-Form 990

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Depa	Open to Public Inspection						
		nue Service 2018 calend	Go to www.irs.gov/Form990 for instructions and the later year, or tax year beginning JUL 1, 2018 and ending	JUN 30, 2019			
В	Check if	C Name o	forganization	D Employer identification number			
	Addres						
<u></u>	change	• FUND	FOR GLOBAL HUMAN RIGHTS, INC				
<u> </u>	chang	B Doing b	usiness as	75-3029336			
느	return	l l	and street (or P.O box if mail is not delivered to street address) Room/st				
L	Final return/ termin	-	CONNECTICUT AVENUE, NW 400	202-347-7488			
_	ated Amend	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$ 15,734,183.			
<u> </u>	return	WASH	INGTON, DC 20036	H(a) Is this a group return			
	Applic tion pendir	, Fivame a	nd address of principal officer REGAN_RALPH	for subordinates? Yes X No			
		SAME	AS C ABOVE	H(b) Are all subordinates included? Yes No			
			X 501(c)(3) 501(c) () ◀ (Insert no.) 4947(a)(1) or ✓	If "No," attach a list (see instructions)			
			ALHUMANRIGHTS.ORG	H(c) Group exemption number ▶			
			X Corporation	ear of formation 2002 M State of legal domicile: DC			
Pa	art I	Summary					
ė	1 1	Briefly describ	be the organization's mission or most significant activities: ${ m { t HUMAN \; RI}}$	GHTS ADVOCACY			
Governance							
ern			x L if the organization discontinued its operations or disposed of m	1 1			
Š	3	Number of vo	ting members of the governing body (Part VI, line 1a)	3 21			
	4	Number of inc	lependent voting members of the governing body (Part VI, tine 1b) REC	=IVED 4 21			
Activities &	5	Total number	lependent voting members of the governing body (Part VI, line 1a) lependent voting members of the governing body (Part VI, line 1b) RECE of individuals employed in calendar year 2018 (Part V, line 2a) of volunteers (estimate if necessary) d business revenue from Part VIII. column (C), line 12	S 5 29			
Χ̈́	6	Total number	of volunteers (estimate if necessary)	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
Act	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12	$\left \begin{array}{c} \varphi \\ \end{array} \right \left \begin{array}{c} 7a \\ \end{array} \right \left \begin{array}{c} 0 \\ \end{array} \right $			
	<u>b</u>	Net unrelated	business taxable income from Form 990-T, line 38				
	<u> </u>						
ě			and grants (Part VIII, line 1h)	21,905,689. 15,677,541.			
Ğ	1	-	ce revenue (Part VIII, line 2g)	0. 0.			
Revenue	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)	55,976. 56,642.			
_	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0. 0.			
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,961,665. 15,734,183.			
	l		milar amounts paid (Part IX, column (A), lines 1-3)	9,326,152. 9,742,191.			
	l	•	to or for members (Part IX, column (A), line 4)	0. 0.			
es	i		r compensation, employee benefits (Part IX, column (A), lines 5-10)	2,953,146. 3,117,920.			
Expenses	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	0. 0.			
Š	l		ing expenses (Part IX, column (D), line 25) 1,008,280.				
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,595,299. 1,951,495.			
			s Add lines 13-17 (must equal Part IX, column (A), line 25)	13,874,597. 14,811,606.			
. 0	19	Revenue less	expenses Subtract line 18 from line 12	8,087,068. 922,577.			
Net Assets or Fund Balances				Beginning of Current Year End of Year			
Sset	20		Part X, line 16)	17,572,251. 18,427,863.			
ag GA	21		(Part X, line 26)	539,711. 472,746.			
			fund balances Subtract line 21 from line 20	17,032,540. 17,955,117.			
	art II	Signature					
			declare that I have examined this return, including accompanying schedules and sta				
true,	correc	t, and complete	peclaration of preparer (other than officer) is based on all information of which preparer				
	ľ	Signatur	e of officer	14-May-2020			
Her	e		RYN SOMMERS, VICE PRESIDENT FOR OPERA	PIONS			
				DATE Check PTIN			
n-:-	, ,	Print/Type pre		12131 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Paid	1		IEDMAN, CPA	5 P00064585			
Prep		Firm's name	GLASS JACOBSON, PAVILLE COLUMN	Firm's EIN 52-1035214			
Use	опіу	rirm's address	800 KING FARM BOULEVARD, SUITE 500	Phone no. 301 – 917 – 3040			
	. 41:	20 4	ROCKVILLE, MD 20850				
way	rtne IF	to discuss this	s return with the preparer shown above? (see instructions)	X Yes No			

Form **990** (2018)

Form	1990 (2018) FUND FOR GLOBAL HUMAN RIGHTS, INC	75-3029336	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		
•	WE ARE ACTIVISTS AND GRANT-MAKERS WORKING IN SOLIDARITY	שדידש	
	INDIVIDUALS AND ORGANIZATIONS PROMOTING HUMAN RIGHTS IN		
			<u> </u>
	COMMUNITIES. BY INVESTING IN THOSE ON THE FRONTLINES OF		
	STRUGGLES, WE HELP BUILD STRONGER, MORE RESILIENT MOVEME	INTS THAT CA	<u> </u>
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	L Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported	is, the total expenses,	ariu
4-			
4a	(Code) (Expenses \$ 12,838,430. including grants of \$ 9,742,191.) (Revenu		
	STRENGTHENING HUMAN RIGHTS WORK GLOBALLY BY INCREASING T		
	RESOURCES AVAILABLE FOR HUMAN RIGHTS ACTIVISM AND PROVID	ING TECHNIC	AL
	ASSISTANCE, SERVICES AND TOOLS TO ACTIVISTS.		
			
