Form (Rev January 2020) Department of the Treasury Internal Revenue Service

932001 01-20-20

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

Open to Public Inspection

A F	or th	e 2019 calendar year, or tax year beginning $$ JUL 1 , 2019 $$ and ending	JUN 30, 2020
B	heck if	C Name of organization	D Employer identification number
Г	Addre	FUND FOR GLOBAL HUMAN RIGHTS, INC	
	Name		75-3029336
	Initial return	No. 1 and 1	
F	Final	1301 CONNECUT CUM AMENIUS NW 400	202-347-7488
	returr termi ated		G Gross receipts \$ 15,192,644.
Γ_	Amer	ded tracutationous DC 20026	H(a) is this a group return
	⊸returr □Appli □tion		for subordinates? Yes X No
	pend	SAME AS C ABOVE	H(b) Are all subordinates included? Yes No
1.7	ax-ex		527 If "No," attach a list (see instructions)
		te: > GLOBALHUMANRIGHTS . ORG	H(c) Group exemption number ▶
			'ear of formation: 2002 M State of legal domicile: DC
	art I	Summary	
	1	Briefly describe the organization's mission or most significant activities. HUMAN RI	GHTS ADVOCACY
2		,	
Activities & Governance	2	Check this box I if the organization discontinued its operations or disposed of	pore-than 25% of its het assets
ove	3	Number of voting members of the governing body (Part VI, line 1a)	$\begin{array}{c c} CEIVED & _3 & 21 \end{array}$
Ğ	4	Number of independent voting members of the governing body (Part VI, line 198)	တ္တြ 4 2 <u>1</u>
80	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	2 5 2021 5 33
įţį	6	Total number of volunteers (estimate if necessary)	$\begin{pmatrix} 2 & 5 & 2021 \\ & & & & & & & & & & & & & & & & & & $
ç	7 a		DEN, UT 7a 0.
<	b	Net unrelated business taxable income from Form 990-T, line 39	DEIV, UT 7b 0.
			Prior Year Current Year
~ I₀	8	Contributions and grants (Part VIII, line 1h)	15,677,541. 15,117,156.
25	9	Program service revenue (Part VIII, line 2g)	0. 0.
4 2022 Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	56,642. 30,723.
6 4 €	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0. 44,765.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,734,183. 15,192,644.
MAY	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,742,191. 9,751,767.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
SCANNED Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,117,920. 3,783,503.
当 s	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
Zå	b	Total fundraising expenses (Part IX, column (D), line 25) \(\bigcup \) 1, 206, 887.	
Χ̈́ш	ı	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,951,495. 2,105,888.
\mathcal{S}	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	14,811,606. 15,641,158.
	19	Revenue less expenses Subtract line 18 from line 12	922,577. <448,514.
Assets or Balances			Beginning of Current Year End of Year
sets alan	20	Total assets (Part X, line 16)	18,427,863. 18,607,899.
SEA	21	Total liabilities (Part X, line 26)	472,746. 1,101,296.
Net A Fund		Net assets or fund balances Subtract line 21 from line 20	17,955,117. 17,506,603.
Pa	art II	Signature Block	
Lind	er pen	alties of perpury, I declare that I have examined this return, including accompanying schedules and sta	itements, and to the best of my knowledge and belief, it is
true	, corre	ct, and complete Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.
		Mathe E. O.	5//2/202/
Sig	n	Signature of officer	Date /
Her	е	REGAN RALPH, PRESIDENT & CEO	
		Type or print name and title	Dotal Date
	•	Print/Type preparer's name Preparer's sympleture	Date/ Check PTIN
Paid		MARC FRIEDMAN, CPA	
	arer	Firm's name GLASS JACOBSON, PA	/ / Firm's EIN > 52-1035214
Use	Only	Firm's address 800 KING FARM BOULEVARD, SUITE 500	204 047 2042
-		ROCKVILLE, MD 20850	Phone no. 301 – 917 – 3040
Ma	the l	RS discuss this return with the preparer shown above? (see instructions)	X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

		Form 9	90 (2019)
4e	Total program service expenses ▶ 14,220,418.		
	(Expenses \$ including grants of \$) (Revenue \$)	
4d	Other program services (Describe on Schedule O)		
			
4c	(Code) (Expenses \$	ө\$)
			
			
4b	(Code) (Expenses \$ including grants of \$) (Revenue)	e\$)
			,
			
			 -
	ASSISTANCE, SERVICES AND TOOLS TO ACTIVISTS.		
	RESOURCES AVAILABLE FOR HUMAN RIGHTS ACTIVISM AND PROVI		
-	STRENGTHENING HUMAN RIGHTS WORK GLOBALLY BY INCREASING		<u> </u>
4a	(Code) (Expenses \$14,220,418. including grants of \$9,751,767.) (Revenue	 ne \$	١
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe revenue, if any, for each program service reported.	rs, the total expenses,	and
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	If "Yes," describe these changes 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 new services on Schedule O		
2	prior Form 990 or 990-EZ?	Yes	X No
2	STRUGGLES, WE HELP BUILD STRONGER, MORE RESILIENT MOVEMED Did the organization undertake any significant program services during the year which were not listed on the	ENTS THAT CA	N
	COMMUNITIES. BY INVESTING IN THOSE ON THE FRONTLINES OF		
	INDIVIDUALS AND ORGANIZATIONS PROMOTING HUMAN RIGHTS IN		
	WE ARE ACTIVISTS AND GRANT-MAKERS WORKING IN SOLIDARITY	WITH	
1	Briefly describe the organization's mission.		
<u> </u>	Check if Schedule O contains a response or note to any line in this Part III		\mathbf{x}
	1990 (2019) FUND FOR GLOBAL HUMAN RIGHTS, INC rt III Statement of Program Service Accomplishments	75-3029336	Page 2

