

Form **990****Return of Organization Exempt From Income Tax**

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

**2017**Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.Open to Public  
Inspection**A** For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**FUND FOR GLOBAL HUMAN RIGHTS, INC**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

**1301 CONNECTICUT AVENUE, NW****400**

City or town, state or province, country, and ZIP or foreign postal code

**WASHINGTON, DC 20036****F** Name and address of principal officer: **REGAN RALPH****C/O 1301 CONNECTICUT AVENUE, NW #400, WASHIN****D** Employer identification number**75-3029336****E** Telephone number**202-347-7488****G** Gross receipts \$ **23,862,631.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **GLOBALHUMANRIGHTS.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **2002** **M** State of legal domicile: **DC****Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>HUMAN RIGHTS ADVOCACY</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	28
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	Prior Year 11,944,048.	Current Year 21,905,689.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	72,034.	55,976.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,016,082.	21,961,665.
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,331,208.	9,326,152.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,514,518.	2,953,146.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	934,791.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,389,022.	1,595,299.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,234,748.	13,874,597.
	19 Revenue less expenses. Subtract line 18 from line 12	<1,218,666.>	8,087,068.
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)	Beginning of Current Year 9,466,170.	End of Year 17,572,251.
	21 Total liabilities (Part X, line 26)	520,698.	539,711.
	22 Net assets or fund balances. Subtract line 21 from line 20	8,945,472.	17,032,540.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Date
	<b>KATHRYN SOMMERS, VICE PRESIDENT FOR OPERATIONS</b>	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature
	<b>MARC FRIEDMAN, CPA</b>	<i>Marc Friedman</i>
	Firm's name ▶ <b>GLASS JACOBSON, P.C.</b>	Firm's EIN ▶ <b>52-1035214</b>
	Firm's address ▶ <b>800 KING FARM BOULEVARD, SUITE 500 ROCKVILLE, MD 20850</b>	Phone no. <b>301-917-3040</b>

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

**Part III Statement of Program Service Accomplishments**

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

☒ X**1** Briefly describe the organization's mission:

**SINCE 2003, THE FUND FOR GLOBAL HUMAN RIGHTS HAS HAD ONE GOAL: TO MOVE HUMAN RIGHTS FORWARD BY PROVIDING RESOURCES AND TOOLS TO THE PEOPLE AND ORGANIZATIONS ON THE GROUND WHO HAVE REAL POTENTIAL TO GENERATE POSITIVE CHANGE. OUR GRANTS AND TECHNICAL ASSISTANCE ARE FOCUSED ON**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ **11,905,924.** including grants of \$ **9,326,152.** ) (Revenue \$ )

**STRENGTHENING HUMAN RIGHTS WORK GLOBALLY BY INCREASING THE FINANCIAL RESOURCES AVAILABLE FOR HUMAN RIGHTS ACTIVISM AND PROVIDING TECHNICAL ASSISTANCE, SERVICES AND TOOLS TO ACTIVISTS.**

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **11,905,924.**

Form 990 (2017)

**Part IV Checklist of Required Schedules**

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

Form 990 (2017)

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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	X	
<b>22</b> 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		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
<b>24a</b> 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
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
<b>b</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
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
<b>34</b> 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		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</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		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Form 990 (2017)

**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 ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b> 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		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
<b>4a</b> 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)?		X
<b>b</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).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b> 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?		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> 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?		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>c</b> Enter the amount of reserves on hand		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form 990 (2017)

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

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

☒**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 21 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent ..... <b>1b</b> 21		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ..... <b>2</b>		<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ..... <b>3</b>		<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... <b>4</b>		<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? ..... <b>5</b>		<b>X</b>
<b>6</b> Did the organization have members or stockholders? ..... <b>6</b>		<b>X</b>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ..... <b>7a</b>		<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ..... <b>7b</b>		<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? ..... <b>8a</b>	<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body? ..... <b>8b</b>	<b>X</b>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ..... <b>9</b>		<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? ..... <b>10a</b>		<b>X</b>
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? ..... <b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? ..... <b>11a</b>	<b>X</b>	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 ..... <b>12a</b>	<b>X</b>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ..... <b>12b</b>	<b>X</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done ..... <b>12c</b>	<b>X</b>	
<b>13</b> Did the organization have a written whistleblower policy? ..... <b>13</b>		<b>X</b>
<b>14</b> Did the organization have a written document retention and destruction policy? ..... <b>14</b>	<b>X</b>	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official ..... <b>15a</b>	<b>X</b>	
<b>b</b> Other officers or key employees of the organization ..... <b>15b</b>	<b>X</b>	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ..... <b>16a</b>		<b>X</b>
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ..... <b>16b</b>		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► **SEE SCHEDULE O**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website    ☐ Another's website    ☒ Upon request    ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►  
**THE ORGANIZATION - (202) 347-7488**  
**1301 CONNECTICUT AVENUE, NW, SUITE 400, WASHINGTON, DC 20036**