_			
4b	(Code) (Expenses \$) (Revenu	e\$)
		-	
			
4c	(Code) (Expenses \$) (Revenue	e\$)
			
4d	Other program services (Describe in Schedule O)		
	(Expenses \$	1	
4e	Total program service expenses 12,838,430.		
75		Form Q	90 (2018)
		1 01111 0	(-0 10)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
•	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		₩
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_3_		X
4	during the tax year? If "Yes," complete Schedule C, Part II		}	х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4_		
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u>-</u>	 -	
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	x	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	- ٽ		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	ļ	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_ ` _		
Ū	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		Х
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	Х	
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
С	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	1		
	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_	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			i
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	İ		
	Schedule D, Parts XI and XII	12a	_X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and If the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	_13		X
14a	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		7,7	
	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		v	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.		v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		Х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17_		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		Х
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the experience report more than \$15,000 of gross income from gaming activities on Part VIII. line 9a? If "Yes."	18		-21
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		X
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	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	200		
۲۱	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
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			,	

			Yes	No_
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	х	ĺ
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	24 <u>a</u>		Х
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d_		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			3.5
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		-23
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	_		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a_		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,	000	x	
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		Х
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If Fes, complete scriedule in	29		
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32_		X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		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
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	056		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		, 	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 10			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c Form	990	(2018)
832000	1 12-31-18			~~,0)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 29 filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a Х b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7<u>a</u> b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7c 7d d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f 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? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter 10 a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 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 13b 13c c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? 15

Form 990 (2018)

X

16

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," see instructions and file Form 4720, Schedule N

If "Yes," complete Form 4720, Schedule O

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

	Check if Schedule O contains a response or note to any line in this Part VI						X				
Sec	tion A. Governing Body and Management										
		1 1		—	_	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]]		-	ļ						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
b	Enter the number of voting members included in line 1a, above, who are independent	1b		21							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?			 -	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision		-						
	of officers, directors, or trustees, or key employees to a management company or other person?			\vdash	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?										
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		<u> </u>	5		X				
6	Did the organization have members or stockholders?			L	6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint o	ne or		l						
	more members of the governing body?			Ŀ	7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockhol	ders, or	ľ							
	persons other than the governing body?				7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by the	following:			_					
а	The governing body?			_ [_8	Ва	X					
b	Each committee with authority to act on behalf of the governing body?				ВЬ	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched at	the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	Code.)	_							
				_	_	Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			1	0a		_X_				
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napters,	affiliates,		- 1						
	and branches to ensure their operations are consistent with the organization's exempt purposes?										
11a	la Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990										
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13										
b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?										
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," des	scribe								
	ın Schedule O how this was done			1	2c	X					
13	Did the organization have a written whistleblower policy?			<u> </u>	13		_X_				
14	Did the organization have a written document retention and destruction policy?			Ŀ	14	Χ_					
15	Did the process for determining compensation of the following persons include a review and approve	al by ind	ependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			.	_		'				
а	The organization's CEO, Executive Director, or top management official			1	5a	X					
b	Other officers or key employees of the organization			1	5b	X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranged	nent wit	h a	-			ı				
	taxable entity during the year?			1	6a		<u> X</u>				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its pa	rticipation				,				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nization'	s		ł	_	,				
	exempt status with respect to such arrangements?			1	6b						
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ►SEE SCHEDULE		<u> </u>								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, are	nd 990-T	(Section 501(c)(3)s c	nly)	avaıla	ble				
	for public inspection. Indicate how you made these available. Check all that apply										
	X Own website X Another's website X Upon request Other (explain	ın Sche	dule O)								
19	9 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial										
	statements available to the public during the tax year										
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and	records -								
	THE ORGANIZATION - (202)347-7488										
	1301 CONNECTICUT AVENUE, NW, SUITE 400, WASHINGTON	<u>, DC</u>	20036								
832006	: 12-31-18			F	orm	990 ((2018)				

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	(do		Pos heck	c) ition more	than	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Righest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MARY ROBINSON	2.00									
HONORARY CHAIR		X	_	_	<u> </u>	├-	-	0.	0.	0.
(2) HINA JILANI	2.00	ļ								•
HONORARY CHAIR		Х						0.	0.	0.
(3) THOMAS HAMMARBERG	2.00				1	1	ĺ			•
HONORARY CHAIR		X			<u> </u>	-		0.	0.	0.
(4) CHRIS CANAVAN	2.00	ļ								•
CHAIR		X		X	_			0.	0.	0.
(5) LUCIA NADER	2.00									•
VICE CHAIR		X	-	X		ļ <u>.</u>		0.	0.	
(6) MARY ANN STEIN	2.00	}								•
FOUNDING CHAIR		X		X	_	├	<u> </u>	0.	0.	0.
(7) JO ANDREWS	2.00	┨	ĺ							•
BOARD MEMBER		X	-		_		_	0.	0.	_0.
(8) AKWASI AIDOO	2.00	\ 								•
BOARD MEMBER		X				<u> </u>	<u> </u>	0.	0.	0.
(9) PHILIP ALSTON	2.00				į	ŀ				^
BOARD MEMBER		Х	-			-	-	0.	0.	0.
(10) TAHIR BASHEER	2.00]					0
BOARD MEMBER		X	<u> </u>			<u> </u>		0.	0.	0.
(11) SCOTT COHEN	2.00	-								•
BOARD MEMBER		X			ļ —			0.	0.	0.
(12) VRINDA GROVER	2.00	.,								0
BOARD MEMBER		X	-					0.	0.	0.
(13) CAROLINE GREENHALGH	2.00	.,						0.		0
BOARD MEMBER		X			_		_		0.	0.
(14) JESSICA HORN	2.00	.,						0.	0.	0.
BOARD MEMBER	2 00	X		-	 		-		J	
(15) MAINA KIAI	2.00	X						0.	0.	0.
BOARD MEMBER	2.00	^								
(16) GARA LAMARCHE	2.00	Х						0.	0.	0.
BOARD MEMBER	2.00	^	├─			-	-	ļ		
(17) EDWARD MCKINLEY	2.00	X		х				0.	0.	0.
TREASURER		Α	Ь	Λ	Ь	L	Ь			Form 990 (2018)

Form 990 (2018)

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2018)

	990 ((2018) FUND	FOR GLOE	BAL HUMAN	RIGHTS, I	NC	<u>75-302</u>	9336 Page 9
Га	. VII							
		Check if Schedule O conf	tains a response	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo	nts, and ove 1f	15,677,541.	15,677,541,			
Program Service Revenue		All other program service reve Total, Add lines 2a-2f	enue	Business Code				
	3 4 5	Investment income (including other similar amounts) Income from investment of ta Royalties		>	56,642.			56,642
	6 a b c d	Gross rents Less. rental expenses Rental income or (loss) Net rental income or (loss)		•				
	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(i) Securities	(II) Other				
Other Revenue	8 a	Net gain or (loss) Gross income from fundraisin including \$ contributions reported on line Part IV, line 18 Less direct expenses	of (1c) See a				-	
ł	9 a b	Net income or (loss) from fund Gross income from gaming ad Part IV, line 19 Less: direct expenses	ctivities See a b					
	10 a b	Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold	returns a b					
-	11 a	Net income or (loss) from sale Miscellaneous Revenu	ie	Business Code		-	•	
				ı l		ı		1