Form 990 (HUMAN	RIGHTS,	INC
Part IV	Checklist of F	Required	Sched	dules			

1 Is the organization described in sections SDI(c)(3) or 4947(x(1)) (other than a private foundation)? 1				res	_ INO
2 Is the organization required to complete Schedule <i>B</i> , Schedule of Contributional Did the organization engage in direct or indert or price to pricinal campagin activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II Section 30 (1)(3) erganization. Both the organization engage in lobbying activities, or have a section 501(fi) electron in effect during the tax year? If "Yes," complete Schedule C, Part II But be organization association 30 (1)(4), 501(6)(5), or 501(6)(5) organization that receives membership dues, assessments, or similar amounts as defined in Reviewal Procedure 91-91? If "Yes," complete Schedule C, Part III Did the organization amantaria any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II Did the organization mantarian any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II Did the organization mantarian collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization mantarian collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization mantarian and the Interest organization did the organization report an amount in Part X, line 21, for escrive or custodial account liability, serve as a custodian for amounts in such titled organization report an amount for indice, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part IV Did the organization report an amount for indice, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part IVII Did the organization report an amount for investments: program related in Part X, line 107 If "Yes," complete Schedule D, Part IVII Did the organization report an amount for investments: program related in Part X, line 107 If "Yes," complete Schedule D, Part IVII Did the organization report an amount for other lassets in Pa	1				
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4 Section 501(c)(3) organizations. Dot the organization engage in lobbying activities, or have a section 501(h) electron in effect during the tax year? If "Yes," complete Schedule C, Part II bit the organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98 19? If "Yes," complete Schedule C, Part II Did the organization received historium or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization received historium or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization received historium or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization maintain and collections of winds or sample schedule D, Part II Did the organization maintain collections of winds of art. Instorate treating, or debt negotiation services? If "Yes," complete Schedule D, Part IV II Did the organization discitly or through availated organization, hold assets in dinor-restricted endowments or in quase endowments? If "Yes," complete Schedule D, Part IV II If the organization services? If "Yes," complete Schedule D, Part V II II If the organization discitly or through availated organization, hold assets in dinor-restricted endowments or in quase endowments? If "Yes," complete Schedule D, Part V II I	3	· · · · · · · · · · · · · · · · · · ·			.
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11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 13 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 14 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 15 Did the organization report an amount for other labilities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 16 Did the organization separate or consolidated financial statements for the tax year relicule a footnote that addresses the organization's separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII 17 Did the organization as school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 18 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? 18 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for forogen individuals? If "Yes," complete Schedule F, Parts I and IV 19 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, line 9 and Italy of the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9 and Italy of the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9 and Italy of the organization report more than \$15,000 of gross income	_10				
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Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	15	·		v	
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Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b bif "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b complete Schedule G, Part III Column (A), line 1? If "Yes," complete Schedule I, Parts I and II Column (A), line 1? If "Yes," complete Schedule I, Parts I and II Column (A), line 1? If "Yes," complete Schedule I, Parts I and II Column (A), line 1? If "Yes," complete Schedule I, Parts I and II Column (A), line 1? If "Yes," complete Schedule I, Parts I and II Column (A)	10	······································	16		Y
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b L 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	17	!	-10	_	
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X		tana and tanan and t	17		x
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	18	· · · · · · · · · · · · · · · · · · ·			
complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X		1c and 8a? If "Yes," complete Schedule G, Part II	18		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X		complete Schedule G, Part III	19		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		- · · · · · · · · · · · · · · · · · · ·	20a		<u> </u>
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		.	20b		
	21	· · · · · · · · · · · · · · · · · · ·		,	
					0010

Part IV | Checklist of Required Schedules (continued) Yes No 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 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 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 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Х transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I X 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L. Part III 27 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 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 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 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 Part 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 Ye<u>s</u> No 28 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Form 990 (2019) FUND FOR GLOBAL HUMAN RIGHTS, INC

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 33			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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		X
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)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	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			
	any contributions that were not tax deductible as charitable contributions?	6a		X
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).			
a_	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		_X
d	If "Yes," indicate the number of Forms 8282 filed during the year		-	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	_8_		
9	Sponsoring organizations maintaining donor advised funds.	ļ		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter.			
_	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40	amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
	• • • • • • • • • • • • • • • • • • • •			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	40-		
а	Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		-41
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	170		
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.	_ . ~		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	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 on Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI					<u>LX</u>
<u>Sec</u>	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	2:	L		
	If there are material differences in voting rights among members of the governing body, or if the governing			7		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			-		
b	Enter the number of voting members included on line 1a, above, who are independent	1b	2:			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh			1		
_	officer, director, trustee, or key employee?	•	. ,	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision			
Ŭ	of officers, directors, trustees, or key employees to a management company or other person?	10 00		3		х
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	nnoint	one or			
, u	more members of the governing body?	фронц	0110 01	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders or	7.0		
J	persons other than the governing body?	Stockii	010013, 01	7b		х
0	Did_the_organization_contemporaneously_document the meetings held or written actions undertaken during the year	ar by th	a following:	7.0		- 22
	The governing body?	<u>ai uy li</u>	ic following.	8a	X	
					X	
	Each committee with authority to act on behalf of the governing body?	achad	at the	8b	^	\vdash
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re organization's mailing address? If "Yes," provide the names and addresses on Schedule O	acrieu	at trie	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	201/001/1	Codo I	1 9		
000	tion B. 1 Oncies (This Section B requests information about policies not required by the internal P	evenu	e Code)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?			10a	162	X
	If "Yes," did the organization have written policies and procedures governing the activities of such of	hantar	n affiliator	IVa		
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	naptei	s, annates,	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	re filing the form?	11a	X	<u> </u>
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	Jy Delo	re ming the form?	Па	Λ	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to con	flicte?	12b	X	<u> </u>
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			120	- 21	
C	in Schedule O how this was done	163, U	escribe	12c	х	
12	Did the organization have a written whistleblower policy?			13	Λ	х
13 14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approximate or an approximate process for determining compensation of the following persons include a review and approximate process for determining compensation of the following persons include a review and approximate process for determining compensation of the following persons include a review and approximate process for determining compensation of the following persons include a review and approximate process for determining compensation of the following persons include a review and approximate process for determining compensation of the following persons include a review and approximate process for determining compensation of the following persons include a review and approximate process for the following persons include a review and approximate process for the following persons include a review and approximate process for the following persons include a review and approximate process for the following persons include a review and approximate process for the following persons include a review and approximate process for the following persons include a review and approximate persons in the following person	al by r	dependent	14	Λ	
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•	luepenuent			
_	The organization's CEO, Executive Director, or top management official	1		150	Х	
a	Other officers or key employees of the organization			15a	X	
D				_15b		
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	uth a			
ioa		ment v	/IIII a	40-		v
_	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the second secon	sta eta -	articipation	16a		<u> </u>
D		•	•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization exempt status with respect to such arrangements?	mzano	II S	466		
Sac	tion C. Disclosure			16b		
	List the states with which a copy of this Form 990 is required to be filed ▶DC , CA , CO , IL , I	/D M	A MT N.T NY		Dλ	TATTA
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a					
18		110 990	7-1 (3ection 301(c)(ys only	, avail	avie
	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		hadula (1)			
40	, , ,		· ·	. al &		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, o	UNTIICT	oi interest policy, ai	io finar	iciaí	
00	statements available to the public during the tax year.	ales =	d ropords			
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks ar	iu recoras 🗩			
	THE ORGANIZATION - (202)347-7488	T T	C 20026			
	1301 CONNECTICUT AVENUE, NW, SUITE 400, WASHINGTON	1, D	C 20036	F	000	(0010)

/E\

INC 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."

/R\

• 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

10

- 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. See instructions for the order in which to list the persons above.

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle cer an	heck ss pe	rson	than	th an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related	e or director	tee			sated		the organization —(W-2/1099-MISC)—	organizations (W-2/1099-MISC)	compensation from the
	organizations below line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(w-2/-1099-IVIISC)		_organization and related organizations
(1) MARY ROBINSON	2.00									
HONORARY CHAIR		Х						٥.	0.	0.
(2) HINA JILANI	2.00									
HONORARY CHAIR		Х						0.	0.	0.
(3) THOMAS HAMMARBERG	2.00									
HONORARY CHAIR		x						0.	0.	0.
(4) CHRIS CANAVAN	2.00									
CHAIR		X		Х				0.	0.	0.
(5) LUCIA NADER	2.00									
VICE CHAIR		x		Х				0.	0.	0.
(6) JO ANDREWS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(7) TAHIR BASHEER	2.00									
BOARD MEMBER		X						0.	0.	0.
(8) SCOTT COHEN	2.00									
BOARD MEMBER		X						0.	0.	0.
(9) VRINDA GROVER	2.00									
BOARD MEMBER		X						0.	0.	0.
(10) CAROLINE GREENHALGH	2.00									
BOARD MEMBER		X						0.	0.	0.
(11) JESSICA HORN	2.00									
CHAIR PROGRAM COMMITTEE		X		X				0.	0.	0.
(12) MAINA KIAI	2.00									-
BOARD MEMBER		X						0.	0.	0.
(13) GARA LAMARCHE	2.00			!						
BOARD MEMBER		X						0.	0.	0.
(14) EDWARD MCKINLEY	2.00								-	
TREASURER		X		X				0.	0.	0.
(15) DYLAN PEREIRA	2.00									
BOARD MEMBER		X						0.	0.	0.
(16) JOAN PLATT	2.00									
BOARD MEMBER		X						0.	0.	0.
(17) EMMA PLAYFAIR	2.00									
BOARD MEMBER		X	إيا					0.	0.	0.
932007 01-20-20			_							Form 990 (2019)