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARY ROBINSON HONORARY CHAIR	2.00	X						0.	0.	0.
(2) HINA JILANI HONORARY CHAIR	2.00	X						0.	0.	0.
(3) THOMAS HAMMARBERG HONORARY CHAIR	2.00	X						0.	0.	0.
(4) CHRIS CANAVAN CHAIR	2.00	X		X				0.	0.	0.
(5) LUCIA NADER VICE CHAIR	2.00	X		X				0.	0.	0.
(6) MARY ANN STEIN FOUNDING CHAIR	2.00	X		X				0.	0.	0.
(7) AKWASI AIDOO BOARD MEMBER	2.00	X						0.	0.	0.
(8) PHILIP ALSTON BOARD MEMBER	2.00	X						0.	0.	0.
(9) ANNE AVIS SECRETARY	2.00	X		X				0.	0.	0.
(10) HOSSAM BAHGAT BOARD MEMBER	2.00	X						0.	0.	0.
(11) VRINDA GROVER BOARD MEMBER	2.00	X						0.	0.	0.
(12) JESSICA HORN BOARD MEMBER	2.00	X						0.	0.	0.
(13) MAINA KIAI BOARD MEMBER	2.00	X						0.	0.	0.
(14) GARA LEMARCHE BOARD MEMBER	2.00	X						0.	0.	0.
(15) EDWARD MCKINLEY TREASURER	2.00	X		X				0.	0.	0.
(16) JOAN PLATT BOARD MEMBER	2.00	X						0.	0.	0.
(17) AMY RAO BOARD MEMBER	2.00	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MIGUEL PULIDO BOARD MEMBER	2.00	X						0.	0.	0.
(19) JO ANDREWS BOARD MEMBER	2.00	X						0.	0.	0.
(20) TAHIR BASHEER BOARD MEMBER	2.00	X						0.	0.	0.
(21) SCOTT COHEN BOARD MEMBER	2.00	X						0.	0.	0.
(22) EMMA PLAYFAIR BOARD MEMBER	2.00	X						0.	0.	0.
(23) NICOLA USBORNE BOARD MEMBER	2.00	X						0.	0.	0.
(24) NICHOLAS VETCH BOARD MEMBER	2.00	X						0.	0.	0.
(25) REGAN RALPH PRESIDENT & CEO	40.00			X				264,737.	0.	24,518.
(26) DAVID MATTINGLY VICE PRESIDENT FOR PROGRAM	40.00					X		132,500.	0.	14,094.
<b>1b Sub-total</b>								397,237.	0.	38,612.
<b>c Total from continuation sheets to Part VII, Section A</b>								335,299.	0.	32,122.
<b>d Total (add lines 1b and 1c)</b>								732,536.	0.	70,734.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3**
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual **4**
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **5**

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2017)





**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	21,905,689.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h Total. Add lines 1a-1f</b> .....			21,905,689.			
<b>Program Service Revenue</b>	<b>2 a</b> .....			<b>Business Code</b>			
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total. Add lines 2a-2f</b> .....						
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			26,915.		
<b>4</b> Income from investment of tax-exempt bond proceeds .....							
<b>5</b> Royalties .....							
		(i) Real	(ii) Personal				
<b>6 a</b> Gross rents .....							
<b>b</b> Less: rental expenses .....							
<b>c</b> Rental income or (loss) .....							
<b>d</b> Net rental income or (loss) .....							
<b>7 a</b> Gross amount from sales of assets other than inventory .....		(i) Securities	(ii) Other				
<b>b</b> Less: cost or other basis and sales expenses .....							
<b>c</b> Gain or (loss) .....							
<b>d</b> Net gain or (loss) .....				29,061.	29,061.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....		<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....		<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....		<b>a</b>					
<b>b</b> Less: cost of goods sold .....		<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</b> .....							
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> All other revenue .....							
<b>e Total. Add lines 11a-11d</b> .....							
<b>12 Total revenue. See instructions.</b> .....			21,961,665.	29,061.	0.	26,915.	

**Part IX Statement of Functional Expenses**

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

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

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

Check here ☐ if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

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

Form 990 (2017)

**Part 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	21,961,665.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,874,597.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,087,068.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,945,472.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	17,032,540.

**Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2017)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

**FUND FOR GLOBAL HUMAN RIGHTS, INC**

Employer identification number

**75-3029336**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 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 of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	11533079.	13398379.	15282033.	11944048.	21905689.	74063228.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 through 3 .....	11533079.	13398379.	15282033.	11944048.	21905689.	74063228.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						29778605.
6 <b>Public support.</b> Subtract line 5 from line 4.						44284623.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4 .....	11533079.	13398379.	15282033.	11944048.	21905689.	74063228.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	54,177.	82,188.	76,093.	72,612.	26,915.	311,985.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
11 <b>Total support.</b> Add lines 7 through 10						74375213.
12 Gross receipts from related activities, etc. (see instructions) .....					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	14	59.54	%
15 Public support percentage from 2016 Schedule A, Part II, line 14 .....	15	74.98	%
16a <b>33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
b <b>33 1/3% support test - 2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
17a <b>10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
b <b>10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2017

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> 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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>5a</b> 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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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 <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>9a</b> 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 <b>Part VI</b> .		
<b>b</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 <b>Part VI</b> .		
<b>c</b> 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 <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations** (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b** A family member of a person described in (a) above?
- c** A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
<b>1</b>		

**Section D. All Type III Supporting Organizations**

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

**2 Activities Test. Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.**
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2017

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes			
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purposes of supported organizations			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions.			
7 <b>Total annual distributions.</b> Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			
9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by line 9 amount			

  

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017



## Part VI

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Name of the organization

FUND FOR GLOBAL HUMAN RIGHTS, INC

Employer identification number

75-3029336

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

FUND FOR GLOBAL HUMAN RIGHTS, INC

75-3029336

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 3,941,944.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	FORD FOUNDATION 320 EAST 43RD STREET NEW YORK, NY 10017	\$ 5,350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MORIAH FUND 1634 I STREET, NW, SUITE 1000 WASHINGTON, DC 20006	\$ 675,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	OAK FOUNDATION 58 AVENUE LOUIS CSA 1216 COINTRIN GENEVA, GENEVA, SWITZERLAND	\$ 5,230,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	OPEN SOCIETY FOUNDATION 1224 WEST 57TH STREET NEW YORK, NY 10019	\$ 2,200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	SIGRID RAUSING TRUST EARLEY HOUSE, 4 UXBRIDGE STREET LONDON, UNITED KINGDOM 17SY	\$ 690,216.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

75-3029336

[illegible]

Name of organization	Employer identification number
<b>FUND FOR GLOBAL HUMAN RIGHTS, INC</b>	<b>75-3029336</b>

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

**FUND FOR GLOBAL HUMAN RIGHTS, INC**

Employer identification number

**75-3029336**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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Schedule D (Form 990) 2017



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ \_\_\_\_\_ %

b Permanent endowment ▶ \_\_\_\_\_ %

c Temporarily restricted endowment ▶ \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		44,850.	13,365.	31,485.
d Equipment				
e Other		55,455.	47,020.	8,435.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				39,920.

