	1 990 (2017) HUMAN RIGHTS FOUNDATION 20-26697	'00 Page <b>2</b>
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE FOUNDATION'S PURPOSE IS TO UNITE PEOPLE-REGARDLESS OF THEIR	
	POLITICAL, CULTURAL, AND IDEOLOGICAL ORIENTATIONS-IN THE COMMON	
	OF DEFENDING HUMAN RIGHTS AND PROMOTING LIBERAL DEMOCRACY GLOBAL	
	THE MISSION IS TO ENSURE THAT FREEDOM IS BOTH PRESERVED AND PROM	IOTED.
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X No
	prior Form 990 or 990-EZ?	_ Tes _21_INO
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by ex	penses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expe	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$2,556,948. including grants of \$) (Revenue \$)	)
	COMMUNICATION BUILDING	\ <del>-</del>
	THE OFF SERIES OF CONFERENCES PRODUCED BY HRF REACHES MILLIONS OF PEOPLE AROUND THE WORLD TO EDUCATE THEM ABOUT THE DANGERS AUTHOR	
	REGIMES POSE TO HUMANITY. OFF BRINGS ACTIVISTS TOGETHER WITH	TIAKIAN
	PHILANTHROPISTS, POLICYMAKERS, JOURNALISTS, TECHNOLOGISTS, ARTIS	TTS.
	BUSINESS LEADERS, AND MANY OTHERS TO COLLABORATE ON SOLVING PRES	•
	HUMAN RIGHTS ISSUES. AT OFF 17, MORE THAN 100 JOURNALISTS AND 10	
	CREWS ATTENDED GENERATING 580+ STORIES, LIVE COVERAGE VIEWED BY	MORE
	THAN 400,000 PEOPLE AND TALK VIDEOS VIEWED MORE THAN 1,600,000 T	
	SOCIAL MEDIA GREW 160% OVER THE PREVIOUS YEAR GARNERING MORE THA	
	MILLION IMPRESSIONS WITH 28,493,356 TWITTER FOLLOWERS. ON SEPTEM	<u> </u>
	2017, HRF HELD THE FIRST OFFINNY WHICH WAS ATTENDED BY OVER 750	PEOPLE
4b	(Code:) (Expenses \$1,332,108. including grants of \$) (Revenue \$)	)
	HRF FIGHTS FOR HUMAN RIGHTS GLOBALLY USING A VARIETY OF METHODS	
	INCLUDING ITS IMPACT LITIGATION PROGRAM WHICH PROVIDES INTERNATI	ONAL
	LEGAL REPRESENTATION TO PRISONERS OF CONSCIENCE. IN 2017, HRF FI	LED AND
	WON 4 CASES BEFORE THE U.N. WORKING GROUP ON ARBITRARY DETENTION	I. HRF
		AWARDED
	15 GRANTS TOTALING \$200,000. AS PART OF HRF'S FLASH DRIVES FOR F	
	PROGRAM WE COLLECT DONATED FLASH DRIVES, LOAD THEM WITH MEDIA AND GENERAL THREE TOTAL OF THE STATE OF THE STA	
	EDUCATIONAL MATERIALS AND SEND THEM INTO NORTH KOREA. IN 2017, ECOLLECTED 100,000 FLASH DRIVES, 90,000 MORE THAN THE PREVIOUS YES	
	THROUGH ITS TECHNOLOGY AND LIBERTY PROGRAM, HRF CONNECTS TECHNOL	
	AND ACTIVISTS, GIVING THEM THE SKILLS AND RESOURCES THEY NEED TO	
	(Code:) (Expenses \$1,017,398 • including grants of \$) (Revenue \$	
	PUBLIC EDUCATION	
	HRF'S PUBLIC EDUCATION PROGRAM REACHES PEOPLE AROUND THE WORLD T	
	EDUCATE THEM ABOUT THE IMPORTANCE OF FREEDOM AND DEMOCRACY AND T	
	PERILS OF AUTHORITARIANISM. THROUGH THE COLLEGE FREEDOM FORUMS (	
	WE HOST ONE-DAY EVENTS FEATURING ACTIVISTS WHO TELL THEIR STORIE	S TO
	COLLEGE STUDENTS. IN 2017, HRF HOSTED TWO CFF'S AT UNIVERSIDAD	OMDIA
	FRANCISCO MARROQUIN (GUATEMALA) AND UNIVERSIDAD DEL ROSARIO (COL	
	HRF PRODUCES AND DISSEMINATES YOUR HUMAN RIGHTS GUIDES TAILORED LOCAL AUDIENCES AND WRITTEN IN LOCAL LANGUAGES TO GIVE PEOPLE IN	
	IN CLOSED SOCIETIES CRUCIAL INFORMATION ABOUT THEIR INDIVIDUAL F	
	IN 2017, HRF PRODUCED THESE GUIDES FOR ZIMBABWE, NICARAGUA, EQUA	
	GUINEA, AND CAMBODIA BRINGING THE TOTAL NUMBER TO 14 COUNTRIES.	
4d	Other program services (Describe in Schedule O.)	