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Part VII Section A. Officers, Directors, Trus	tees, Key Em (B)	ploy	<u>ees</u>			ghe	st C					
(A)			Pos	C) Ition			(D)	(E)			F)	
Name and title		not c	heck	more	than		Reportable	Reportable	1		nated unt of	
	hours per week		cer ar					compensation	compensation from related	- 1		her
	(list any	į						the	organizations			nsation
	hours for	r director				20		organization	(W-2/1099-MISC)	-	n the
	related	trustee or o	rustee		İ	128		(W-2/1099-MISC)			organ	ızatıon
	organizations below	lal tr	onal t		loyee	g 8						elated
	line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organı	zations
(18) MIGUEL PULIDO	2.00	 =	╼	0	¥.	포호	<u></u>			十		
BOARD MEMBER		x						0.		0.		0.
(19) NICOLA USBORNE	2.00						i					
BOARD MEMBER		X						0.		0.		0.
(20) NICHOLAS VETCH	2.00											
BOARD MEMBER		X						0.		0.		0.
(21) LAURIE RICHARDSON	2.00	1										
BOARD MEMBER		X	<u> </u>					0.		0.		0.
(22) MARTIN DUNN	2.00											_
BOARD MEMBER	0.00	X	ļ				_	0.		0.		0.
(23)_ANGKHANA_NEELAPAIJIT	2.00	٠.,		_	_					,		- 0
BOARD MEMBER	2 00	X		\vdash		_		0.		0.		0.
(24) MARY ANN STEIN	2.00	X		X				0.		٥.		0
FOUNDING CHAIR	40.00	^		Λ			-	0.		٠.		0.
(25) REGAN RALPH	40.00	1.		х				298,230.		0.	27	,926.
PRESIDENT & CEO (26) RONA PELIGAL	40.00	\vdash	\vdash	22			-	250,250.	'	•	41	, , , , , , , , , , , , , , , , , , , ,
VICE PRESIDENT FOR DEVELOP	1000	1				x		190,764.		0.	10	,847.
1b Subtotal	·	1					<u> </u>	488,994.		0.	38	773.
c Total from continuation sheets to Part V	II. Section A						>	533,763.		0.		,146.
d Total (add lines 1b and 1c)	•							1,022,757.		0.		,919,
2 Total number of individuals (including but r	ot limited to th	nose	liste	ed at	oove	e) wł	no re	eceived more than \$100	,000 of reportable		,	
compensation from the organization												12
										_	Y	es No
3 Did the organization list any former officer,			ey e	empl	oye	e, or	hig	hest compensated emp	loyee on	ĺ		
line 1a? If "Yes," complete Schedule J for s											3	X
4 For any individual listed on line 1a, is the su									the organization	ı		_
and related organizations greater than \$15			-							-	4 2	2
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," corr					-		elat	ed organization or indivi	dual for services		_	х
Section B. Independent Contractors	piete Scriedui	e 	Or St	ich j	<u>Jers</u>	OH			· · · · · · · · · · · · · · · · · · ·		5	<u> </u>
Complete this table for your five highest co	mpensated inc	depe	ende	nt c	ontr	acto	ors t	hat received more than	\$100,000 of comp	ensa	tion from	n
the organization. Report compensation for	-								•			••
(A)								(B)			(C)	
Name and business	address	NO	INC	3				Description of s	ervices	Co	mpensa	ation
							_	_				
							-					
							\dashv					
									1			
							\dashv					The state of
												У.Д.
2 Total number of independent contractors (i	ncluding but n	ot lii	mite	d to	thos	se lis	sted	l above) who received m	ore than			20

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

Form 990 FUND FOR	GLOBAL	H	JMZ	<u> </u>	R]	[GI	ITS	S, INC	<u>75-302</u>	<u>9336</u>
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, ar	nd F	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours	(cl	(C) Position (check all that apply)					(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) KATHRYN SOMMERS VICE PRESIDENT FOR OPERATIONS	40.00					X.		147,720.	0.	16,756
(28) DAVID MATTINGLY VICE PRESIDENT FOR PROGRAMS	40.00					Х		161,395.	0.	16,873
(29) SUSHIL RAJ	40.00					x			0.	
DIRECTOR STRATEGIC PARTNERSHIPS (30) GARIMA GUPTA	40.00							131,601.		15,492
DIRECTOR, HUMAN RESOURCES						Х		93,047.	0.	9,025
			_							
· · · · · · · · · · · · · · · · · · ·										
										 .
· · · · · · · · · · · · · · · · · · ·		 								
		_								
					-					
						_				
	-									·
Total to Part VII, Section A, line 1c								533,763.		<u>58,146</u>

Part VIII Statement of Revenue

			Check if Schedule O	conta	ains a respo	onse	or note to any lin		· · · · · · · · · · · · · · · · · · ·		
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues		1b						
S, G			Fundraising events		1c						
sift ar /		d	Related organizations		1d						
iii,			Government grants (contr	ıbutı	ons) 1e						
tion		f	All other contributions, gifts,	grant	s, and		·				
the			similar amounts not included	abov	/e 1f		15 117 156.				
d d		g	Noncash contributions included in	lines	1a-1f 1g 9	5	·				
မှု လ		h	Total. Add lines 1a-1f				•	15 117 156.			1
			.				Business Code	• •			
ည	2	а									
Program Service Revenue		b									
Su		Ç									
eve		d									·
Б Б		е								_	
<u>ة</u>		f	-All-other-program-service-i	reve	nue						
		g.	Total. Add lines 2a-2f								
	3		Investment income (includ	ding (dıvıdends, ı	ntere	est, and				
			other similar amounts)				▶	30,723.			30,723.
	4		Income from investment of	of tax	exempt bo	nd p	roceeds 🕨				
	5		Royalties				•				1
					(ı) Real	<u> </u>	(II) Personal				
	6	а	Gross rents	6a							
		b	Less ⁻ rental expenses	6b							
		С	Rental income or (loss)	6c							
		d	Net rental income or (loss))			>				
	7	а	Gross amount from sales of		(ı) Securit	ies	(II) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
e l			and sales expenses	7b						1	
Other Revenue		С	Gain or (loss)	7c							
&		d	Net gain or (loss)								
펄	8	а	Gross income from fundraising	ng ev	ents (not						
ŏ			including \$		of						
			contributions reported on	line	1c). See						
			Part IV, line 18			8a			:		
- 1		b	Less. direct expenses			8b					
		С	Net income or (loss) from t	fund	raising ever	n <u>ts</u>	•				
	9	а	Gross income from gaming	g act	tivities See						
- 1			Part IV, line 19			9a					
		b	Less direct expenses			9b					
		С	Net income or (loss) from (gamı	ng activities	s	•				
Ī	10	а	Gross sales of inventory, le	ess r	returns						
			and allowances			10a					
		b	Less. cost of goods sold			10b					
		С	Net income or (loss) from	sales	of inventor	ry _	•				
2							Business Code				
og el	11	а	EXPENSE REIMBURSEMEN	NTS			900099	44,765.	44,765.		
scellaned Revenue		b				_					
e e e		C				_					
Miscellaneous Revenue		d	All other revenue								-
		е	Total. Add lines 11a-11d					44,765.			
	12		Total revenue See instructio					15 192 644.	44.765.	0.	30 723

