governing body (Part VI, line 1a)		3	18
		umber of independent voting members of the governing body (Part VI, line 1b)		4	18
Activities &	5 To	otal number of individuals employed in calendar year 2015 (Part V, line 2a)		5	19
וימין ivitie	6 To	otal number of volunteers (estimate if necessary)		6	0
\{\bar{\c}{2}\}		otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
<u> </u>	<u> </u>	et unrelated business taxable income from Eerm 990 THING 3 FED IN THE STEED	·-T	7b	0.
_	8 C	ontributions and grants (Part VIII, line 1h)	 	Prior Year 13,398,379.	Current Year 15, 282, 033.
nge L	9 Pi	contributions and grants (Part VIII, line 1h) regram service revenue (Part VIII, line 2g) 8 APR 1 7 2017 evestment income (Part VIII, column (A), lines 6, 4, and 7d)		0.	0.
Revenue	10 In			82,037.	<2,848.>
Œ	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9s, 10e and 1 lie)		0.	0.
_	12 To	otal revenue - add lines 8 through 11 (must equal Par VIII column (A), line 2)		13,480,416.	15,279,185.
	13 G	rants and similar amounts paid (Part IX, column (A), lines 1-3)	-	9,765,591.	10,735,299.
	1	enefits paid to or for members (Part IX, column (A), line 4)	-	0.	0.
ses	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	 	1,994,884. 0.	2,347,371.
Expenses	b To	rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) 562,2	74.	0.	
Ä	17 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	/ = •	834,531.	1,447,111.
		otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		12,595,006.	14,529,781.
	19 R	evenue less expenses. Subtract line 18 from line 12		885,410.	749,404.
Net Assets or	200		Ве	ginning of Current Year	End of Year
Sset	20 To	otal assets (Part X, line 16)	ļ	9,538,864.	10,425,580.
et	21 To	otal liabilities (Part X, line 26)	-	255,314.	427,449.
		et assets or fund balances Subtract line 21 from line 20 Signature Block		9,283,550.	9,998,131.
		es of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of my	knowledge and helief it is
		and complete. Declaration of preparer (other than officer) is based on all information of wh			, momorgo ama bonon, mo
	1	ligue. be il			
Sıç	ցո []	Signature of officer		Date	
He	re	REGAN RALPH, EXECUTIVE DIRECTOR			
		Type or print name and title		Ooto / Otali	PTIN
D.	,	rint/Type preparer's name Preparty signature		Date Check L	
Pai Pre	·	ARC A. FRIEDMAN Irm's name FRIEDMAN & ASSOCIATES, P.C.	v - 1	self-employe	P00064585 52-1656746
	· –		ITE 33		32 1030/40
	,	ROCKVILLE, MD 20850			01)279-8900
Ma	y the IRS	discuss this return with the preparer shown above? (see instructions)			X Yes No
		LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form 990 (2015)

	1990 (2015) FUND FOR GLOBAL HUMAN RIGHTS, INC	75-3029336	Page 2
Ра	rt III Statement of Program Service Accomplishments		C227
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	SINCE 2003, THE FUND FOR GLOBAL HUMAN RIGHTS HAS HELPED		
	ORGANIZATIONS AND INDIVIDUALS BECOME EFFECTIVE CHAMPIONS		
	OF LAW, SOCIETY'S MOST VULNERABLE AND ENVIRONMENTAL JUST	<u> </u>	EN
	STRATEGY FOR IDENTIFYING FRONTLINE HUMAN RIGHTS DEFENDER	RS, WORKING	
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	s
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 13,511,488. including grants of \$10,735,299.) (Revenue	14,506,	218.)
	GRANT PROGRAM TO STRENGTHEN HUMAN RIGHTS WORK BY INCREAS		
	FINANCIAL RESOURCES AVAILABLE WORLDWIDE FOR HUMAN RIGHTS		ND
	PROVIDING TECHNICAL ASSISTANCE, SERVICES AND TOOLS TO ACCOUNT OF THE PROVIDING TECHNICAL ASSISTANCE, SERVICES AND TOOLS TO ACCOUNT OF THE PROVIDING TECHNICAL ASSISTANCE, SERVICES AND TOOLS TO ACCOUNT OF THE PROVIDING TECHNICAL ASSISTANCE, SERVICES AND TOOLS TO ACCOUNT OF THE PROVIDING TECHNICAL ASSISTANCE, SERVICES AND TOOLS TO ACCOUNT OF THE PROVIDING TECHNICAL ASSISTANCE, SERVICES AND TOOLS TO ACCOUNT OF THE PROVIDING TECHNICAL ASSISTANCE, SERVICES AND TOOLS TO ACCOUNT OF THE PROVIDING TECHNICAL ASSISTANCE, SERVICES AND TOOLS TO ACCOUNT OF THE PROVIDING TECHNICAL ASSISTANCE, SERVICES AND TOOLS TO ACCOUNT OF THE PROVIDING TECHNICAL ASSISTANCE, SERVICES AND TOOLS TO ACCOUNT OF THE PROVIDING TECHNICAL ASSISTANCE, SERVICES AND TOOLS TO ACCOUNT OF THE PROVIDING TECHNICAL ASSISTANCE, SERVICES AND TOOLS TO ACCOUNT OF THE PROVIDING TECHNICAL ASSISTANCE, SERVICES AND TOOLS TO ACCOUNT OF THE PROVIDING TECHNICAL ASSISTANCE, SERVICES AND TOOLS TO ACCOUNT OF THE PROVIDING TECHNICAL ASSISTANCE, SERVICES AND TOOLS TO ACCOUNT OF THE PROVIDING TECHNICAL ASSISTANCE, SERVICES AND TOOLS TO ACCOUNT OF THE PROVIDING TECHNICAL ASSISTANCE, SERVICES AND TOOLS TO ACCOUNT OF THE PROVIDING TECHNICAL ASSISTANCE, SERVICES AND TOOLS TO ACCOUNT OF THE PROVIDING TECHNICAL ASSISTANCE, SERVICES AND TOOLS TO ACCOUNT OF THE PROVIDING TECHNICAL ASSISTANCE, SERVICES AND TOOLS TO ACCOUNT OF THE PROVIDING TECHNICAL ASSISTANCE, SERVICES AND TOOLS TO ACCOUNT OF THE PROVIDING TECHNICAL ASSISTANCE, SERVICES AND TOOLS TO ACCOUNT OF THE PROVIDING TECHNICAL ASSISTANCE, SERVICES AND TOOLS TO ACCOUNT OF THE PROVIDING TECHNICAL ASSISTANCE, SERVICES AND TOOLS TO ACCOUNT OF THE PROVIDING TECHNICAL ASSISTANCE, SERVICES AND TOOLS TO ACCOUNT OF THE PROVIDING TECHNICAL ASSISTANCE, SERVICES ASSISTANCE, ASSI		
			
4b	(Code) (Expenses \$		
	/ (Code / (Expenses § / (Nevertee		
			
		 	
			
			
			 -
4c	(Code) (Expenses \$ including grants of \$) (Revenu		
40	(Code) (Expenses \$ including grants of \$) (Revenue)	16 2	
			
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ► 13,511,488.		
53200: 12-16-		Form 9	990 (2015)

Form 990 (2015)

X

X

17

18

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

1c and 8a? If "Yes," complete Schedule G, Part II

complete Schedule G, Part III

Form 990 (2015) FUND FOR GLOBAL HUPART IV. Checklist of Required Schedules (continued) FUND FOR GLOBAL HUMAN RIGHTS, INC

