Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990.

Α	For the	2014 calendar year, or tax year beginning and e	nding		
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres				
F	lchange Name			20-2	669700
F	lchange	. 5	Room/suite	E Telephone numbe	
	return Final _return/		515		246-8486
	termin- ated			G Gross receipts \$	3,281,323.
	Amend return	ed NEW YORK, NY 10118		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: THOK TIAD VOKSSEN		for subordinates	? Yes X No
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		mpt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	1	list. (see instructions)
		e: WWW. HUMANRIGHTSFOUNDATION. COM	I. v	H(c) Group exemptio	
		organization: X Corporation	L Year o	of formation: 2005 N	A State of legal domicile: NY
		Briefly describe the organization's mission or most significant activities: PROTE	CTS A	ND PROMOTES	HIIMAN
Governance	' ;	RIGHTS GLOBALLY WITH AN EXPERTISE IN THE	AMERI	CAS	110111111
na L	-	Check this box if the organization discontinued its operations or dispose			ssets.
ove	1] з	5
<u>م</u>	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	4
Activities &		Fotal number of individuals employed in calendar year 2014 (Part V, line 2a)			15
Ξ		Total number of volunteers (estimate if necessary)			0
٩d		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b l	Net unrelated business taxable income from Form 990-T, line 34	·····		
	. ,	Contributions and grants (Part VIII line 1h)		Prior Year 1,892,776.	Current Year 3, 281, 323.
Revenue		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		0.	0.
e e		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,892,776.	3,281,323.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) \dots		777,343.	905,056.
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ä	b	Fotal fundraising expenses (Part IX, column (D), line 25) 64,86	<u> </u>	1,395,623.	1,912,184.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,172,966.	2,817,240.
		Revenue less expenses. Subtract line 18 from line 12		-280,190.	464,083.
Net Assets or Fund Balances	3			ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		752,853.	1,287,818.
t As	21	Fotal liabilities (Part X, line 26)		62,383.	133,265.
		Net assets or fund balances. Subtract line 21 from line 20		690,470.	1,154,553.
	art II	Signature Block			11.1
		ties of perjury, I declare that I have examined this return, including accompanying schedules , and complete. Declaration of preparer (other than officer) is based on all information of whic			y knowledge and belief, it is
uuc	, сопес	, and complete. Declaration of preparer (other than officer) is based on an information of white	un preparei	lias any knowledge.	
Sig	ın İ	Signature of officer		Date	
He		THOR HALVORSSEN, PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	I	Date Check	PTIN
Pai		STUART I. GOLDMAN CPA STUART I. GOLDMA	N CP0	1/07/16 if self-employ	
		Firm's name BGCKO, LLP	0	Firm's EIN ▶	53-0229586
Use	Only	Firm's address 10025 GOVERNOR WARFIELD PKWY #10	8	. 44	0 770 0000
_		COLUMBIA, MD 21044-3308		Phone no.41	0-772-8090
Ма	y the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No

including grants of \$

2,666,473.

Form **990** (2014)

4e

Total program service expenses ▶

Form 990 (2014) HUMAN RIGHTS Part IV Checklist of Required Schedules

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. 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	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		₩.
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		Х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			.,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			٠,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			Х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
'	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
46	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		. v
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
<u> </u>	ii res to line zua, dio the organization attach a copy of its audited financial statements to this return?	ZUD		

Form 990 (2014) HUMAN RIGHTS FOUND Part IV Checklist of Required Schedules (continued)

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

## Form 990 (2014) HUMAN RIGHTS FOUNDATION 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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 23			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 25			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12  Cross respirate included on Form 200 Part VIII, line 12 for public use of all the facilities.			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
b				
19a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZu		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
ч	Note. See the instructions for additional information the organization must report on Schedule O.	.54		
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			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Ганг	700	(0011

Form 990 (2014) HUMAN RIGHTS FOUNDATION 2U-2669/UU Page
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			Λ
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5		
	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	Enter the number of voting members included in line 1a, above, who are independent 1b	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	<u> </u>		
7 4		7a		x
h	more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1 a		<del></del>
b		7b		х
	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	76		- 25
8			Х	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			7,7
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶NY			
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)	availah	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, at	nd finan	ncial	
1.5	statements available to the public during the tax year.	iu iiiidi	ioiai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	THE ORGANIZATION - 212-246-8486			
	350 FIFTH AVENUE, NO. 4515, NEW YORK, NY 10118			