Schedule D (Form 990) 2017

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE OBLIGATION LIABILITY	191,962.
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	191,962.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2017

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	21,960,751.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	21,960,751.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	914.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	914.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	21,961,665.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	13,873,683.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	13,873,683.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	914.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	914.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	13,874,597.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) RELEASED FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES. FOR THE YEAR ENDED JUNE 30, 2018, THE FUND HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10 AND DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**Open to Public  
Inspection

Name of the organization

Employer identification number

**FUND FOR GLOBAL HUMAN RIGHTS, INC****75-3029336****Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on

Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... ☒ **Yes** ☐ **No**

- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	2	GRANTS (GENERAL OPERATING & PROJECT SUPPORT) TO RECIPIENTS IN THE REGION.	THE FUND PROVIDES GRANTS TO SUPPORT HUMAN RIGHTS WORK RELATED TO FURTHERING THE RIGHTS OF	2,290,046.
EAST ASIA AND THE PACIFIC	0	0	GRANTS (GENERAL OPERATING & PROJECT SUPPORT) TO RECIPIENTS IN THE REGION.	THE FUND PROVIDES GRANTS TO SUPPORT HUMAN RIGHTS WORK RELATED TO FURTHERING THE RIGHTS OF	850,134.
MIDDLE EAST AND NORTH AFRICA	0	2	GRANTS (GENERAL OPERATING & PROJECT SUPPORT) TO RECIPIENTS IN THE REGION.	THE FUND PROVIDES GRANTS TO SUPPORT HUMAN RIGHTS WORK RELATED TO FURTHERING THE RIGHTS OF	939,400.
SOUTH AMERICA	0	0	GRANTS (GENERAL OPERATING & PROJECT SUPPORT) TO RECIPIENTS IN THE REGION.	THE FUND PROVIDES GRANTS TO SUPPORT AN ENABLING ENVIRONMENT FOR HUMAN RIGHTS DEFENDERS.	60,000.
SOUTH ASIA	0	1	GRANTS (GENERAL OPERATING & PROJECT SUPPORT) TO RECIPIENTS IN THE REGION.	THE FUND PROVIDES GRANTS TO SUPPORT HUMAN RIGHTS WORK RELATED TO FURTHERING THE RIGHTS OF	1,150,014.
SUB-SAHARAN AFRICA	0	2	GRANTS (GENERAL OPERATING & PROJECT SUPPORT) TO RECIPIENTS IN THE REGION.	THE FUND PROVIDES GRANTS TO SUPPORT HUMAN RIGHTS WORK RELATED TO FURTHERING THE RIGHTS OF	3,438,659.
EUROPE	0	0	GRANTS (GENERAL OPERATING & PROJECT SUPPORT) TO RECIPIENTS IN THE REGION.	THE FUND PROVIDES GRANTS TO SUPPORT HUMAN RIGHTS WORK RELATED TO FURTHERING THE RIGHTS OF	357,900.
<b>3 a Sub-total</b> .....	0	7			9,086,153.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	7			9,086,153.

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

Schedule F (Form 990) 2017

**SEE PART V FOR COLUMN (E) DESCRIPTIONS**







**Part IV Foreign Forms**

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

Schedule F (Form 990) 2017

**Part V Supplemental Information**

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

**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,**

**Part V Supplemental Information**

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

**CHILDREN, INDIGENOUS COMMUNITIES, MIGRANTS, AND OTHER VULNERABLE POPULATIONS.**

**REGION: SOUTH ASIA**

**(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: SUB-SAHARAN AFRICA**

**(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.**

**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: EUROPE**

**(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.**

Grantee / Organization #:	Grantee Country	Geographical Area Served	Type of Support
1	Belgium	Central America & the Caribbean	\$26,250 Project Support
2	Costa Rica	Central America & the Caribbean	\$37,000 Project Support
3	El Salvador	Central America & the Caribbean	\$12,500 Project Support
4	El Salvador	Central America & the Caribbean	\$9,000 General Operating Support
5	El Salvador	Central America & the Caribbean	\$7,500 General Operating Support
6	El Salvador	Central America & the Caribbean	\$11,000 General Operating Support
7	Guatemala	Central America & the Caribbean	\$77,500 Project Support
8	Guatemala	Central America & the Caribbean	\$20,000 General Operating Support
9	Guatemala	Central America & the Caribbean	\$25,000 Project Support
10	Guatemala	Central America & the Caribbean	\$20,000 General Operating Support
11	Guatemala	Central America & the Caribbean	\$21,250 General Operating Support
12	Guatemala	Central America & the Caribbean	\$20,000 Project Support
13	Guatemala	Central America & the Caribbean	\$40,000 Project Support
14	Guatemala	Central America & the Caribbean	\$15,000 General Operating Support
15	Guatemala	Central America & the Caribbean	\$45,000 Project Support
16	Guatemala	Central America & the Caribbean	\$40,000 General Operating Support
17	Guatemala	Central America & the Caribbean	\$10,000 Project Support
18	Guatemala	Central America & the Caribbean	\$15,000 General Operating Support
19	Guatemala	Central America & the Caribbean	\$92,500 Project Support
20	Guatemala	Central America & the Caribbean	\$20,000 General Operating Support
21	Guatemala	Central America & the Caribbean	\$70,000 Project Support
22	Guatemala	Central America & the Caribbean	\$30,000 Project Support
23	Guatemala	Central America & the Caribbean	\$15,000 General Operating Support
24	Guatemala	Central America & the Caribbean	\$10,000 Project Support
25	Guatemala	Central America & the Caribbean	\$88,750 General Operating Support
26	Honduras	Central America & the Caribbean	\$25,000 General Operating Support
27	Honduras	Central America & the Caribbean	\$13,900 Project Support