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15 734 183

d All other revenue e Total. Add lines 11a-11d

Total revenue, See instructions

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

Do 1	Check if Schedule O contains a response include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	400 500	400 500		
_	and domestic governments. See Part IV, line 21	198,500.	198,500.		
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 individuals. See Part IV, lines 15 and 16	0 542 601	0 542 601		
4	Benefits paid to or for members	9,543,691.	9,543,691.		•
4 5	Compensation of current officers, directors,				'
J	trustees, and key employees	_323,206.	145,100.	113,617.	64,489
6	Compensation not included above, to disqualified		140,100.	113,017.	04,407
Ü	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,402,622.	1,244,049.	574,417.	584,156
8	Pension plan accruals and contributions (include		-1100	<u> </u>	303,130
-	section 401(k) and 403(b) employer contributions)	91,543.	47,854.	_ 21,646.	22,043
9	Other employee benefits	125,140.	64,886.	30,418.	29,836
10	Payroll taxes	175,409.	89,890.	44,290.	41,229
11	Fees for services (non-employees)	<u> </u>	3370331		
	Management				
	Legal	6,273.		4,323.	1,950
	Accounting	93,330.		93,330.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
Ĭ	column (A) amount, list line 11g expenses on Sch O.)	588,435.	388,218.	142,415.	57,802
12	Advertising and promotion				
13	Office expenses	226,355.	39,349.	138,721.	48,285
14	Information technology	87,058.		74,278.	12,780
15	Royalties				
16	Occupancy	328,564.	180.	328,384.	
17	Travel	485,230.	298,855.	97,049.	89,326
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	69,213.	28,788.	28,914.	11,511
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,619.		9,619.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)				
а	COMMUNICATIONS	57,418.	18,369.	35,580.	3,469
b	OVERHEAD APPLIED	0.	730,701.	-772,105.	41,404
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	14,811,606.	12,838,430.	964,896.	1,008,280
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		•		
	(-) / / / / / / / / / / / / / / / / / / /				
	educational campaign and fundraising solicitation.			[

<u>Par</u>	t X	Balance Sheet				
		Check if Schedule O contains a response or no	te to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		3,125,730.	1	6,652,309
	2	Savings and temporary cash investments	4,750,696.	_2	7,384,140	
1	3	Pledges and grants receivable, net	9,492,299.	3	4,081,491	
ļ	4	Accounts receivable, net	ſ	8,573.	4	9,125
1	5	Loans and other receivables from current and fo	ormer officers, directors,			
		trustees, key employees, and highest compens.				
		Part II of Schedule L		5		
	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sec				
2		employees' beneficiary organizations (see instr)		6		
Assets	7	Notes and loans receivable, net			7	
¥	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		77,730.	9	131,678
	10a	Land, buildings, and equipment cost or other	1 1			
1	_	basis Complete Part VI of Schedule D	10a 151,820.			
	b	Less accumulated depreciation	10b 70,003.	39,920.	10c	81,817
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line		12		
	13	Investments · program-related See Part IV, line		13		
	14	Intangible assets		14		
1	15	Other assets See Part IV, line 11	77,303.	15	87,303	
	16	Total assets. Add lines 1 through 15 (must equ	at line 34)	17,572,251.	16	18,427,863
	17	Accounts payable and accrued expenses		347,749.	17	298,698
	18	Grants payable		18		
	19	Deferred revenue		19		
1	20	Tax-exempt bond liabilities	ſ	<u> </u>	20	
	21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
ای	22	Loans and other payables to current and former				
Ë		key employees, highest compensated employee				
Liabilities		Complete Part II of Schedule L	so, and dioquamies persons		22	
Ë	23	Secured mortgages and notes payable to unrela	ated third parties	· · · · · · · · · · · · · · · · · · ·	23	
- 1	24	Unsecured notes and loans payable to unrelate	ſ		24	· · · · · · · · · · · · · · · · · · ·
	25	Other liabilities (including federal income tax, pa				-
ĺ		parties, and other liabilities not included on lines	·			
- 1		Schedule D	Tr 24, complete value of	191,962.	25	174,048
	26	Total liabilities. Add lines 17 through 25	ļ	539,711.	26	472,746
		Organizations that follow SFAS 117 (ASC 958), check here X and			
s		complete lines 27 through 29, and lines 33 ar	,,			
Net Assets or Fund Balances	27	Unrestricted net assets	100-1.	2,297,410.	27	2,219,501.
<u>a</u> ar	28	Temporarily restricted net assets	ļ	14,735,130.	28	15,735,616
i i	29	Permanently restricted net assets	<u></u>		29	
Š (Organizations that do not follow SFAS 117 (A	SC 958) check here			
<u> </u>		and complete lines 30 through 34.				
is (30	Capital stock or trust principal, or current funds		•	30	• • • • • •
SSe	31	Paid-in or capital surplus, or land, building, or ed			31	
ک	32	Retained earnings, endowment, accumulated in		 	32	
Z	33	Total net assets or fund balances		17,032,540.	33	17,955,117.
- 1	34	Total liabilities and net assets/fund balances	Ţ	17,572,251.	34	18,427,863
	 /				لسنتيد	Form 990 (2018

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	990 (2018) FUND FOR GLOBAL HUMAN RIGHTS, INC	75-3	0293	36	Pa	ge 12
Pa	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,	734	i 1	ี
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,			
3	Revenue less expenses Subtract line 2 from line 1	3				77.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,			
5	Net unrealized gains (losses) on investments	5		<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	10.
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	17,	955	5,1	17.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
		<u>-</u>			Yes	No
1	Accounting method used to prepare the Form 990.					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both		Į	- }		'
	Separate basis Consolidated basis Both consolidated and separate basis		1			
b	Were the organization's financial statements audited by an independent accountant?		_	2b	X_	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,		- 1		l
	consolidated basis, or both					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	1	- {		ĺ
	review, or compilation of its financial statements and selection of an independent accountant?		-	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit				
	Act and OMB Circular A-133?		<u> </u>	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit		_	İ	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	200	10015
			F	orm \$	990 ((2018)