		Form	990	(2015)
	Note. All Form 990 filers are required to complete Schedule O	38	X	L
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?]		1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37_		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		l	v
	If "Yes," complete Schedule R, Part V, line 2	_36_		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		v
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		
	· · · · · · · · · · · · · · · · · · ·	- 		-
25-	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
3-4	Part V, line 1	34		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	Schedule N, Part II	32_		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	If "Yes," complete Schedule N, Part I	-31_		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			_
	contributions? If "Yes," complete Schedule M	30	ļ. 	X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	_ <u>X</u> _	 -
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	instructions for applicable filing thresholds, conditions, and exceptions)			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			ĺ
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	_		v
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	}		
07	complete Schedule L, Part II	_26		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	00		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			!
ae.	·	230		_ <u>^</u>
	Schedule L, Part I	25b		X
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ļ
ь	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			[
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		L
	any tax-exempt bonds?	24c		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease]
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		ļ
	Schedule K If "No", go to line 25a	24a		X
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		1	ĺ
	Schedule J	23	X	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		ı]
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on] ,		1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	ļ.,. <u>.</u> .	<u></u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
			Yes	No

Form **990** (2015)

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

	to line ba, 60, 61 rob below, describe the circumstances, processes, or changes in Schedule C. See instructions.			
<u></u> :	Check if Schedule O contains a response or note to any line in this Part VI			X
<u>Sec</u>	tion 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 18			
	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.			
	Enter the number of voting members included in line 1a, above, who are independent 1b 18			
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_		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X X X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X_
6	Did the organization have members or stockholders?	6		<u> X</u>
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		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	:		7.7
_	persons other than the governing body?	7b		<u>X</u> _
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37	
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b		
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		<u> </u>
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		· ·	
	Delthe area action to a facility at a bound of a constant of the constant of t	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	40h		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	122	X	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	IZD		
Ç	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	х	
40		13		x
13	Did the organization have a written whistleblower policy?	14	X	
14 15	Did the organization have a written document retention and destruction policy?	144		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data; and contemporaneous substantiation of the deliberation and decision?			
_		15a	X	
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15b	X	
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iva	taxable entity during the year?	16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
U	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		
Sec	tion C. Disclosure	.00		
17	List the states with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE O			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ıvaılab	le	
.5	for public inspection, Indicate how you made these available. Check all that apply		-	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	THE ORGANIZATION - (202)347-7488			
	1301 CONNECTICUT AVENUE, NW, SUITE 400, WASHINGTON, DC 20036			
	TOTAL CONTINUES OF THE POPULATION OF THE POPULAT	Earm	agn	(201E)

6

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A)	(B)			((>)			(D)	(E)	(F)
Name and Title	Average hours per		not c		more	than s bot		Reportable compensation	Reportable compensation	Estimated amount of
	week	offic				or/trus		from	from related	other
	(list any	Individual trustee or director						the	organizations (W-2/1099-MISC)	compensation from the
,	hours for related	90 0	흟			Highest compensated employee	Ì	organization (W-2/1099-MISC)	(44-2/1099-141130)	organization
	organizations	truste	la E		ş e	эшо	ļ	(** = *********************************	' '	and related
	below	wdua	Institutional trustee	je l	Key employee	hest c	Former		ļ	organizations
	line)	Ē	list	Officer	Key	울통	호			
(1) MARY ROBINSON	2.00									•
HONORARY CHAIR	2 00	X	-	X		_	-	0.	0.	0.
(2) HINA JILANI	2.00	.,							0.	_
HONORARY CHAIR	2 00	X	-	—		-	├	0.	<u> </u>	0.
(3) MARY ANN STEIN	2.00	X						0.	0.	0.
FOUNDING CHAIR	2.00	_		-						<u> </u>
(4) EDWARD MCKINLEY	2.00	X						0.	0.	0.
BOARD MEMBER (5) JOAN PLATT	2.00	^	 					<u> </u>		<u>y •</u>
BOARD MEMBER	2.00	x	[0.	0.	0.
(6) AKWASI AIDOO	2.00									
CHAIR		X		x				0.	0.	_0.
(7) PHILIP ALSTON	2.00									
BOARD MEMBER		X						0.	0.	0.
(8) HOSSAM BAHGAT	2.00									
BOARD MEMBER		X						0 - •	<u> </u>	0.
(9) GEORGE C. BIDDLE	2.00	ļ					ļ		_	_
BOARD MEMBER		X			<u> </u>			0.	0.	0.
(10) CHRIS CANAVAN	2.00						ļ			
BOARD MEMBER		X	_		_		<u> </u>	0.	0.	0.
(11) VRINDA GROVER	2.00		}				ļ			
BOARD MEMBER		X				_		0.	0.	0.
(12) ANNE AVIS	2.00		ł						0.	0
BOARD MEMBER	2 00	X		-	_			0.		0.
(13) HELEN MACK	2.00	x					ĺ	Ó.	0.	0.
BOARD MEMBER	2.00	Α	 			-	-		<u> </u>	
(14) JOSHUA MAILMAN	2.00	X					l	0.	0.	0.
BOARD MEMBER	2.00	<u> </u>			_	-	-			
(15) LUCIA NADER BOARD MEMBER	2.00	x					1	0.	0.	0.
(16) CYNTHIA RYAN	2.00				_		\Box		<u> </u>	
BOARD MEMBER		x						0.	0.	0.
(17) AMY RAO	2.00	<u> </u>								
BOARD MEMBER		X					L_	0.	0.	0.
532007 12-16-15										Form 990 (2015)

Part VII. Section A. Officers, Directors	(B)	D10)	<u>rees</u>			упе	StC					/E\	
(A) Name and title	Average			Pos	C) sitior	1		(D) Reportable	(E) Reportable		F.	(F) stimate	he
Name and the	hours per		not c					compensation	çompensatior	1 I		nount	
	week		cer ar					from	from related	Ì		other	
	(list any	ector			ļ			the	organizations		_	pensa	
	hours for related	o di	8			ated		organization	(W-2/1099-MIS	C)		om th	
	organizations	Trustee or director	Institutional trustee	1	8	in de	1	(W-2/1099-MISC)			_	anızat d relat	
	below	dualt	rtona	_	age y	Stco	=	1				anızatı	
	line)	Individual	Institu	Officer	Key er	Highest compensated employee	훈	}			- 5		
(18) MAINA KIAI	2.00												
BOARD MEMBER		X		<u> </u>				0.		0.	L		0.
(19) REGAN RALPH	40.00				ŀ						_		
EXECUTIVE DIRECTOR		<u> </u>	<u> </u>	X	X	X	<u> </u>	259,081.		0.	2	3,0	<u>92.</u>
(20) TALIA BILODEAU	40.00	4		ĺ		Ì	ſ			_	ı		
DIRECTOR OF STRATEGY & DEV		↓_		<u> </u>	<u> </u>	X	↓	166,000.		0.		8,4	<u>97.</u>
(21) DAVID MATTINGLY	40.00	∤			l		ļ						
DIRECTOR OF PROGRAMS		<u> </u>	<u> </u>	ļ	ļ	X	ļ	123,000.		0.	1	<u>3,1</u>	10.
(22) JOSE LUGARO	40.00	1			ł		ļ	100 010					c 4
STAFF	10.00	\vdash	├	-		╁	├	122,010.		0.		4, 4	<u>61.</u>
(23) KATHRYN SOMMERS	40.00	1	ĺ			ļ	ĺ	115,429.		0.	1	3,0	nα
STAFF (24) AMY MORRIS	40.00	+-	-	_	├-	╁	╁	113,423.		•	=	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>
STAFF	40.00	1			}		}	114,012.		0.		9,7	06.
<u></u>												<u>- , </u>	
		1											
		<u> </u>		<u> </u>	<u> </u>		<u> </u>						
1b Sub-total								899,532.		0.	8	<u>1,8</u>	
c Total from continuation sheets to P	Part VII, Section A							0.		0.			<u>o.</u>
d Total (add lines 1b and 1c)							<u> </u>	899,532.		0.	8	1,8	75.
2 Total number of individuals (including		nose	liste	ed al	bove	e) wi	no re	eceived more than \$100	,000 of reportable	9			6
compensation from the organization	<u> </u>											Yes	No
3 Did the organization list any former of	officer director or tri	icto	o ka	v er	mala	waa	orl	highest compensated ei	mnlovee on				
line 1a? If "Yes," complete Schedule			6, KC	, y C1	пріс	ycc	, 01 1	riighest compensated ei	inployed on		. з		X
4 For any individual listed on line 1a, is			amo	ensa	ation	n and	d oth	her compensation from t	the organization				
and related organizations greater tha									J		4	X	l
5 Did any person listed on line 1a recei									dual for services				
rendered to the organization? If "Yes,	"complete Schedul	<u>e J 1</u>	or s	uch-	pers	son-		<u></u>	 		5		X
Section B. Independent Contractors													
Complete this table for your five high-	•									pens	ation f	rom	
the organization. Report compensation		ear	endı	ng v	vith	or w	uthin		/ear.				
(/ Name and bus	A) siness address	BT/	``NT I	7				(B) Description of s	ervices	С	Ompe	ز) nsatıo	n
		TAC	INC	<u>. </u>			_{			<u>.</u>			
							Ì		Ì				
							1			-			
											_		
									ł				
							_						
							}]				
							\dashv						
													<u></u>
2 Total number of independent contract		ot lı	mite	d to		_	sted	above) who received m	ore than				
\$100,000 of compensation from the c	organization >				(<u> </u>							