### 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.

(A) (B)				(0	C)			(D)	(E)	(F)
Name and Title	Average	/ala		Pos	ition	than		Reportable	Reportable	Estimated
	hours per	DOX	, unie	ss pe	rson	เร มดเ	n an	compensation	compensation	amount of
	week	$\vdash$	cer an	d a d	irecto	r/trus	tee)	from	from related	other
	(list any	In dividual trustee or director						the	organizations	compensation
	hours for related	ord	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	In stitutio nal trustee		99	npen		(***-2/1099-141130)		and related
	below	dualt	rtiona	_	oldu	st co	<u>_</u>			organizations
	line)	Indivi	Institu	Officer	Key employee	High est compensated employee	Former			J
(1) THOR HALVORSSEN	50.00									
PRESIDENT		Х		х				0.	96,000.	0.
(2) RONALD JACOBS	1.00									
SECRETARY		Х		х				0.	0.	0.
(3) ROBERT A. SIRICO	1.00									
DIRECTOR		Х						0.	0.	0.
(4) GARRY KASPAROV	1.00									
CHAIRMAN		Х		Х				0.	0.	0.
(5) SARAH WASSERMAN	45.00									
coo		Х		Х				0.	109,890.	0.
		1								
					<u> </u>					
	1	1	ı	1	ı	ı	ĺ	1		

432007 11-07-14 Form **990** (2014)

Form 990 (2										20-26	69'	700	Page 8
Part VII	Section A. Officers, Directors, Trus		ploy	ees			ghe	st C		es (continued)			
	(A) Name and title	(B) Average hours per week	box	not c	Pos heck ss pe	more rson	than is bot or/trus	h an	(D) (E)  Reportable Reportation compensation compensation from from relations.		,	Estir amo	( <b>F)</b> mated ount of ther
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fror organ and r	ensation m the nization related izations
										0.05			
c Total	total I from continuation sheets to Part VI	I, Section A						<b>•</b>	0.	205,89	0.		0. 0. 0.
2 Total	I (add lines 1b and 1c) number of individuals (including but n pensation from the organization									-			0.
	he organization list any <b>former</b> officer,	director, or tru	ıste	e, ke	ey er	nplo	yee,	or	highest compensated e	mployee on		Y	es No
4 For a	a? If "Yes," complete Schedule J for s iny individual listed on line 1a, is the su	ım of reportab	le co	ompe	ensa	atior	n and	d ot	her compensation from	the organization		3	X
5 Did a	related organizations greater than \$150 any person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	any	unr unr					4	X
	ered to the organization? If "Yes," com B. Independent Contractors	plete Schedule	e J f	or si	uch	pers	son <u>.</u>					5	<u> </u>
1 Com	plete this table for your five highest co										pensa	ation fro	m
	(A) Name and business			ONE					(B) Description of s		C	(C) ompens	ation
	number of independent contractors (i		ot lii	mite	d to		se lis	stec	d above) who received n	nore than			

Form 990 (2014) HUMAN R
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any li	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
<u>\$ \$</u>	1 a	Federated campaigns	1a	3,926.				012 011
ra i		Membership dues		-,				
اڭ. اڭ		Fundraising events						
a ii		Related organizations						
B,6		Government grants (contributi						
<u>i</u>		All other contributions, gifts, grant	· —					
를	-	similar amounts not included abov	/e   <b>1</b> f   3 ,	277,397.				
Ęġ	g			<u> </u>				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f		<b>&gt;</b>	3,281,323.			
$\Box$				Business Code				
<u>ب</u>	2 a							
Program Service Revenue	b							
S Ž	С							
eve eve	d							
<u> </u>	е							
ᇫ	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		<b>&gt;</b>				
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		<b>&gt;</b>				
	4	Income from investment of tax	k-exempt bond p	proceeds				
	5	Royalties		<u></u>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)		<u></u>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)		<u> </u>				
		Net gain or (loss)		<b></b>				
venue	8 a	Gross income from fundraising including \$						
١٩		contributions reported on line	1c). See					
Other Re		Part IV, line 18						
튐		Less: direct expenses						
		Net income or (loss) from fund	•	<u></u>				
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		<b>D</b>				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
ŀ	С	Net income or (loss) from sales						
ŀ	44 -	Miscellaneous Revenu		Business Code				
	11 a							
	b c							
		All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			3,281,323.	0.	0.	0.