**4e** Total program service expenses ▶

298 • including grants of \$

4,906,752 •

) (Revenue \$

# Form 990 (2017) HUMAN RIGHTS FOUNDATION 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			
Ū	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			
	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 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			37
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	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 Schedule D, Parts XI and XII	12a	Х	
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa	- 11	
J	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		X
	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		Х
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		Х
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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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	19		X

# Form 990 (2017) HUMAN RIGHTS FOUNDATION Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	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			X
	Schedule L, Part I	25b		
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,"	00		x
07	complete Schedule L, Part II	26		
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		21		25
20	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		Х
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ū	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

### 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 36			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	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 22			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
-	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
·u	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).			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
ua		6a		X
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa		
b		6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
	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		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	75		
·		7c		x
٨	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year   7d	70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <del>f</del>		
		7g		
	If the organization received a contribution of qualified intellectual property, did the organization rife in organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<b>,,,</b>		
0		8		
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.	Ü		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the annual in a second section and the distribution to a decrease distribution and the second section and the second section and the second section and the second section as a sec	9b		
10	Section 501(c)(7) organizations. Enter:	35		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
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		
а	Note. See the instructions for additional information the organization must report on Schedule O.	138		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			
^	Enter the amount of reserves on hand 13c			
	Did the second setting as a few second set of second secon	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		⊢∸
IJ	ii 100, had it iiid a i diii 120 to report these payments: ii 110, provide air explanation iii denedule d	עדיי	I	

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a			
	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			
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				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	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	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and 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	
	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		X
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			
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)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X 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	d finan	cial	
	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 - 212-246-8486			
	350 FIETH AVENUE NO 4202 NEW YORK NY 10118			

Form 990 (2017)

# 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 i		Ji ye	41 1140			ηρ <del>ο</del>	ı ısal			(F)
<b>(A)</b> Name and Title	(B)			Pos	C) ition	1		(D)	(E)	(F) Estimated
Name and Title	Average hours per	(do	(do not check more than one box, unless person is both an officer and a director/trustee)			than	one	Reportable compensation	Reportable compensation	amount of
	week	offic				ector/trustee)		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC)	from the
	related	stee o	ustee			ensa		(W-2/1099-MISC)		organization
	organizations	al trus	nal tr		loyee	comp				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer			organizations
(4)	line)	ű.	lus	#0	. Ke	iž ili	휸			
(1) THOR HALVORSSEN	40.00	Х		x				98,269.	0.	0
PRESIDENT	1.00	Δ.		Δ.				90,409.	0.	0.
(2) ALEXANDER LLOYD	1.00	Х						0.	0.	0
OIRECTOR (3) RONALD JACOBS	1.00	^						0.	0.	0.
SECRETARY	1.00	Х		x				0.	0.	0.
(4) ROBERT A. SIRICO	1.00	<u> </u>		<u> </u>				0.	0.	0.
DIRECTOR	1:00	х						0.	0.	0.
(5) GARRY KASPAROV	1.00									
CHAIRMAN		x		x				0.	0.	0.
(6) CAMERON COLBY THOMSON	1.00								<u> </u>	
DIRECTOR		х						0.	0.	0.
	1									
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	+									
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	1									
	1	1		L		1	1			

732007 11-28-17 Form **990** (2017)

Part VII Section A. Officers, Directors	, Trustees, Key Em	ployee	s, an	d Hi	ighes	st C	ompensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director of the condition of the	Pos check less pe and a c	c) sition more erson	1 than o	one n an tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organization (W-2/1099-MIS	on d is	Estim amou oth comper from organi and re organization	nated unt of ner nsation the zation elated
1b Sub-total							98,269.		0.		0.
c Total from continuation sheets to P d Total (add lines 1b and 1c)	but not limited to th				<u>]</u>	<u> </u>	98,269.	0,000 of reportab	0.	Ye	0. 0. 0s No
<ul> <li>3 Did the organization list any former of line 1a? If "Yes," complete Schedule of the schedule of</li></ul>	I for such individual the sum of reportab in \$150,000? If "Yes, we or accrue compe	le comp " <i>comp</i> nsation	pensa plete s	atior Sche	n and edule y unre	otl	her compensation from for such individual	the organization		3 4 5	X
1 Complete this table for your five higher the organization. Report compensation (A)  Name and bus	on for the calendar y		ding v					year.		ation fror (C) ompensa	
2 Total number of independent contract \$100,000 of compensation from the contract \$100,000 of compensation from		ot limit	ed to	tho (	se lis	sted	I above) who received m	nore than			
\$ 100,000 of compensation from the C	ngameation -									- 00	<u></u>