Contributions, Gifts, Grants and Other Similar Amounts		Check if Schedule O cont			(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue excluded
ons, Gifts, Grants Similar Amounts					i	exempt function revenue	business revenue	from tax under sections 512 - 514
ons, Gıfts, Grar Similar Amour	þ	Federated campaigns	1a					
ons, Gifts, G Similar Am		Membership dues	1b					
ons, Gifts Similar A	C	Fundraising events	1c		l			
Simil Simil		Related organizations	1d		!			
S is		Government grants (contribut			I			
		All other contributions, gifts, gran			!			
le et	•	similar amounts not included above		15,282,033	1			
<u></u>	~	Noncash contributions included in lines	<u> </u>	13,202,033,	1			
SE	_	Total. Add lines 1a-1f	11d-11 D		15 282 033]		
		101017 (40 11700 10 17		Business Code				
ءِ ا يو	2 a			3000	'			
Program Service Revenue	b							
Se l	c		1					
e a	d							
ğ.	e							
P.		All other program service reve	enue					
)		Total, Add lines 2a-2f	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,		
	_ 	Investment income (including	dividends intere					
'		other similar amounts)	arridorido, miloro	lot, und	76,093,			76,093.
	4	Income from investment of tax	vexemnt hand n	roceeds				
1	5	Royalties	k exempt bend p	Toccous				
'	,	Hoyames	(ı) Real	(II) Personal				
ء ا	â a	Gross rents	ly rical	(ii) i Gisoriai				
'	-	Less rental expenses				ļ		
Ì		Rental income or (loss)						
i		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(II) Other				
·	/ a	assets other than inventory		(ii) Otriei				
- 1	_	Less cost or other basis	1,333,439,	 				1
1	D		1 410 200	}				}
- 1	_	and sales expenses	1,412,380,	,		}		Ì
)		Gain or (loss) Net gain or (loss)	<78,941,	<u>P</u>	<78.941.	<78.94 <u>1</u> .		
),		Gross income from fundraising	a ayanta (nat	<u> </u>	0.341,</td <td>× _ <!--6.541.</td--><td></td><td> </td></td>	× _ 6.541.</td <td></td> <td> </td>		
~ }	5 a	including \$	of					
Other Reven		contributions reported on line						
&		Part IV, line 18		1	_,_			
je		Less direct expenses	a	 				
ŏ		•	b	D				
} ,		Net income or (loss) from fund	-			 		
} {	s a	Gross income from gaming ac Part IV, line 19		}		}		
}	L	Less. direct expenses	a b					1
}		·				,		j
1		Net income or (loss) from gam	-					
1	y a	Gross sales of inventory, less		[(1
(L.	and allowances	a					
l		Less' cost of goods sold	b]	<u> </u>				1
├ -	_c_	Net income or (loss) from sale		Puoin and Carl				+
		Miscellaneous Revenu		Business Code				
11	1 a			}				
	b			} 		 		
{	С		 !	 				
1		All other revenue	1				. –	
		Total. Add lines 11a-11d		P	48			
532009 1		Total revenue See instructions.			15,279,185.	<78,941,	≥0	76_093_ Form 990 (2015)

Do	Check if Schedule O contains a response include amounts reported on lines 6b.	(A)	this Part IX (B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	116,170.	116,170.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	·			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4			
	individuals See Part IV, lines 15 and 16	10,619,129.	10,619,129.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	000 400	121 001	50.004	101 005
_	trustees, and key employees	290,430.	131,001.	58,224.	101,205
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			ļ	
_	persons described in section 4958(c)(3)(B)	1 700 166	1 051 220	426 947	244 001
7	Other salaries and wages	1,722,166.	1,051,238.	426,847.	244,081
8	Pension plan accruals and contributions (include	62 107	44,053.	9,299.	9,755
^	section 401(k) and 403(b) employer contributions)	63,107. 153,044.	102,210.	23,545.	27,289
9 10	Other employee benefits Payroll taxes	118,624.	77,686.	18,581.	22,357
11	Fees for services (non-employees)	110,024.	17,000.	10,301.	22,331
''a	Management				
b	Legal	3,536.		3,484.	52
c	Accounting	62,230.	19,250.	38,030.	4,950
d	Lobbying	0272301	1372301	30/0001	
e	Professional fundraising services. See Part IV, line 17	 			
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)	291,591.	257,960.	25,141.	8,490
12	Advertising and promotion				
13	Office expenses	235,533.	48,457.	172,804.	14,272
14	Information technology	78,230.	22,568.	52,976.	2,686
15	Royalties				
16	Occupancy	247,143.	207.	246,936.	
17	Travel	441,127.	324,078.	34,699.	82,350
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	83,495.	54,077.	11,406.	18,012
20	Interest	····			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,226.		4,226.	
23	Insurance				
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 0.)				
а	OVERHEAD APPLIED	0.	643,404.	<670,179.>	26,775
b					
С					
ď					
	All other expenses				
25	Total functional expenses Add lines 1 through 24e	14,529,781.	13,511,488.	456,019.	562,274
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined			1	
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1,798,557. 1,241,671. Cash - non-interest-bearing 1 4,934,578. 6,679,205. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 111,835. 3 1,902,833. 69,405. 61,903. 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Notes and loans receivable, net 7 Inventories for sale or use 8 21,399 74,569. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 52,036. basis. Complete Part VI of Schedule D 10a 38,484. 2,684. 13,552. **b** Less. accumulated depreciation 10b 10c 11 Investments - publicly traded securities 1,394,146. 1,517,585. 12 12 Investments - other securities See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 42,900. 14 14 Intangible assets 18,519. 79,103. 15 Other assets See Part IV, line 11 15 9,538,864. 425,580. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 325,289. 255,314. Accounts payable and accrued expenses 17 18 18 Grants payable Deferred revenue 19 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 102,160. Schedule D 0-427,449. 255,314. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 3,875,435. 4,310,545. 27 Unrestricted net assets 4,973,005. 6,122,696. 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 9,998,131. 10,425,580. 9,283,550 Total net assets or fund balances 33 33 9,538,864 Total liabilities and net assets/fund balances

