Form **990** 

Department of the Treasury

#### **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047 2018

Open to Public Inspection

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Go to www.irs.gov/Form9901	for instructions and th	e latest information
- Do not enter social security		

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A	For the	2018 calendar year, or tax year beginning	, 2018, and endin	g	1							
В	Check if a	applicable: C		D Emplo	yer identif	ication number						
		ress change Human Rights First		13-	31166	546						
		re change 75 Broad Street Fl 31			ione numbe							
		New York, NY 10004		121	(212) 845-5200							
	H		(4)	.2) 04	15 5200							
		return/terminated	6.0		21,092,871.							
	Amended return G Gross receipts \$											
	[ App	lication pending F Name and address of principal officer: Michael Bree	en			103 110						
		Same As C Above	1017(1)11	H(b) Are all subordinate If "No," attach a lis	st. (see insl	tructions)						
1			4947(a)(1) or 527									
<u> </u>		site: ► www.humanrightsfirst.org		H(c) Group exemption								
ĸ		of organization: X Corporation Trust Association Other►	L Year of format	on: 1978 M	State of le	gal domicile: NY						
Pa	rtl	Summary										
		riefly describe the organization's mission or most significant act	ivities: To ensure	that the U	nited	<u>States is a</u>						
e	_	global leader on human rights.										
and	-											
Governance												
NO		Check this box F if the organization discontinued its operation				2000 - 200 -						
		lumber of voting members of the governing body (Part VI, line 1 lumber of independent voting members of the governing body (F				22						
Activities &		otal number of individuals employed in calendar year 2018 (Parl				<u> </u>						
viti		otal number of volunteers (estimate if necessary)				1,000						
\cti		otal unrelated business revenue from Part VIII, column (C), line				1,000						
A		let unrelated business taxable income from Form 990-T, line 38.				56,530.						
				Prior Yea	_	Current Year						
	8 (	Contributions and grants (Part VIII, line 1h)		1		16,138,186.						
ne		Program service revenue (Part VIII, line 2g)			012.	10,100,100.						
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			42,33720,0							
Rev												
		otal revenue - add lines 8 through 11 (must equal Part VIII, col				402,636. 16,520,730.						
	and the second	Grants and similar amounts paid (Part IX, column (A), lines 1-3).		and the second								
		Benefits paid to or for members (Part IX, column (A), line 4)										
. 1		alaries, other compensation, employee benefits (Part IX, column			183	6,889,624.						
es		Professional fundraising fees (Part IX, column (A), line 11e)		· · · · · · · · · · · · · · · · · · ·	000.	69,000.						
Expenses						09,000.						
dx		otal fundraising expenses (Part IX, column (D), line 25) ►	927,998.			出版中心和自己的问题。因此						
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				3,316,721.						
		otal expenses. Add lines 13-17 (must equal Part IX, column (A)				10,275,345.						
-	19 F	Revenue less expenses. Subtract line 18 from line 12		-3,852,	422.	6,245,385.						
to of				Beginning of Curre		End of Year						
aote	20 T	otal assets (Part X, line 16)		3,993,		9,782,893.						
Ass	21 T	otal liabilities (Part X, line 26).		1,828,	005.	1,346,213.						
Net Assets or Fund Balances	22 N	let assets or fund balances. Subtract line 21 from line 20		2,165,	437.	8,436,680.						
	rt II	Signature Block										
		is of perjury, I declare that L have examined this return, including accompanying sched laration of preparer (other than officer) is based on all information of which preparer h	ules and statements, and to as any knowledge.	the best of my knowledg	e and belie	f, it is true, correct, and						
		hh the		51	4/20	19						
Cir	m	Signature of office		Date	<u> </u>							
Sig He	re	Michael Breen		President	& CEC	)						
ile		Type or print name and title		I TCSTUCILL								
		31	Date	/ Check	if F	PTIN						
		Print/Type preparer's name Preparer signature	5/13	116 CHECK	LJ" [							