Form 990 (2017) HUMAN R
Part VIII Statement of Revenue

		Check if Schedule O con	tains a response	or note to any lin	ne in this Part VIII			
		SHOOKII SUHBAAN C SOH	taine a response	or note to any m	(A)  Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
इ इ	1 a	Federated campaigns	1a					012 014
E i		Membership dues			1			
ا ۾ ج		Fundraising events			1			
if ts		Related organizations			1			
ا≝ري		Government grants (contribu			1			
Sign		All other contributions, gifts, grar			1			
le c	•	similar amounts not included abo		162,002.				
[호텔		Noncash contributions included in lines		255,744.	1			
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f		•	5,162,002.			
		Totally lad in los Ta Ti		Business Code				
o	2 a	•		Duomicoo ocac				
[	_ b							
Ser	c							
E S	d							
Program Service Revenue	-							
ᇫ	f	All other program service reve	enue					
		Total. Add lines 2a-2f						
	3	Investment income (including						
	_	other similar amounts)			890.			890.
	4	Income from investment of ta						
	5	Royalties						
	•		(i) Real	(ii) Personal				
	6 a	Gross rents	(7 : 15 a	(1) 1 01001141				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)	•	<u> </u>				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	164,001.					
	h	Less: cost or other basis	, , ,					
	~	and sales expenses	153,400.					
		and sales expenses	10,601.		1			
	d	Net gain or (loss)	, ,	<u> </u>	10,601.	10,601.		
		Gross income from fundraisin				,		
nue		including \$	of					
e e		contributions reported on line						
Ę		Part IV, line 18						
Other Reven	h	Less: direct expenses						
Ò		: Net income or (loss) from fun		<b>&gt;</b>				
		Gross income from gaming a						
		Part IV, line 19						
	h	Less: direct expenses						
		: Net income or (loss) from gan						
		Gross sales of inventory, less						
		and allowances						
	h	Less: cost of goods sold						
		: Net income or (loss) from sale						
İ		Miscellaneous Revenu		Business Code				
ļ	11 a							
	b							1
	c							
		All other revenue						1
		• Total. Add lines 11a-11d						
	12	Total revenue See instructions			5 173 493	10,601.	0.	890.

### 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).

0001	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon			• • • • • • • • • • • • • • • • • • • •	
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,	98,269.	88,058.	3,871.	6,340.
•	trustees, and key employees	90,209.	00,030.	3,071.	0,340.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
7	Other salaries and wages	1,340,163.	1,200,911.	52,790.	86,462.
8	Pension plan accruals and contributions (include	_, , ,	_,,_,	32,,300	50,1020
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	173,308.	147,295.	15,485.	10,528.
10	Payroll taxes	116,801.	104,468.	4,812.	7,521.
11	Fees for services (non-employees):				
а	Management				
	Legal	16,362.	15,883.	479.	
	Accounting	12,633.	158.	12,475.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	212 672	206 067	F 700	10 007
	column (A) amount, list line 11g expenses on Sch O.)	312,672.	296,067.	5,798.	10,807.
12	Advertising and promotion	134,624.	114,256.	7,788.	12,580.
13	Office expenses	56,229.	40,640.	5,807.	9,782.
14	Information technology	50,225.	40,040.	3,007.	5,102.
15 16	Royalties	221,508.	196,546.	9,580.	15,382.
17	Occupancy Travel	222,3001	230,3101	3,3001	
18	Payments of travel or entertainment expenses				
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	27,349.	24,822.		2,527.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	669.	669.		
23	Insurance	21,978.	12,156.	9,822.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	1,868,520.	1,868,520.		
a	GENERAL PROGRAMS	359,625.	322,797.	3,784.	33,044.
a	AWARDS	221,637.	221,637.	3,104.	33,044.
c d	CONSULTANT'S FEES	213,728.	155,014.	6,000.	52,714.
-	All other expenses	127,433.	96,855.	11,244.	19,334.
25	Total functional expenses. Add lines 1 through 24e	5,323,508.	4,906,752.	149,735.	267,021.
26	<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)				
					C 000 (004 7)

# Form 990 (2017) Part X | Balance Sheet

ı aı	ιλ	Dalatice Stieet				
		Check if Schedule O contains a response or note to	any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1,311,534.	1	1,360,288.
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net	227,910.	3	14,303.	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former				
		trustees, key employees, and highest compensated				
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified p	-			
		section 4958(f)(1)), persons described in section 495	•			
ফ		employers and sponsoring organizations of section 5	-			
		employees' beneficiary organizations (see instr). Com	·		6	
Assets	7	Notes and loans receivable, net	F	6,247.	7	0.
As	8	Inventories for sale or use			8	
	9			150,420.	9	148,433.
	10a	Land, buildings, and equipment: cost or other				-
		basis. Complete Part VI of Schedule D10a	30,614.			
	Ь	Less: accumulated depreciation 10th		0.	10c	8,407.
	11	Investments - publicly traded securities	-		11	
	12	Investments - other securities. See Part IV, line 11		25,289.	12	546,535.
	13	Investments - program-related. See Part IV, line 11		·	13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	70,493.	15	70,493.	
	16	Total assets. Add lines 1 through 15 (must equal line	1,791,893.	16	2,148,459.	
	17	Accounts payable and accrued expenses		200,296.	17	288,392.
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part I			21	
Ø	22	Loans and other payables to current and former office				
Liabilities		key employees, highest compensated employees, ar				
abi		Complete Part II of Schedule L			22	
=	23	Secured mortgages and notes payable to unrelated to			23	
	24	Unsecured notes and loans payable to unrelated thir			24	
	25	Other liabilities (including federal income tax, payable				
		parties, and other liabilities not included on lines 17-2	24). Complete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		200,296.	26	288,392.
		Organizations that follow SFAS 117 (ASC 958), ch	eck here ▶ X and			
8		complete lines 27 through 29, and lines 33 and 34				
ŭ	27	Unrestricted net assets		1,535,933.	27	1,742,969.
Sale	28	Temporarily restricted net assets		55,664.	28	117,098.
Ā	29	Permanently restricted net assets			29	
Fund Balances		Organizations that do not follow SFAS 117 (ASC 9	58), check here 🕨 🗌			
ō		and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or equipm			31	
Net Assets or	32	Retained earnings, endowment, accumulated income	e, or other funds		32	
Z	33	Total net assets or fund balances		1,591,597.	33	1,860,067.
	34	Total liabilities and net assets/fund balances		1,791,893.	34	2,148,459.