Grantee / Organization #:	Grantee Country	Geographical Area Served	Type of Support
28	Honduras	Central America & the Caribbean	\$20,000 Project Support
29	Honduras	Central America & the Caribbean	\$12,500 General Operating Support
30	Honduras	Central America & the Caribbean	\$5,000 Project Support
31	Honduras	Central America & the Caribbean	\$46,250 Project Support
32	Honduras	Central America & the Caribbean	\$3,000 Project Support
33	Honduras	Central America & the Caribbean	\$68,250 Project Support
34	Honduras	Central America & the Caribbean	\$20,000 General Operating Support
35	Honduras	Central America & the Caribbean	\$13,250 Project Support
36	Honduras	Central America & the Caribbean	\$12,500 General Operating Support
37	Honduras	Central America & the Caribbean	\$49,596 General/Project Support
38	Honduras	Central America & the Caribbean	\$73,000 Project Support
39	Mexico	Central America & the Caribbean	\$7,250 General Operating Support
40	Mexico	Central America & the Caribbean	\$20,000 General Operating Support
41	Mexico	Central America & the Caribbean	\$15,000 General Operating Support
42	Mexico	Central America & the Caribbean	\$10,000 General Operating Support
43	Mexico	Central America & the Caribbean	\$10,000 General Operating Support
44	Mexico	Central America & the Caribbean	\$10,000 General Operating Support
45	Mexico	Central America & the Caribbean	\$91,500 Project Support
46	Mexico	Central America & the Caribbean	\$37,500 Project Support
47	Mexico	Central America & the Caribbean	\$57,500 Project Support
48	Mexico	Central America & the Caribbean	\$15,000 General Operating Support

Grantee / Organization #:	Grantee Country	Geographical Area Served	Type of Support
49	Mexico	Central America & the Caribbean	\$16,250 General Operating Support
50	Mexico	Central America & the Caribbean	\$34,000 General/Project Support
51	Mexico	Central America & the Caribbean	\$34,750 Project Support
52	Mexico	Central America & the Caribbean	\$18,750 General Operating Support
53	Mexico	Central America & the Caribbean	\$12,500 General Operating Support
54	Mexico	Central America & the Caribbean	\$7,500 Project Support
55	Mexico	Central America & the Caribbean	\$45,000 Project Support
56	Mexico	Central America & the Caribbean	\$10,000 General Operating Support
57	Mexico	Central America & the Caribbean	\$20,000 Project Support
58	Mexico	Central America & the Caribbean	\$50,000 Project Support
59	Mexico	Central America & the Caribbean	\$11,050 Project Support
60	Mexico	Central America & the Caribbean	\$50,000 Project Support
61	Mexico	Central America & the Caribbean	\$20,000 General Operating Support
62	Mexico	Central America & the Caribbean	\$17,500 General Operating Support
63	Mexico	Central America & the Caribbean	\$20,400 Project Support
64	Mexico	Central America & the Caribbean	\$17,500 General Operating Support
65	Mexico	Central America & the Caribbean	\$35,750 Project Support
66	Mexico	Central America & the Caribbean	\$22,000 General Operating Support
67	Mexico	Central America & the Caribbean	\$15,000 General Operating Support
68	Mexico	Central America & the Caribbean	\$85,000 General Operating Support
69	Mexico	Central America & the Caribbean	\$10,000 Project Support
70	Mexico	Central America & the Caribbean	\$17,500 Project Support
71	Switzerland	Central America & the Caribbean	\$40,000 Project Support
72	United States	Central America & the Caribbean	\$5,000 Project Support
73	United States	Central America & the Caribbean	\$7,500 Project Support
74	United States	Central America & the Caribbean	\$100,000 Project Support
75	United States	Central America & the Caribbean	\$31,400 Project Support
76	United States	Central America & the Caribbean	\$53,250 Project Support

Grantee / Organization #:	Grantee Country	Geographical Area Served	Type of Support
77	United States	Central America & the Caribbean	\$40,000 Project Support
78	United States	Central America & the Caribbean	\$25,000 Project Support
79	Burma	East Asia and the Pacific	\$10,000 General Operating Support
80	Burma	East Asia and the Pacific	\$57,500 Project Support
81	Burma	East Asia and the Pacific	\$38,500 Project Support
82	Burma	East Asia and the Pacific	\$11,000 General Operating Support
83	Burma	East Asia and the Pacific	\$18,500 General Operating Support
84	Burma	East Asia and the Pacific	\$45,000 General Operating Support
85	Burma	East Asia and the Pacific	\$5,000 General Operating Support
86	Burma	East Asia and the Pacific	\$10,000 General Operating Support
87	Burma	East Asia and the Pacific	\$11,000 General Operating Support
88	Burma	East Asia and the Pacific	\$5,000 Project Support
89	Philippines	East Asia and the Pacific	\$29,634 General Operating Support
90	Philippines	East Asia and the Pacific	\$25,000 General Operating Support
91	Philippines	East Asia and the Pacific	\$25,000 General Operating Support
92	Philippines	East Asia and the Pacific	\$25,000 General Operating Support
93	Philippines	East Asia and the Pacific	\$15,000 General Operating Support
94	Philippines	East Asia and the Pacific	\$35,000 General/Project Support
95	Philippines	East Asia and the Pacific	\$10,000 General Operating Support
96	Philippines	East Asia and the Pacific	\$25,000 General Operating Support
97	Philippines	East Asia and the Pacific	\$20,000 General Operating Support
98	Philippines	East Asia and the Pacific	\$20,000 General Operating Support
99	Philippines	East Asia and the Pacific	\$17,000 General Operating Support
100	Thailand	East Asia and the Pacific	\$16,500 General Operating Support