## Form 990 (2014) HUMAN RIGHTS : 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										
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)						
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses						
1	Grants and other assistance to domestic organizations		•		•						
	and domestic governments. See Part IV, line 21										
2	Grants and other assistance to domestic										
_	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees	205,891.	185,816.	9,780.	10,295.						
6	Compensation not included above, to disqualified			27.000							
Ū	persons (as defined under section 4958(f)(1)) and										
	persons described in section 40E9(a)(2)(B)										
7	Other salaries and wages	524,775.	473,610.	24,927.	26,238.						
8	Pension plan accruals and contributions (include	32277730	17070100	22/32/1							
J	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits	112,397.	101,157.	5,620.	5,620.						
10	Payroll taxes	61,993.	55,793.	3,100.	3,100.						
11		01/3331	3377331	37200	371000						
	Fees for services (non-employees):										
	Management	14,853.	14,853.								
	Legal	20,193.	1,268.	18,925.							
_	Accounting	20,133.	1,200.	10,525.							
d	Lobbying										
4											
f	Other. (If line 11g amount exceeds 10% of line 25,										
g	column (A) amount, list line 11g expenses on Sch 0.)										
12											
13	Advertising and promotion	47,561.	41,855.	5,706.							
14	Office expenses	47,301.	41,033.	3,700.							
	Information technology										
15 16	Royalties	101,728.	89,521.	12,207.							
17	Occupancy	10177200	03/3211	22/2074							
18	Payments of travel or entertainment expenses										
10	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20											
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	1,882.	941.	941.							
23	1	3,192.	2,554.	638.							
24	Other expenses. Itemize expenses not covered	7,222	_,								
24	above. (List miscellaneous expenses in line 24e. If line										
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)										
а	GENERAL PROGRAMS	1,672,133.	1,672,133.								
a b	COMMUNICATIONS	22,456.	20,210.	2,246.	_						
ט	DEVELOPMENT	19,608.		_,,	19,608.						
d	LEASED EQUIPMENT	3,873.	3,098.	775.							
	All other expenses	4,705.	3,664.	1,041.							
25	Total functional expenses. Add lines 1 through 24e	2,817,240.	2,666,473.	85,906.	64,861.						
26	Joint costs. 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)										
43201	0 11-07-14	I	<u> </u>	<u> </u>	Form <b>990</b> (2014)						

Form 990 (2014)
Part X | Balance Sheet

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or no	te to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		615,485.	1	1,191,744.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		12,408.	3	23,342.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and for				
		trustees, key employees, and highest compens	ated employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	10,000.
⋖	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges	113,059.	9	52,712.	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a 21,538.	0.004		500
	b	Less: accumulated depreciation		2,381.	10c	500.
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line			12	
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		0 500	14	0.500
	15	Other assets. See Part IV, line 11		9,520.	15	9,520.
	16	Total assets. Add lines 1 through 15 (must equ		752,853.	16	1,287,818.
	17	Accounts payable and accrued expenses	62,383.	17	133,265.	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
Liabilities	22	Loans and other payables to current and former				
ΙЩ		key employees, highest compensated employee			00	
Lia		Complete Part II of Schedule L			22	
	23 24	Secured mortgages and notes payable to unrela	T		23 24	
	25	Unsecured notes and loans payable to unrelate Other liabilities (including federal income tax, pa			24	
	23	parties, and other liabilities not included on lines	·			
		0 1 1 1 5			25	
	26	Total liabilities. Add lines 17 through 25		62,383.	26	133,265.
		Organizations that follow SFAS 117 (ASC 958				
တ္က		complete lines 27 through 29, and lines 33 ar				
JCe	27	Unrestricted net assets		678,062.	27	1,154,553.
<u>a</u>	28	Temporarily restricted net assets		12,408.	28	0.
d B	29				29	
Ë	-	Organizations that do not follow SFAS 117 (A			_	
٥٠		and complete lines 30 through 34.	<i>"</i>			
)ts	30	Capital stock or trust principal, or current funds			30	
SSE	31	Paid-in or capital surplus, or land, building, or ed			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			32	
ž	33	Total net assets or fund balances		690,470.	33	1,154,553.
	34	Total liabilities and net assets/fund balances		752,853.	34	1,287,818.
	•			-		Form <b>990</b> (2014)

review, or compilation of its financial statements and selection of an independent accountant?