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

		<u>FUND</u>	FOR GLOBA	L HUMAN RIGH	TS, I	NC		7	5-3029336			
Pa	irt I	Reason for Public	Charity Status (All organizations must co	omplete th	is part) S	ee instructions	S				
The	organ	nization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box)			1-1			
1	Ш	A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1)(A)(i).		()			
2	Ш	A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 9	90-EZ).)						
3		A hospital or a cooperative	hospital service org	anization described in se	ection 170)(b)(1)(A)(i	ii).					
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,			
		city, and state	<u> </u>									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		section 170(b)(1)(A)(iv). (Complete Part II)										
6	\square	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	LX	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
		section 170(b)(1)(A)(vi). (C	omplete Part II)									
8	닏	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II)							
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college			
		or university or a non land-g	grant college of agric	ulture (see instructions)	Enter the	name, city	y, and state of	the colleg	e or			
	$\overline{}$	university										
10	ш	An organization that norma										
		activities related to its exen		• •	• •				J			
		income and unrelated busin		(less section 511 tax) from	om busine	sses acqu	ured by the or	ganization	after June 30, 1975			
		See section 509(a)(2). (Con	•									
11	H	An organization organized										
12	ш	An organization organized a										
		more publicly supported or							Meck the box in			
_		Ines 12a through 12d that Type I. A supporting orga	• •			-		=	awana			
а		the supported organization										
		organization You must o			a majority	or tric dire	ctors or truste	03 01 1110 3	opporting			
b		Type II. A supporting org	•		tion with it	s sunnort	ed organizatio	n(s), by ha	vina			
~		control or management o	•				_		-			
		organization(s) You mus						3	,			
c		Type III functionally inte			ın connec	tion with,	and functional	ly integrate	ed with,			
		its supported organization										
d		Type III non-functionally						ted organi	zation(s)			
		that is not functionally int										
		requirement (see instruct	=									
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type	II, Type III				
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi	zation						
f	Ente	er the number of supported o	organizations									
g		vide the following information			(w) In the dens	nization lieted						
	((i) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1 10	(iv) is the orga in your govern		(v) Amount of support (see in	-	(vi) Amount of other support (see instructions)			
		Organization		above (see instructions))	Yes	No	Support (Sco III					
						}	}					
			<u> </u>									
_					 							
Tota	ai						L					

Schedule A (Form 990 or 990-EZ) 2018 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	ction A. Public Support		·		· · · · · · · · · · · · · · · · · · ·		
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not	}			}		1
	include any "unusual grants.")	13398379.	15282033.	11944048.	21905689.	15677541.	78207690.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities		··· - -				
•	furnished by a governmental unit to						
	the organization without charge]
1	Total. Add lines 1 through 3	13398379	15282033	11944048	21905689	15677541	78207690.
	The portion of total contributions	13330373	13202033.	TT744040.	21303003.	13077341.	70207050.
3	by each person (other than a						
	governmental unit or publicly	1					
	• • •						
	supported organization) included		i			•	
	on line 1 that exceeds 2% of the		·				
	amount shown on line 11,						
	column (f)	ļ					36279485.
	Public support. Subtract line 5 from line 4	L					41928205.
	ction B. Total Support	Ţ		·—-			
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
-	Amounts from line 4	13398379.	<u> 15282033.</u>	11944048.	21905689.	15677541.	78207690.
8	Gross income from interest,						
	dividends, payments received on	1					
	securities loans, rents, royalties,						
	and income from similar sources	82,188.	76,093.	72,612.	26,915.	56,642.	314,450.
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.)	1			_		
11	Total support. Add lines 7 through 10						78522140.
	Gross receipts from related activities,	, etc (see instruction	ons)			12	·
	First five years. If the Form 990 is for			d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
	organization, check this box and stor	-			•	````	▶□
Sec	tion C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2018 (line 6, column (f) di	vided by line 11, o	olumn (f))		14	53.40 %
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	59.54 %
16a	33 1/3% support test - 2018. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	ox and
	stop here. The organization qualifies	-					$\triangleright \mathbf{X}$
b	33 1/3% support test - 2017. If the		•		line 15 is 33 1/3%	or more, check th	
	and stop here. The organization qual					·	ightharpoons
17a	10% -facts-and-circumstances tes	• •	• •		e 13. 16a. or 16b. a	and line 14 is 10%	or more.
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						▶□
h	10% -facts-and-circumstances tes	=				7a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ						▶ □
18	Private foundation. If the organization						s 🕌
,,,	Treate loundation, if the organization	an old flot check a	DON OIT MILE TO, TO	2, .00, 172, 01 171		dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2018 FUND FOR GLOBAL HUMAN RIGHTS 75-3029336 Pagé 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (b) 2015 (c) 2016 (e) 2018 (f) Total (a) 2014 (d) 2017 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, nd 12) First five years. If the Formy 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 % 16 Public support percentage from 2017 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 % 18 % Investment income percentage from 2017 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more/than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33/1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 832023 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

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
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- 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
- 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)
- 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?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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		ļ <u></u>
22		
3a		
3b		
3c	İ	
4a		
	!	,
4b		
4c_		
5a		
_5b		
5c		
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7		
8		
<u>9a</u>		
_9b		
_9c		
_10a		-
10b n 990 or 99	لـــــا	

🔟 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2018

2

3

<u>4</u> 5

2 Enter 85% of line 1

Enter greater of line 2 or line 3

instructions)

Income tax imposed in prior year

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990 EZ) 2018 FUND FOR GLOBAL HUMAN RIGHTS, INC 75-3029336 Page 7 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 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. 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 2018 from Section C, line 6 Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2018 Amount for 2018 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2018 a From 2013 **b** From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount Carryover from 2013 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2018 from Section D, a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2019. Add lines 3j and 4c 8 Breakdown of line 7 a Excess from 2014 b Excess from 2015 c Excess from 2016 d Excess from 2017 e Excess from 2018

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 99	90-EZ) 201	8 FUND	FOR GLO	BAL HUMAN	<u> RIGHTS,</u>	INC	75-3029336 Page 8
Part VI	Supplemen	ntal Info	rmation.	Provide the expl	lanations require	d by Part II, line	10, Part II, line 17a o	r 17b, Part III, line 12; 1 and 2; Part IV, Section C,
	line 1, Part IV,	Section D,	lines 2 and	3, Part IV, Sect	ion E, lines 1c, 2:	a, 2b, 3a, and 3b	, Part V, line 1, Part \ s part for any addition	/, Section B, line 1e, Part V,
	(See instruction	ns)						
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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.