Grantee / Organization #:	Grantee Country	Geographical Area Served	Type of Support
101	Thailand	East Asia and the Pacific	\$20,000 General Operating Support
102	Thailand	East Asia and the Pacific	\$47,500 Project Support
103	Thailand	East Asia and the Pacific	\$25,000 General Operating Support
104	Thailand	East Asia and the Pacific	\$61,500 Project Support
105	Thailand	East Asia and the Pacific	\$15,000 General Operating Support
106	Thailand	East Asia and the Pacific	\$10,000 General Operating Support
107	Thailand	East Asia and the Pacific	\$22,500 General Operating Support
108	Thailand	East Asia and the Pacific	\$20,000 Project Support
109	Thailand	East Asia and the Pacific	\$11,000 General Operating Support
110	Thailand	East Asia and the Pacific	\$27,000 General Operating Support
111	Thailand	East Asia and the Pacific	\$15,000 General Operating Support
112	Thailand	East Asia and the Pacific	\$25,000 Project Support
113	Thailand	East Asia and the Pacific	\$16,000 General Operating Support
114	Thailand	East Asia and the Pacific	\$16,000 General Operating Support
115	Thailand	East Asia and the Pacific	\$17,000 General Operating Support
116	Thailand	East Asia and the Pacific	\$17,000 General Operating Support
117	United States	East Asia and the Pacific	\$10,000 Project Support
118	Cyprus	Europe	\$20,000 General Operating Support
119	France	Europe	\$14,500 Project Support
120	France	Europe	Project Support \$5,000
121	France	Europe	\$15,000 General Operating Support
122	Spain	Europe	\$10,000 General Operating Support
123	Spain	Europe	\$15,000 General Operating Support
124	United Kingdom	Europe	\$225,000 General Operating Support
125	United Kingdom	Europe	\$10,000 Project Support
126	United Kingdom	Europe	\$8,000 Project Support
127	United Kingdom	Europe	\$12,900 Project Support
128	United Kingdom	Europe	\$22,500 General Operating Support



Grantee / Organization #:	Grantee Country	Geographical Area Served	Type of Support
129	Algeria	Middle East and North Africa	\$30,000 General Operating Support
130	Algeria	Middle East and North Africa	\$35,000 Project Support
131	Egypt	Middle East and North Africa	\$21,000 Project Support
132	Egypt	Middle East and North Africa	\$130,000 Project Support
133	Egypt	Middle East and North Africa	\$21,000 Project Support
134	Egypt	Middle East and North Africa	\$20,000 Project Support
135	Egypt	Middle East and North Africa	\$22,000 Project Support
136	Egypt	Middle East and North Africa	\$15,000 Project Support
137	Egypt	Middle East and North Africa	\$29,400 Project Support
138	Egypt	Middle East and North Africa	\$32,500 Project Support
139	France	Middle East and North Africa	\$31,000 Project Support
140	France	Middle East and North Africa	\$40,000 General/Project Support
141	Lebanon	Middle East and North Africa	\$22,000 Project Support
142	Lebanon	Middle East and North Africa	\$35,000 Project Support
143	Morocco	Middle East and North Africa	\$19,000 General/Project Support
144	Morocco	Middle East and North Africa	\$25,000 General/Project Support
145	Morocco	Middle East and North Africa	\$45,000 General/Project Support
146	Morocco	Middle East and North Africa	\$42,000 Project Support
147	Morocco	Middle East and North Africa	\$20,000 General Operating Support
148	Morocco	Middle East and North Africa	\$25,000 General Operating Support
149	Morocco	Middle East and North Africa	\$55,000 General/Project Support
150	Morocco	Middle East and North Africa	\$13,500 Project Support
151	Morocco	Middle East and North Africa	\$23,000 Project Support

Grantee / Organization #:	Grantee Country	Geographical Area Served	Type of Support
152	Morocco	Middle East and North Africa	\$25,000 Project Support
153	Morocco	Middle East and North Africa	\$15,000 General Operating Support
154	Morocco	Middle East and North Africa	\$35,000 General/Project Support
155	Morocco	Middle East and North Africa	\$10,000 General/Project Support
156	Tunisia	Middle East and North Africa	\$25,000 General Operating Support
157	Tunisia	Middle East and North Africa	\$10,000 General Operating Support
158	Tunisia	Middle East and North Africa	\$30,000 General/Project Support
159	Tunisia	Middle East and North Africa	\$10,000 Project Support
160	Tunisia	Middle East and North Africa	\$10,000 General Operating Support
161	United States	Middle East and North Africa	\$15,000 Project Support
162	Colombia	South America	\$60,000 Project Support
163	India	South Asia	\$10,000 Project Support
164	India	South Asia	\$20,000 General Operating Support
165	India	South Asia	\$15,000 General Operating Support
166	India	South Asia	\$22,770 Project Support
167	India	South Asia	\$34,222 General Operating Support
168	India	South Asia	\$41,661 Project Support
169	India	South Asia	\$22,500 Project Support
170	India	South Asia	\$10,000 Project Support
171	India	South Asia	\$20,000 Project Support
172	India	South Asia	\$30,000 General Operating Support
173	India	South Asia	\$36,781 Project Support
174	India	South Asia	\$15,000 General Operating Support
175	India	South Asia	\$15,000 General Operating Support
176	India	South Asia	\$26,000 Project Support
177	India	South Asia	\$55,000 Project Support

Grantee / Organization #:	Grantee Country	Geographical Area Served	Type of Support
178	India	South Asia	\$30,000 General Operating Support
179	India	South Asia	\$20,000 General Operating Support
180	India	South Asia	\$7,000 Project Support
181	India	South Asia	\$5,000 Project Support
182	India	South Asia	\$15,000 Project Support
183	India	South Asia	\$9,000 Project Support
184	India	South Asia	\$30,000 Project Support
185	India	South Asia	\$35,000 General Operating Support
186	India	South Asia	\$27,500 Project Support
187	India	South Asia	\$15,000 General Operating Support
188	India	South Asia	\$10,000 Project Support
189	India	South Asia	\$50,000 General Operating Support
190	India	South Asia	\$30,000 Project Support
191	India	South Asia	\$35,000 Project Support
192	India	South Asia	\$40,000 General/Project Support
193	India	South Asia	\$18,000 General Operating Support
194	India	South Asia	\$35,000 General Operating Support
195	Pakistan	South Asia	\$24,000 Project Support
196	Pakistan	South Asia	\$10,000 General Operating Support
197	Pakistan	South Asia	\$10,000 General Operating Support
198	Pakistan	South Asia	\$10,000 Project Support
199	Pakistan	South Asia	\$20,000 Project Support
200	Pakistan	South Asia	\$15,000 General Operating Support
201	Pakistan	South Asia	\$15,000 General Operating Support
202	Pakistan	South Asia	\$20,000 General Operating Support
203	Pakistan	South Asia	\$15,000 General Operating Support
204	Pakistan	South Asia	\$37,500 General/Project Support
205	Pakistan	South Asia	\$10,000 Project Support
206	Pakistan	South Asia	\$20,000 General Operating Support

