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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A F	A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, 2018									
B Check if applicable C Name of organization D Employer identification number										
	Addres	FUND FOR GLOBAL HUMAN RIGHTS, INC								
	Name change Doing business as 75-3029336									
_	Imperial Number and street (or P.O. box if mail is not delivered to street address) Room/suite Ellelephone number									
L	Jesturn/ 1301 CONNECTICOT AVENUE, NW 900 202-347-7400									
	ated Ameno	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036								
\vdash	Jreturn Applic Ition		H(a) Is this a grou							
L	pendin	S C/O 1301 CONNECTICUT AVENUE, NW #400, WASH								
1 T	27.070			h a list (see instructions)						
		e: DOBALHUMANRIGHTS.ORG	H(c) Group exemp							
				2 M State of legal domicile: DC						
	rt I	Summary	ear or formation 2002	Z W State of legal dofficile. BC						
		Briefly describe the organization's mission or most significant activities HUMAN RI	GHTS ADVOCAC	Y						
Activities & Governance	•	briefly describe the organization's mission of most significant activities 11042114 112	dirib ribvocii	<u></u>						
nai	2	Check this box if the organization discontinued its operations or disposed of n	nore than 25% of its ne	t assets						
vel		Number of voting members of the governing body (Part VI, line 1a)		3 21						
ğ		Number of independent voting members of the governing body (Part VI, line 1b)	Ī	4 21						
80		Total number of individuals employed in calendar year 2017 (Part V, line 2a)	Ī	5 28						
itie		Total number of volunteers (estimate if necessary)	Ī	6 0						
cţi		Total unrelated business revenue from Part VIII, column (C), line 12	Ī	7a 0.						
۷		Net unrelated business taxable income from Form 990 TRIEGEIVED	F	7b 0.						
			Prior Year	Current Year						
a	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) MAY 2 2 2019	11,944,048							
Revenue		Program service revenue (Part VIII, line 2g)		0.						
eve	10	nvestment income (Part VIII, column (A), lines 3, 4, and (a)	72,03	55,976.						
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d, 9c, 10 GD FN, UT		0.						
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,016,08	2. 21,961,665.						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1·3)	9,331,20	<u>9,326,152.</u>						
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.						
ės	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,514,51							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.						
χż	b	Total fundraising expenses (Part IX, column (D), line 25) 934,791.								
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,389,02							
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	13,234,74							
	19	Revenue less expenses Subtract line 18 from line 12	<1,218,660							
Assets or Balances			Beginning of Current Ye							
SSe Bala		Total assets (Part X, line 16)	9,466,170							
9		Total liabilities (Part X, line 26)	520,698							
림		Net assets or fund balances Subtract line 21 from line 20 Signature Block	8,945,47	2. 17,032,540.						
	rt II		stamanta and to the heat of	of my knowledge and heliaf it is						
		lties of periory, I declare that I have examined <u>this r</u> eturn, including accompanying schedules and sta t, and complete. Deplaration of proparts other than officer) is based on all information of which prep		n my knowicoge and bellot, it is						
uu,	GOLLOG	t, and complete. Deplacation of programs than onicer) is based on an information of which prep		12019						
Sıgr		Signature of Officer	Date	lay-2019						
Here		KATHRYN SOMMERS, VICE PRESIDENT FOR OPERA	TIONS							
		Type or print name and title								
		Print/Tyge preparer's name	Date Check	PTIN						
Paid		MAR® FRIEDMAN, CPA	05/13/19 self-er							
Prep	arer	Firm's name GLASS JACOBSON Page Control	Firm's EIN	52-1035214						
Use	Only	Firm's address 800 KING FARM BOULEVARD, SUITE 500								
	_	ROCKVILLE, MD 20850	Phone no.	301-917-3040						
Мау	the IF	S discuss this return with the preparer shown above? (see instructions)		X Yes No						
73200	11-2	LHA For Paperwork Reduction Act Notice, see the separate instructions.	,	Form 990 (2017)						
			/	XU- U 1						

	990 (2017) FUND FOR GLOBAL HUMAN RIGHTS, INC 75-3029336 Page 2	
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	
	SINCE 2003, THE FUND FOR GLOBAL HUMAN RIGHTS HAS HAD ONE GOAL: TO MOVE	
	HUMAN RIGHTS FORWARD BY PROVIDING RESOURCES AND TOOLS TO THE PEOPLE	
	AND ORGANIZATIONS ON THE GROUND WHO HAVE REAL POTENTIAL TO GENERATE	
	POSITIVE CHANGE. OUR GRANTS AND TECHNICAL ASSISTANCE ARE FOCUSED ON	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	
	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?	
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported	
4a	(Code) (Expenses \$11,905,924. including grants of \$9,326,152.) (Revenue \$)	
	STRENGTHENING HUMAN RIGHTS WORK GLOBALLY BY INCREASING THE FINANCIAL	
	RESOURCES AVAILABLE FOR HUMAN RIGHTS ACTIVISM AND PROVIDING TECHNICAL	
	ASSISTANCE, SERVICES AND TOOLS TO ACTIVISTS.	
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4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)	
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4c	(Code) (Expenses \$	
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		-
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)	-
4e	Total program service expenses ► 11,905,924.	-
	Form 990 (2017)

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orm	aan	(2017)	

Form 990 (2017) FUND FOR GLOBAL HUMAN RIGHTS, Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	4	x	
_	If "Yes," complete Schedule A	2	<u> </u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		х
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		х
_	during the tax year? If "Yes," complete Schedule C, Part II	-		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		х
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III			
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
• •	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
¢	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u>X</u>	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			.,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_	37	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	445	v	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	-
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45	х	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	^	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		х
4	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_A
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''' -	<u></u>	
18		18		x
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	.5		
פו	complete Schedule G, Part III	19		x
	complete ochodule of rate iii		990	(2017)

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			Yes	No_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	ļ		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			l
	If "Yes," complete Schedule N, Part I	31		<u> X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			١,,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٠,,
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	· · · · · · · · · · · · · · · · · · ·	35a		X
b				
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			,,
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	\vdash	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		۱,,	
	Note. All Form 990 filers are required to complete Schedule O	38	NOO.	(001=
		Form	220	(2017)