Open to Public' \ Inspection

Nam	e of the organization	Tauma Tura	Employer identification number
T 	FUND FOR GLOBAL HUMAN R	IGHTS, INC	75-3029336
Pa		s or Other Similar Funds or A	ACCOUNTS. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6	10	(1) [
		<u> </u>	(b) Funds and other accounts
1	Total number at end of year	1	
2	Aggregate value of contributions to (during year)	796,750.	
3	Aggregate value of grants from (during year)	535,343.	
4	Aggregate value at end of year	261,407.	
5	Did the organization inform all donors and donor advisors in writing that		
	are the organization's property, subject to the organization's exclusive	<u> </u>	X Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	• •	
	for charitable purposes and not for the benefit of the donor or donor a	dvisor, or for any other purpose confei	
Da	impermissible private benefit?		X Yes No
Pa			, line 7
1	Purpose(s) of conservation easements held by the organization (check		
	Preservation of land for public use (e.g., recreation or education)		•
	Protection of natural habitat	Preservation of a certified h	istoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a co	
	day of the tax year		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure inc		2c
d	Number of conservation easements included in (c) acquired after 7/25	06, and not on a historic structure	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organ	nization during the tax
_	year >	1	
4	Number of states where property subject to conservation easement is		
5	Does the organization have a written policy regarding the periodic mor	intoring, inspection, nandling of	Yes No
_	violations, and enforcement of the conservation easements it holds?	of suplations, and onforcing concentration	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	or violations, and emorcing conservati	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of vice	lations and enforcing conservation ea	esements during the year
•	S	nations, and emoreing conservation of	asometris daring the year
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(F	3)(i)
Ü	and section 170(h)(4)(B)(ii)?		Yes No
a	In Part XIII, describe how the organization reports conservation easem	ents in its revenue and expense state	
	include, if applicable, the text of the footnote to the organization's final		
	conservation easements		3 -
Pai	rt III Organizations Maintaining Collections of Art, Hi	storical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), n	ot to report in its revenue statement a	nd balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these	items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to	report in its revenue statement and b	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education,		
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial gain,	
	the following amounts required to be reported under SFAS 116 (ASC 9		
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$
LHA	For Paperwork Reduction Act Notice, see the Instructions for Forn	ı 990.	Schedule D (Form 990) 2018

	dule D (Form 990) 2018 FUND FO	R GLOBAL H						75-30 ar Asse			age 2
3	Using the organization's acquisition, access	on, and other record	is, check	any of the	following tha	at are a sig	inificant	use of its	collection	item	s
	(check all that apply)										
а	Public exhibition	c	, 🗀	Loan or exc	hange progr	ams					
b	Scholarly research	e	. 🔲	Other							_
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ey further tl	he organizati	ion's exem	npt purp	ose in Par	XIII		
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	sures, or oth	er sımılar	assets				
	to be sold to raise funds rather than to be m	aintained as part of	the orga	nization's co	ollection?				Yes		No_
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		et e if the	organizatio	n answered	"Yes" on I	Form 99	0, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod		diary for	contribution	s or other as	sets not i	ncluded				
	on Form 990, Part X?	and or other intermet	a.u. y .u.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1014604	Γ	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowina t	able					_ 100		
-	roo, explain the analygement in tall rain	and complete the le	monning .						Amount		
С	Beginning balance						1c		7 117100-11		
d	Additions during the year						1d		_		
e	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe	orm 990. Part X. line	21. for e	escrow or cu	ustodial acco	ount fiabilit			Yes	\top	No
	If "Yes," explain the arrangement in Part XIII						, .		3		֝֟֝֟֝֟֝֟֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓
Par)				
		(a) Current year		rior year	(c) Two yea			years back	(e) Four	vears	back
1a	Beginning of year balance	147	1	·	1-1						
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities					* 1					
·	and programs										
f	Administrative expenses								 -		
g	End of year balance										
2	Provide the estimated percentage of the curi	rent year end balance	e (line 1	a. column (a)) held as.						
a	Board designated or quasi-endowment	, ,	%	J , · · · ·	,,						
b	Permanent endowment ▶	%									
С	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%									
За	Are there endowment funds not in the posse		ation tha	it are held a	nd administe	ered for the	e organi:	zation			
	by	•					Ü		[·	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)	\neg	
ь	If "Yes" on line 3a(ii), are the related organiza	itions listed as requi	red on S	chedule R?					3b	\neg	
4	Describe in Part XIII the intended uses of the	•									
_	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990), Part IV	, line 11a S	See Form 990), Part X, II	ne 10.				
	Description of property	(a) Cost or o		(b) Cost			cumulate	ed	(d) Book	value	
	,	basis (investr			(other)		eciation	I .	· ·		
1a	Land										
	Buildings			-	0.			0.			
	Leasehold improvements			4	4,850.		18,9		_ 25	, 9:	21.
ď	Equipment										
е	Other			10	6,970.		51,0	74.	5.5	, 8	96.
Tatal	Add lines 1a through 1e (Column (d) must e	gual Form 000 Part	Y colum	on (B) line 1	00.1			•	81	. 8	17.

Schedule D (Form 990) 2018

	- Other Securities.

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value			d-of-year market value
(1) Financial derivatives	1272277223	(2)		- 3. you. mande value
(2) Closely-held equity interests				
3) Other				
(A)				
(B)				
(C)	 			
(D)				
(E)				
(F)				
(G)			<u> </u>	
(H)				
Total. (Coi (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.	5 000 B 1114	. 44 - 0 - F- 000 F	2	
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, I (b) Book value			d-of-year market value
	(b) Book value	(c) Method of Va	ilidation, Cost or en	o or year market value
(1)				
(2)	 			
(3)				
(4)				
(5)				
(6)				
(7)		 		
(8)				
(9)				
Total (Col (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.	l	_		
Complete if the organization answered "Yes"	on Form 000 Port IV I	ing 11d Sag Form 990 E	Dart V line 15	
	Description	ine i i di Gee i dilli 330, i	art X, into 13.	(b) Book value
				(2)
(1)		 		
(3)				-
(4)				
(5)	·- 			
(6)	 			
(7)				
(8)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	0.15.)	····		
Part X Other Liabilities.	e 13)			
Complete if the organization answered "Yes"	on Form 990 Part IV I	ine 11e or 11f. See Form	990. Part X. line 2	5.
(a) Description of liability	0111 01111 000,11 011111,1	(b) Book value		
(1) Federal income taxes				
(2) LEASE OBLIGATION LIABILIT	'V	174,048.		
(3)	-	1/4/0400		
(4)				
(5)				
(6)				
				1
(7)				
(8)				
(4)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII X Schedule D (Form 990) 2018