Form **990** (2015)

	990 (2015) FUND FOR GLOBAL HUMAN RIGHTS, INC	75-	3029	336	Pag	_{1e} 12
Pa	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
•						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>, 27</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,529,7			
3	Revenue less expenses Subtract line 2 from line 1	3				04.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9	<u>,28</u>	<u>3,5</u>	<u>50.</u>
5	Net unrealized gains (losses) on investments	5		<3	4,8	<u> 22.</u> >
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	9	,99	8,1	<u>32.</u>
Pai	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	t		ĺ	l
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		ļ	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a))		
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis			ļ ļ		İ
b	Were the organization's financial statements audited by an independent accountant?			2b	_X_	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis	,			
	consolidated basis, or both.					
	X Separate basis Consolidated basis Both consolidated and separate basis		,			l
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		İ		
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			1		ł
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dıt			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	tit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b_	205	
				Form	990	(2015)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Part Reason for Public Charity Status (Au organizations must complete than part) See instructions. To apparent Reason for Public Charity Status (Au organizations must complete than part) See instructions. The organization is not a private foundation because it is. (For lines 1 through 11, check only one box) A church, covered of churches, or association of churches described in section 170(b)(1)(A)(i)). A church, covered of the chief of the	Name of the organization Employer identification number													
The organization is not a private foundation because it is. (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A chool described in section 170(b)(1)(A)(iii). A medical research organization operated or conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A norganization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 5011 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box in lines 11 a through 11d that describes the type of supporting organization operated organization and comp	FUND F	OR GLOBA	L HUMAN RIGH	TS, I	NC		7	<u>5-3029336</u>						
A chruch, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(iii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box in lines 11 ta triough 11 di that describes the type of supporting organization and complete lines 11 ft. and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization of the supporting organization supervised or controlled in connection with its supported organization(s) that organization supervised or controlled in connection with, and functionally integrated with, i	Part I Reason for Public Cha	arity Status (A	All organizations must co	mplete th	ıs part) Se	e instruction	S							
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g in the supported organization described in section 509(a)(4) for section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g in the supported organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization operated, supervised, or controlled by its supported organization(s), by having control or management of the supporting organization operated in the same persons that control or manage the	The organization is not a private foundation	on because it is. (I	For lines 1 through 11, o	heck only	one box)									
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, and a received in the section 170(b)(1)(A)(iii). Enter the hospital's name, and a received in the section 170(b)(1)(A)(iii). Enter the hospital's name, and is a received in the section 170(b)(1)(A)(iii). Complete Part II.) A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part II.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organization and section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization operated, supervised, or controlled by its supported organization(s), by having organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its s	1 A church, convention of church	hes, or associatio	n of churches described	l in sectio	n 170(b)(1)(A)(i).								
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state the property of the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization organized and perated exclusively to test for public safety. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization operated, supervised, or controlled by its supported organization(s), typically by giving control or management of the supporting organization with its supported organization(s). You must complete Part IV, Sections A and B. Type III non-functionally integrated. A supporting organiz	2 A school described in section	170(b)(1)(A)(ii). (A	Attach Schedule E (Forn	n 990 or 99	90-EZ))									
city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(ii), (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). In An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e., 1ft, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization operated in connection with its supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization operated in connection with its supported organization(s). Type III unsorfunctionally integrated. A supporting organiza	3 A hospital or a cooperative hos	spital service orga	anization described in s e	ection 170	(b)(1)(A)(ii	i).								
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f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1.9 (described on lines 1.9 above (see instructions)) (iv) Is the organization (v) Amount of monetary support (see other support (see instructions))							II, Type III							
g Provide the following information about the supported organization(s). (ii) Name of supported organization organization (iii) EIN (iii) Type of organization (described on lines 1 9 above (see instructions)) (iv) Is the organization (lix) Is the organization (v) Amount of monetary support (see other support (see other support (see instructions)	•	•	nally integrated support	ng organi	zation			-						
(ii) Name of supported (iii) EIN (iii) Type of organization (Iv) Is the organization (v) Amount of monetary organization (described on lines 1.9 above (see instructions)) (iv) Is the organization (v) Amount of monetary other support (see governing document?	,,							L						
organization (described on lines 1.9 listed in your support (see other support (see above (see instructions))				(ıv) is the o	rganization	(v) Amount of	monetary	(vi) Amount of						
above (see instructions) instructions) instructions)		(, 2	(described on lines 1.9	listed i	n your		- 1	• •						
	-		above (see instructions))			ınstruct	ions)	instructions)						
				163	140									
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		1												
						_ <u></u>								
Total	Total													

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 FUND FOR GLOBAL HUMAN RIGHTS, INC 75-3029336 Page 2

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

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

Se	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received (Do not			ł			ł				
	include any "unusual grants ")	8907114.	9787367.	11533079.	13398379.	15282033.	58907972.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to	1					1				
	or expended on its behalf			}	ł	}	<u>_</u>				
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge	[]				<u> </u>					
4	Total. Add lines 1 through 3	8907114.	9787367.	11533079.	13398379.	15282033.	58907972.				
5	The portion of total contributions										
	by each person (other than a						<u> </u>				
	governmental unit or publicly	1					1				
	supported organization) included			}	}	1	1				
	on line 1 that exceeds 2% of the					1	,				
	amount shown on line 11,										
	column (f)	1		1			14421931.				
6	Public support. Subtract line 5 from line 4					1	44486041.				
	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total				
7	Amounts from line 4	8907114.	9787367.	11533079.	13398379.	15282033.	58907972.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties										
	and income from similar sources	68,378.	84,287.	_54,177.	82,188.	76,093.	365,123.				
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on	[<u> </u>				
10	Other income Do not include gain										
	or loss from the sale of capital	ļ				Ì					
	assets (Explain in Part VI)										
11	Total support. Add lines 7 through 10						59273095.				
12	Gross receipts from related activities,	etc (see instruction	ons)			12	35,217.				
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)					
	organization, check this box and stor										
Sec	ction C. Computation of Publ	ic Support Per	centage			·					
14	Public support percentage for 2015 (I	ine 6, column (f) di	vided by line 11, o	column (f))		14	75.05 %				
15	Public support percentage from 2014	Schedule A, Part I	II, line 14			15	<u>75.10 %</u>				
16a	33 1/3% support test - 2015. If the o	organization did not	t check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this be					
	stop here. The organization qualifies	as a publicly suppo	orted organization	1			. ▶ [X]				
b	33 1/3% support test - 2014. If the c	organization did not	t check a box on I	ine 13 or 16a, and	f line 15 is 33 1/3%	6 or more, check t	his box				
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			▶				
17a	10% -facts-and-circumstances tes	t - 2015. If the orga	anization did not o	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,				
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization										
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.										
b	10% -facts-and-circumstances tes	t - 2014. If the orga	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or				
	more, and if the organization meets the	ne "facts-and-circur	nstances" test, cl	neck this box and	stop here. Explair	n in Part VI how the	e				
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization										
18	Private foundation. If the organization	n did not check a t	oox on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instruction	ns D				
					Sche	edule A (Form 990	or 990- EZ) 2015				