a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a 14b 15 "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		Check if Schedule O contains a response or note to any line in this Part V			
be Enter the number of Forms W.G. included in line 18. Enter 0-d not applicable 1b 0				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2s. Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, feld for the calendar year ending with or within the year covered by this return 1 feld for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-five (see instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more dumpe the year? 3b. If "Yes," has it filed a Form 990-T for this year? If "No," to time 3b, provide an explanation in Schedule O 3b. If "Yes," a filed the form 990-T for this year? If "No," to time 3b, provide an explanation in Schedule O 3c. If "Yes," a filed the form 990-T for this year? If "No," to time 3b, provide an explanation in Schedule O 3c. If "Yes," a filed the form 990-T for this year? If "No," to time 3b, provide an explanation in Schedule O 3b. If "Yes," a filed the form 990-T for this year? If "No," to time 3b, provide an explanation in Schedule O 3c. If "Yes," a filed the form 990-T for this year? If "No," to time during the tax year? 5c. If "Yes," a filed the organization that was or is a party to a prohibited tax schedule Transaction at any time during the tax year? 5c. If "Yes," to line 5a or 5b, did the organization file Form 8888-T? 5c. If "Yes," to line 5a or 5b, did the organization file Form 8885-T? 5c. Does the organization schedule party notify the organization file Form 8885-T? 6c. Does the organization include with every solication an express statement that such contributions or grifts were not tax deductible? 7c. Organizations that may receive deductible contributions under section 170(c). 8d. If "Yes," did the organization express that are normally greater than \$100,000, and did the organization schedule organization file forms 8282 filed during the year 8d. If "Yes," did t	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
(gambling) winnings to prize winners? 28 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements. 59 Med for the calendar year ending with or within the year covered by this return 50 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 50 Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-five fees instructions) 50 Did the organization have unrelated business gross income of \$1,000 more during the year? 51 If Yes, 1 and 1 fide a form 900 To firs his year? If 1/1%, 1 for the 50,000 more during the year? 52 A A ray time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 52 A Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 53 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 54 Was the organization have annual gross recepts that are normally greater than \$100,000, and did the organization stell organization that was or is a party to a prohibited tax shelter transaction at any contributions that were not tax deductible as charable contributions? 55 Was the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charable contributions? 56 Was a fire organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charable contributions? 57 Organizations that may receive deductible contributions under section 170(c). 58 If Yes, 1 did the organization necess a payment in excess of \$75 made partly as a contribution and partly for goods and services provided? 59 If Yes, 1 micrate the annual prosess statement that such contributions? 60 If Yes, 1 i	b	Enter the number of Forms W-2G included in line 1a Enter 0 if not applicable 1b 0			
(gambling) winnings to prize winners? 28 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements. 59 Med for the calendar year ending with or within the year covered by this return 50 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 50 Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-five fees instructions) 50 Did the organization have unrelated business gross income of \$1,000 more during the year? 51 If Yes, 1 and 1 fide a form 900 To firs his year? If 1/1%, 1 for the 50,000 more during the year? 52 A A ray time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 52 A Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 53 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 54 Was the organization have annual gross recepts that are normally greater than \$100,000, and did the organization stell organization that was or is a party to a prohibited tax shelter transaction at any contributions that were not tax deductible as charable contributions? 55 Was the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charable contributions? 56 Was a fire organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charable contributions? 57 Organizations that may receive deductible contributions under section 170(c). 58 If Yes, 1 did the organization necess a payment in excess of \$75 made partly as a contribution and partly for goods and services provided? 59 If Yes, 1 micrate the annual prosess statement that such contributions? 60 If Yes, 1 i	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
filed for the calendary year ending with or within the year covered by this return 2a 28 X			1c		
filed for the calendary year ending with or within the year covered by this return 2a 28 X	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-the (see instructions) 3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? b if "Yes," has it fled a Form 990-T for this year? if "No," to line 3b, provide an explianation in Schedule O 4a At any time during the calendar year, add the organization have an interest in, or a signature or other authority over, a financial accountly over a financial account in a foreign country. Implication is a bank account, securities account, or other financial accountly? 4a X X b If "Yes," either the name of the foreign country. Implication is a bank account, securities account, or other financial accountly? 5a Was the organization aparty to a prohibited tax sheller transaction? 5b Was the organization aparty to a prohibited tax sheller transaction? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solution any contributions that were not tax deductible? 6c Organization that may receive deductible contributions or pifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization notify the donor of the value of the goods or serveces provided? 9d If "Yes," indicate the number of Forms 8282 filed during the year 1 of the organization received a contribution of outsided in the year or the organization received a contribution of qualified intellectual property, did the organization file Form 8892? 1 of the organization received a contribution of qualified intellectual property, and the organization file Form 8890 as required? 7 b If the organization received a contribution of care, boats, arrivation of qualified intellectual property, and the organization file Form 1098 C? 7 possoring organization have excess business holdings at any time during the year? 9 possoring organization have excess business holdings at any time during the year? 9 possorin					
38 Dd the organization have unrelized business gross income of \$1,000 or more during the year? 44 At any time during the calendar year, of the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account (9 to 11 to 12 to 12 to 12 to 13 to 13 to 14 to 14 to 15 t	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
b if "Yes," has it field a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 44 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 45 If "Yes," enter the name of the foreign country, I> 56 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 57 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 58 Did any taxable party notify the organization file Form 8886-17? 59 Did any taxable party notify the organization file Form 8886-17? 50 Did she organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible or on tax deductible or on tax deductible or on tax deductible or one tax deductible or the provision of the value or the goods or services provided? 70 Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly or goods and services provided to the payor tax deduction or one tax deductible or the goods or services provided? 81 Did the organiz		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organizations. Enter. a linitation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 110b 110b 111a 110a 111a 111b 112a 111b 112a 112a 112a 112a 112a 112a 112a 112a 112b 112a 12a	đ	If "Yes," indicate the number of Forms 8282 filed during the year			
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below describe the circumstances, processes, or changes in Schedule O. See instructions

	to mo ea, as, or rob below, describe the directinations, processes, or charges in estimation			
	Check if Schedule O contains a response or note to any line in this Part VI	_		X
Sec	tion A. Governing Body and Management			
	21		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 21			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	ا ہا		v
_	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	3		v
4	of officers, directors, or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	6		X
	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or	-		
, a	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	'a_		- 41_
U	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	,,,,		-21
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.5		
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	<u> </u>		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12ს	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	_X_	
13	Did the organization have a written whistleblower policy?	_13		_X_
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15 <u>a</u>	<u>X</u>	
b	Other officers or key employees of the organization	15b	<u>X</u>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		<u>X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		<u> </u>
Sec	tion C. Disclosure			
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) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization of the first fir	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
4-	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	tinan	cial	
00	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			
73200	1301 CONNECTICUT AVENUE, NW, SUITE 400, WASHINGTON, DC 20036	Form	990	(2017)
, 3200	· 11-20-11			([[]]

Form 990 (2017) Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

(A)	(B)			(C Pos	C) ition	1		(D)	(E)	(F)
Name and Title	Average hours per		not c	heck	more	than s bot		Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related	offi	cer an		recto	or/trus	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization
	organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W 27 1035 WIGO)		and related organizations
(1) MARY ROBINSON	2.00	,,						0	0	^
HONORARY CHAIR		Х				-	_	0.	0.	0
(2) HINA JILANI	2.00	х						0.	0.	0
HONORARY CHAIR	2.00	^						<u> </u>		
(3) THOMAS HAMMARBERG	2.00	X						0.	0.	0
HONORARY CHAIR	2.00	^			 -		-			
(4) CHRIS CANAVAN CHAIR	2.00	X		x				0.	0.	0
(5) LUCIA NADER	2.00			**						
VICE CHAIR	200	x		x				0.	0.	0 .
(6) MARY ANN STEIN	2.00									
FOUNDING CHAIR		X		X		1		0.	0.	0 .
(7) AKWASI AIDOO	2.00									
BOARD MEMBER		X						0.	0.	0 .
(8) PHILIP ALSTON	2.00									
BOARD MEMBER		X				<u> </u>		0.	0.	0
(9) ANNE AVIS	2.00	1						_	_	_
SECRETARY		X		X	ļ			0.	0.	0
(10) HOSSAM BAHGAT	2.00								•	
BOARD MEMBER	1	X	ļ	_	ļ			0.	0.	0_
(11) VRINDA GROVER	2.00	- _							_	
BOARD MEMBER	1 0 00	X	ļ	-	ļ.	<u> </u>		0.	0.	0
(12) JESSICA HORN	2.00	٠,,					Ì			_
BOARD MEMBER	1 2 00	X	-					0.	0.	0
(13) MAINA KIAI	2.00	.						0.	0.	0
BOARD MEMBER	2.00	X	-		 	-		0.		
(14) GARA LEMARCHE	2.00	x						0.	0.	0
BOARD MEMBER	2.00	^							0.	-
(15) EDWARD MCKINLEY TREASURER	2.00	X		х				0.	0.	0
(16) JOAN PLATT	2.00	1			\vdash	†			<u></u>	
BOARD MEMBER	2.00	X					}	0.	0.	0
(17) AMY RAO	2.00	†**	t	T	T		1			
BOARD MEMBER		X						0.	0.	0.
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Form **990** (2017)