Grantee / Organization #:	Grantee Country	Geographical Area Served	Type of Support
207	Pakistan	South Asia	\$10,000 Project Support
208	Pakistan	South Asia	\$10,000 General Operating Support
209	Pakistan	South Asia	\$35,000 General/Project Support
210	Pakistan	South Asia	\$10,000 General Operating Support
211	Pakistan	South Asia	\$20,580 General/Project Support
212	Pakistan	South Asia	\$12,500 General/Project Support
213	Pakistan	South Asia	\$10,000 Project Support
214	Pakistan	South Asia	\$12,500 General Operating Support
215	Pakistan	South Asia	\$12,500 General Operating Support
216	Pakistan	South Asia	\$15,000 Project Support
217	United States	South Asia	\$10,000 Project Support
218	Burundi	Sub-Saharan Africa	\$30,000 General Operating Support
219	Burundi	Sub-Saharan Africa	\$15,000 General Operating Support
220	Burundi	Sub-Saharan Africa	\$15,000 General Operating Support
221	Burundi	Sub-Saharan Africa	\$20,000 General Operating Support
222	Burundi	Sub-Saharan Africa	\$10,000 General Operating Support
223	Burundi	Sub-Saharan Africa	\$5,000 Project Support
224	Burundi	Sub-Saharan Africa	\$27,800 Project Support
225	Burundi	Sub-Saharan Africa	\$17,342 General Operating Support
226	Burundi	Sub-Saharan Africa	\$10,000 Project Support
227	DRC	Sub-Saharan Africa	\$30,000 General Operating Support
228	DRC	Sub-Saharan Africa	\$10,000 General Operating Support
229	DRC	Sub-Saharan Africa	\$10,000 General Operating Support
230	DRC	Sub-Saharan Africa	\$42,071 General Operating Support
231	DRC	Sub-Saharan Africa	\$26,300 Project Support

Grantee / Organization #:	Grantee Country	Geographical Area Served	Type of Support
232	DRC	Sub-Saharan Africa	\$10,000 General Operating Support
233	DRC	Sub-Saharan Africa	\$25,000 General Operating Support
234	DRC	Sub-Saharan Africa	\$84,217 Project Support
235	DRC	Sub-Saharan Africa	\$103,839 Project Support
236	DRC	Sub-Saharan Africa	\$12,025 Project Support
237	DRC	Sub-Saharan Africa	\$52,172 Project Support
238	DRC	Sub-Saharan Africa	\$40,000 Project Support
239	DRC	Sub-Saharan Africa	\$10,000 General Operating Support
240	DRC	Sub-Saharan Africa	\$10,000 General Operating Support
241	DRC	Sub-Saharan Africa	\$40,000 Project Support
242	DRC	Sub-Saharan Africa	\$26,030 General Operating Support
243	DRC	Sub-Saharan Africa	\$25,000 General Operating Support
244	DRC	Sub-Saharan Africa	\$37,500 General Operating Support
245	DRC	Sub-Saharan Africa	\$40,000 Project Support
246	DRC	Sub-Saharan Africa	\$5,000 General Operating Support
247	DRC	Sub-Saharan Africa	\$10,000 General Operating Support
248	DRC	Sub-Saharan Africa	\$20,000 General Operating Support
249	DRC	Sub-Saharan Africa	\$26,942 Project Support
250	DRC	Sub-Saharan Africa	\$26,000 General Operating Support
251	DRC	Sub-Saharan Africa	\$10,000 General Operating Support
252	DRC	Sub-Saharan Africa	\$20,000 General Operating Support

Grantee / Organization #:	Grantee Country	Geographical Area Served	Type of Support
253	DRC	Sub-Saharan Africa	\$5,350 Project Support
254	DRC	Sub-Saharan Africa	\$10,000 General Operating Support
255	Guinea	Sub-Saharan Africa	\$10,000 General Operating Support
256	Guinea	Sub-Saharan Africa	\$7,500 General Operating Support
257	Guinea	Sub-Saharan Africa	\$104,537 Project Support
258	Guinea	Sub-Saharan Africa	\$15,000 General Operating Support
259	Guinea	Sub-Saharan Africa	\$15,000 General Operating Support
260	Guinea	Sub-Saharan Africa	\$13,320 Project Support
261	Guinea	Sub-Saharan Africa	\$17,926 Project Support
262	Guinea	Sub-Saharan Africa	\$30,000 Project Support
263	Kenya	Sub-Saharan Africa	\$11,500 Project Support
264	Kenya	Sub-Saharan Africa	\$25,229 Project Support
265	Liberia	Sub-Saharan Africa	\$5,000 General/Project Support
266	Liberia	Sub-Saharan Africa	\$12,000 General Operating Support
267	Liberia	Sub-Saharan Africa	\$20,000 General Operating Support
268	Liberia	Sub-Saharan Africa	\$20,000 Project Support
269	Liberia	Sub-Saharan Africa	\$7,500 General Operating Support
270	Liberia	Sub-Saharan Africa	\$12,500 Project Support
271	Liberia	Sub-Saharan Africa	\$45,000 Project Support
272	Liberia	Sub-Saharan Africa	\$10,000 General Operating Support
273	Liberia	Sub-Saharan Africa	\$7,500 General Operating Support
274	Liberia	Sub-Saharan Africa	\$5,000 General Operating Support
275	Liberia	Sub-Saharan Africa	\$20,000 General Operating Support
276	Liberia	Sub-Saharan Africa	\$20,000 General Operating Support
277	Niger	Sub-Saharan Africa	\$9,500 Project Support
278	Nigeria	Sub-Saharan Africa	\$10,000 Project Support
279	Nigeria	Sub-Saharan Africa	\$15,000 General Operating Support
280	Nigeria	Sub-Saharan Africa	\$30,000 Project Support
281	Nigeria	Sub-Saharan Africa	\$20,000 General Operating Support
282	Senegal	Sub-Saharan Africa	\$9,500 Project Support
283	Sierra Leone	Sub-Saharan Africa	\$10,000 General Operating Support
284	Sierra Leone	Sub-Saharan Africa	\$15,000 General Operating Support