Pa	Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		<u> L</u>	_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,493 ,508		
2	Total expenses (must equal Part IX, column (A), line 25)						
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))						
5	Net unrealized gains (losses) on investments 5						
6	onated 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	1,8	60	,067	•	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X	]	
				Y	es No	,	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.	_				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed						
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2	b 2	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat						
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2	c 2	X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si						
	Act and OMB Circular A-133?	-		a	Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	it				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			b			
						_	

Form **990** (2017)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization HUMAN RIGHTS FOUNDATION 20-2669700 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). 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: 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). 7 X 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 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. 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. 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. 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) 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 I, Type III, 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). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

### 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) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and	, ,	` ,	` ,		, ,	. ,
	membership fees received. (Do not						
	include any "unusual grants.")	1892776.	3281323.	3161345.	3912489.	5162002.	17409935.
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	1000000	2001202	2161245	2010400	F160000	1540005
4	Total. Add lines 1 through 3	1892776.	3281323.	3161345.	3912489.	5162002.	17409935.
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,						7072067
_	column (f)						7872067. 9537868.
	Public support. Subtract line 5 from line 4.						9537666.
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2014	(a) 201 <i>E</i>	(4) 2016	(a) 2017	(f) Total
	Amounts from line 4	(a) 2013 1892776.	(b) 2014 3281323.	(c) 2015 3161345.	(d) 2016 3912489.	(e) 2017 5162002.	(f) Total 17409935.
8	Gross income from interest.	10327701	3201323.	3101343.	3312403.	3102002.	17403333
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					890.	890.
9	Net income from unrelated business						0001
Ŭ	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							17410825.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13						n 501(c)(3)	
	organization, check this box and stop						<b>&gt;</b>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2017 (	line 6, column (f) d	ivided by line 11, c	olumn (f))		14	54.78 %
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	55.21 %
16a	<b>33 1/3% support test - 2017.</b> If the o	•		•		•	
	stop here. The organization qualifies						
b	33 1/3% support test - 2016. If the o	-					
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes	•					•
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the						•
40	organization meets the "facts-and-circ						
18	Private foundation. If the organization	ni dia not check a	DOX ON TIME 13, 16	a, 100, 1/a, 0r 1/k	o, check this box a	una see instruction	<u>ıs</u>

### 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.)

Se	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	(a) 2013	(b) 2014	(6) 2013	(u) 2010	(e) 2017	(i) iotai
•	membership fees received. (Do not						
	include any "unusual grants.")						
2							
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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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.)						
Se	ction B. Total Support						
	endar year (or fiscal year beginning in) 🖊	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization'	s first second this	l d fourth or fifth t	av vear as a sectio	n 501(c)(3) organi:	zation
••		· ·			-		Lation,
Se	ction C. Computation of Publi						
	Public support percentage for 2017 (li			column (f))		15	%
	Public support percentage from 2016					16	<del>/</del> 6
	ction D. Computation of Inves					1 .0 1	70
17						17	%
18						18	<del></del>
	3 Investment income percentage from 2016 Schedule A, Part III, line 17						
.56							
ı	more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <b>b</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%, che						
20	<b>Private foundation.</b> If the organization						
	ato roundationi ii tile organization	. ala not oncon a	. ~ o n o n m o 14, 15	م, ت اتي , تا ا <del>ت</del> ت ا	DON AIR 300 III		🖊 🖳

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

		Yes	No
	1		
	•		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4-		
	4c		
	F		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10b		
n 0	90 or 99	0-FZ	2017

Par	Tt IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		11a		
b	A family member of a person described in (a) above?	11b		
		11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
	and the state of t		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
_	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion 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 yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ıctions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	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.	3a		
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.