Form 990 (2017) FUND FOR	GLOBAL	н	JM2	<u>AN</u>	R.	IGI	IT:	S, INC	75-30	<u> 293</u>	36	Pa	ige 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)			_	
(A) Name and title	(B) Average			(e Pos	C) sition			(D) Reportable	(E) Reportable			(F) mate	d
	hours per week (list any	box	, unle	ss pe	erson	is bot or/trus	h an	compensation from the	compensation from related organizations		ot	unt o	
	hours for	ndividual trustee or director				20		organization	(W-2/1099-MISC		compe fror	m the	
	related	ste o	Institutional trustee			Highest compensated employee		(W-2/1099-MISC)			orgar		
	organizations below	ual tru	t leuot		ployee	t com					and organ		
	line)	pwipu	astrot	Officer	Key employee	dghes amploy	Рог шег				organ	ızatıc	JI 15
(18) MIGUEL PULIDO	2.00	-	_	Ĭ	<u> </u>					$\neg \vdash$			
BOARD MEMBER		X						0.	_	0.			_0.
(19) JO ANDREWS	2.00												
BOARD MEMBER		X		<u> </u>				0.		0.			<u>0.</u>
(20) TAHIR BASHEER	2.00							_					
BOARD MEMBER		X			ļ	<u> </u>		0.		0.			0.
(21) SCOTT COHEN	2.00			1						_			^
BOARD MEMBER	2 00	Х	ļ	_	┼			0.		0.			0.
(22) EMMA PLAYFAIR	2.00	x						0.		0.			0.
BOARD MEMBER (23) NICOLA USBORNE	2.00	^			┼	-	-	<u> </u>		٠.			
BOARD MEMBER	2.00	х						0.		0.			0.
(24) NICHOLAS VETCH	2.00			 						<u> </u>			
BOARD MEMBER	<u>_</u>	x						0.		0.			0.
(25) REGAN RALPH	40.00												
PRESIDENT & CEO		<u>.</u>		X				264,737.		0.	24	<u>, 5:</u>	<u>18.</u>
(26) DAVID MATTINGLY	40.00		İ										
VICE PRESIDENT FOR PROGRAM	<u> </u>	L		<u> </u>		X		132,500.		0.			94.
1b Sub-total							>	397,237.		0.			<u>12.</u>
c Total from continuation sheets to Part V	II, Section A							335,299. 732,536.		0.			<u>22.</u> 34.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but r	at lossed to the		1.040		barr	- · · · · ·	<u> </u>			<u>u •]_</u>	_ / U	, / .	<u> </u>
compensation from the organization	iot iimited to tr	1050	IISLE	tu a	JUUV	<i>9)</i> WI	10 11	eceived more than \$100	,000 of reportable				5
dempensation from the organization							_		 			es	No
3 Did the organization list any former officer,	director, or tru	uste	ə, ke	y er	mplo	уее,	or	highest compensated e	mployee on				_
line 1a? If "Yes," complete Schedule J for s	such individual			•		•			•		3		_X
4 For any individual listed on line 1a, is the si	um of reportab	le co	omp	ens	atior	n and	otl	her compensation from	the organization				
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete :	Sche	edule	Jf	for such individual		<u> </u>	4	X	
5 Did any person listed on line 1a receive or	•				•		elat	ed organization or indiv	idual for services				
rendered to the organization? If "Yes," com	plete Schedul	e <i>J f</i>	or s	<u>uch</u>	pers	son					5		<u>X</u>
Section B. Independent Contractors									\$100,000 of some				
Complete this table for your five highest co										ensat	ion tro	om	
the organization Report compensation for (A)	trie calendar y	ear	eriai	ng v	WILLI	OI W	101111	(B)	year		(C)		
Name and buşiness	address	N	ONI	₹.				Description of s	services	Cor	mpens	ation	n
						_							
					-								
				_									
									į				
							-						
						-	\dashv						

\$100,000 of compensation from the organization SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2017)

732009 11-28-17

26/915

21 961 665

Total revenue See instructions.

29 061

0-	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	240,000.	240,000.		
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	0.006.150	0 006 150		
	individuals See Part IV, lines 15 and 16	9,086,152.	9,086,152.		
4	Benefits paid to or for members				·
5	Compensation of current officers, directors, trustees, and key employees	289,255.	130,165.	57,851.	101,239
6	Compensation not included above, to disqualified	209,2330	130,103.		101,237
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,225,304.	980,109.	710,983.	534,212
8	Pension plan accruals and contributions (include	2,223,3011	300/1031	, 20 / 500 1	332/22
Ŭ	section 401(k) and 403(b) employer contributions)	101,762.	53,621.	21,651.	26,490
9	Other employee benefits	173,097.	90,444.	36,700.	45,953
10	Payroll taxes	163,728.	84,823.	34,594.	44,311
11	Fees for services (non-employees)			•	
а	Management				
b	Legal	2,275.	81.		2,194
С	Accounting	31,800.		31,800.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	914.		914.	
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	380,916.	300,918.	77,935.	2,063
12	Advertising and promotion				
13	Office expenses	206,093.	38,144.	142,033.	25,916
14	Information technology	89,983.		69,275.	20,708
15	Royalties				
16	Occupancy	321,963.	776.	321,187.	06.006
17	Travel	444,293.	264,584.	92,883.	86,826
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	64 620	45 014	12 007	C F00
19	Conferences, conventions, and meetings	64,639.	45,014.	13,027.	6,598
20	Interest				
21	Payments to affiliates	0.224		9,334.	
22	Depreciation, depletion, and amortization	9,334.		9,334.	
23	Insurance Other expanses tempre expanses not sovered				
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)				
а	amount, list line 24e expenses on Schedule 0.) ' COMMUNICATIONS	43,089.	18,630.	23,577.	882
a h	OVERHEAD APPLIED	43,009.	572,463.	<609,862.>	37,399
C	<u> </u>		3,2,300	1303,002.	,
d					
e	All other expenses				
25	Total functional expenses Add lines 1 through 24e	13,874,597.	11,905,924.	1,033,882.	934,791
2 6	Joint costs. Complete this line only if the organization				<u> </u>
-	reported in column (B) joint costs from a combined			,	
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2017)
Part X | Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	3,478,012.	1	3,125,730.
	2	Savings and temporary cash investments	3,230,277.	2	4,750,696.
	3	Pledges and grants receivable, net	682,863.	3	9,492,299.
	4	Accounts receivable, net	5,644.	4	8,573.
	5	Loans and other receivables from current and former officers, directors,	3,044.	4	0,373.
	3				
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.	-	ا ہے ا	
			_	5_	<u> </u>
	6	Loans and other receivables from other disqualified persons (as defined unde	i		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	19		
	ļ	employers and sponsoring organizations of section 501(c)(9) voluntary			
Assets	_	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Ass	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	105 202	8	77 730
	9	Prepaid expenses and deferred charges	195,383.	9	77,730.
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 100 , 305			
	b	Less accumulated depreciation 10b 60,385	49,254.	10c	39,920.
	11	Investments - publicly traded securities	7.0.404	11	
	12	Investments - other securities See Part IV, line 11	1,748,184.	12	0.
	13	Investments - program related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	76,553.	15	77,303.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	9,466,170.	16	17,572,251.
	17	Accounts payable and accrued expenses	318,747.	17	347,749.
	18	Grants payable		18_	
	19	Deferred revenue	`	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21_	
es	22	Loans and other payables to current and former officers, directors, trustees,			
ij		key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L.		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	•
	24	Unsecured notes and loans payable to unrelated third parties	,	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of		Ì '	
		Schedule D	201,951.	25	191,962.
	26	Total liabilities. Add lines 17 through 25	520,698.	26	539,711.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
es		complete lines 27 through 29, and lines 33 and 34.		'	
anc	27	Unrestricted net assets	3,771,725.	27	2,297,410.
Bal	28	Temporarily restricted net assets	5,173,747.	28	14,735,130.
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
Ξ		Organizations that do not follow SFAS 117 (ASC 958), check here			
ō	}	and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31_	
et	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	8,945,472.	33	17,032,540.
	34	Total liabilities and net assets/fund balances	9,466,170.	34	17,572,251.
					Form 990 (2017)