Act and OMB Circular A-133?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. **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

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** (2014)

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#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** HUMAN RIGHTS FOUNDATION 20-2669700 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(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. 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. 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. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

Total

## Schedule A (Form 990 or 990-EZ) 2014 HUMAN RIGHTS FOUNDATION 20-26697 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support		•	•			
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
	Gifts, grants, contributions, and	(4, 2010	(-,	(5) = 5 :=	(-,	(5) = 5 * *	(-,
-	membership fees received. (Do not						
	include any "unusual grants.")	1626422.	1911166.	2955832.	1892776.	3281323.	11667519.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1626422.	1911166.	2955832.	1892776.	3281323.	11667519.
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,						4504505
	column (f)						4701737.
	Public support. Subtract line 5 from line 4.						6965782.
	etion B. Total Support	( ) == ( = )	# N = 2 · ·		( ) ( -		
	ndar year (or fiscal year beginning in)	(a) 2010 1626422.	(b) 2011 1911166.	(c) 2012 2955832.	(d) 2013 1892776.	(e) 2014 2221222	(f) Total 11667519.
	Amounts from line 4	1020422.	1911100.	2333032.	1092//0.	3201323.	1100/319.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties		1,228.	450.			1,678.
_	and income from similar sources		1,220.	430.			1,070.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						11669197.
11	Gross receipts from related activities,	oto (coo instructiv	one)			12	<u> </u>
12	First five years. If the Form 990 is for	•	,	d fourth or fifth to			
	organization, check this box and stop						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2014 (l			olumn (f))		14	59.69 %
	Public support percentage from 2013					15	41.20 %
	33 1/3% support test - 2014. If the o					nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	·			<b>▶</b> X
b	33 1/3% support test - 2013. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			<b>&gt;</b> □
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and <b>stop h</b>	ere. Explain in Par	t VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	<b>t - 2013.</b> If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	<b>stop here.</b> Explain	in Part VI how the	e
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	ns ▶□

### Schedule A (Form 990 or 990-EZ) 2014 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	a Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ı	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support					l	
	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6	(u) 2010	(5) 2011	(0) 2012	(4) 2010	(6) 2014	(i) rotai
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income						
•	(less section 511 taxes) from businesses						
	acquired after June 20, 1075						
	c Add lines 10a and 10b						
11							
•	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
-	or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	Harris and all all and	. 6 . 1	al Carlla a Colla I		504(-)(0)	- 12
14	First five years. If the Form 990 is for				-		zation,
60	check this box and stop here		roontogo				<b>P</b>
	ction C. Computation of Publ			. (0)		T 45 T	
	Public support percentage for 2014 (I					15	<u>%</u>
	Public support percentage from 2013					16	<u>%</u>
_	ction D. Computation of Inves			10 1 (0)		11	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	<u>%</u>
198	a 33 1/3% support tests - 2014. If the	-					
	more than 33 1/3%, check this box a	-			• • •		
ŀ	o 33 1/3% support tests - 2013. If the	· ·			•	•	
	line 18 is not more than 33 1/3%, che			•		•	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see in	structions	<u></u>