Pa	TV Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations		
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. A				
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - 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):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	<b>1</b> b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions)	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functiona	lly integrat	ed Type III supporting org	anization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2017

Par	ιv	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	on D -	Distributions		,	Current Year
1	Amou				
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organ				
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	Э	
	(provi	de details in <b>Part VI</b> ). See instructions.			
9	Distrib	outable amount for 2017 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distrib	outable amount for 2017 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2017 (reason-			
	able c	ause required- explain in <b>Part VI</b> ). See instructions.			
3	Exces	s distributions carryover, if any, to 2017			
а					
b	From	2013			
С	From	2014			
d	From	2015			
е	From	2016			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2017 distributable amount			
i	Carry	over from 2012 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2017 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2017 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2017, if			
	any. S	Subtract lines 3g and 4a from line 2. For result greater			
	than z	zero, explain in <b>Part VI.</b> See instructions.			
6	Rema	ining underdistributions for 2017. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
	Part \	/I. See instructions.			
7	Exces	ss distributions carryover to 2018. Add lines 3j			
	and 4	C.			
8	Break	down of line 7:			
а	Exces	s from 2013			
b	Exces	s from 2014			
С	Exces	s from 2015			
d	Exces	ss from 2016			
е	Exces	s from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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.)
PART IV SECTION-A LINE 9(A)
LIST OF DISQUALIFIED PERSONS:
1. THOR HALVORSSEN - PRESIDENT
2. ALEX LLOYD - DIRECTOR

### Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2017

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
	1,245,000.	896,783.
	2,000,000.	1,651,783.
	1,100,000.	751,783.
	700,000.	351,783.
	4,464,586.	4,116,369.
	450,000.	101,783.
	350,000.	1,783.
Total Excess Contributions to Schedule A, Part II, Line 5	,	7,872,067.

### 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 for the latest information.

OMB No. 1545-0047

Name of the organization

Employer identification number

HUMAN RIGHTS FOUNDATION

20-2669700

Organization type (check one):							
Filers of	:	Section:					
Form 99	0 or 990-EZ	X 501(c)( 3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
Note: Or	nly a section 501(c)(	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	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.						
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year					
but it <b>m</b> u	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 ne 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)

### HUMAN RIGHTS FOUNDATION

20-2669700

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		\$2,338,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$150,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZIP + 4	\$\$153,400.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$125,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$350,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

### HUMAN RIGHTS FOUNDATION

20-2669700

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4			
		\$153,400.	06/07/17
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page 4 Name of organization Employer identification number HUMAN RIGHTS FOUNDATION 20-2669700 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 Part III 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 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Transferee's name, address, and ZIP + 4

(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held

(e) Transfer of gift

(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

Relationship of transferor to transferee

Relationship of transferor to transferee

(a) No. from Part I

(a) No. from Part I

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

HUMAN RIGHTS FOUNDATION

Employer identification number 20-2669700

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 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 advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a hist	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied 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
а	Total number of conservation easements		2a
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic 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 cons	servation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) about	ve 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 conservat	ion easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections o	of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tree	easures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
h	Assets included in Form 990 Part Y		¢

Pai	t III Organizations Maintaining C	ollections of A	rt, His	torical Tı	easures,	or Other	Similar As	sets(continued)			
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that	at are a sigr	ificant use of	its collection items			
	(check all that apply):										
а	Public exhibition	c		Loan or exc	hange progr	ams					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizat	ion's exemp	ot purpose in I	Part XIII.			
5	During the year, did the organization solicit o	r receive donations	of art, hi	istorical trea	sures, or oth	er similar a	ssets				
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's c	ollection?			Yes No			
Pai	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, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contributio	ns or other as	ssets not in	cluded				
	on Form 990, Part X?							Yes No			
b	If "Yes," explain the arrangement in Part XIII										
								Amount			
С	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo						?	Yes No			
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanatio	on has beer	provided on	Part XIII					
	rt V Endowment Funds. Complete in										
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back (d)	Three years ba	ck (e) Four years back			
1a	Beginning of year balance	, ,	` '	•			-	,,,			
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
·	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end haland	e (line 1	a column (	a)) held as:	<u> </u>					
	Board designated or quasi-endowment	•	%	g, coluini (	a)) ricia as.						
b	Permanent endowment	%									
	Temporarily restricted endowment										
·	The percentages on lines 2a, 2b, and 2c sho										
32	Are there endowment funds not in the posse		ation the	at are held s	and administs	ared for the	organization				
Ja		33ion of the organiz	ation the	at are rielu e	ina aaniinist	sied for the	Organization	Yes No			
	by: (i) unrelated organizations										
h	(ii) related organizations										
_								30			
Pai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		willent	iurius.							
ı u	Complete if the organization answered		) Dort I	/ line 11a 9	Soo Form 000	) Dart V lin	o 10				
	· · · · · · · · · · · · · · · · · · ·			<u> </u>				(d) Deals value			
	Description of property	(a) Cost or of basis (investr			t or other (other)		umulated eciation	(d) Book value			
	Lond	,	nent)	Dasis	(Otrier)	черге	Clation				
	Land										
	Buildings										
	Leasehold improvements			-	0,614.	2	22,207.	8,407.			
	Equipment			-	, o , o <u>r</u> + •		2010	0,40/•			
	Other		V ==!:	mn (D) !:= :	100)			8,407.			
ιστα	I. Add lines 1a through 1e. (Column (d) must e	quai roiiii 990, Part	A, COIUI	ıııı (២), iine	1 UC.)			0,40/•			