	dule D (Form 990) 2018 FUND FOR GLOBAL HUMAN RIG			3029336 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Staten	nents With Revenue per	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a		,
1	Total revenue, gains, and other support per audited financial statements		1	<u>15,734,183.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a	_	
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c	_	
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		_2e	0.
3	Subtract line 2e from line 1		3	15,734,183.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
b	Other (Describe in Part XIII.)	4b	_	_
C	Add lines 4a and 4b		4c	15 724 102
<u>5</u>	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	monto With Evnances no	5 Dot:	15,734,183.
Pai	t XII Reconciliation of Expenses per Audited Financial State	·	er netu	11.1.
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a		14 011 606
1	Total expenses and losses per audited financial statements		1	14,811,606.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	00		
a		2a		
b	Prior year adjustments Other losses	2b	-	
ن د	Other (Describe in Part XIII)	2c 2d		
e	Add lines 2a through 2d	20]		n
3	Subtract line 2e from line 1		3	14,811,606.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		-	11,011,000.
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	_	
	Add lines 4a and 4b		 4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	14,811,606.
	t XIII Supplemental Information.			·
Provi	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	rt IV, lines 1b and 2b, Part V, lin	e 4, Part	X, line 2, Part XI,
lines	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any ac	ditional information		
PAF	RT X, LINE 2:			
TNT	JUNE 2006, THE FINANCIAL ACCOUNTING STAN	חמסחם שחמסח /פאפ	ם וםי	ביו הא כביו
<u> 111</u>	DONE 2000, THE FINANCIAL ACCOUNTING STAN	DANDS BOARD (FAS	<u> </u>	BUEROED
FAS	BB ASC 740-10, INCOME TAXES, THAT PROVIDE	S GUIDANCE FOR R	EPOR	TING
1111	THE THE TOTAL TREETED, TIME TROVIDE	D COLDINGE TON I	<u> 010</u>	
UNC	ERTAINTY IN INCOME TAXES. FOR THE YEAR	ENDED JUNE 30, 2	019,	THE FUND
HAS	DOCUMENTED ITS CONSIDERATION OF FASB AS	C 740-10 AND DET	ERMI	NED THAT NO
			<u>-</u>	
MA'	PERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR	R EITHER RECOGNI	TION	OR
DIS	CLOSURE IN THE FINANCIAL STATEMENTS.	<u>. </u>		
	····	. <u></u>		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

2018

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990.

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

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Name of the organization

Employer identification number

FUND FOR GLOBAL	HUMAN R	IGHTS, I	INC	75-302933	
Part I General Infor	mation on A	ctivities Ou	tside the United States. Comple	ete if the organization answered "Y	'es" on
Form 990, Part IV	/, line 14b		·		
1 For grantmakers. Does	the organization	maintain recor	ds to substantiate the amount of its gra	ants and other assistance,	
the grantees' eligibility fo	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance?	Yes 🔲 No
2 For grantmakers, Desc	ribe in Part V the	organization's	procedures for monitoring the use of it	s grants and other assistance outs	side the
United States					
3 Activities per Region (Th	ne following Part	I, line 3 table ca	an be duplicated if additional space is i	needed)_	
(a) Region	(b) Number of	(c) Number of		(e) If activity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures
	ın the region	independent contractors	gram services, investments, grants to	· · · · · · · · · · · · · · · · · · ·	for and investments
		in the region	recipients located in the region)	of service(s) in the region	in the region
	-			THE FUND PROVIDES GRANTS	
			GRANTS (GENERAL OPERATING &	TO SUPPORT HUMAN RIGHTS	
CENTRAL AMERICA AND			PROJECT SUPPORT) TO	WORK RELATED TO	
THE CARIBBEAN	0	2	RECIPIENTS IN THE REGION.	FURTHERING THE RIGHTS OF	1,933,900.
				THE FUND PROVIDES GRANTS	
			GRANTS (GENERAL OPERATING &	TO SUPPORT HUMAN RIGHTS	
EAST ASIA AND THE			PROJECT SUPPORT) TO	WORK RELATED TO	
PACIFIC		2	RECIPIENTS IN THE REGION,	FURTHERING THE RIGHTS OF	823 895.
				THE FUND PROVIDES GRANTS	
			GRANTS (GENERAL OPERATING &	TO SUPPORT HUMAN RIGHTS	
MIDDLE EAST AND		1	PROJECT SUPPORT) TO	WORK RELATED TO	
NORTH AFRICA	. 0	2	RECIPIENTS IN THE REGION,	FURTHERING THE RIGHTS OF	1,084,833.
-				THE FUND PROVIDES GRANTS	
			GRANTS (GENERAL OPERATING &	TO SUPPORT HUMAN RIGHTS	
,			PROJECT SUPPORT) TO	WORK RELATED TO	
SOUTH ASIA	0	2	RECIPIENTS IN THE REGION,	FURTHERING THE RIGHTS OF	841,157.
				THE FUND PROVIDES GRANTS	
			GRANTS (GENERAL OPERATING &	TO SUPPORT HUMAN RIGHTS	
			PROJECT SUPPORT) TO	WORK RELATED TO	
SUB-SAHARAN AFRICA	0	. 3	RECIPIENTS IN THE REGION.	FURTHERING THE RIGHTS OF	3,851,056,
				THE FUND PROVIDES GRANTS	
			GRANTS (GENERAL OPERATING &	TO SUPPORT HUMAN RIGHTS	
			PROJECT SUPPORT) TO	WORK RELATED TO	
EUROPE	0	0	RECIPIENTS IN THE REGION.	FURTHERING THE RIGHTS OF	1,008,850,
3 a Subtotal	0	11			9,543,691,
b Total from continuation					
sheets to Part I		0			0.
c Totals (add lines 3a				• • •	
and 3b)	0	_ 11		·	9 543 691

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

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2018

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Page 2

Grants and Other Assistance to Organizations or Entitles 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. FUND FOR GLOBAL HUMAN RIGHTS, INC Schedule F (Form 990) 2018 Part II

(i) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2018	
(h) Description of noncash assistance						Sched	
(g) Amount of noncash assistance	0					vempt	
(f) Manner of cash disbursement						recognized as tax-e	
(e) Amount of cash grant	9543691.					foreign country,	
(d) Purpose of grant	SEE ATTACHED					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities	
(c) Region	SEE ATTACHED SCHEDULE,					ns listed above that are insel has provided a secore entities	
(b) IRS code section and EIN (if applicable)						recipient organization the grantee or cou	
1 (a) Name of organization			-		,	 2 Enter total number of recipient organizations listed aby the IRS, or for which the grantee or counsel has. 3 Enter total number of other organizations or entities. 	