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D)** Fundraising expenses (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b, Program service 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 240,373 240,373 Grants and other assistance to domestic individuals. See Part IV. line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 9,511,394. 9,511,394 Benefits paid to or for members Compensation of current officers, directors, 333,303 149,633. 117,166. 66,504. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,813,641. 1,414,366 715,897. 683,378. Other salaries and wages 7 Pension plan accruals and contributions (include 21,732. 87,420. 44,826 20,862. section_401(k)_and_403(b)_employer_contributions)_ 175,754 87,633. 84,464. 347,851 Other employee benefits 9 48,571. 10 Payroll taxes 201,288. 101,304 51,413. Fees for services (nonemployees) a Management 4,342 4,946. 604 Legal 42,935 12.335. 30,600. c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 477,741 292,135. 59,142. 829,018 column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 238,788. 69,132. 40,818 128,838. Office expenses 13 Information technology 58,921. 58,921. 14 Royalties 15 345,471 707 344,764 Occupancy 16 37,160. 450,655. 348,307 65,188. 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 39,958 14,925. Conferences, conventions, and meetings 59,143 4,260. 19 20 Payments to affiliates 21 21,928 21,928 Depreciation, depletion, and amortization 22 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 54,083 30,508. 22,124. 1,451. COMMUNICATIONS 1,631,790. <1,752,218.b 120,428. OVERHEAD APPLIED 0. All other expenses 15,641,158. 14,220,418. 213,853. 1,206,887. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

Check here

educational campaign and fundraising solicitation.

If following SOP 98-2 (ASC 958-720)

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	e to any line ii	n this Part X		,	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			6,652,309.	1	9,954,401
	2	Savings and temporary cash investments			7,384,140.	2	4,544,522
	3	Pledges and grants receivable, net		4,081,491.	3_	3,838,033	
	4	Accounts receivable, net		9,125.	4	52,442	
	5	Loans and other receivables from any current or	former office	r, director,			
		trustee, key employee, creator or founder, substa	antial contribi	utor, or 35%			
		controlled entity or family member of any of these	e persons			5	
	6	Loans and other receivables from other disqualifi	ied persons (a	as defined			
		under section 4958(f)(1)), and persons described	I in section 49	958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			131,678.	9	82,059
	10a	Land, buildings, and equipment cost or other					
		basis. Complete Part VI of Schedule D	10a	151,820.			
	b	Less: accumulated depreciation	10b	91,931.	81,817.	10c	59,889
	11	Investments - publicly traded securities			.,	11	
	12	Investments - other securities See Part IV, line 1	<u>1</u>			12	
	13	Investments - program-related. See Part IV, line 1	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		<u> </u>	87,303.	15	76,553
	16	Total assets. Add lines 1 through 15 (must equa	al line 33)		18,427,863.	16	18,607,899
	17	Accounts payable and accrued expenses			298,698.	17	486,879
	18	Grants payable				18	
	19	Deferred revenue	,		19	4,401	
	20	Tax-exempt bond liabilities	1		20		
	21	Escrow or custodial account liability Complete P	Part IV of Sche	edule D		21	
es	22	Loans and other payables to any current or former	er officer, dire	ector,			
Liabilities		trustee, key employee, creator or founder, substa	antial contribi	utor, or 35%			
iat		controlled entity or family member of any of these	-	-		22	
_	23	Secured mortgages and notes payable to unrelate	=	es		23	
	24	Unsecured notes and loans payable to unrelated	•	-		24	462,000
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24) Comp	elete Part X	4.7.4.4.4		
		of Schedule D		}-	174,048.		148,016
	26	Total liabilities. Add lines 17 through 25	. r	==-	472,746.	26	1,101,296
S		Organizations that follow FASB ASC 958, chec	ck here 🕨 [X)			
nce.		and complete lines 27, 28, 32, and 33.			0 010 501		1 005 600
aja	27	Net assets without donor restrictions		-	<u>2,219,501.</u>		1,207,689
d B	28	Net assets with donor restrictions		. — }	15,735,616.	28	16,298,914
Ë		Organizations that do not follow FASB ASC 95	58, check her	e ▶ 🗀			
or -		and complete lines 29 through 33.		ļ			
sts	29	Capital stock or trust principal, or current funds		}		29	
SSE	30	Paid-in or capital surplus, or land, building, or equ		<u> </u>		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc	come, or other	r funds	45 055 445	31	18 506 600
ž	32	Total net assets or fund balances		}	<u>17,955,117.</u>	32	<u>17,506,603</u>
	33	Total liabilities and net assets/fund balances			<u> 18,427,863.</u>	33	18,607,899 Form 990 (201)

	1990 (2019) FUND FOR GLOBAL HUMAN RIGHTS, INC	<u>75-</u>	<u> 3029</u>	<u> 336</u>	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
] [
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>44.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u>58.</u>
3	Revenue less expenses Subtract line 2 from line 1	3		< 4 <u>4</u>	<u>8,5</u>	<u> 14.</u> :
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	<u>17</u>	<u>, 95</u>	5,1	<u>17.</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	17	<u>,50</u>	6,6	03.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a				
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basıs,	[
	consolidated basis, or both.		İ			
	X Separate basis Consolidated basis Both consolidated and separate basis		l			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,				
	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 on Sc	hedule C). [
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	dit			
	Act and OMB Circular A-133?	-	İ	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ured auc	lit [
	or guides, explain why on Schedule O and describe any steps taken to undergo such audits		į	2h		

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number

OMB No 1545-0047

Nan	e of t	e of the organization Employer identification number											
		FUND	FOR GLOBA	L HUMAN RIGH	ITS, I	NC		7	5-3029336				
Pa	rt I	Reason for Public	Charity Status (All organizations must c	omplete th	ns part.) S	ee instruction	s.					
The	organ	ization is not a private found	lation because it is:	(For lines 1 through 12, o	check only	one box)							
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	on 170(b)(1)(A)(i).	C.	ightharpoonup				
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forr	n 990 or 9	90-EZ))) [
3		A hospital or a cooperative	hospital service org	anization described in s	ection 17	0(b)(1)(A)(i	ii).						
4		A medical research organiz	ation operated in co	njunction with a hospita	l describe	d in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,				
		city, and state											
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ited by a g	overnmental (ınıt descrit	ped in				
		section 170(b)(1)(A)(iv). (C	Complete Part II.)										
6		A federal, state, or local government	vernment or governr	mental unit described in	section 1	70(b)(1)(A))(v).						
7	X	An organization that norma	illy receives a substa	intial part of its support i	from a gov	ernmenta	unit or from t	he general	public described in				
		section 170(b)(1)(A)(vi). (C	omplete Part II)										
8		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) operat	ed in conju	unction with a	land-grant	college				
	· · · ·	_or_university_or_a_non-land-c	grant college of agric	ulture (see instructions)	. Enter the	name, cit	y, and state o	the colleg	e or				
		university:											
10		An organization that norma	illy receives (1) more	than 33 1/3% of its sup	port from	contributi	ons, members	ship fees, a	and gross receipts from				
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) n	o more tha	n 33 1/3% of	its support	t from gross investment				
		income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975											
		See section 509(a)(2). (Complete Part III)											
11		An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of to perform the functions of or to carry out the purposes of one or											
12		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or											
		more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in											
		lines 12a through 12d that	describes the type o	of supporting organization	n and con	nplete line:	s 12e, 12f, and	d 12g.					
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), t	ypically by	giving				
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	supporting				
		organization You must o	complete Part IV, Se	ections A and B.									
b		Type II. A supporting org.	anization supervised	or controlled in connec	tion with i	ts support	ed organizatio	n(s), by ha	ving				
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	ge the sup	ported				
		organization(s) You mus	t complete Part IV,	Sections A and C.									
С		Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with,	and functiona	ily integrati	ed with,				
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.						
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	with its suppoi	rted organi	zation(s)				
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and	an attent	iveness				
		requirement (see instructi	ions) You must con	nplete Part IV, Sections	A and D	and Part	V.						
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III					
		functionally integrated, or											
f	Ente	r the number of supported o	organizations										
g	Prov	ide the following information	about the supporte	ed organization(s)									
	(1) Name of supported	(ii) EIN	(III) Type of organization (described on lines 1 10	(iv) is the orga in your govern	anization listed ing document?	(v) Amount of	•	(vi) Amount of other				
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)				
T - 4 -						1							