		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	546 525		
(A) DIGITAL CURRENCY	546,535.	END-OF-YEAR MAR	KET VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	546 505		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	546,535.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(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 IV Other Assets			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15	).
Complete if the organization answered "Yes" o	n Form 990, Part IV, line escription	11d. See Form 990, Part X, line 15	(b) Book value
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15	
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15	
Complete if the organization answered "Yes" o  (a) D		11d. See Form 990, Part X, line 15	
Complete if the organization answered "Yes" o  (a) D  (1)  (2)		11d. See Form 990, Part X, line 15	
Complete if the organization answered "Yes" o  (a) D  (1)  (2)  (3)		11d. See Form 990, Part X, line 15	
Complete if the organization answered "Yes" o  (a) D  (1)  (2)  (3)  (4)		11d. See Form 990, Part X, line 15	
Complete if the organization answered "Yes" o  (a) D  (1)  (2)  (3)  (4)  (5)  (6)		11d. See Form 990, Part X, line 15	
Complete if the organization answered "Yes" o  (a) D  (1)  (2)  (3)  (4)  (5)		11d. See Form 990, Part X, line 15	
Complete if the organization answered "Yes" o  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)		11d. See Form 990, Part X, line 15	
Complete if the organization answered "Yes" o  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)	escription	11d. See Form 990, Part X, line 15	
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line	escription	11d. See Form 990, Part X, line 15	
Complete if the organization answered "Yes" o  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line	escription  15.)		(b) Book value
Complete if the organization answered "Yes" o  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" o	n Form 990, Part IV, line		(b) Book value
Complete if the organization answered "Yes" o  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" o  I. (a) Description of liability	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X,	(b) Book value
Complete if the organization answered "Yes" o  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability  (1) Federal income taxes	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X,	(b) Book value
Complete if the organization answered "Yes" o  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" o  I. (a) Description of liability  (1) Federal income taxes  (2)	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X,	(b) Book value
Complete if the organization answered "Yes" o  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability  (1) Federal income taxes  (2)  (3)	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X,	(b) Book value
Complete if the organization answered "Yes" o  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" o  I. (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X,	(b) Book value
Complete if the organization answered "Yes" o  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" o  I. (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X,	(b) Book value
Complete if the organization answered "Yes" o  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" o  I. (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X,	(b) Book value
Complete if the organization answered "Yes" o  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" o  I. (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X,	(b) Book value
Complete if the organization answered "Yes" o  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" o  I. (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X,	(b) Book value
Complete if the organization answered "Yes" o  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" o  I. (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)	15.)	11e or 11f. See Form 990, Part X,	(b) Book value

Pai					
	Complete if the organization answered "Yes" on Form 990, Part IV, line				F F01 070
1	Total revenue, gains, and other support per audited financial statements			1	5,591,978.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	410 405		
а	Net unrealized gains (losses) on investments		418,485.		
b	Donated services and use of facilities				
C	Recoveries of prior year grants				
d					/10 /OE
е	Add lines 2a through 2d			2e	418,485. 5,173,493.
3	Subtract line 2e from line 1			3	5,1/5,495.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	'			0
	Add lines 4a and 4b		ī	4c	0. 5,173,493.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  † XII Reconciliation of Expenses per Audited Financial Sta			5 Dotu	
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line		ii Expelises per	netu	111.
_	Total expenses and losses per audited financial statements		1	1	5,323,508.
1				-	3,323,300
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ءو ا			
a	Donated services and use of facilities				
b	Prior year adjustments				
q	Other losses				
d	,			2e	0.
е 3	Add lines 2a through 2d Subtract line 2a from line 1			3	5,323,508
4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:			-	3/323/300
<del>т</del> а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
	Other (Describe in Fart Alli.)	ן טדר ן			
•	Add lines 4a and 4h			40	0.
	Add lines 4a and 4b  Total expenses, Add lines 3 and 4c. (This must equal Form 90), Part I, line 18			4c	0. 5.323.508.
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 T XIII Supplemental Information.  de 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	5	5,323,508.
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information.	; Part IV, lines 1b	and 2b; Part V, line 4	5	5,323,508.
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 T XIII Supplemental Information.  de 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	5	5,323,508.
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 T XIII Supplemental Information.  de 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	5	5,323,508.
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 T XIII Supplemental Information.  de 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	5	5,323,508.
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 T XIII Supplemental Information.  de 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	5	5,323,508.
<b>5 Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 T XIII Supplemental Information.  de 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	5	5,323,508.

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

**Open To Public** Inspection

Department of the Treasury Internal Revenue Service

Part I

Name of the organization

Types of Property

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

HUMAN RIGHTS FOUNDATION

Employer identification number 20-2669700

		(a) Check if	<b>(b)</b> Number of	(c) Noncash contribution	<b>(d)</b> Method of de	termin	ina	
			contributions or	amounts reported on	noncash contribu		•	s
4	Art Morko of ort		items contributed	Form 990, Part VIII, line 1g				
1	Art - Works of art							
2	Art - Historical treasures							
3 4	Art - Fractional interests  Books and publications							
5	Clothing and household goods							
6								
7	Cars and other vehicles							
8	Boats and planes Intellectual property							
9	Securities - Publicly traded	X	1	153,400.				
10	Securities - Closely held stock			13371001				
11	Securities - Partnership, LLC, or							
••	• • • •							
12	trust interests Securities - Miscellaneous	X	4	102,344.				
13	Qualified conservation contribution -			101,0110				
10	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other • ()							
26	Other • ()							
27	Other • ()							
28	Other ()							
29	Number of Forms 8283 received by the organization	zation during	g the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement <b>29</b>				
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date	e of the initia	al contribution, and	I which isn't required to be u	sed for			
	exempt purposes for the entire holding period	?				30a		<u>X</u>
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	policy that re	equires the review	of any nonstandard contribu	itions?	31		X
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a		<u>X</u>
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II.			_				