75-3029336

Page 3

FUND FOR GLOBAL HUMAN RIGHTS, INC

Schedule F (Form 990) 2018

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16 Part III can be duplicated if additional space is needed

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (c) Number of (d) Amount of recipients cash grant (b) Region (a) Type of grant or assistance

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018

Yes X No

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

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

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

2018	Open to Public

OMB No 1545-0047

ternal Reve	► Go to www.irs.gov/Form990 for the latest information.	Inspection
lame of t	Emp	Employer identification number
	FUND FOR GLOBAL HUMAN RIGHTS, INC	75-3029336
Parti	Part I General Information on Grants and Assistance	
1 Do	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
cut	criteria used to award the grants or assistance?	X Yes

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	scedures for month	toring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to Domestic Organizations	Domestic Organi	zations and Domestic	Governments. Co	omplete if the orga	nization answered "Y	and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	55,000 Part II can	be duplicated if additive	onal space is need	pa			
1 (a) Name and address of organization or government	(a) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ASTRAEA LESBIAN FOUNDATION FOR JUSTICE - 116 EAST 16TH STREET, 7TH FLOORFLOOR - NEW YORK, NY 10003	13-2992977	501(C)(3)	10 000	0			LAND RIGHTS PROJECT
SKYLIGHT ENGAGEMENT, INC. 147 PRINCE STREET, 3RD FLOOR #25 BROOKLYN NY 11201	1		40 000	0			JUSTICE INITIATIVES
FORTIFY, INC. 28 DAMRELL STREET, B04	A6.0022170	01/01/03	C	c			MIGRANTS' RIGHTS
ROBERT F. KENNEDY CENTER FOR JUSTICE AND HUMAN RIGHTS - 1300 19TH STREET NW #750 - WASHINGTON,		. 1					HUMAN RIGHTS DEFENDERS
DC 20036 INCLUSIVE DEVELOPMENT	13-2522784	501(C)(3)	15,000.	0			PROTECTION
INTERNATIONAL - 22231 MULHOLLAND HIGHWAY, SUITE 209 - CALABASAS, CA 91302	82-2413310	501(C)(3)	20000	.0			CORPORATE ACCOUNTABILITY
ALLIANCE FOR GLOBAL JUSTICE 1247 E STREET SE WASHINGTON, DC 20003	52-2094677	501(C)(3)	.000_5	0			HUMAN RIGHTS DEFENDERS PROTECTION

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

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

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

Schedule I (Form 990) (2018)

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N RIGHTS, INC 75-3029336	nments and Organizations in the United States (Schedule I (Form 990), Part II)
FUND FOR GLOBAL HUMAN	ants and Other Assistance to Governmer
FUND F	n of Grants and
Schedule I (Form 990)	Part II Continuation

Fair ii Communication of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (Form 990), Part 1)	Assistance to de	verniments and Organ	neations in the Ol	lited States (Solie	date I (I OIIII 330), I al	(11)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUST ASSOCIATES 2040 S STREET NW WASHINGTON, DC 20009	06-1597668	\$01(C)(3)	17,500,	0			HUMAN RIGHTS DEFENDERS PROTECTION
HARASSMAP 411 FAIRMONT AVENUE OAKLAND, CA 94611	47-3766621	501(C)(3)	23,000.	0			WOMEN'S RICHTS INITIATIVES
NAZDEEK, INC. 5 STUYVESANT OVAL #4C NEW YORK, NY 10009	45-4706761	501(C)(3)	15,000,	.0			LABOR RIGHTS INITIATIVES
							Schedule I (Form 990)

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) PHONE AND CAREFUL REVIEW OF NARRATIVE AND FINANCIAL Part IV Supplemental Information, Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" 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 PERIODICALLY THROUGHOUT THE GRANT TERM THROUGH IN-PERSON SITE VISITS, PROGRAM OFFICERS AND LEADERSHIP STAFF REVIEW GRANTEE ACTIVITIES (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients CALLS, EMAIL COMMUNICATION, (a) Type of grant or assistance THROUGH THE GRANT TERM. PART I, LINE 2: REPORTS. Part III

Page 2

75-3029336

FUND FOR GLOBAL HUMAN RIGHTS, INC

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

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.

2018

pen to Public Inspection

Name of the organization

Department of the Treasury

FUND FOR GLOBAL HUMAN RIGHTS, INC

Employer identification number 75-3029336

Schedule J (Form 990) 2018

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items	İ		Ĭ
	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	l	}	
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
				· '
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	ļ	ļ	
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked 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			İ
	establish compensation of the CEO/Executive Director, but explain in Part III	l	}	
	X Compensation committee Written employment contract			١,
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee	ļ.,		}
	To the cool of data of garingations			l .
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
·	organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		x
b		4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
٠	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	The to any of lines the persons and provide the applicable amounts to saur term in a section			
	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			1
	contingent on the revenues of			
а	The organization?	5a	,	X
	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		X
h	Any related organization?	6b		х
	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments]		ļ
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		X_
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	<u> </u>		 -
Ŭ	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	٠.	x
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			F- -
٠	Regulations section 53 4958-6(c)?	9	-	1

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

HTS, INC 75-3029336

FUND FOR GLOBAL HUMAN RIGHTS, INC

Schedule J (Form 990) 2018

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

For each individual whose compensation must be reported 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

		C M to autobacoa (a)		ad/or 1000 MISC compensation	(C) Betrement and	(D) Montavable	Total of columns	/E) Companyation
		(b) Dicardowii oi v		o compensation	other deferred		(E) (D) COLUMNS	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) REGAN RALPH	Θ	279,260.	0	0	0	26,723.	305,983.	0
S	3	0	0	0	0	4	0	0
(2) RONA PELIGAL	Ξ	183,972	0	0		10,531.	194,503.	0
6.3	Ξ		0	0		0	0	0
(3) DAVID MATTINGLY	ε	149,000.	0	0.	0	16,140.	165,140.	0
VICE PRESIDENT FOR PROGRAMS	(ii)	0	• 0	0	0	0	0.	0
(4) KATHRYN SOMMERS	ε	134,244.	0	0	0	16,346.	150,590.	0
6-3	(ii)	0	0.	0	0	0	0.	0
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Schedule J (Form 990) 2018

SCHEDULE L

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.