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not	,	}				
	ınclude any "unusual grants ")				<u> </u>		
2	Gross receipts from admissions,						
	merchandise sold or services per-	<u>'</u>					
	formed, or facilities furnished in	'	1				İ
	any activity that is related to the organization's tax-exempt purpose		ł		1		
3	Gross receipts from activities that				 		
Ĭ	are not an unrelated trade or bus-		}		1		
	iness under section 513]]				
4	Tax revenues levied for the organ-				 	 	
7	ization's benefit and either paid to	,					
	or expended on its behalf					•	
5	The value of services or facilities				 	 	
٠	furnished by a governmental unit to				1		
	the organization without charge						
					 	-	
	Total. Add lines 1 through 5				 	 	
18	Amounts included on lines 1, 2, and 3 received from disqualified persons)	
	Amounts included on lines 2 and 3 received				 	 	
	from other than disqualified persons that		·				
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year				 	 	
	Add lines 7a and 7b		 		 	 	
	Public support. (Subtract line 7c from line 6) ction B. Total Support		<u> </u>		<u> </u>		L
			# \ 0040	4-10010	(4) 0014	(a) 2015	(O Total
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6		 	 	 	 	
102	Gross income from interest, dividends, payments received on	,				Ì	ļ
	securities loans, rents, royalties	,			ļ		
	and income from similar sources					 	
b	Unrelated business taxable income						Ì
	(less section 511 taxes) from businesses					ł	ì
	acquired after June 30, 1975				<u> </u>	 	
	Add lines 10a and 10b	LJ			 		<u> </u>
11	Net income from unrelated business activities not included in line 10b,					-	
	whether or not the business is						ļ
	regularly carried on					 	
12	Other income Do not include gain or loss from the sale of capital						ĺ
	assets (Explain in Part VI.)					ļ	
13	Total support (Add lines 9, 10c, 11, and 12)	<u> </u>	<u> </u>	·	<u> </u>		
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2015 (I	• • •	•	olumn (f))		15	%
	Public support percentage from 2014					16	%
Sec	ction D. Computation of Inves	stment Incom	e Percentage			,,	
17	Investment income percentage for 20	15 (line 10c, colun	nn (f) divided by lir	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
19 a	33 1/3% support tests - 2015. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	17 is not
	more than 33 1/3%, check this box as	nd stop here. The	organization qual	fies as a publicly	supported organi	zation	▶∟
b	33 1/3% support tests - 2014. If the						
	line 18 is not more than 33 1/3%, che						▶∐
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ir	structions	
					Sal	adule A (Form 99)	0 or 990-E71 2015

Part IV | Supporting Organizations

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

Sec	tion A. All Supporting Organizations			
<u> </u>	tion A. All oupporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		163	140
•	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by			ł
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		1
2	Did the organization have any supported organization that does not have an IRS determination of status			r
-	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	[ĺ
	organization was described in section 509(a)(1) or (2).	2		l
20	,			
Sa	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	3a		1
_	(b) and (c) below. Did the exception confirm that each currented exception suchfield under contion 501(a)(4), (5), or (6) and	Ja_		
D	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	}		1
		3b		
_	organization made the determination Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	35		
·	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		ł
45	Was any supported organization not organized in the United States ("foreign supported organization")? If			
~ a	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		1
h	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
J	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		1
_	Did the organization support any foreign supported organization that does not have an IRS determination			
Ŭ	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	ļ		l
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			1
	purposes	4c		1
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN	1		1
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			1
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			l
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			ĺ
	designated in the organization's organizing document?	5b		<u> </u>
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c_		<u> </u>
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	Ì		
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class	,		
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	1		1
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	_]	
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		 -
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	l		1
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			1
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	0.		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	00		1
10-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
ıva	Was the organization subject to the excess business holdings rules of section 4943 because of section			1
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
L	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	iva		
D	determine whether the organization had excess business holdings.)	10b		1
	Total and the digamental and the district and the distric			

Sche	dule A (Form 990 or 990 EZ) 2015 FUND FOR GLOBAL HUMAN RIGHTS, INC 75-30	2933	6 P	age 5
Ра	rt IV . Supporting Organizations (continued)		V	A1
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No.
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	1	ŀ
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1_	 	-
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1	-	}
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations		L	L
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	Ì	İ	ļ
	or management of the supporting organization was vested in the same persons that controlled or managed			1
	the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations		,	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	}	j	ļ
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		Ì	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	 	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	}	1	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
•	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a		 	
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	Income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	ļ		
	supported organizations played in this regard	3	1	ĺ
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	š <u>/</u>	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		İ	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	l	ľ	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	1	ł	
	that these activities constituted substantially all of its activities.	2a	├ ──	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		1	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		ł	
	activities but for the organization's involvement	2b	 	
3	Parent of Supported Organizations. Answer (a) and (b) below.			1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
ı.	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	1 30		

	dule A (Form 990 or 990-EZ) 2015 FUND FOR GLOBAL HUMAN R			75-3029336 Page 6
Pa	Type in their functionally integrated coolarier cupper int			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	_		uctions. All
Sect	other Type III non-functionally integrated supporting organizations must co on A - Adjusted Net Income	mplete S	ections A through E (A) Prior Year	(B) Current Year
				(optional)
1	Net short-term capital gain	11		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		<u> </u>
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			1
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year).			<u> </u>
а	Average monthly value of securities	1a	. <u></u>	
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	İ		
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			· I
	see instructions)	4		<u> </u>
5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6_	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
-5	Income tax imposed in prior year	5-		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	1		
	emergency temporary reduction (see instructions)	6_		<u> </u>
7	Check here if the current year is the organization's first as a non-functional	ly-integrat	ed Type III supporting org	ganization (see

75-3029336 Page 7 Schedule A (Form 990 or 990-EZ) 2015 FUND FOR GLOBAL HUMAN RIGHTS, Part V . Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI) See instructions. Total annual distributions. Add lines 1 through 6 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2015 from Section C, line 6 Line 8 amount divided by Line 9 amount (i) (iii) Underdistributions Distributable **Excess Distributions** Pre-2015 Amount for 2015 Section E - Distribution Allocations (see instructions) Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2015: C d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f Distributions for 2015 from Section D. a Applied to underdistributions of prior years **b** Applied to 2015 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) Excess distributions carryover to 2016. Add lines 3j and 4c Breakdown of line 7: c Excess from 2013 d Excess from 2014

Schedule A (Form 990 or 990-EZ) 2015

e Excess from 2015

Schedule A	(Form 990 or 990-E	Z) 2015 FUNI	FOR GLOBA	L HUMAN	RIGHTS.	INC	75-3029336 Page 8
Part VI	. Supplemental Part IV, Section A, line 1, Part IV, Sec	Information lines 1, 2, 3b, 3 stion D, lines 2 ar	I. Provide the explan- c, 4b, 4c, 5a, 6, 9a, 9 nd 3; Part IV, Section	ations required b, 9c, 11a, 11b E, lines 1c, 2a	l by Part II, line o, and 11c, Part , 2b, 3a and 3b	10, Part II, line 17a IV, Section B, line , Part V, line 1, Par	or 17b, Part III, line 12; s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V,
	Section D lines 5. (See instructions)	6. and 8; and Pa	art V, Section E, lines	2, 5, and 6 Al	so complete the	s part for any addi	tional information
	<u> </u>						
				<u></u>			
				 			
							
		 		 			
	 			· · · · · · · · · · · · · · · · · · ·			
							
							
					···		
	 						
							
				-			

SCHEDULE D

(Form 990).