Schedule A (Form 990 or 990-EZ) 2019 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	15282033.	11944048.	21905689.	15677541.	15117156.	79926467.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ļ					
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	15282033.	11944048.	21905689.	15677541.	15117156.	79926467.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly	ļ					
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						43417122.
6	Public support. Subtract line 5 from line 4						36509345.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4						79926467.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	76,093.	72,612.	26,915.	56,642.	30,723.	262,985.
9	Net income from unrelated business		•	•		-	
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)					44,765.	44,765.
11	Total support. Add lines 7 through 10						80234217.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thii	rd, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	here					<u> </u>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage	<u> </u>			
14	Public support percentage for 2019 (line 6, column (f) d	ivided by line 11, o	column (f))		14	<u>45.50 %</u>
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	<u>53.40 %</u>
16a	33 1/3% support test - 2019. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization	ו			►X
b	33 1/3% support test - 2018. If the	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check the	his box
	and stop here. The organization qual	•	• •				▶□
17a	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and stop h	nere. Explain in Pai	rt VI how the organ	nization
	meets the "facts-and-circumstances"	test The organiza	ition qualifies as a	publicly supported	d organization		
b	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, c	heck this box and	stop here. Explain	in Part VI how the	e
	organization meets the "facts-and-circ	cumstances" test	The organization of	qualifies as a publi	cly supported orga	anization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	o, check this box a	nd see instruction	s 🕨
					Sche	dule A (Form 990	or 990-EZ) 2019

932022 09-25-19

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

	qualify under the tests listed below, please complete Part II)									
Se	ction A. Public Support	elow, please comp	piete Part II)		· · · · · · · · · · · · · · · · · · ·					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
1	Gifts, grants, contributions, and membership fees received (Do not									
2	include any "unusual grants") 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 organ- ization'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				/					
7 a	Amounts included on lines 1, 2, and									
	3 received from disqualified persons						_			
t	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) ction B. Total Support			<u> </u>						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
-	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources									
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						,			
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on									
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)									
14	First five years. If the Form 990 is for check this box and stop here	r the organization's	s first, second, thi	rd, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organız	ation,			
Sec	ction C. Computation of Publ	ic Support Pe	rcentage							
	Public support percentage for 2019 (column (f))		15	%			
	Public support percentage from 2018					16	%			
	ction D. Computation of Inve									
17	Investment income percentage for 20)19 (line 10c, colur	nn (f), divided by l	ine 13, column (f))		17	%			
18	Investment income percentage from	•	•	."		18	%			
	33 1/3% support tests - 2019. If the more than 33 1/3%, check this box a 33/1/3% support tests - 2018. If the	nd stop here. The organization did n	organization qual ot check a box oi	ifies as a publicly s n line 14 or line 19a	upported organiza a, and line 16 is mo	ition ere than 33 1/3%, a	▶□			
	line 18 is not more than 33 1/3%, che					-	▶⊨			
$\overline{}$	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th						
9320	23 09-25-19				Sche	edule A (Form 990	or 990-EZ) 2019			

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 F. If you checked 12d of Part I, complete Sections A and D. and Complete Part V.)

Sec	tion A. All Supporting Organizations		,	,
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		ļ
2	Did the organization have any supported organization that does not have an IRS determination of status			ĺ
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2	ļ.	
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a	<u> </u>	
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.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)		i	
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
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_l,_answer_(b)_and_(c)_below	4a	ļ	
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.	4b		
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	İ		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action;			
	(III) the authority under the organization's organizing document authorizing such action, and (IV) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (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		١.,	
	Part VI.	6		
7	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)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	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.	9b	<u> </u>	
¢	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.	9c		
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.	10a		
h	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)

	edule A (Form 990 or 990 EZ) 2019 FUND FOR GLOBAL HUMAN F			75-3029336 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI) See instructions.
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	_ 1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
<u>a</u>	Average monthly value of securities	1a		
<u>b</u>	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount-claimed for blockage or other			
	factors (explain in detail in Part VI).			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 035	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6	<u></u>	
7	Check here if the current year is the organization's first as a non-functional	lv integrate	d Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions)

	dule A (Form 990 or 990 EZ) 2019 FUND FOR GLOB ↑ V Type III Non-Functionally Integrated 509			/5-3029336 Page 7
Ь	ion D - Distributions	nancy capporting crg	unizations (continued)	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
_	organizations, in excess of income from activity	h - h h		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets		· · · · · · · · · · · · · · · · · · ·	
5	Qualified set-aside amounts (prior IRS approval required)			
6				-
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	e	
_	(provide details in Part VI). See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10				
	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2019			
	From 2014			
b	From 2015			
	From 2016			
	From 2017			
	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2019 from Section D,			
	line 7 \$			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			<u> </u>
	Remainder Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
-	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
а	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
	F (0010	i	1	I

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 FUND FOR	GLOBAL HUMAN	RIGHTS, IN	C 75-3029336 Page 8
Part VI Supplemental Information. Provide Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c,	the explanations required	by Part II, line 10; Par	t II, line 17a or 17b, Part III, line 12,
line 1, Part IV, Section D, lines 2 and 3, Part Section D, lines 5, 6, and 8; and Part V, Sec	IV, Section E, lines 1c, 2a,	2b, 3a, and 3b, Part \	/, line 1; Part V, Section B, line 1e; Part V,
(See instructions)			
SCHEDULE A, PART II, LINE 10	<u>, EXPLANATION</u>	FOR OTHER	INCOME:
EXPENSE REIMBURSEMENTS			
2019 AMOUNT: \$ 44,765.			
2019 12100111		`	
			