### Part IV | Supporting Organizations

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

### s

Sec	tion A. All Supporting Organizations			
	<del>y</del> <del>y</del>		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	_		
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
_	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С		0.5		
·	(B) purposes? If "Yes," explain in <i>Part VI</i> what controls the organization put in place to ensure such use.	3с		
<b>4</b> a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
-14	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
h	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	ти		
	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.	4b		
_	Did the organization support any foreign supported organization that does not have an IRS determination	75		
·	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in _{Part VI} what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
52	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	70		
Ja	answer (b) and (c) below (if applicable). Also, provide detail in <i>Part VI</i> , 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).	Eo		
<b>h</b>		5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	- Eh		
_	designated in the organization's organizing document?	5b 5c		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	50		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	e		
7	Part VI.  Did the organization provide a grant, loan, compensation, or other similar payment to a substantial	6		
7				
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
0				
0-	If "Yes," complete Part I of Schedule L (Form 990).  Was the example to controlled directly or indirectly at any time during the tax year by one or more	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 500(a)(1) or (2)(2) If "Vec " provide detail in a continue to the conti	0-		
L	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
a	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which	01		
_	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7	0-		
10-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
ıva	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			

10a

10b

organizations)? If "Yes," answer (b) below.

determine whether the organization had excess business holdings.)

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

За

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.

Part	Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970. See instru	uctions. All
	other Type III non-functionally integrated supporting organizations must of	omplete Se	ections A through E.	
Sectio	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 1	Net short-term capital gain	1		(4)
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	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		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 /	Aggregate fair market value of all non-exempt-use assets (see			
i	nstructions for short tax year or assets held for part of year):			
a /	Average monthly value of securities	1a		
b /	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d ·	Total (add lines 1a, 1b, and 1c)	1d		
e I	Discount claimed for blockage or other			
f	factors (explain in detail in <b>Part VI</b> ):			
2 /	Acquisition indebtedness applicable to non-exempt-use assets	2		
3 9	Subtract line 2 from line 1d	3		
4 (	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
5	see instructions).	4		
5 1	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by .035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	on C - Distributable Amount			Current Year
1 /	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
3 1	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	ncome tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-function		ed Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions).

Pai	TV   Type III Non-Functionally integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Sect	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	าร		
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	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Soot	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	on E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
_1_	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount			
<u>i</u>	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>				
<u>b</u>				
<u> </u>				
	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A	(Form 990 or 990-EZ) 2	₂₀₁₄ HUMAN RIGHT	S FOUNDATION	20-2669700 Page 8
Part VI	Supplemental In	2014 HUMAN RIGHT formation. Provide the e	explanations required by Part I	l, line 10; Part II, line 17a or 17b; and Part III, line 12.
	Also complete this pa	rt for any additional informa	tion. (See instructions).	

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/torm990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

HUMAN RIGHTS FOUNDATION

Employer identification number 20-2669700

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 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 v	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	<del>-</del>	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
Pa			
1	Purpose(s) of conservation easements held by the organizati		<u> </u>
•	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a cert	
	Preservation of open space	Treservation of a cont	med motorio structure
2	Complete lines 2a through 2d if the organization held a qualif	iod conservation contribution in the form	of a conservation assement on the last
_	day of the tax year.	led conservation contribution in the form	of a conservation easement of the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
_			-
b	Number of conservation easements on a certified historic stri	usture included in (a)	
۲ C			
d	Number of conservation easements included in (c) acquired a		
2	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		□ v □ v.
•	violations, and enforcement of the conservation easements if		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes	the organization's accounting for
Da	conservation easements. rt III   Organizations Maintaining Collections or	f Art Historical Transuras or O	thar Similar Assats
Га	Complete if the organization answered "Yes" to Form	The state of the s	the Sillia Assets.
			and and belone about wells of ad-
та	If the organization elected, as permitted under SFAS 116 (AS	•	
	historical treasures, or other similar assets held for public exh	·	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	,, ,	· ·
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treatment		I gain, provide
	the following amounts required to be reported under SFAS 1	, ,	
	Revenue included in Form 990, Part VIII, line 1		
h	Assets included in Form 990 Part X		<b>\$</b>