Grantee / Organization #:	Grantee Country	Geographical Area Served	Type of Support
285	Sierra Leone	Sub-Saharan Africa	\$10,000 General Operating Support
286	Sierra Leone	Sub-Saharan Africa	\$58,992 Project Support
287	Sierra Leone	Sub-Saharan Africa	\$20,000 General Operating Support
288	Sierra Leone	Sub-Saharan Africa	\$10,000 Project Support
289	Sierra Leone	Sub-Saharan Africa	\$22,500 General Operating Support
290	Sierra Leone	Sub-Saharan Africa	\$30,000 Project Support
291	Sierra Leone	Sub-Saharan Africa	\$10,000 General Operating Support
292	Sierra Leone	Sub-Saharan Africa	\$15,000 General Operating Support
293	Sierra Leone	Sub-Saharan Africa	\$10,000 General Operating Support
294	Tanzania	Sub-Saharan Africa	\$50,000 Project Support
295	Uganda	Sub-Saharan Africa	\$10,000 General Operating Support
296	Uganda	Sub-Saharan Africa	\$20,000 General Operating Support
297	Uganda	Sub-Saharan Africa	\$13,100 Project Support
298	Uganda	Sub-Saharan Africa	\$114,200 Project Support
299	Uganda	Sub-Saharan Africa	\$5,000 Project Support
300	Uganda	Sub-Saharan Africa	\$10,000 General Operating Support
301	Uganda	Sub-Saharan Africa	\$25,000 General Operating Support
302	Uganda	Sub-Saharan Africa	\$300,213 Project Support
303	Uganda	Sub-Saharan Africa	\$13,500 Project Support
304	Uganda	Sub-Saharan Africa	\$35,000 Project Support
305	Uganda	Sub-Saharan Africa	\$265,366 Project Support
306	Uganda	Sub-Saharan Africa	\$20,000 Project Support
307	Uganda	Sub-Saharan Africa	\$143,900 General Operating Support
308	Uganda	Sub-Saharan Africa	\$5,000 General Operating Support
309	Uganda	Sub-Saharan Africa	\$10,000 General Operating Support
310	Uganda	Sub-Saharan Africa	\$12,000 Project Support
311	Uganda	Sub-Saharan Africa	\$5,000 Project Support
312	Uganda	Sub-Saharan Africa	\$120,000 Project Support
313	Uganda	Sub-Saharan Africa	\$145,000 General Operating Support
314	Uganda	Sub-Saharan Africa	\$15,000 General Operating Support

Grantee / Organization #:		Grantee Country	Geographical Area Served	Type of Support
315		Uganda	Sub-Saharan Africa	\$10,000 Project Support
316		Uganda	Sub-Saharan Africa	\$10,000 General Operating Support
317		Uganda	Sub-Saharan Africa	\$25,000 Project Support
318		Uganda	Sub-Saharan Africa	\$5,000 General/Project Support
319		Uganda	Sub-Saharan Africa	\$10,000 General Operating Support
320		Uganda	Sub-Saharan Africa	\$5,000 General Operating Support
321		Uganda	Sub-Saharan Africa	\$375,000 Project Support
			Less than \$ 5,000	\$9,987
			<b>Grand Total</b>	<b>\$9,086,152</b>



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

**FUND FOR GLOBAL HUMAN RIGHTS, INC**

Employer identification number

**75-3029336**

**Part I General Information on Grants and Assistance**

**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 criteria used to award the grants or assistance? ☒ Yes ☐ No

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASTRAEA LESBIAN FOUNDATION FOR JUSTICE - 116 EAST 16TH STREET, 7TH FLOOR FLOOR - NEW YORK, NY 10003	13-2992977	501(C)(3)	10,000.	0.			LAND RIGHTS PROJECT LAND RIGHTS PROJECT LAND RIGHTS PROJECT
BORDER NETWORK FOR HUMAN RIGHTS 2115 N. PIEDRAS STREET EL PASO, TX 79930	74-2493012	501(C)(3)	125,000.	0.			MIGRANTS' RIGHTS PROJECT
TIDES CENTER THE PRESIDIO, PO BOX 29907 OAKLAND, CA 94612	94-3213100	501(C)(3)	100,000.	0.			MIGRANTS' RIGHTS PROJECT
BANK INFORMATION CENTER 1023 15TH STREET, NW NO 10 FL WASHINGTON, DC 20005	52-1682441	501(C)(3)	5,000.	0.			CORPORATE ACCOUNTABILITY PROJECT

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

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

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

Schedule I (Form 990) (2017)

**Part III** **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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

PROGRAM OFFICERS AND LEADERSHIP STAFF REVIEW GRANTEE ACTIVITIES

PERIODICALLY THROUGHOUT THE GRANT TERM THROUGH IN-PERSON SITE VISITS, PHONE

CALLS, EMAIL COMMUNICATION, AND CAREFUL REVIEW OF NARRATIVE AND FINANCIAL

REPORTS. ALL GRANTS REQUIRE A FINAL REPORT ON ACTIVITIES AND THE LARGE

MAJORITY OF GRANTS ALSO REQUIRE A MID-TERM REPORT BE SUBMITTED HALFWAY

THROUGH THE GRANT TERM.

Legal Name	Grantee Country	Geographical Area Served	Amount	Type of Support
Astraea Lesbian Foundation for Justice	United States	United States	\$10,000	Project Support
Bank Information Center	United States	United States	\$5,000	Project Support
Border Network for Human Rights	United States	United States	\$125,000	Project Support
Tides Center	United States	United States	\$100,000	Project Support
		United States Total	\$240,000	

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

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

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Employer identification number

75-3029336

**FUND FOR GLOBAL HUMAN RIGHTS, INC**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ 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

**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?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

☒ Compensation committee

☒ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☒ Compensation survey or study

☒ 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:

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization?

**b** Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization?

**b** Any related organization?

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

**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

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2017



Part III	Supplemental Information
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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.