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 www.lrs.gov/form990.

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Pa	t I Organizations Maintaining Donor Advise		75-3029336
Pal			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		U. V. Francis and other constraints
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	<u> </u>	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	L_ Yes L_ No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	Impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	·	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
_	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
h	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic str	ucture included in (a)	2c
ا	Number of conservation easements included in (c) acquired a	• •	
u	listed in the National Register	alter of 17700, and not on a mistoric struct	2d
•	Number of conservation easements modified, transferred, re-	leased extinguished or terminated by the	
3		leased, extinguished, or terminated by the	e organization during the tax
	year •	nament is located	
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per		Yes No
_	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing con	servation easements during the year
_	American of common processes in a common pro	diversely underlying and enforcing consoning	stron cocomonta durina the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ning of violations, and emorcing conserva	tion easements during the year
۰	▶ \$ Does each conservation easement reported on line 2(d) above	to patiefy the requirements of section 170	(h)(A)(R)(i)
	and section 170(h)(4)(B)(ii)?		
^	In Part XIII, describe how the organization reports conservati	on occoments in its revenue and expense	
9	include, if applicable, the text of the footnote to the organization		
		tion's financial statements that describes	the organization's accounting to
Dai	t III Organizations Maintaining Collections o	f Art Historical Treasures or O	ther Similar Assets
T ai	Complete if the organization answered "Yes" on Form		Allor Ollillar Addoto.
		 	ment and balance shoot works of art
па	If the organization elected, as permitted under SFAS 116 (AS	The state of the s	
	historical treasures, or other similar assets held for public exh		ince of public service, provide, in Part Am,
	the text of the footnote to its financial statements that descri		
þ	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical tre		ıl gaın, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		\$

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

Schedule D (Form 990) 2015

		R GLOBAL H						75-30			age 2
Pai	t III Organizations Maintaining C										
3	Using the organization's acquisition, access	on, and other recor	ds, check	any of the	following th	at are a s	ignifican	t use of its	collectio	n item	s
•	(check all that apply)										
а	Public exhibition	•		oan or exc	nange prog	rams					
þ	Scholarly research	•	• 📖 •	Other							
C											
4	The second of th										
5											
D -	to be sold to raise funds rather than to be m								<u> Yes</u>	_ــــ	No
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	n answered	l "Yes" or	n Form 99	90, Part IV,	line 9, oi	r	
								<u> </u>			
та	Is the organization an agent, trustee, custod	ian or other interme	diary for t	contribution	s or other a	issets not	included	,	7 v		No
	on Form 990, Part X?	and assessed to the fi		abla				L_	_l Yes) NO
Ø	If "Yes," explain the arrangement in Part XIII	and complete the to	ollowing t	able.					A		
_	Pogunana balanca						1-		Amoun		
	Additions during the year						1c	 			
	Additions during the year Distributions during the year						1d 1e	 			
	Ending balance						1f				
f	Did the organization include an amount on F	orm 000 Part V line	01 for a	corow or or	ictodial acc	ount liabi			Yes	7-	No
	If "Yes," explain the arrangement in Part XIII.						-	ــــ	_ 165		ן ו יט
	t V Endowment Funds. Complete										<u></u>
	T T T T T T T T T T T T T T T T T T T	(a) Current year		nor year	(c) Two year			years back	(e) Fou	rvears	hack
15	Beginning of year balance	(a) Current year	10).	noi year	(C) THO YOU	uro buck	(4) 111100	Jours Duok	(6)100	youro	Duon
b	Contributions							 · ·	 		
C	Net investment earnings, gains, and losses								 		
d	Grants or scholarships								 		
	Other expenditures for facilities	<u> </u>	 								
e	and programs]								
	Administrative expenses		-						 -		
'	End of year balance						 -				
9 2	Provide the estimated percentage of the cur	rent year end halan	ce (line 1	r column (a)) held as:	L			1		
a	Board designated or quasi-endowment	rent year end balant	%	y, column (a	iji nola as.						
b	Permanent endowment	%									
	Temporarily restricted endowment	^ %									
·	The percentages on lines 2a, 2b, and 2c sho										
32	Are there endowment funds not in the posse		ation tha	t are held a	nd administ	ered for t	he organ	ization			
0a	by	ossion of the organiz	anon ma			.0.00 .0	ino organ			Yes	No
	(i) unrelated organizations								3a(i)	100	
	(ii) related organizations								3a(II)		
h	If "Yes" on line 3a(ii), are the related organiza	itions listed as requi	red on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the	•									
	t VI Land, Buildings, and Equipm										
	Complete if the organization answere		0. Part IV	, line 11a S	ee Form 99	0, Part X	, line 10.				
	Description of property	(a) Cost or o		(b) Cost			ccumula	ted	(d) Boo	k value	
	e	basis (investi	1	basis (1	preciatio				
1a	Land										
	Buildings					T					
	Leasehold improvements										
	Equipment					1					
	Other			5	2,036.		38,4	184.	1	3,5	52.
	A -1-1 1 4 - 11 1- 4 - (O-1 (-1) 1- 1-	000 D	· · · · · · · · · · · · · · · · · · ·	(D) has 1	0-1				1		52

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 FUND FOR GI	LOBAL HUMAN	RIGHTS, INC	75-3029336 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes	" on Form 990, Part I	V, line 11b See Form 990, P	art X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val	uation Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) INVESTMENTS	1,517,5	85. COST	
(B)			
(C)			
(D)			
<u>(E)</u>	 		
<u>(F)</u>			
(G) (H)			
	1,517,5	05	
Total (Col. (b) must equal Form 990, Part X, col. (8) line 12.) ► Part VIII Investments - Program Related.	1,317,3	03.1	
Complete if the organization answered "Yes	" on Form 000 Port IV	/ line 11c See Form 990 D	art Y line 13
(a) Description of investment	(b) Book value	(c) Method of val	uation: Cost or end-of-year market value
(1)	(0) - 000 1200	(0) ///	
(2)			
(3)	 		
(4)	_		
(5)	·		
(6)			
(7)			
(8)			
(9)			
Total_(Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes		/, line 11d. See Form 990, P	
(a)	Description		(b) Book value
			
(2)			
(3)			
(4)			
(5)			
(6)		······································	
(7)			
Total, (Column (b) must equal Form 990, Part X, col (B) lir	20 15)		N
Part X Other Liabilities.	ie 15.)		
Complete if the organization answered "Yes"	" on Form 990. Part IV	/. line 11e or 11f. See Form	990. Part X. line 25
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) LEASE OBLIGATION LIABILITY	Ϋ́	102,160.	
(3)			
(4)			
(5)			
(6)			
:			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X Schedule D (Form 990) 2015

102,160.