Form **990** (2017)

	990 (2017) FUND FOR GLOBAL HUMAN RIGHTS, INC	75-	<u> 3029</u>	336	Pag	_{ie} 12
Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,96:</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>,874</u>		
3	Revenue less expenses Subtract line 2 from line 1	3		<u>,08'</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8	<u>,94</u> !	5,4	<u>72.</u>
5	Net unrealized gains (losses) on investments	5				
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	<u> 17</u>	<u>,03</u>	2,5	<u>40.</u>
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			. γ	1	
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	U		2a		х
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	1000		28		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	Jona	ì			
	separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis			1		
				2b	х	
D	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e hacie		20		
	consolidated basis, or both.				j	ì
	X Separate basis Consolidated basis Both consolidated and separate basis		ļ			ì
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit				ì
C	review, or compilation of its financial statements and selection of an independent accountant?	o addit,		2c	x	ì
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O				
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si					
Ja	Act and OMB Circular A-133?			3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	irt			
J	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990 ((2017)

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		FUND	FOR	GLOBA	L HUMAN	RIGH	TS, II	NC		7	5-3029336
Pa	rt I	Reason for Public (e instructions		
he 1	organ	zation is not a private found. A church, convention of chi)(A)(ı).		
2		A school described in secti	on 170(b)(1)(A)(ii). (A	Attach Schedu	le E (Form	990 or 99	0-EZ))			. /
3	而	A hospital or a cooperative							i).	(
4	一	A medical research organiza	•	-						(III). Enter	the hospital's name,
•		city, and state			,	· · · , - · · · - ·					
5		An organization operated for	or the her	nefit of a col	lege or univers	sity owner	or operate	ed by a go	overnmental u	ınıt describ	
9		section 170(b)(1)(A)(iv). (C			logo or armond	,		, - 5			
6		A federal, state, or local gov			antal unit dec	cribad in a	saction 17	O(b)(1)(A)	64		
6	\mathbf{x}	An organization that normal								he general	nublic described in
′	لما				illiai part or its	Support	ioni a gove	minoritai	dille or morne	ne general	paono decombed in
_		section 170(b)(1)(A)(vi). (Co			4)(A)(.:) (Com	nlota Dari	. 11 3				
8	H	A community trust describe						d in conii	ination with a	land.grant	college
9	ш	An agricultural research org									
		or university or a non-land-g	grant colle	ege or agric	uiture (see inst	ructions)	Enter the	name, city	, and state of	the college	9 01
		university									and average reasonate from
10		An organization that normal	•								
		activities related to its exem									
		income and unrelated busin			(less section 5	11 tax) fro	om busines	sses acqu	iired by the or	ganization	aπer June 30, 1975
		See section 509(a)(2). (Cor									
11	님	An organization organized a									
12	j	An organization organized a									
		more publicly supported or									heck the box in
	_	lines 12a through 12d that									
а	L	Type I. A supporting orga									
		the supported organization	on(s) the p	power to re	gularly appoint	t or elect a	a majority o	of the direc	ctors or truste	es of the s	upporting
		organization You must o	•	-							
b		Type II. A supporting org									
		control or management o					ame perso	ns that co	ontrol or mana	ige the sup	ported
	_	organization(s) You mus									
C	: L									lly integrate	ed with,
		its supported organization									
d	·	Type III non-functionally									
		that is not functionally int								d an attenti	veness
		requirement (see instruct									
е	. L	Check this box if the orga	anızatıon	received a	written determ	ination fro	m the IRS	that it is a	a Type I, Type	II, Type III	
		functionally integrated, or	r Type III	non-functio	nally integrate	d support	ing organiz	ation			
f		er the number of supported o	Ū								
9		vide the following information					TOVE IS the orga	nization listed	(v) Amount o	f monotony	(vi) Amount of other
	,	Name of supported organization	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\) EIN	(III) Type of org (described on		(iv) is the orga in your govern		support (see		support (see instructions)
		Organization	_		above (see inst	tructions))	Yes	No			
]								
	_					·	_				
			ļ								
Tota	al										

Schedule A (Form 990 or 990 EZ) 2017 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.)