Par	t III Organizations Maintaining C	ollections of Ar	t, Histori	cal Tre	easures, d	or Othe	r Simila	ar Asse	<b>ts</b> (continu	ıed)	
3	Using the organization's acquisition, accession	on, and other record	s, check an	y of the f	ollowing tha	it are a sig	nificant	use of its	collection	items	
	(check all that apply):										
а	Public exhibition	d	Loar	n or exch	nange progra	ams					
b											
С											
4	Provide a description of the organization's co	ollections and explain	n how they f	urther th	e organizati	on's exem	npt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit o		•		-						
	to be sold to raise funds rather than to be ma	aintained as part of t	he organizat	tion's co	llection?			$\square$	Yes	□ No	
Par	t IV Escrow and Custodial Arran	gements. Comple	te if the org	anizatior	n answered	"Yes" to F	orm 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi							_	_		
	on Form 990, Part X?							L	Yes	└─ No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table	e:							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escr	ow or cu	stodial acco	unt liabilit	y?	L	Yes	☐ No	
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete it	f the organization an	swered "Yes	s" to For	m 990, Part						
		(a) Current year	(b) Prior	year	(c) Two year	rs back (	<b>d)</b> Three y	ears back	<b>(e)</b> Four y	ears back	
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, co	olumn (a)	)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment >	%									
С	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are	e held ar	nd administe	ered for th	e organiz	zation	_		
	by:								\ <b>`</b>	res No	
	(i) unrelated organizations								3a(i)		
									3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations								. 3b		
4	Describe in Part XIII the intended uses of the		wment fund	ls.							
Par											
	Complete if the organization answered										
	Description of property	(a) Cost or of basis (investre		(b) Cost of basis (c	1		cumulate reciation	ed	(d) Book	value	
	Land										
	Buildings										
	Leasehold improvements						01 0				
d	Equipment			2:	1,538.		21,0	38.		500.	
	Other									<u> </u>	
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (E	3), line 10	0c.)					500.	

(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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII Investments Program Polated		

Complete if the organization answered "Yes" to 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)		
Total. (Col. (b) must equal Form 990. Part X. col. (B) line 13.)		

#### Part IX Other Assets.

Complete if the organization answered "Yes" to 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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

#### Part X Other Liabilities.

Complete if the organization answered "Yes" to 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)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Pa	rt XI Reconciliation of Revenue per Audited Financial S	Statements With Reven	ue per Return	•
	Complete if the organization answered "Yes" to Form 990, Part IV	⁷ , line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	3,281,323.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	3,281,323.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			3,281,323.
Pa	rt XII Reconciliation of Expenses per Audited Financial	Statements With Exper	ises per Retui	rn.
	Complete if the organization answered "Yes" to Form 990, Part IV	⁷ , line 12a.		
1	Total expenses and losses per audited financial statements		1	2,817,240.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	and the second s			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			2,817,240.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)	5	2,817,240.
Pa	rt XIII Supplemental Information.			
lines	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	le any additional information.		

#### **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.

OMB No. 1545-0047 Open to Public

Inspection

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Employer identification number Name of the organization HUMAN RIGHTS FOUNDATION 20-2669700 FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION PROVIDES A COPY OF THE 990 TO ITS BOARD OF DIRECTORS BEFORE FILING THE TAX RETURN. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION ANNUALLY REVIEWS ITS ASSOCIATIONS WITH ITS STAFF TO MONITOR ANY CONFLICTS OF INTEREST. FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION PAID TO THE EXECUTIVE DIRECTOR IS DERIVED FROM AN IMPARTIAL BOARD WHICH USES COMPARABILITY DATA FROM EXPERT COMPENSATION STUDIES, WRITTEN JOB OFFERS AND COMPENSATION FROM OTHER NONPROFIT ORGANIZATIONS. FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990 PART XI. LINE 2C THE PROCEDURE HAS NOT CHANGED FROM THE PREVIOUS YEAR.

### 4562

### **Depreciation and Amortization**

(Including Information on Listed Property)

990

OMB No. 1545-0172

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service (99) ► Attach to your tax return.

► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562

Name(s) shown on return Business or activity to which this form relates ldentifving number HUMAN RIGHTS FOUNDATION FORM 990 PAGE 10 20-2669700 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 500,000. 1 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2 2,000,000. 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (b) Cost (business use only) 6 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 ightharpoonup13 Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) Special depreciation allowance for qualified property (other than listed property) placed in service during 14 15 Property subject to section 168(f)(1) election 15 1,881 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2014 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (business/investment use (d) Recovery (a) Classification of property (e) Convention (f) Method (a) Depreciation deduction only - see instructions) 19a 3-year property b 5-year property 7-year property c 10-year property d 15-year property е f 20-year property 25-year property 25 yrs. S/L g MM S/L 27.5 yrs. h Residential rental property 27.5 yrs. MM S/L 39 yrs. MM S/L i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System 20a Class life 12-year S/L 12 yrs. 40 yrs. MM S/L 40-vear Part IV | Summary (See instructions.) Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 1,881. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 23 For assets shown above and placed in service during the current year, enter the