	rt XI Reconciliation of Revenue per Audited Financial Statemer		INC		3029336 Page 4
Fai		its w	ith Revenue per F	teturi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				15,244,363.
1	Total revenue, gains, and other support per audited financial statements			1	15,244,363.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	ا مد ا	<34,822.		Ì
a b	Net unrealized gains (losses) on investments Donated services and use of facilities	2a 2b	<u> </u>	1	
c	Recoveries of prior year grants	2c		1	ļ
d	Other (Describe in Part XIII)	2d		1	
e	Add lines 2a through 2d			2e	<34,822.>
3	Subtract line 2e from line 1			3	15,279,185.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b]	
С	Add lines 4a and 4b			4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	15,279,185.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts V	Vith Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1_	14,529,782.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	, ,			
а	Donated services and use of facilities	2a		1	
b	Prior year adjustments	2b		4	
С	Other losses	2c		-	
d	Other (Describe in Part XIII)	2d		-	
e	Add lines 2a through 2d			2e	14,529,782.
3	Subtract line 2e from line 1			3	14,525,704.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	امدا			
a b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII)	4a 4b		1	
	Add lines 4a and 4b	40		4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	14,529,782.
	rt XIII Supplemental Information.	-			
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV	/, lines	1b and 2b; Part V, line	4; Parl	X, line 2; Part XI,
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additi				
		<u></u>	<u></u>	_	<u> </u>
PAI	RT X, LINE 2:				
			20122 /2162		
TN	JUNE 2006, THE FINANCIAL ACCOUNTING STANDA	RDS	BOARD (FASE	3) <u>K</u>	ELEASED
א מים	TO ACC 740 10 THOOME MAYER MUAN DROUTDER	CIITI	האאמים פוסים הפ	ם חםי	mTNC
r'Ai	SB-ASC-740-10, -INCOME-TAXES, THAT PROVIDES	GUL	DANCE FOR RE	POK	TING
TNI	CERTAINTY IN INCOME TAXES. FOR THE YEAR EN	מפת	TIME 30 20	16	THE FIND
0110	ENTATIO IN THEOMS TAKED. FOR THE TERM BILL	<u> </u>	30NB 30, 20		11111 1 01111
HAS	S DOCUMENTED ITS CONSIDERATION OF FASB ASC	740	-10 AND DETE	RMI	NED THAT NO
MAI	TERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR	EIT	HER RECOGNIT	ION	OR
DIS	SCLOSURE IN THE FINANCIAL STATEMENTS.				
					
_					
			,		
					
532054 09-21-	15			Sche	dule D (Form 990) 2015
1.	· ·				

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12370405 138524 753029336A

2015.05060 FUND FOR GLOBAL HUMAN RIGHT 75302901

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No 1545-0047
2015
Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

FUND FOR GLOBAL	HIMAN R	TGHTS T	·NC	75-30293	36
Part I General Info	rmation on A	ctivities Ou	tside the United States. Comple		
Form 990, Part IV	/, line 14b.				
	•		ds to substantiate the amount of its gra		1 (557)
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or assistance?	Yes X No
United States		-	procedures for monitoring the use of its		tside the
	,		an be duplicated if additional space is n		(O Total
(a) Region	(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 a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND			GRANTS TO RECIPIENTS IN THE		
THE CARIBBEAN			REGION,		2,049,557,
EAST ASIA AND THE			GRANTS TO RECIPIENTS IN THE		672,000.
PACIFIC			REGION,		672,000.
MIDDLE EAST AND			GRANTS TO RECIPIENTS IN THE		1,128,116,
NORTH AFRICA			REGION,		1,120,110,
SOUTH AMERICA			GRANTS TO RECIPIENTS IN THE REGION.		165,000.
SOUTH ASIA			GRANTS TO RECIPIENTS IN THE REGION.		918,649,
			GRANTS TO RECIPIENTS IN THE		
SUB-SAHARAN AFRICA			REGION.		3,863,152.
	!		GRANTS TO RECIPIENTS IN THE		
EUROPE	1	 	REGION.		1,612,655.
NORTH AMERICA					210,000.
NORTH AMERICA 3 a Sub-total	1	0			10 619 129
b Total from continuation sheets to Part I					0.
c Totals (add lines 3a		0			
and 3b) LHA For Paperwork Reduct	ion Act Notice	0	tions for Form 200	Sabadula E	10 619 129 (Form 990) 2015

INC

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

(i) Method of valuation (book, FMV appraisal, other)						
(h) Description of non-cash assistance						
(g) Amount of non-cash assistance	0					xempt by
(f) Manner of cash disbursement			_			recognized as tax-e
(e) Amount of cash grant	10619129					foreign country,
(d) Purpose of grant	SEE ATTACHED					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by
(c) Region	SEE ATTACHED	 		 	 	ns listed above that are
(b) IRS code section and EIN (if applicable)						recipient organizatio
1 (a) Name of organization						2 Enter total number of

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

Enter total number of other organizations or entities

က

Schedule F (Form 990) 2015

75-3029336 FUND FOR GLOBAL HUMAN RIGHTS, INC Schedule F (Form 990) 2015

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance (b) Region	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
						Sched	Schedule F (Form 990) 2015

532073 10-01-15

	ule F (Form 990) 2015 FUND FOR GLOBAL HUMAN RIGHTS, INC	75-3029336	Page 4
Part	IV Foreign Forms	·	
1 ·	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes [No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes [X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes [X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes [X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2015

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.
PART I, LINE 2:
PROGRAM OFFICERS AND LEADERSHIP STAFF REVIEW GRANTEE ACTIVITIES
PERIODICALLY THROUGHOUT THE GRANT TERM THROUGH IN-PERSON SITE VISITS,
PHONE CALLS, EMAIL COMMUNICATION, AND CAREFUL REVIEW OF NARRATIVE AND
FINANCIAL REPORTS. ALL GRANTS REQUIRE A FINAL REPORT ON ACTIVITIES AND
THE LARGE MAJORITY OF GRANTS ALSO REQUIRE A MID-TERM REPORT BE SUBMITTED
HALFWAY THROUGH THE GRANT TERM.
PART I, LINE 3:
REPORTS RECEIVED FROM RECIPIENTS SHOWING USE OF EXPENDITURES.

SCHEDULE (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No 1545-0047	2015	Open to Public

Employer identification number

75-3029336

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. INC FUND FOR GLOBAL HUMAN RIGHTS, General Information on Grants and Assistance Name of the organization

ž				
X Yes		V, line 21, for any		(h) Purpose of grant or assistance
		Yes" on Form 990, Part IV		(g) Description of non-cash assistance
		anization answered "Y		(f) Method of valuation (book, EMV, appraisal, other)
	d States	Somplete if the orga	ded	(d) Amount of cash grant non-cash assistance
	use of grant funds in the United States	ic Governments.	tional space is nee	(d) Amount of cash grant
	ning the use of grant	ations and Domest	oe duplicated if addr	(c) IRC section if applicable
stance?	ocedures for monito	Domestic Organiza	\$5,000 Part II can t	(b) EIN
criteria used to award the grants or assistance?	2 Describe in Part IV the organization's procedures for monitoring the u	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	1 (a) Name and address of organization or government

1 (a) Name and address of organization or government	(b) EiN	(c) IRC section if applicable	ion (d) Amount of ((e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASTRAEA LESBIAN FOUNDATION FOR					i i		
JUSTICE - 116 EAST 16TH ST, 7TH				_			
FLOOR - NEW YORK, NY 10003	13-2992977	501(C)(3)	20,000.	0			
CENTER FOR CONSTITUTIONAL RIGHTS							
666 BROADWAY, 7TH FLOOR			1				
NEW YORK, NY 10012	22-6082880	501(c)(3)	20,000.	0			
оприте от при при при при при при при при при при							
1531 GALENA STREET #380							
AURORA, CO 80010	46-0932179	501(C)(3)	35,000.	0			
PROTEUS FUND, INC							
AMHERST MA 01002	04-3243004	501(C)(3)	5,000	0			
						:	
TIDES CENTER							
THE PRESIDIO, PO BOX 29907							
SAN FRANCISCO, CA 94129	94-3213100	501(c)(3)	33,000.	0.	1		
9 Enter total mimber of section 5(1)(c)(3) and covernment organizations listed in the line 1 table	nd government or	danizations listed in th	line 1 table				4

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

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

Schedule I (Form 990) (2015)