Sec	tion A. Public Support			- -		<u> </u>	,
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	11533079.	13398379.	15282033.	11944048.	21905689.	74063228.
	Tax revenues levied for the organ-						
_	ization's benefit and either paid to						
	or expended on its behalf						
	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
	Table Addition 1 About to 2	11533070	12200270	15292033	11011018	21905689	74063228.
	-	11333073.	13336373.	13202033.	11344040.	21903009.	740032201
5	The portion of total contributions						
	by each person (other than a						İ
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the	ļ					
	amount shown on line 11,	1					00770605
	column (f)						29778605.
	Public support. Subtract line 5 from line 4	ļ <u></u>		<u> </u>		1	44284623.
•	ction B. Total Support]" = : - : - 		т		1	1
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	11533079.	<u> 13398379.</u>	15282033.	11944048.	21905689.	74063228.
8	Gross income from interest,			i			
	dividends, payments received on	ļ					
	securities loans, rents, royalties,	İ					
	and income from similar sources	54,177.	82,188.	76,093.	72,612.	26,915.	311,985.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)		_		_		
11	Total support. Add lines 7 through 10						74375213.
	Gross receipts from related activities	, etc (see instructi	ons)			12	
	First five years. If the Form 990 is fo			rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
	organization, check this box and sto	-			<u></u>		
Sec	ction C. Computation of Pub	lic Support Pe	rcentage				
14	Public support percentage for 2017 ((line 6, column (f) d	ivided by line 11,	column (f))		14	59.54 %
15	Public support percentage from 2016	6 Schedule A, Part	II, line 14			15	74.98 %
16a	33 1/3% support test - 2017. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	more, check this b	ox and
	stop here. The organization qualifies						$\triangleright X$
b	33 1/3% support test - 2016. If the				d line 15 is 33 1/3%	6 or more, check t	his box
_	and stop here. The organization qua						ightharpoons
172	10% -facts-and-circumstances tes				e 13, 16a. or 16b.	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts and circumstances"						▶ □
h	10% -facts-and-circumstances tes					17a, and line 15 is	10% or
D	more, and if the organization meets t						
	organization meets the "facts-and-cir				-		▶ □
10	Private foundation. If the organization						ns 🔚
10	Filvate roundation. If the organization	on all flot check a	DOX OIT BITE TO, TO	, 100, 17a, 01 17			0 or 990-EZ) 2017

17

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

732023 10-08-17

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A.	. All	Supporting	Organizations
------------	-------	------------	---------------

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Ycs," complete Part I of Schedule L (Form 990 or 990 EZ)
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
1		
2	-	
	1.	
3a	 	
 -		
3b_	<u> </u>	
3c	-	-
	-	<u> </u>
4a	+	
4b	-	
	-	
4c	-	
5a		
5b 5c		
	•	· · ·
6_		_
_		,
7	-	 ,
8		
9a		
9b	-	 ,
9c		
10a		
		,
10b n 990 or 9		2017

		14933	O Pa	ige 5
Pa	rt IV Supporting Organizations (continued)		Vac	NI-
	Hen the argenization appointed a gift or contribution from any of the following appropria		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a		ı
	below, the governing body of a supported organization?	11b		
	A family member of a person described in (a) above?	11c		
	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.	TIC		
000	Mon D. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			ı
	controlled the organization's activities. If the organization had more than one supported organization,			ì
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		ì
	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,			
	supervised, or controlled the supporting organization	2		_
Sec	etion C. Type II Supporting Organizations	_!		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		_	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		١.	l
	supported organizations played in this regard.	3	l	
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the mothod that the organization used to satisfy the Integral Part Test during the yea(see instruction	s).		
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			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struction	s)	
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			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			}
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		ļ
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			1
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
a	D. I. I			
•	trustees of each of the supported organizations? Provide details in Part VI.	3a	L	L
t	The state of the s	<u>.</u> -].	_
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Sche	dule A (Form 990 or 990 EZ) 2017 FUND FOR GLOBAL HUMAN R	IGHTS	, INC '	75-3029336 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Mınimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
<u> </u>	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		<u> </u>
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		<u> </u>
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4	····	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	_ 5		
6	Multiply line 5 by 035	6	- <u>-</u> -	
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	<u></u>	
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrate	ed Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions)

75-3029336 Page 7 Schedule A (Form 990 or 990 EZ) 2017 FUND FOR GLOBAL HUMAN RIGHTS, INC Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported 2 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) Other distributions (describe in Part VI) See instructions 6 Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by line 9 amount (iii) (ii) (i) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2017 Amount for 2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI) See instructions Excess distributions carryover, if any, to 2017 **b** From 2013 c From 2014 d From 2015 e From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount Carryover from 2012 not applied (see instructions) Remainder, Subtract lines 3g, 3h, and 3i from 3f Distributions for 2017 from Section D. a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines 3j and 4c 8 Breakdown of line 7 a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

Schedule A	Form 990 or 990-EZ) 2017 FUND FOR GLOBAL HUMAN RIGHTS, INC 75-3029336 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information
	(See instructions)
	,
	•
	<u> </u>

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Name of the organization

75-3029336 FUND FOR GLOBAL HUMAN RIGHTS INC

Par		d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be i	used only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose o	conferring
,	impermissible private benefit?	<u> </u>	Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	art IV, line 7
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of	I I
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	* *	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	1 1
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
_	year >		
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 Staff and volunteer hours devoted to monitoring, inspecting,		
6	Starr and volunteer rooms devoted to monitoring, inspecting,	Tranding of violations, and emorcing cons	dervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	Ning of violations, and enforcing conservat	tion easements during the year
•	S -	Jing of Violations, and officioning contourval	non oddomonto danng me year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 1700	'h)(4)(B)(ı)
Ū	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	statement, and balance sheet, and
•	include, if applicable, the text of the footnote to the organiza		
	conservation easements	·	
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtheral	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pul	olic 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	easures, or other similar assets for financia	l gain, 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		> \$
<u>b</u>	Assets included in Form 990, Part X		> \$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2017

		<u>R GLOBAL H</u>						<u>-302933</u>	
Par	t III Organizations Maintaining C	collections of A	rt, Hist	torical Tre	easures, c	or Other	Similar A	Assets(conti	nued)
3	Using the organization's acquisition, accessi	on, and other record	is, checl	k any of the	following tha	t are a sigr	nficant use	of its collection	in items
	(check all that apply)								
а	Public exhibition	d	ı 🖳	Loan or excl	nange progra	ams			
b	Scholarly research	е		Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how th	ney further th	ne organizati	on's exemp	ot purpose	ın Part XIII	
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical treas	sures, or oth	er sımılar a	ssets		
	to be sold to raise funds rather than to be ma							Yes	No_
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered '	"Yes" on Fe	orm 990, P	art IV, line 9, o	r
	reported an amount on Form 990, Pa	rt X, line 21							
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	s or other as	sets not in	cluded		
	on Form 990, Part X?							L Yes	∟ No
þ	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	table					
								Amour	<u>nt</u>
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						_1f		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or cu	istodial acco	unt liability	?	L Yes	No ا
	If "Yes," explain the arrangement in Part XIII								
Par	t V Endowment Funds. Complete								
		(a) Current year	(b) F	rior year	(c) Two year	rs back (d) Three years	s back (e) Fou	r years back
1a	Beginning of year balance		1						
b	Contributions								
С	Net investment earnings, gains, and losses						_		
d	Grants or scholarships					-			
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance		L						
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	i)) held as				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Temporarily restricted endowment ▶	%							
_	The percentages on lines 2a, 2b, and 2c sho								
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are neid a	ng administe	rea for the	organizatio	on	Vac Na
	by							20(1)	Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations			Salandula DO				3a(ii) 3b	
D	If "Yes" on line 3a(ii), are the related organiza							30	
Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		owment	iunas				··············	
rai	Complete if the organization answere		O Part IV	/ line 11a S	Saa Form 990) Part Y lu	ne 10		
	Description of property	(a) Cost or o		1	or other		umulated	(d) Por	ok value
	Description of property	basis (investi			(other)	• •	eciation	(4) 500	Zn valut
	Land	2000 (11170011		54010	(/	Copi			
	Land								
	Buildings Leasehold improvements			1	4,850.	-	13,365	3	1,485.
	Equipment				2,000				<u>-, -00 •</u>
	Other			5	5,455.		17,020) .	8,435.
	. Add lines 1a through 1e (Column (d) must e	egual Form 990. Part	X. colui				, <u> </u>		9,920.