_			
	-		
		<u></u>	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

FUND FOR GLOBAL HUMAN RIGHTS, INC

Employer identification number 75-3029336

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other S	Similar Funds o	r Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6								
		(a) Donor advise	d funds	(b) Funds and other accounts						
1	Total number at end of year		1							
2	Aggregate value of contributions to (during year)		784,550.							
3	Aggregate value of grants from (during year)		410,477.							
4	Aggregate value at end of year		<u>535,480.</u>							
5	Did the organization inform all donors and donor advisors in	writing that the assets he	ld in donor advised							
	are the organization's property, subject to the organization's	exclusive legal control?		🗶 Yes 🔲 No						
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that gra	ant funds can be use	ed only						
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for an	y other purpose cor							
_	impermissible private benefit?			X Yes No						
Pa			s" on Form 990, Part	t IV, line 7.						
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	•							
	Preservation of land for public use (for example, recrea	ition or education)	1	istorically important land area						
			Preservation of a c	ertified historic structure						
	Preservation of open space									
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribi	ution in the form of a							
	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						
C .	Number of conservation easements on a certified historic str	• •		2c						
a	Number of conservation easements included in (c) acquired	aπer 7/25/06, and not on	a historic structure							
_	listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax									
3	year	leased, extinguished, or t	erminated by the org	ganization during the tax						
4	Number of states where property subject to conservation ea	coment is located								
5	Does the organization have a written policy regarding the per		ion, handling of							
Ş	violations, and enforcement of the conservation easements in	• •	ion, nanding of	Yes No						
6	Staff and volunteer hours devoted to monitoring, inspecting,		id enforcing conserv							
·		rialianing of violations, ar	id chilorolling contact v	ation casements during the year						
7	Amount of expenses incurred in monitoring, inspecting, hand	fling of violations, and en	forcing conservation	easements during the year						
	▶ \$	g		to the second se						
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirement	s of section 170(h)(4	4)(B)(ı)						
	and section 170(h)(4)(B)(ii)?	• .	, ,,	Yes No						
9	In Part XIII, describe how the organization reports conservati	on easements in its rever	nue and expense sta	atement and						
	balance sheet, and include, if applicable, the text of the footr	note to the organization's	financial statements	s that describes the						
	organization's accounting for conservation easements									
Pai	t III Organizations Maintaining Collections o	f Art, Historical Tre	asures, or Othe	er Similar Assets.						
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.								
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its reve	enue statement and	balance sheet works						
	of art, historical treasures, or other similar assets held for put	olic exhibition, education,	or research in furthe	erance of public						
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that des	cribes these items.							
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue	statement and bala	ance sheet works of						
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furthera	ince of public service,						
	provide the following amounts relating to these items:									
	(i) Revenue included on Form 990, Part VIII, line 1			> \$						
	(ii) Assets included in Form 990, Part X			► \$ ► \$						
2	If the organization received or held works of art, historical treatment		•							
	the following amounts required to be reported under FASB A	SC 958 relating to these	items.							
а	Revenue included on Form 990, Part VIII, line 1			\$						
<u>b</u>	Assets included in Form 990, Part X			\$						

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

Schedule D (Form 990) 2019

	dule D (Form 990) 2019 FUND FO	R GLOBAL F						75-30 ar Asse			
3	Using the organization's acquisition, accessi										
	collection items (check all that apply)			•			ŭ				
а	Public exhibition		d \square	Loan or exc	change progr	am					
ь	Scholarly research			Other	3-13						
С	Preservation for future generations				, —-·						
4	Provide a description of the organization's co	ollections and expla	un how th	nev further t	the organizat	ion's exer	not purpo	se in Par	t XIII		
5	During the year, did the organization solicit o			=	_						
	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arrange reported an amount on Form 990, Par	gements. Comp				"Yes" on	Form 990), Part IV,		<u> </u>	
1a	Is the organization an agent, trustee, custodi		diary for	contribution	ns or other as	ssets not	ıncluded				
	on Form 990, Part X?		G.G. 7 101	COMMIDGIO	110 01 011101 41	330131101	moladea	_	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowina :	table:				L	_ 163	_	_ 140
•	Too, explain the alrangement in Fare All I	and complete the n	ollowing	tabic					Amoun	+	
С	Beginning balance						1c		Amoun	<u>. </u>	
ď	Additions during the year										
	Distributions during the year						1d		-		
e 4	Ending balance						1e				
f	Did the organization include an amount on Fo	arm 000 Bod V line	0.01 for		ustadial asse	الطميا فمييد	1 <u>f</u>		7 ٧		7
	-If-Yes,-explain-the-arrangement in Part.XIII.						ty r	<u> </u>	_ Yes	<u> </u>	_i No □
Pai							<u> </u>				
	T T T T T T T T T T T T T T T T T T T	(a) Current year		rior year	(c) Two yea		d) Three y	nare back	(e) Four		hack
10	Beginning of year balance	(a) Outletit year	(0) -	noi yeai	(C) TWO yea	IS DACK (u) mice y	cais Dack	(e) rour	years	Daux
1a b	Contributions		 		<u> </u>						
D			 		 	 					
	Net investment earnings, gains, and losses	 	 								
d	Grants or scholarships		<u> </u>								
е	Other expenditures for facilities										
	and programs		1		1						
, I	Administrative expenses				 						
g	End of year balance		() 1	! (->> b -1-1						
2	Provide the estimated percentage of the curr	ent year end balani	•	g, column (a	a)) neid as:						
a	Board designated or quasi-endowment		%								
D	Permanent endowment	%									
С		%									
_	The percentages on lines 2a, 2b, and 2c show	•									
3a	Are there endowment funds not in the posses	ssion of the organiz	tation tha	at are held a	ind administe	ered for th	e organiz	ation	Г		
	by.								-	Yes	No
	(i) Unrelated organizations								3a(i)		
_	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza				•				_3b		
Do:	Describe in Part XIII the intended uses of the		owment 1	funds.							
Par	t VI Land, Buildings, and Equipm		0.5.4.0								
	Complete if the organization answered	<u> </u>									
	Description of property	(a) Cost or o		` '	or other		cumulate	d	(d) Bool	k valu	е
		basis (investi	ment)	basis	(other)	dep	reciation				
	Land										
	Buildings						<u> </u>				0.
	Leasehold improvements			4	4,850.		25,35	0.0	1	<u>9,5</u>	
	Equipment										0.
	Other ,				6,970.		66,58	31.		0,3	
Total	Add lines 1a through 1e. (Column (d) must ed	rual Form 990 Parl	Y colun	nn (R) line 1	I/Ic 1				5 (Q R	хu

Schedule D (Form 990) 2019

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

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2019

932053 10-02-19

(4) (5) (6) (7) (8) (9) , ,,

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service Statement of Activities Outside the United States

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

Attach to Form 990.