Department of the Treasury Internal Revenue Service	▶ G	io to w					Form 990-Ea ions and the		est information.				pen T spect	o Pub ion	lic
Name of the organization	on				_					Em	ploye	rıdent	ificati	on nu	mber
	FUND F	OR G	LOBAL H	UMA	N R	IGHT	rs, inc			75	-30	293	36		
Part I Excess	Benefit Trans	actio	ns (section 50)1(c)(3	3), sect	ion 501	(c)(4), and 50)1(c)	(29) organization	ns only	/)				
Complete	if the organization	answ	ered "Yes" on I	Form !	990, Pa	art IV, li	ne 25a or 25l	o, or	Form 990-EZ, P	art V,	line 40	Jb.			
1 (a) Name of disqua	lifted norsen	(b) Re	elationship bety	veen (disqual	lified					_		(d)	Corre	cted?
- (a) Name of disqua	illed person		person and or	ganız	ation		((<i>3)</i> De	escription of tran	Sactic			Y	es	No
			<u></u>	_									_		
	_				_								_ _		
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							 		<u> </u>						
2 Enter the amount of	of tax incurred by	the or	ganization man	agers	or disc	qualified	d persons du	rıng	the year under						
section 4958											> \$				
3 Enter the amount of	of tax, if any, on iii	ne 2, a	bove, reimburs	ed by	the or	ganızat	ion				> \$				
Part II Loans to	o and/or Fron	n Inte	rested Per	sons											
<u> </u>	if the organization					Dort V	/ line 382 or l	Earn	ago Part IV lin	0.26	or if th	an ara	nızatı	on	
•	n amount on Forr					, ran v	, inte soa or i	-0111	1 990, Fait IV, III	le 20,	Of II ti	ie orga	ai iizati	OFF	
(a) Name of	(b) Relation		(c) Purpose	T	an to or	(e)	Original	15) Balance due	(a)	ln	(h) Ap	proved	(i) W	ritten
interested person			of loan		n the ization?		pal amount	l ''	, Balarioo ado	defa		by bo	ard or		ment?
				То	From					Yes	No	Yes	No	Yes	No
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Total		D	- dia:		- Day		\$					Ь		L	
L	or Assistance		_												
	if the organization														
(a) Name of intere	ested person		 Relationship interested pers the organization 	on an			Amount of assistance		(d) Type assistan				assist	ose of ance	f
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Schedule L (Form 990 or 990-EZ) 2018

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

Part IV Business Transactions Ir	ivolving Interested Persons.			330	rage z
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
Many and Court	D0322 WEWEN	1 000 000	37.00 3 DO3D	Yes	No
MARY ANN STEIN EDWARD MCKINLEY	BOARD MEMBER		ALSO A BOAR EDWARD MCKI		X
AMY RAO	BOARD MEMBER BOARD MEMBER		AMY RAO PRO		X
DYLAN PEREIRA	BOARD MEMBER		DYLAN PEREI		X
				<u> </u>	<u> </u>
			 		
Part V Supplemental Informatio	n.				
Provide additional information for	responses to questions on Schedule L (see	instructions)			
SCH L, PART IV, BUSINES	S TRANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
Son 2, time 11, Dobinab	D IIIIIIIII IIIVOLVI	110 2112 2112 21	<u> DD I DINDOND I</u>		
(A) NAME OF PERSON: MAR	Y ANN STEIN				
(B) RELATIONSHIP BETWEE	N INTERESTED PERSON AN	D ORGANIZAT	ION:		
BOARD MEMBER	•				
(C) AMOUNT OF TRANSACTI	ON \$ 1,002,000.			·	
(D) DESCRIPTION OF TRAN	SACTION: ALSO A BOARD	MEMBER OF T	HE MORIAH F	UND.	
THE MORIAH FUND PROVIDE	D GRANTS TO THE FUND F	OR GLOBAL H	UMAN RIGHTS	_=	
\$777,000 AND SHE INDIVI	DUALLY GAVE THE FUND F	OR GLOBAL H	UMAN RIGHTS		
\$225,000.					<u></u>
(E) SHARING OF ORGANIZA	TION REVENUES? = NO				
		- <u>-</u>			
(A) NAME OF PERSON: EDW	ARD MCKINLEY			<u>-</u>	
(B) RELATIONSHIP BETWEE	N INTERESTED PERSON AN	D ORGANIZAT	CION:		
BOARD MEMBER					
(C) AMOUNT OF TRANSACTI	ON \$ 200,000.	<u> </u>		_	
(D) DESCRIPTION OF TRAN	SACTION: EDWARD MCKINL	EY IS ALSO	THE TREASUR	ER O	F
THE PRIORY FUND. THE PR	IORY FUND PROVIDED A C	ONTRIBUTION	OF \$200,00	0 TO	ı
THE FIIND FOR GLOBAL HIM	AN RICHTS				

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE O

Internal Revenue Service

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

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

Open to Public Inspection

Name of the organization

FUND FOR GLOBAL HUMAN RIGHTS

Employer identification number 75-3029336

TOND TON GEODAL HOMAN KIGHTS, THE 175 3027330
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TAKE ON ABUSIVE ACTORS - AND WIN.
FORM 990, PART VI, SECTION B, LINE 11B:
THE ORGANIZATION'S OUTSIDE ACCOUNTING FIRM RECONCILES THE FINANCIAL
INFORMATION PER THE 990 TO THE ORGANIZATION'S ACCOUNTING SYSTEM AND THEN
PROVIDES THE 990 TO THE PRESIDENT & CEO OF THE ORGANIZATION. THE PRESIDENT
& CEO AND THE OUTSIDE ACCOUNTING FIRM REVIEW THE RESPONSES SEPARATELY. THE
PRESIDENT & CEO 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.
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 WRITTEN REQUEST. Schedule O (Form 990 or 990-EZ) (2018) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

832211 10-10-18

		n 990 or 9	90·EZ) (20	018)				· · · · · · · · · · · · · · · · · · ·			Page 2
Name o	f the orga	inization	FUND	FOR G	LOBAL	HUMAN	RIGHTS	INC		Employer 75-	identification number 3029336
											
FORM	990	, PART	r VI,	SECTI	ON C,	LINE	19:				
ALL	<u>IN</u> FO	RMATIC	<u>N IS</u>	AVAIL	ABLE	ON OUR	WEBSITE	E AND/OR	UPON	WRITTEN	REQUEST.
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