Schedule D (Form 990) 2017

	nplete if the organization answered "Yes"				
(a) Description o	Security or category (including name of security)	(b) Book value	(c) Method of v	aluation Cost or end	d-of-year market value
1) Financial der	vatives				
2) Closely-held	equity interests				
3) Other					
(A)					
(B)					
(C) ·					
(D)					
(E)					
(F)					
(G)					
(H)					
Part VIII Inv	st equal Form 990, Part X, col. (B) line 12.) setments - Program Related.				
	nplete if the organization answered "Yes" Description of investment	on Form 990, Part IV, (b) Book value			d-of-year market value
(1)					
(2)					
(3)					
(4)				· · · · · · · · · · · · · · · · · · ·	
		****			·
(5)				 	
(6)					
(7)					
(8)					
(9)					
	st equal Form 990, Part X, col. (B) line 13.)				
	ner Assets.				
Con	nplete if the organization answered "Yes"		line 11d See Form 990,	Part X, line 15	
	(a)	Description			(b) Book value
(1)					
(2)			.,		
(3)					
(4)					
(5)					
					1
(6)					
(6) (7)					
(6) (7) (8)					
(6) (7) (8) (9)	n) must equal Form 990. Part Y. col. (D) lin	0.15.)			
(6) (7) (8) (9) Total. (Column (b	o) must equal Form 990, Part X, col (B) lin	e 15)		>	
(6) (7) (8) (9) Fotal. (Column (t	ner Liabilities.		line 11e or 11f See For	n 990. Part X. line 25	
(6) (7) (8) (9) Total. (Column (b Part X Otl	ner Liabilities. nplete if the organization answered "Yes"			▶ n 990, Part X, line 25	
(6) (7) (8) (9) Total. (Column (to Part X Ottle) Cort.	ner Liabilities. nplete if the organization answered "Yes" (a) Description of liability		line 11e or 11f See Forr	▶ n 990, Part X, line 25	
(6) (7) (8) (9) Total. (Column (to Part X Otilical Control Co	ner Liabilities. Inplete if the organization answered "Yes" (a) Description of liability Income taxes	on Form 990, Part IV,	(b) Book value	n 990, Part X, line 25	
(6) (7) (8) (9) otal. (Column (the Part X Otle) Core (1) Federal (2) LEAS	ner Liabilities. nplete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV,		n 990, Part X, line 25	
(6) (7) (8) (9) Fotal. (Column (to Correct X Otto C	ner Liabilities. Inplete if the organization answered "Yes" (a) Description of liability Income taxes	on Form 990, Part IV,	(b) Book value	n 990, Part X, line 25	
(6) (7) (8) (9) Fotal. (Column (to Continuo Con	ner Liabilities. Inplete if the organization answered "Yes" (a) Description of liability Income taxes	on Form 990, Part IV,	(b) Book value	n 990, Part X, line 25	
(6) (7) (8) (9) Total. (Column (to Part X Otle) Core (1) Federal (2) LEASI (3)	ner Liabilities. Inplete if the organization answered "Yes" (a) Description of liability Income taxes	on Form 990, Part IV,	(b) Book value	▶ n 990, Part X, line 25	
(6) (7) (8) (9) Fotal. (Column (to Coroll) Coroll (1) Federal (2) LEASI (3) (4)	ner Liabilities. Inplete if the organization answered "Yes" (a) Description of liability Income taxes	on Form 990, Part IV,	(b) Book value	▶ n 990, Part X, line 25	
(6) (7) (8) (9) Fotal. (Column (to Part X Ottl) Cort 1. (1) Federal (2) LEAS (3) (4) (5)	ner Liabilities. Inplete if the organization answered "Yes" (a) Description of liability Income taxes	on Form 990, Part IV,	(b) Book value	▶n 990, Part X, line 25	
(6) (7) (8) (9) Fotal. (Column (to Part X Otilin Cont.) (1) Federal (2) LEAS) (3) (4) (5) (6)	ner Liabilities. Inplete if the organization answered "Yes" (a) Description of liability Income taxes	on Form 990, Part IV,	(b) Book value	▶ n 990, Part X, line 25	
(6) (7) (8) (9) Fotal. (Column (to Part X Otto Cort (1) Federal (2) LEAS (3) (4) (5) (6) (7)	ner Liabilities. Inplete if the organization answered "Yes" (a) Description of liability Income taxes	on Form 990, Part IV,	(b) Book value	▶ n 990, Part X, 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 Schedule D (Form 990) 2017

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Open to Public Inspection

Name of the organization

Employer identification number

FUND FOR GLOBAL					75-302933			
Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes"								
Form 990, Part IV	/, line 14b				·			
1 For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra	ants and other a				
the grantees' eligibility fo	or the grants or a	issistance, and	the selection criteria used to award the	grants or assis	stance? X	Yes L No		
•	ribe in Part V the	organization's	procedures for monitoring the use of it	s grants and oti	ner assistance outs	ide the		
United States								
	ne following Part		an be duplicated if additional space is i					
(a) Region	(b) Number of	(c) Number of employees,	(d) Activities conducted in the region		ity listed in (d)	(f) Total expenditures		
	offices in the region	agents, and	(by type) (such as, fundraising, program services, investments, grants to		ram service, specific type	for and		
	in the region	independent contractors	recipients located in the region)		s) in the region	investments		
		in the region	rootpierite leedited in the region,			in the region		
				THE FUND PRO	OVIDES GRANTS			
				1	HUMAN RIGHTS			
CENTRAL AMERICA AND	'		PROJECT SUPPORT) TO	WORK RELATE				
THE CARIBBEAN	0	_2_	RECIPIENTS IN THE REGION.		THE RIGHTS OF	2,290,046.		
					OVIDES GRANTS	ļ		
					HUMAN RIGHTS			
EAST ASIA AND THE			PROJECT SUPPORT) TO	WORK RELATE				
PACIFIC	0	0	RECIPIENTS IN THE REGION.		THE RIGHTS OF	850,134,		
				Į.	OVIDES GRANTS			
					HUMAN RIGHTS			
MIDDLE EAST AND			PROJECT SUPPORT) TO	WORK RELATE				
NORTH_AFRICA	0	2	RECIPIENTS IN THE REGION.		THE RIGHTS OF	939,400.		
					OVIDES GRANTS			
	'		,	TO SUPPORT				
		_	PROJECT SUPPORT) TO	ENVIRONMENT				
SOUTH AMERICA	0	00	RECIPIENTS IN THE REGION.	RIGHTS DEFE		60,000,		
					OVIDES GRANTS			
			GRANTS (GENERAL OPERATING &		HUMAN RIGHTS			
		_	PROJECT SUPPORT) TO	WORK RELATE				
SOUTH ASIA	0	1	RECIPIENTS IN THE REGION.		THE RIGHTS OF	1,150,014.		
					OVIDES GRANTS			
!					HUMAN RIGHTS			
ava			PROJECT SUPPORT) TO	WORK RELATE		2 420 650		
SUB-SAHARAN AFRICA	0	2	RECIPIENTS IN THE REGION.		THE RIGHTS OF	3,438,659,		
		l:	DENME (ODNEDAL ODERAMING		OVIDES GRANTS	1		
			GRANTS (GENERAL OPERATING &		HUMAN RIGHTS			
ELIBODE	_	•	PROJECT SUPPORT) TO	WORK RELATE		357.000		
EUROPE	0		RECIPIENTS IN THE REGION.	FURTHERING	THE RIGHTS OF	357,900,		
				1		}		
3 a Sub-total	0	7		 		9,086,153,		
b Total from continuation	-					3,000,133,		
sheets to Part I	٥,	0				0.		
c Totals (add lines 3a						·		
and 3b)	0	7				9 086 153.		
		<u> </u>		·		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