35

75-3029336 Page 2		(f) Description of non-cash assistance								Schedule I (Form 990) (2015)
	90, Part IV, line 22.	(e) Method of valuation (book, FMV, appraisal, other)			dditional information					
	ared "Yes" on Form 9	(d) Amount of non- cash assistance			ا (b), and any other a					
IGHTS, INC	organization answe	(c) Amount of cash grant			ne 2, Part III, colum					36
L HUMAN RIGHTS	s. Complete if the	(b) Number of recipients			equired in Part I, lin					
Schedule I (Form 990) (2015) FUND FOR GLOBAL	r Assistance to Domesti	(a) Type of grant or assistance			Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information					532102 10-28-15

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2015

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

FUND FOR GLOBAL HUMAN RIGHTS, INC | Employer identification number | 75-3029336

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.]]		į
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			ĺ
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			ŀ
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			İ
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			İ
	establish compensation of the CEO/Executive Director, but explain in Part III			1
	X Compensation committee			
	Independent compensation consultant			İ
	Form 990 of other organizations X Approval by the board or compensation committee		ı	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		i	
	organization or a related organization	}	ı	l
а	Receive a severance payment or change-of-control payment?	4a		X X X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			ĺ
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			ĺ
	contingent on the revenues of	_		
	The organization?	5a		X
<u> b</u>	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of.		i	
	The organization?	6a_		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			1
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	_		77
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	1		1
	Regulations section 53,4958-6(c)?	9	L	L

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Schedule J (Form 990) 2015

INC

75-3029336

Page 2

FUND FOR GLOBAL HUMAN RIGHTS, Schedule J (Form 990) 2015

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII. Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

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

		(B) Breakdown	of W-2 and/or 109:	(B) Breakdown of W-2 and/or 1099-MISC compensation	—	(C) Retirement and	ple	(E) Total of columns	=
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	T	otner deferred compensation	Denefits	(a)·(i)(a)	in column (B) reported as deferred on prior Form 990
(1) REGAN RALPH	3	259,081	-	0.	0.	0	23,092.	282,173.	0
CUTIVE DIRECTOR	Ξ		0.	0.	0.	0	0		
D	€	166,000.		0.	0.	0	8,497.	174,49	0
DIRECTOR OF STRATEGY & DEV	(ii)		0.	0.	0.	0	0.	0.	
	Ξ								
	€	-							
	ε								
	(ii)								
	(0)								
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	(i)								
	(ii)								
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	(ii)								
-	Ξ			}					
	(ii)								

Schedule J (Form 990) 2015

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

Open To Public Inspection

ame of the organization							, .		r ident		on nu	mbe
Part I Excess Be	FUND FOR	GLOBAL I	IUMZ	N R	IGHTS, INC		75	<u>-30</u>	293	<u>36</u> _		
						01(c)(29) organizatio			^ L			
4						b, or Form 990-EZ, F	art v,	line 4	<u> </u>	(4)	Corre	ctada
(a) Name of disqualifie	d person	lelationship bet person and o			(c	c) Description of trar	nsactio	n			es	No.
										 ' '	53	140
	-									+-	$\neg \uparrow$	
		···			- 					_		
2 Enter the amount of ta	ax incurred by the o	rganization mar	nagers	or disc	qualified persons du	ring the year under						
section 4958								▶ \$				
3 Enter the amount of ta	ax, if any, on line 2, a	above, reimburs	sed by	the or	ganızatıon			▶ \$				
												
J	nd/or From Int											
	_				, Part V, line 38a or l	Form 990, Part IV, Iir	ne 26;	or if th	ne orga	ınızatı	on	
reported an ar (a) Name of	mount on Form 990	(c) Purpose		an to or	(a) Original	(f) Balance due	(~)	10	(h) Ap	proved	(3) 14	rıtten
interested person	(b) Relationship with organization	of loan	fror	n the	(e) Original principal amount	(f) balance due	defa	in ault?	by bo	ard or	agree	ment
·			To	From			Yes	No	Yes	No	Yes	No
			† ' '	10111	 		1.00	1.00	1.00	1,10	100	
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otal Part III Grants or /	Assistance Ber	efiting Inte	rosto	d Da	reone \$		J				l	
		_										
(a) Name of intereste	e organization answ				(c) Amount of	(d)-Type	of) Purp	000	
(a) Name of intereste	d person (b) Relationship interested pers the organization	son an		assistance	assistar			•	assista		,-
								\dashv				
												
								-				

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

Schedule L (Form 990 or 990-EZ) 2015

Schedule L (Form 990 or 990 EZ) 2015 FUNI Part IV Business Transactions In	FOR GLO	OBAL HUMAN RIG	HTS, INC	75-3029	336	Page 2
Complete if the organization answ	-		28b or 28c			
. (a) Name of interested person	(b) Relation	onship between interested on and the organization	(c) Amount of transaction	(d) Description of transaction	òrganı	aring of zation's lues?
					Yes	No
MARY ANN STEIN	BOARD	MEMBER		ALSO A BOAR		X
JOSHUA MAILMAN	BOARD	MEMBER		ALSO A BOAR		X
AMY RAO	BOARD	MEMBER	105,500.	AMY RAO PRO		X
Part V Supplemental Information Provide additional information for a SCH L, PART IV, BUSINESS	responses to qu			PED PERSONS:		
(A) NAME OF PERSON: MARY	ANN STI	EIN	<u> </u>			
(B) RELATIONSHIP BETWEEN	N INTERES	STED PERSON AN	D ORGANIZAT	CION:		
BOARD MEMBER						
(C) AMOUNT OF TRANSACTIO	ON \$ 1,14	47,500.				
(D) DESCRIPTION OF TRANS	SACTION:	ALSO A BOARD	MEMBER OF T	HE MORIAH F	UND.	
THE MORIAH FUND PROVIDED	GRANTS	TO THE FUND F	OR GLOBAL H	IUMAN RIGHTS	•	
(E) SHARING OF ORGANIZAT	TION REVI	ENUES? = NO			<u> </u>	
(A) NAME OF PERSON: JOSE	HUA MAIL	MAN				
(B) RELATIONSHIP BETWEEN	N INTERES	STED PERSON AN	D ORGANIZAT	CION:		
BOARD MEMBER						
(C) AMOUNT OF TRANSACTIO	ON \$ 50,0	000.				
(D) DESCRIPTION OF TRANS	SACTION:	ALSO A BOARD	MEMBER OF T	HE JOSHUA		
MAILMAN FOUNDATION. THE	JOSHUA	MAILMAN FOUND	ATION PROVI	DED A GRANT	TO	
THE FUND FOR GLOBAL HUMA	AN RIGHTS	5				
(E) SHARING OF ORGANIZAT	ION REVI	ENUES? = NO				
					· -	

(A) NAME OF PERSON: AMY RAO

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

Schedule L (Form 990 or 990-EZ) 2015

Schedule L (Form 990 or 990-EZ) FUND FOR GLOBAL HUMAN RIGHTS, INC 75-3029336 Page 2 Part V Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule L (see instructions)
BOARD MEMBER
(C) AMOUNT OF TRANSACTION \$ 105,500.
(D) DESCRIPTION OF TRANSACTION: AMY RAO PROVIDED A CONTRIBUTION TO THE
FUND FOR GLOBAL HUMAN RIGHTS.
(E) SHARING OF ORGANIZATION REVENUES? = NO
·

SCHEDULE O

(Form 99Q or 990-EZ) Department of the Treasury

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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Internal Revenue Service Information about Schedule Q (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. Inspection

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

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

Schedule O (Form 990 or 990-EZ) (2015)