20-2669700

### **SCHEDULE 0**

Internal Revenue Service

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

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

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

► Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2017
Open to Public Inspection

Name of the organization

HUMAN RIGHTS FOUNDATION

Employer identification number 20-2669700

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: AND COVERED WIDELY BY THE INTERNATIONAL MEDIA. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: ADVANCE THEIR WORK AND PROTECT THEMSELVES ONLINE. WE'VE DEVELOPED PARTNERSHIPS WITH SINGULARITY UNIVERSITY, GOOGLE, AND TWITTER JUST TO NAME A FEW. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: WEAR YOUR ALSO EXPLORES HUMAN RIGHTS THROUGH FASHION AND ART WITH ITS VALUES PROGRAM AND ITS ART IN PROTEST PROGRAM. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OTHER PROGRAMS EXPENSES \$ 298. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: 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

HUMAN RIGHTS FOUNDATION	20-2669700
IMPARTIAL BOARD WHICH USES COMPARABILITY DATA FROM EXPERT	COMPENSATION
STUDIES, WRITTEN JOB OFFERS AND COMPENSATION FROM OTHER N	ONPROFIT
ORGANIZATIONS.	
FORM 990, PART VI, SECTION C, LINE 18:	
THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBL	IC ON THE
ORGANIZATION'S WEBSITE.	
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 REQ	UEST.
FORM 990 PART XI. LINE 2C	
THE PROCEDURE HAS NOT CHANGED FROM THE PREVIOUS YEAR.	
FORM 990 PART III. LINE 4D	
OTHER PROGRAMS	

## Form **4562**

**Depreciation and Amortization** (Including Information on Listed Property)

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

OMB No. 1545-0172 **2017** 

Attachment

Attachment Sequence No. 1
to which this form relates Identifying number

990

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

_	IAN RIGHTS FOUNDATION				M 990 P			20-2669700
Par	t I Election To Expense Certain Prope	ty Under Section 1	79 Note: If you have a	any list	ted property, c	omplete Part	V before yo	
<b>1</b> N	faximum amount (see instructions)						1	510,000.
<b>2</b> T	otal cost of section 179 property plac	ed in service (see	instructions)					
<b>3</b> T	hreshold cost of section 179 property	before reduction	in limitation				3	2,030,000.
4 R	eduction in limitation. Subtract line 3	rom line 2. If zero	o or less, enter -0				4	
<b>5</b> D	ollar limitation for tax year. Subtract line 4 from line	1. If zero or less, enter	-0 If married filing separat	ely, see	instructions		5	
6	(a) Description of pro	perty	(b) Cost	t (busine	ss use only)	(c) Elected	cost	
<b>7</b> L	isted property. Enter the amount from	line 29			7			
<b>8</b> T	otal elected cost of section 179 prope	rty. Add amounts	s in column (c), lines 6	and 7	7		8	
<b>9</b> T	entative deduction. Enter the <b>smaller</b>	of line 5 or line 8					9	
	arryover of disallowed deduction from							
<b>11</b> B	usiness income limitation. Enter the s	maller of business	s income (not less tha	an zero	o) or line 5		11	
<b>12</b> S	ection 179 expense deduction. Add li	nes 9 and 10, but	t don't enter more tha	an line	11		12	
<b>13</b> C	arryover of disallowed deduction to 2	018. Add lines 9 a	and 10, less line 12		► 13			
Note	Don't use Part II or Part III below for	listed property. In	nstead, use Part V.					
Par	t II Special Depreciation Allowa	nce and Other D	epreciation (Don't in	nclude	listed propert	y. <b>)</b>		
<b>14</b> S	pecial depreciation allowance for qua	ified property (oth	her than listed proper	ty) pla	ced in service	during		
tł	ne tax year						14	
<b>15</b> P	roperty subject to section 168(f)(1) ele	ection					15	
	ther depreciation (including ACRS)						16	
Par	t III MACRS Depreciation (Don't	include listed pro	perty.) (See instruction	ons.)				
			Section A					
<b>17</b> N	ACRS deductions for assets placed i	n service in tax ye	ears beginning before	2017			17	
<b>18</b> If	you are electing to group any assets placed in serv	rice during the tax year	into one or more general as:	set acco	unts, check here .	▶ □		
	Section B - Assets	Placed in Service	e During 2017 Tax	ear U	Ising the Gen	eral Deprecia	ation Syste	m
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciati (business/investment only - see instruction	use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property		9,0	76.	5	SL	SL	669.
С	7-year property							
d	10-year property							
е	15-year property							
f	20-year property							
g	25-year property				25 yrs.		S/L	
		/			27.5 yrs.	ММ	S/L	
h	Residential rental property	/			27.5 yrs.	ММ	S/L	
		/			39 yrs.	ММ	S/L	
i	Nonresidential real property	/			20 ).0.	MM	S/L	
	Section C - Assets F	laced in Service	During 2017 Tax Ye	ear Us	ing the Altern			em
20a	Class life						S/L	
b	12-year				12 yrs.		S/L	
c	40-year	/			40 yrs.	ММ	S/L	
Par		· · · · · · · · · · · · · · · · · · ·			,	•		
	isted property. Enter amount from line	: 28					21	
	otal. Add amounts from line 12, lines		nes 19 and 20 in colu	mn (a)	and line 21		····   <del>- ·</del>	
•		-	artnerships and S co				22	669.