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

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2017

75-3029336

Page 2

FUND FOR GLOBAL HUMAN RIGHTS, INC

Schedule F (Form 990) 2017

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

sk, FMV, ther)			Ì			24	297	30) 2017
(i) Method of valuation (book, FMV, appraisal, other)							:	Schedule F (Form 990) 2017
(n) Description of noncash assistance		·						Sched
(g) Amount of noncash assistance	0					xempt	•	
(f) Manner of cash disbursement						recognized as tax-e		
(e) Amount of cash grant	0					foreign country, er		
(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 the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter		
(c) Region	SEE ATTACHED SCHEDULE,					ns listed above that are in insel has provided a sec	r entities	
(b) IRS code section and EIN (if applicable)	01 01		-			recipient organization	other organizations o	
1 (a) Name of organization						2 Enter total number of by the IRS, or for which	3 Enter total number of other organizations or entities	

32

732072 10-08-17

75-3029336

Page 3

FUND FOR GLOBAL HUMAN RIGHTS, INC

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

Schedule F (Form 990) 2017

od of ion FMV, other)						90) 2017
(h) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2017
(g) Description of noncash assistance			,			Schedu
(f) Amount of noncash assistance		`				
(e) Manner of cash disbursement						
(d) Amount of cash grant						
(c) Number of recipients		·				
(b) Region						
(a) Type of grant or assistance (b) Region					·	

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Instructions for Form 5713, don't file with Form 990)

Schedule F (Form 990) 2017

Yes X No

6

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

PA	ጉጥ	Т	LINE	2 •
	T/ T	_ ,	1111111	

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.

PART I, LINE 3, COLUMN (E):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(E) SPECIFIC TYPES OF SERVICES IN REGION: THE FUND PROVIDES GRANTS TO

SUPPORT HUMAN RIGHTS WORK RELATED TO FURTHERING THE RIGHTS OF WOMEN,

CHILDREN, INDIGENOUS COMMUNITIES, MIGRANTS, AND OTHER VULNERABLE

POPULATIONS.

REGION: EAST ASIA AND THE PACIFIC

(E) SPECIFIC TYPES OF SERVICES IN REGION: THE FUND PROVIDES GRANTS TO

SUPPORT HUMAN RIGHTS WORK RELATED TO FURTHERING THE RIGHTS OF WOMEN,

CHILDREN, INDIGENOUS COMMUNITIES, MIGRANTS, AND OTHER VULNERABLE

POPULATIONS.

REGION: MIDDLE EAST AND NORTH AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: THE FUND PROVIDES GRANTS TO SUPPORT HUMAN RIGHTS WORK RELATED TO FURTHERING THE RIGHTS OF WOMEN,

732075 10-06-17

Schedule F (Form 990) 2017

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

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

2017 2017 Open to Public Inspection

Employer identification number 75-3029336 ► Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990. FUND FOR GLOBAL HUMAN RIGHTS, Name of the organization

Part I General Information on Grants and Assistance	nd Assistance							
Does the organization maintain records to substantiate the amount of	to substantiate the		or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		
criteria used to award the grants or assistance?	stance?						X Yes No	o
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for monif	toring the use of grant	funds in the United	d States				
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Domestic Organi	zations and Domestic	c Governments. C	omplete if the orga	nization answered "Y	es" 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	\$5,000 Part II can	be duplicated if additi	ional space is need	led				- 1
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	1
ASTRAEA LESBIAN FOUNDATION FOR	İ							
JUSTICE - 116 EAST 16TH STREET,				·			LAND RIGHTS PROJECT	
/TH FLOORFLOOK - NEW YORK, NY 10003	13-2992977	501(C)(3)	10,000.	0.			LAND RIGHTS PROJECT	- 1
BORDER NETWORK FOR HUMAN RIGHTS								
2115 N. PIEDRAS STREET								
EL PASO, TX 79930	74-2493012	501(C)(3)	125,000.	0.			MIGRANTS' RIGHTS PROJECT	_ 1
TIDES CENTER								
THE PRESIDIO, PO BOX 29907	04-2213100	501/07/37	100 000	c			MIGRANTS' RIGHTS PROJECT	
OANDAND, CA 34012	0010126-26	75775155						
BANK INFORMATION CENTER	·					-		
1023 15TH STREET, NW NO 10 FL	,	, , , , , , , , , , , , , , , , , , ,		•		_	CORPORATE ACCOUNTABILITY	
WASHINGTON, DC 20005	52-1682441	501(C)(3)	2,000.	0			PROJECT	
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	ganizations listed in th	ne line 1 table				•	- 1
3 Enter total number of other organizations listed in the line 1 table	is listed in the line	1 table					•	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruct	ions for Form 990.					Schedule I (Form 990) (2017)	5

Page 2 (f) Description of noncash assistance 75-3029336 (e) Method of valuation (book, FMV, appraisal, other) PERIODICALLY THROUGHOUT THE GRANT TERM THROUGH IN-PERSON SITE VISITS, PHONE CALLS, EMAIL COMMUNICATION, AND CAREFUL REVIEW OF NARRATIVE AND FINANCIAL Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed ALL GRANTS REQUIRE A FINAL REPORT ON ACTIVITIES AND THE LARGE MAJORITY OF GRANTS ALSO REQUIRE A MID-TERM REPORT BE SUBMITTED HALFWAY PROGRAM OFFICERS AND LEADERSHIP STAFF REVIEW GRANTEE ACTIVITIES (d) Amount of non-cash assistance FUND FOR GLOBAL HUMAN RIGHTS, INC (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance THROUGH THE GRANT TERM PART I, LINE 2: Schedule I (Form 990) (2017) REPORTS. Part IV Part III

Schedule I (Form 990) (2017)

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732102 11-01-17

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

FUND FOR GLOBAL HUMAN RIGHTS

Employer identification number 75-3029336 INC

Pa	rt 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			•
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			ĺ.
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,			<u> </u>
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on 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			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	X Compensation committee			· ·
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	1		
	organization or a related organization:			١.
а	Receive a severance payment or change-of-control payment?	4a	<u> </u>	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	<u> </u>	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.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of		_	
а	The organization?	5a	<u> </u>	X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
а	The organization?	6a	ļ	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 nonfixed payments		-	
	not described on lines 5 and 6? If "Yes," describe in Part III	7	1	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	1	-	
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	 	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	1 _	-	
	Regulations section 53 4958-6(c)?	9	<u> </u>	L