[illegible]

(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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

2017

### Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

FUND FOR GLOBAL HUMAN RIGHTS, INC

Employer identification number  
75-3029336

<b>Part I</b>	<b>Excess Benefit Transactions</b> (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
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Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

[illegible]

**2** Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

**3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

<b>Part II</b>	<b>Loans to and/or From Interested Persons.</b>
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Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

[illegible]

Part III	Grants or Assistance Benefiting Interested Persons.
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Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

[illegible]

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

Schedule L (Form 990 or 990-EZ) 2017

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MARY ANN STEIN	BOARD MEMBER	865,000.	ALSO A BOAR		X
CHRIS CANAVAN	BOARD MEMBER	50,000.	CHRIS CANAV		X
ANNE AVIS	BOARD MEMBER	81,500.	ANNE AVIS P		X
JOAN PLATT	BOARD MEMBER	90,000.	JOAN PLATT		X
AMY RAO	BOARD MEMBER	100,000.	AMY RAO PRO		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:

(A) NAME OF PERSON: MARY ANN STEIN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 865,000.

(D) DESCRIPTION OF TRANSACTION: ALSO A BOARD MEMBER OF THE MORIAH FUND.

THE MORIAH FUND PROVIDED GRANTS TO THE FUND FOR GLOBAL HUMAN RIGHTS =

\$675,000 AND SHE INDIVIDUALLY GAVE THE FUND FOR GLOBAL HUMAN RIGHTS

\$190,000.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: CHRIS CANAVAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 50,000.

(D) DESCRIPTION OF TRANSACTION: CHRIS CANAVAN PROVIDED A CONTRIBUTION TO

THE FUND FOR GLOBAL HUMAN RIGHTS = \$50,000.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: ANNE AVIS



**Part V** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

**(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:**

BOARD MEMBER

**(C) AMOUNT OF TRANSACTION \$ 81,500.****(D) DESCRIPTION OF TRANSACTION: ANNE AVIS PROVIDED A CONTRIBUTION TO THE  
FUND FOR GLOBAL HUMAN RIGHTS = \$81,500.****(E) SHARING OF ORGANIZATION REVENUES? = NO****(A) NAME OF PERSON: JOAN PLATT****(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:**

BOARD MEMBER

**(C) AMOUNT OF TRANSACTION \$ 90,000.****(D) DESCRIPTION OF TRANSACTION: JOAN PLATT PROVIDED A CONTRIBUTION TO  
THE FUND FOR GLOBAL HUMAN RIGHTS = \$90,000.****(E) SHARING OF ORGANIZATION REVENUES? = NO****(A) NAME OF PERSON: AMY RAO****(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:**

BOARD MEMBER

**(C) AMOUNT OF TRANSACTION \$ 100,000.****(D) DESCRIPTION OF TRANSACTION: AMY RAO PROVIDED A CONTRIBUTION TO THE  
FUND FOR GLOBAL HUMAN RIGHTS = \$100,000.****(E) SHARING OF ORGANIZATION REVENUES? = NO**

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

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:

CRUCIAL AND DIFFICULT WORK THAT OTHERWISE MIGHT FALTER FOR LACK OF  
RESOURCES, BRING FINANCIAL STABILITY TO HUMAN RIGHTS GROUPS, AND HELP  
HUMAN RIGHTS DEFENDERS INCREASE THEIR VISIBILITY AND IMPACT. THE FUND  
SUPPORTS A WIDE RANGE OF HUMAN RIGHTS ISSUES, SUCH AS DEFENDING  
INDIGENOUS LAND RIGHTS IN GUATEMALA, PROMOTING WOMEN'S RIGHTS IN  
MOROCCO, AND PRESSING FOR ACCOUNTABILITY FOR WAR CRIMES IN WEST AFRICA.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION'S CONTROLLER RECONCILES THE FINANCIAL INFORMATION PER THE  
990 TO THE ORGANIZATION'S ACCOUNTING SYSTEM AND THEN PROVIDES THE 990 TO  
THE PRESIDENT AND THE VICE PRESIDENT OF OPERATIONS OF THE ORGANIZATION.  
THE PRESIDENT AND THE VP FOR OPERATIONS REVIEW THE RESPONSES SEPARATELY.  
THE PRESIDENT THEN SIGNS THE 990 WHICH IS THEN PROVIDED TO THE BOARD OF  
DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD IS REMINDED ANNUALLY OF THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

AN INDEPEDENT REVIEW IS CONDUCTED OF EXECUTIVE SALARIES. THE BOARD  
EXECUTIVE COMMITTEE PREPARES A WRITTEN ANNUAL PERFORMANCE REVIEW. A SALARY  
RECOMMENDATION IS THEN PREPARED BY THE EXECUTIVE COMMITTEE. THIS  
RECOMMENDATION IS BASED ON A COMBINATION OF THE PERFORMACE REVIEW AND THE  
REVIEW OF THE COMPARABLE SALARY DATA.

Name of the organization

FUND FOR GLOBAL HUMAN RIGHTS, INC

Employer identification number

75-3029336

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

DC, CA, CO, IL, MD, MA, MI, NJ, NY, OH, PA, WA, WI

FORM 990, PART VI, SECTION C, LINE 18:

ALL INFORMATION IS AVAILABLE ON OUR WEBSITE AND/OR UPON WRITTEN REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

ALL INFORMATION IS AVAILABLE ON OUR WEBSITE AND/OR UPON WRITTEN REQUEST.

# Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

## Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	<b>FUND FOR GLOBAL HUMAN RIGHTS, INC</b>	<b>75-3029336</b>
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	<b>1301 CONNECTICUT AVENUE, NW, NO. 400</b>	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	<b>WASHINGTON, DC 20036</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**THE ORGANIZATION - 1301 CONNECTICUT AVENUE, NW, SUITE**

- The books are in the care of ► **400 - WASHINGTON, DC 20036**  
Telephone No. ► **(202) 347-7488** Fax No. ► **(202) 347-7487**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year \_\_\_\_\_ or  
 ► ☒ tax year beginning **JUL 1, 2017**, and ending **JUN 30, 2018**

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**MAIL TO: DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0045**