23

portion of the basis attributable to section 263A costs

#### HUMAN RIGHTS FOUNDATION

Form 4562 (2014) HUMAN RIGHTS FOUNDATION 20-2669700 Page

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment,

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete apply. 249, 240, columns (a) through (c) of Section A. Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)  24a Do you have wideous to support the businessivenships that is actionard? "Yes No 24b it "Yes," is the evidence written." Yes No 24b it "Yes," is the evidence written." Yes No 24b it "Yes," is the evidence written." Yes No 24b it "Yes," is the evidence written." Yes No 24b it "Yes," is the evidence written." Yes No 24b it "Yes," is the evidence written." Yes No 24b it "Yes," is the evidence written. Yes No 24b it "Yes," is the evidence written. Yes No 24b it "Yes," is the evidence written. Yes No 24b it "Yes," is the evidence written. Yes No 24b it "Yes," is the evidence written. Yes No 24b it "Yes," is the evidence written. Yes No 24b it "Yes," is the evidence written. Yes No 24b it "Yes," is the evidence written. Yes No 24b it "Yes," is the evidence written. Yes No 24b it "Yes," is the evidence written. Yes No 24b it "Yes," is the evidence written. Yes No 24b it "Yes," is the evidence written. Yes No 24b it "Yes," is the evidence written. Yes No 24b it "Yes," is the evidence written. Yes No 24b it "Yes," is the evidence written. Yes No 24b it "Yes," is the evidence written. Yes No 24b it "Yes," is the evidence written. Yes No 24b it "Yes," is the evidence written. Yes No 24b it "Yes," is the evidence written. Yes No 24b it "Yes," is the evidence written. Yes No 24b it "Yes," is the evidence written. Yes No 24b it "Yes," is the evidence written. Yes No 24b it "Yes," is the evidence written. Yes No 24b it "Yes," is the evidence written. Yes No 24b it "Yes," is the evidence written. Yes No 24b it "Yes," is the evidence written. Yes No 24b it "Yes," is the evidence written. Yes No 24b it "Yes," is the evidence written. Yes No 24b it "Yes," is the evidence written. Yes No 24b it "Yes," is the visit of the written. Yes No 24b it "Yes," is the Writt		recreation, or a	amusement.) Vehicle for Wi	hich vou are u	sina the	standar	d mileao	ıe rate oı	dedu	ctina lease	e expense	e. como	lete - n.	24a. 24	4b. colur	nns (a)
24a De you have enderact to support the business/investment use chime?   Yes   No   24b in 1"ves, is the evidence written?   Ves   No   1		through (c) of S	Section A, all	of Section B,	and Se	ction C it	f applica	ble.					,			(-)
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used more than 50% in a qualified business use:    Property used more than 50% in a qualified business use:		(a) Type of property (list vehicles first)	placed in	Business/ investment		Cost or	(hu	sis for depre siness/inve	stment	Recovery	Meth	nod/	Depre	eciation	Ele sectio	cted on 179
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29 Add amounts in column (i), line 26. Enter here and on line 7, page 1  Section B - Information on Use of Vehicles  Section G - Information on Use of Vehicles  Section G - Information on Use of Vehicles  Section B - Information on Use of Vehicles  Section B - Information on Use of Vehicles  Section B - Information on Use of Vehicles  Vehicle Vehicles  Vehicle Vehicle Vehicle  Vehicle Vehicle  Vehicle Vehicle  Vehicle Vehicle  Vehicle  Vehicle Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehicle  Vehic				<u> </u>								_				
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Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.  7 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  8 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  9 Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use?  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.  Part VI Amortization  Description of costs  (a)  (b)  (c)  (d)  (e)  Amortization period or percentage  Amortization period or percentage  42 Amortization of costs that begins during your 2014 tax year:  43 Amortization of costs that began before your 2014 tax year			•													
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