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Schedule J (Form 990) 2017

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

Schedule J (Form 990) 2017

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

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

	B (B)	(B) Breakdown of W-2		and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	Com	(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	compensation			reported as deferred on prior Form 990
н		264,737.	0.	0		24,518.	289,25	0
PRESIDENT & CEO	(E)	0	0	0.	0	0	0	0
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	(ii)							
	(E)					- Andrews		
П	(ii)							

Schedule J (Form 990) 2017

SCHEDULE L

(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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open To Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Employer identification number

	I	FUND FOR	GLOBAL H	<u>UM</u> A	<u>N</u> R	IGHTS, INC		75-	30	293	36		
Part I	Excess Bend	efit Transacti	ons (section 50	01(c)(3), sect	on 501(c)(4), and 50	1(c)(29) organization				-		_
	Complete if the						o, or Form 990-EZ, P	art V, Iır	1e <u>40</u>	b			
1 (a) Nar	ne of disqualified	person (b) F	Relationship bety			ified (c	e) Description of tran	saction					cted?
(0) (0)	or aloqualities		person and or	ganiza	ation						Ye	s	No
			•				·					-	
								_			+		
											+	\dashv	
			_					,		_			
						-							_
	the amount of tax n 4958	incurred by the o	rganization mar	agers	or disc	qualified persons du	ring the year under	•	\$				
3 Enter	the amount of tax,	, if any, on line 2,	above, reimburs	ed by	the or	ganization		•	\$				
Part II	Loans to an	d/or From Int	erested Per	sons								-	
	Complete if the	organization ansv	vered "Yes" on	Form 9	990-EZ	, Part V, line 38a or I	Form 990, Part IV, Iir	ne 26, oi	r ıf th	e orga	ınızatı	on	
		ount on Form 990											
) Name of	(b) Relationship			an to or	(e) Original	(f) Balance due	(g) l	n	(h) Ap	proved ard or	(ı) W	ritten
intere	ested person	with organization	of loan		zation?	principal amount		defau	IIT?	cómm	uttee?	agree	ment?
				То	From			Yes	No	Yes	No	Yes	No
								 					
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Part III	l	ssistance Be	<u> </u>										
	<u> </u>	organization ans					(at) Turn		\neg		\ Durn	000.0	•
(a) N	ame of interested	person	(b) Relationship interested pers the organiz	son an		(c) Amount of assistance	(d) Type assistar) Purp assista		•
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2017

75-3029336 Page 2 Schedule L (Form 990 or 990-EZ) 2017 FUND FOR GLOBAL HUMAN RIGHTS, INC Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (e) Sharing of (b) Relationship between interested (c) Amount of (d) Description of (a) Name of interested person òrganization's person and the organization transaction transaction revenues? Yes No MARY ANN STEIN BOARD MEMBER 865,000 ALSO A BOAR Х 50,000 CHRIS CANAV CHRIS CANAVAN BOARD MEMBER Х 81,500.ANNE AVIS P X ANNE AVIS BOARD MEMBER 90,000 JOAN PLATT JOAN PLATT BOARD MEMBER Х 100,000.AMY RAO PRO X AMY RAO BOARD MEMBER Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions) SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: MARY ANN STEIN (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BOARD MEMBER (C) AMOUNT OF TRANSACTION \$ 865,000. (D) DESCRIPTION OF TRANSACTION: ALSO A BOARD MEMBER OF THE MORIAH FUND. THE MORIAH FUND PROVIDED GRANTS TO THE FUND FOR GLOBAL HUMAN RIGHTS = \$675,000 AND SHE INDIVIDUALLY GAVE THE FUND FOR GLOBAL HUMAN RIGHTS \$190,000. (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON: CHRIS CANAVAN (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BOARD MEMBER (C) AMOUNT OF TRANSACTION \$ 50,000. (D) DESCRIPTION OF TRANSACTION: CHRIS CANAVAN PROVIDED A CONTRIBUTION TO THE FUND FOR GLOBAL HUMAN RIGHTS = \$50,000.

(A) NAME OF PERSON: ANNE AVIS

(E) SHARING OF ORGANIZATION REVENUES? = NO

Schedule L (Form 990 or 990-EZ) 2017

Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions)
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
BOARD MEMBER
(C) AMOUNT OF TRANSACTION \$ 81,500.
(D) DESCRIPTION OF TRANSACTION: ANNE AVIS PROVIDED A CONTRIBUTION TO THE
FUND FOR GLOBAL HUMAN RIGHTS = \$81,500.
(E) SHARING OF ORGANIZATION REVENUES? = NO
(A) NAME OF PERSON: JOAN PLATT
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
BOARD MEMBER
(C) AMOUNT OF TRANSACTION \$ 90,000.
(D) DESCRIPTION OF TRANSACTION: JOAN PLATT PROVIDED A CONTRIBUTION TO
THE FUND FOR GLOBAL HUMAN RIGHTS = \$90,000.
(E) SHARING OF ORGANIZATION REVENUES? = NO
(A) NAME OF PERSON: AMY RAO
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
BOARD MEMBER
(C) AMOUNT OF TRANSACTION \$ 100,000.
(D) DESCRIPTION OF TRANSACTION: AMY RAO PROVIDED A CONTRIBUTION TO THE
FUND FOR GLOBAL HUMAN RIGHTS = \$100,000.
(E) SHARING OF ORGANIZATION REVENUES? = NO
·

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Inspection

Name of the organization

FUND FOR GLOBAL HUMAN RIGHTS TNC **Employer identification number** 75-3029336

TOND TON GEODINE HOUSEN REGILD, THE TO SUBJECT
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CRUCIAL AND DIFFICULT WORK THAT OTHERWISE MIGHT FALTER FOR LACK OF
RESOURCES, BRING FINANCIAL STABILITY TO HUMAN RIGHTS GROUPS, AND HELP
HUMAN RIGHTS DEFENDERS INCREASE THEIR VISIBILITY AND IMPACT. THE FUND
SUPPORTS A WIDE RANGE OF HUMAN RIGHTS ISSUES, SUCH AS DEFENDING
INDIGENOUS LAND RIGHTS IN GUATEMALA, PROMOTING WOMEN'S RIGHTS IN
MOROCCO, AND PRESSING FOR ACCOUNTABILITY FOR WAR CRIMES IN WEST AFRICA.
FORM 990, PART VI, SECTION B, LINE 11B:
THE ORGANIZATION'S CONTROLLER RECONCILES THE FINANCIAL INFORMATION PER THE
990 TO THE ORGANIZATION'S ACCOUNTING SYSTEM AND THEN PROVIDES THE 990 TO
THE PRESIDENT AND THE VICE PRESIDENT OF OPERATIONS OF THE ORGANIZATION.
THE PRESIDENT AND THE VP FOR OPERATIONS REVIEW THE RESPONSES SEPARATELY.
THE PRESIDENT THEN SIGNS THE 990 WHICH IS THEN 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 SALARIES. THE BOARD
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.

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

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

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization FUND FOR GLOBAL HUMAN RIGHTS, INC	Employer identification number 75-3029336
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	
FORM 990, PART VI, SECTION C, LINE 18:	
ALL INFORMATION IS AVAILABLE ON OUR WEBSITE AND/OR UPON W	RITTEN REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:	
ALL INFORMATION IS AVAILABLE ON OUR WEBSITE AND/OR UPON W	RITTEN REQUEST.