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

2019

Open to Public Inspection

Name of the organization

Employer identification number

FUND FOR GLOBAL				75-30293	
Part I General Info	rmation on A	Activities Ou	tside the United States. Compl	ete if the organization answered "	Yes" on
Form 990, Part I\	/, line 14b				
1 For grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of its gr	ants and other assistance,	
	=		the selection criteria used to award the		Yes No
	· ·	•			
2 For grantmakers, Desc	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and other assistance out	side the
United States		J	,	g	
	he following Part	t I. line 3 table c	an be duplicated if additional space is	needed.)	
(a) Region	(b) Number of	(c) Number of			(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures
	ın the region	Lindependent	gram services, investments, grants to	describe specific type	for and investments
		contractors in the region	recipients located in the region)	of service(s) in the region	in the region
	1	in the region		THE FUND PROVIDES GRANTS	
			GRANTS (GENERAL OPERATING &	TO SUPPORT HUMAN RIGHTS	
CENTERS AMERICA AND			· ·	1	
_CENTRAL_AMERICA_AND	0		PROJECT SUPPORT) TO	WORK RELATED TO	2 126 645
THE CARIBBEAN	· · · · · · · · ·	2	RECIPIENTS IN THE REGION.	FURTHERING THE RIGHTS OF	2,126,645,
			ODANIES (CENERAL ODERATES	THE FUND PROVIDES GRANTS	
DACM ACTA AND MUD			GRANTS (GENERAL OPERATING &	TO SUPPORT HUMAN RIGHTS	
EAST ASIA AND THE	١ ,		PROJECT SUPPORT) TO	WORK RELATED TO	014 242
PACIFIC	0	2	RECIPIENTS IN THE REGION.	FURTHERING THE RIGHTS OF	914,242,
				THE FUND PROVIDES GRANTS	
VIDDIE ELEM NID			GRANTS (GENERAL OPERATING &	TO SUPPORT HUMAN RIGHTS	
MIDDLE EAST AND			PROJECT SUPPORT) TO	WORK RELATED TO	1 11 100
NORTH AFRICA	0	2	RECIPIENTS IN THE REGION.	FURTHERING THE RIGHTS OF	1,117,187.
				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	722,933.
				THE FUND PROVIDES GRANTS	
			GRANTS (GENERAL OPERATING &	TO SUPPORT HUMAN RIGHTS	
			PROJECT SUPPORT) TO	WORK RELATED TO	2 505 305
SUB-SAHARAN AFRICA	0	2	RECIPIENTS IN THE REGION.	FURTHERING THE RIGHTS OF	3,505,387.
				THE FUND PROVIDES GRANTS	
	i		GRANTS (GENERAL OPERATING &	TO SUPPORT HUMAN RIGHTS	
			PROJECT SUPPORT) TO	WORK RELATED TO	
EUROPE	0	2	RECIPIENTS IN THE REGION.	FURTHERING THE RIGHTS OF	1,125,000.
			,		
					
O a Subtotal					0.511.001
3 a Subtotal	0	12		-	9,511,394.
b Total from continuation		_			_
sheets to Part I	<u> </u>	0			
c Totals (add lines 3a	_		1		
and 3b)	. 0	12			9 511 394.

932071 10-12-19

Schedule F (Form 990) 2019

SEE PART V FOR COLUMN (E) DESCRIPTIONS

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

FUND FOR GLOBAL HUMAN RIGHTS, INC

75-3029336

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Page 2

Schedule F (Form 990) 2019

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SEE ATTACHED SCHEDULE.	SEE ATTACHED	o		G		
·								
,								
	,							
2 Enter total number of by the IRS, or for which	recipient organization ch the grantee or cou	ns listed above that are used has provided a sec	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country, er	recognized as tax-e	xempt ▶		

32

Enter total number of other organizations or entities

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932072 10-12-19

Schedule F (Form 990) 2019

	ر .	·						
Page 3		(h) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2019
	IV, line 16.	(g) Description of noncash assistance						Schedi
75-3029336	on Form 990, Part	(f) Amount of noncash assistance						
INC 7	tes. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.	(e) Manner of cash disbursement						33
RIGHTS,	tes. Complete if	(d) Amount of cash grant						
AL HUMAN	e the United Sta	c) Number of recipients						
FUND FOR GLOBAL HUMAN	e to Individuals Outsid	(b) Region						
Schedule F (Form 990) 2019 FI	Part III Grants and Other Assistance to Individuals Outside the United State Part III can be duplicated if additional space is needed	(a) Type of grant or assistance		,				932073 10-12-19

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Schedule F (Form 990) 2019

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

PART I, LINE 2:

PROGRAM OFFICERS AND LEADERSHIP STAFF REVIEW GRANTEE ACTIVITIES PERIODICALLY THROUGHOUT THE GRANT TERM THROUGH IN-PERSON SITE VISITS, PHONE CALLS, EMAIL COMMUNICATION, AND CAREFUL REVIEW OF NARRATIVE AND FINANCIAL REPORTS. ALL GRANTS REQUIRE A FINAL REPORT ON ACTIVITIES AND THE LARGE MAJORITY OF GRANTS ALSO REQUIRE A MID-TERM REPORT BE SUBMITTED HALFWAY THROUGH THE GRANT TERM.

PART I, LINE 3:

REPORTS RECEIVED FROM RECIPIENTS SHOWING USE OF EXPENDITURES.

PART I, LINE 3, COLUMN (E):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(E) SPECIFIC TYPES OF SERVICES IN REGION: THE FUND PROVIDES GRANTS TO SUPPORT HUMAN RIGHTS WORK RELATED TO FURTHERING THE RIGHTS OF WOMEN, CHILDREN, INDIGENOUS COMMUNITIES, MIGRANTS, AND OTHER VULNERABLE POPULATIONS.

REGION: EAST ASIA AND THE PACIFIC

(E) SPECIFIC TYPES OF SERVICES IN REGION: THE FUND PROVIDES GRANTS TO SUPPORT HUMAN RIGHTS WORK RELATED TO FURTHERING THE RIGHTS OF WOMEN, CHILDREN, INDIGENOUS COMMUNITIES, MIGRANTS, AND OTHER VULNERABLE POPULATIONS.

REGION: MIDDLE EAST AND NORTH AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: THE FUND PROVIDES GRANTS TO SUPPORT HUMAN RIGHTS WORK RELATED TO FURTHERING THE RIGHTS OF WOMEN 932075 10-12-19

Schedule F (Form 990) 2019

Governments, and Individuals in the United States Grants and Other Assistance to Organizations, SCHEDULE (Form 990)

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

Department of the Treasury Internal Revenue Service

Attach to Form 990.	w.irs.gov/Form990 for the latest information.

Open to Public OMB No 1545-0047

Employer identification number 75-3029336 Inspection X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection INC FUND FOR GLOBAL HUMAN RIGHTS, Go to ww General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Part I

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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Part	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Domestic Organi	izations and Domestic	Governments. C	omplete if the orga	nızatıon answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) N	recipient that received more than \$5,000 Part II can be duplicated if additional space is needed 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (f applicable) cash grant	\$5,000 Part II can (b) EIN	(c) IRC section (f applicable)	onal space is need (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
INCLUSIV INTERNAT HIGHWAY,	INCLUSIVE DEVELOPMENT INTERNATIONAL - 22231 MULHOLLAND HIGHWAY, SUITE 209 - CALABASAS, CA 91302	82-2413310	501(C)(3)	5,500,	0			CORPORATE ACCOUNTABILITY
JUST ASSOCIATES 2040 S STREET N WASHINGTON, DC	JUST ASSOCIATES 2040 S STREET NW WASHINGTON, DC 20009	06-1597668	S01(C)(3)	.002,63	0			HUMAN RIGHTS DEFENDERS PROTECTION
NAZDEEK, INC. 5 STUYVESANT NEW YORK, NY	NAZDEEK, INC. 5 STUYVESANT OVAL #4C NEW YORK, NY 10009	45-4706761	501(C)(3)	33,000,	0			LABOR RIGHTS AND JUSTICE
HOWARD U 2244 10T WASHINGT	HOWARD UNIVERSITY 2244 10TH STREET, ROOM 302 WASHINGTON, DC 20059	53-0204707	501(C)(3)	25,000,	0			JUSTICE INITIATIVES
2 Ente	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	nd government or	rganizations listed in the 1 table	e line 1 table				9

Schedule I (Form 990) (2019)

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

Page 2 Schedule I (Form 990) (2019) (f) Description of noncash assistance 75-3029336 (e) Method of valuation (book, FMV, appraisal, other) PHONE CALLS, EMAIL COMMUNICATION, AND CAREFUL REVIEW OF NARRATIVE AND FINANCIAL Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed ALL GRANTS REQUIRE A FINAL REPORT ON ACTIVITIES AND THE LARGE MAJORITY OF GRANTS ALSO REQUIRE A MID-TERM REPORT BE SUBMITTED HALFWAY PERIODICALLY THROUGHOUT THE GRANT TERM THROUGH IN-PERSON SITE VISITS, GRANTEE ACTIVITIES (d) Amount of non-cash assistance 38 (c) Amount of cash grant FUND FOR GLOBAL HUMAN RIGHTS, PROGRAM OFFICERS AND LEADERSHIP STAFF REVIEW (b) Number of recipients (a) Type of grant or assistance THROUGH THE GRANT TERM. Schedule I (Form 990) (2019) LINE REPORTS. 932102 10-26-19 PART I, Part IV Part

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.

Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

FUND FOR GLOBAL HUMAN RIGHTS INC 75-3029336

Employer identification number

Schedule J (Form 990) 2019

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

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RIGHTS, INC 75-3029336

Page 2

FUND FOR GLOBAL HUMAN RIGHTS, INC

Schedule J (Form 990) 2019

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

		(B) Breakdown of W-2		and/or 1099-MISC compensation	(C) Retirement and	d (D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a)-(a)-	in coloniii (b) reported as deferred on prior Form 990
(1) REGAN RALPH	Ξ	298,230.	0	0.	0	0. 27,926	326,156.	0
SIDENT & CEO	(II)	(1		0.	0			0
AL	(i)	190,764.		0.	0	10,84	201,	0
R DEVELOP	(iii)			0 •	0			0
	Ξ	147,720.	0	0.	0	16,75	164,476.	0
PERATIONS	(iii)		0	0	0	•		0
] (i)	161,395.	0.	0.	0	. 16,87	178,268.	0
VICE PRESIDENT FOR PROGRAMS	Œ	• 0	0	0	0	•	0	0
] (j)	93,047.	0.	0	0	9,02	102,072.	0
ESOURCES	(iii)	• 0	0	0	0	•	0	0
	(i)				-			
	(E)							
	ε							
	(II)							
	Θ							
	[III]				1			
	(i)				-			
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Schedule J (Form 990) 2019

AL HUMAN RIGHTS, INC 75-3029336 Page 3	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information.										Schedule J (Form 990) 2019
Schedule J (Form 990) 2019 FUND FOR GLOBAL HUMAN RIGHTS,	Provide the information, explanation, or descriptions required for Part I,										932113 10-21-19

SCHEDULE L

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open To Public

Internal Reven		▶ Go	to w	ww.irs.gov/Fo	orm99	0 for 11	nstruct	ions and the	lat	est information.	_		In	spect	ion		
Name of th	e organization										Em	ploye	ident	ificati	on nu	mber	
				LOBAL F									293	36			
Part I	Excess Bene	efit Transa	ctio	ns (section 5	01(c)(3	3), sect	tion 501	(c)(4), and se	ectio	on 501(c)(29) orga	anızat	ons o	nly).				
	Complete if the c	organization a	nswe	ered "Yes" on	Form 9	990, Pa	art IV, li	ne 25a or 25	b, o	r Form 990-EZ, P	art V,	line 40)b.				
1 (a) Na	me of disqualified p	person (lationship bet			lified	6	c) D	escription of tran	sactio	n		(d)	Corre	cted?	
				person and o	ryaniza	ation	\longrightarrow	•						Y	es	No	
		· · · · · · · · · · · · · · · · · · ·															
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														+-			
-										<u> </u>				+			
2 Enter	the amount of tax	ncurred by th	ne org	anızatıon mar	nagers	or disc	qualified	d persons du	ring	the year under							
sectio	n 4958																
3 Enter	the amount of tax,	ıf any, on lıne	2, ab	oove, reimburs	sed by	the or	ganızat	ion				▶ \$					
Part II	Loans to and	Var Eram	Into	rooted Bar	2020												
Fartii																	
	Complete if the or reported an amo	•					., Parτ v	, line 38a or	Forr	n 990, Part IV, lin	e 26,	or if th	e orga	inizatii	on		
(a) Name of	(b) Relations		(c) Purpose	T :	an to or	(e)	Original	1) Balance due	(a)		(h) Ap	proved	m W	ritten	
	ested person	with organizat		of loan		n the zation?		pal amount	`	(,,		ult?	by bo	ard or	UI Lagragema		
					То	From					Yes	No	Yes	No	Yes	No	
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Total						·	1	▶ \$								<u></u>	
Part III	Grants or As	sistance E	3ene	fiting Inter	reste	d Pe	rsons	•									
	Complete if the c	organization a	nswe	red "Yes" on	Form 9	90, Pa	art IV, lii	ne 27.									
(a) N	ame of interested p	person		Relationship) Amount of		(d) Type) Purp		:	
			ır	nterested pers the organiza		d		assistance		assistan	ce		ā	assista	ance		
	-										_	_					
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·									_			+					
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2019

Schedule L (Form 990 or 990-EZ) 2019 FUND FOR GLOBAL HUMAN RIGHTS, INC Part IV | Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (e) Sharing of (d) Description of (a) Name of interested person (b) Relationship between interested (c) Amount of òrganization's person and the organization transaction transaction revenues? Yes No MARY ANN STEIN 150,000 MARY ANN ST BOARD MEMBER X CHRIS CANAVAN BOARD MEMBER 50,000 CHRIS CANAV X MARTIN DUNN 100,000.MARTIN DUNN X BOARD MEMBER DYLAN PEREIRA BOARD MEMBER 4,000.DYLAN PEREI X Part V Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions) SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: NAME_OF_PERSON: MARY ANN STEIN (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BOARD MEMBER (C) AMOUNT OF TRANSACTION \$ 150,000. (D) DESCRIPTION OF TRANSACTION: MARY ANN STEIN: ALSO A BOARD MEMBER OF THE MORIAH FUND. THE MORIAH FUND PROVIDED GRANTS TO FGHR =\$150,000 (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON: CHRIS CANAVAN (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BOARD MEMBER (C) AMOUNT OF TRANSACTION \$ 50,000. (D) DESCRIPTION OF TRANSACTION: CHRIS CANAVAN: PROVIDED A CONTRIBUTION TO THE FUND FOR GLOBAL HUMAN RIGHTS = \$50,000 VIA GOLDMAN SACHS GIVES. (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON: MARTIN DUNN

BOARD MEMBER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

Part V Supplemental Information Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule L (see instructions).
(C) AMOUNT OF TRANSACTION \$ 100,000.
(D) DESCRIPTION OF TRANSACTION: MARTIN DUNN: PROVIDED A CONTRIBUTION TO
THE FUND FOR GLOBAL HUMAN RIGHTS = \$100,000.
(E) SHARING OF ORGANIZATION REVENUES? = NO
(A) NAME OF PERSON: DYLAN PEREIRA
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
BOARD MEMBER
(C) AMOUNT OF TRANSACTION \$ 4,000.
(D) DESCRIPTION OF TRANSACTION: DYLAN PEREIRA: PROVIDED A CONTRIBUTION
TO THE FUND FOR GLOBAL HUMAN RIGHTS = \$4,000.
(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

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

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, SECTION C, LINE 18:
ALL INFORMATION IS AVAILABLE ON OUR WEBSITE AND/OR UPON WRITTEN REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:
ALL INFORMATION IS AVAILABLE ON OUR WEBSITE AND/OR UPON WRITTEN REQUEST.

932211 09-06-19

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Schedule O (Form 990 or 990-EZ) (2019)