23

23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

Part V List

Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

_	(a) trilough (c)	Of Section A	, all of Section	i D, and	Occion	O II app	Jiicabie								
	Section A -	Depreciation	on and Other	Informa	tion (Ca	ution:	See the	instru	ctions for li	mits for	passeng	ger autoi	mobiles.)	١	
248	a Do you have evidence to s	support the bu	siness/investm	ent use cl	aimed?		Yes [	No	24b If "Y	es," is tl	ne evide	nce writ	ten?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business, investmen use percenta	t l ot	(d) Cost or her basis	(h	(e asis for de usiness/in use o	oreciation vestment		Me	( <b>g)</b> thod/ /ention	Depre	(h) eciation uction	Ele sectio	(i) cted on 179 ost
25	Special depreciation alle	owance for o	ualified listed	property	/ placed	in serv	ice duri	ng the	tax year ar	nd					
	used more than 50% in	a qualified b	ousiness use .								. 25				
26	Property used more that											•			
		: :		%											
		: :		%											
		: :		%											
27	Property used 50% or le	ess in a qual	ified business	use:											
		1 1		%						S/L -					
		1 1		%						S/L -					
		: :		%						S/L -					
28	Add amounts in column	(h), lines 25	through 27. I	Enter her	e and or	line 2	1, page	1			. 28				
29	Add amounts in column	ı (i), line 26. E	Inter here and	d on line	7, page	1							. 29		
			;	Section	B - Infor	matior	n on Us	e of Ve	hicles						
_	your employees, first ans  Total business/investment			(	a)		an excent (b) ehicle		(c) Vehicle	(	d)	(	e vehicles e) hicle	s. ( <del>f</del> Veh	
30	year ( <b>don't</b> include commu		•	V C1	11010	V (	Jillolo		VOITIOIO	V C	11010	V C1	illoic	VOII	1010
31	Total commuting miles							+							
	Total other personal (no														
	driven	-													
33	Total miles driven during														
	Add lines 30 through 32														
34	Was the vehicle availab			Yes	No	Yes	No	Ye	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used p														
	than 5% owner or relate	ed person?													
36	Is another vehicle availa	able for perso	onal												
	use?														
		Section C	- Questions	for Emp	loyers V	/ho Pro	ovide V	ehicles	for Use b	y Their	Employ	ees			
Ans	swer these questions to	determine if	you meet an e	exception	n to com	pleting	Section	n B for	vehicles us	sed by e	mployee	s who <b>a</b>	ren't mo	re than 5	5%
ow	ners or related persons.														
37	Do you maintain a writte	en policy stat	tement that p	rohibits a	all persor	nal use	of vehi	cles, in	cluding co	nmuting	, by you	r		Yes	No
														.	
38	Do you maintain a writte														
	employees? See the ins														
	Do you treat all use of v														
40	Do you provide more th														
	the use of the vehicles,														
41	Do you meet the require													-	
Б	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Y	es," don'	t comple	ete Sec	tion B f	or the o	covered ve	hicles.					
P	art VI Amortization			/b\	ı	(0)			(4)		(0)			/ <b>\$</b> \	
	Description o			(b) e amortization begins		Amortiza amour	able		(d) Code section		(e) Amortiza period or per	ition	Ai fo	(f) mortization or this year	
<u>42</u>	Amortization of costs th	iat begins du	ırıng your 201 T	r tax yea	ar: I					-		-			
				<u> </u>				-							
-	Amadiactics of the		faua 201	745	<u> </u>							42			
	Amortization of costs th											43			
44	Total. Add amounts in o	column (t). Se	ee tne instruc	tions for	wnere to	repor	ι					44			

### Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

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 filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

### Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic 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

Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. print 20-2669700 HUMAN RIGHTS FOUNDATION File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 350 FIFTH AVENUE, NO. 4202 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions NEW YORK, NY 10118 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Form 5227 10 04 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 THE ORGANIZATION Telephone No. ► 212-246-8486 Fax No. 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 」. 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. NOVEMBER 15, 2018 , to file the exempt organization return I request an automatic 6-month extension of time until for the organization named above. The extension is for the organization's return for: ► X calendar year 2017 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

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.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

by using EFTPS (Electronic Federal Tax Payment System). See instructions.

nonrefundable credits. See instructions.

If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required.

estimated tax payments made. Include any prior year overpayment allowed as a credit.

Form 8868 (Rev. 1-2017)

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3b

3c

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