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	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1			
	See Schedule 0		
2	Did the organization undertake any significant program services during the year which were not listed on the prior		
2	Form 990 or 990-EZ?		No
	If "Yes," describe these new services on Schedule O.		NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servi	ices? Yes X	No
-	If "Yes," describe these changes on Schedule O.		
4		es, as measured by expe	enses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations and revenue, if any, for each program service reported.	to others, the total exper	nses,
42	a (Code:) (Expenses \$ 5,229,232. including grants of \$) (Rev	venue \$	)
	<u>See_Schedule_0</u>	· · · · · · · · · · · · · · · · · · ·	/
		<b>.</b>	
41	<b>b</b> (Code:) (Expenses \$ 1,159,533. including grants of \$) (Rev	venue \$	)
	<u>See_Schedule_O</u>		
40	c (Code: ) (Expenses \$ 745,755. including grants of \$ ) (Rev	venue \$	)
	See Schedule 0		
40	d Other program services (Describe in Schedule O.) See Schedule O		
- 1	(Expenses \$ 1,109,729. including grants of \$ ) (Revenue \$	)	
4 e	e Total program service expenses ► 8,244,249.	,	

Form

Par	t IV Checklist of Required Schedules						
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete		Yes	No			
	Schedule A.	1	Х				
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates	2	Х				
-	for public office? If 'Yes,' complete Schedule C, Part I	3		Х			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	Х				
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or 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? <i>If 'Yes,' complete Schedule D, Part I</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? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х			
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? <i>If 'Yes,' complete Schedule D, Part IV</i>	9		х			
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	10	Х				
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.						
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	х				
ł	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.	11 b	Х				
C	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		х			
C	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						
e	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X						
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х				
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х				
ł	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х			
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х				
ł	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? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	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? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	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 (see instructions)	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? <i>If 'Yes,' complete Schedule G, Part II.</i>	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		х			
20a	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		Х			
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 Human Rights First

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
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? <i>If 'Yes,' complete Schedule J</i> .	23	Х	
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
I	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
I	<b>a</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II.</i>	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
ä	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
I	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
(	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c	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		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
I	<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt 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			
1.	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a		Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1 a       23         b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1 b       0			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c	Х	
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Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		1	1
			Yes	No
28	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
	ments, filed for the calendar year ending with or within the year covered by this return	100	37	
	<b>b</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)		v	
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?			
	<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule O</i>	30	Λ	
	<ul> <li>a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</li> <li>b If 'Yes,' enter the name of the foreign country: ►</li> </ul>	4a		Х
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 :	<b>a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
	<b>c</b> If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			
	-			
	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	n <b>6a</b>		Х
	<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	,	
	Organizations that may receive deductible contributions under section 170(c).			
ä	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7.	X	
	services provided to the payor?			
	<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	70	Λ	
	Form 8282?	7c		Х
(	d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
(	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7е		Х
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
Ģ	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
I	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	1	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
9		0.5		
	a Did the sponsoring organization make any taxable distributions under section 4966?			
	<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90	<u> </u>	
	Section 501(c)(7) organizations. Enter:         a Initiation fees and capital contributions included on Part VIII, line 12			
	<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
I	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).			
12 a	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
I	<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year <b>12b</b>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
ä	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
I	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	c Enter the amount of reserves on hand			
	a Did the organization receive any payments for indoor tanning services during the tax year?			Х
I	<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		37
	excess parachute payment(s) during the year?	15		Х
	If 'Yes,' see instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
BAA	If 'Yes,' complete Form 4720, Schedule O. <b>A</b> TEEA0105L 12/31/18	Forn	n <b>990</b>	(2018)

	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.		-								
	Enter the number of voting members included in line 1a, above, who are independent		2	1							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations officer, director, trustee, or key employee?			2		Х					
<ul> <li>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?</li> <li>4 Did the graphication make any similation to be a provided to provided to a provided to a provided to a provided to a provid</li></ul>											
4 Did the organization make any significant changes to its governing documents											
since the prior Form 990 was filed?											
5 Did the organization become aware during the year of a significant diversion of the organization's assets?											
6 Did the organization have members or stockholders?											
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?											
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?											
	Did the organization contemporaneously document the meetings held or written actions undertaken the following:	-									
	The governing body?				X						
	Each committee with authority to act on behalf of the governing body?			8 b	Х						
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who can organization's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>					Х					
Sec	tion B. Policies (This Section B requests information about policies not req	quired	by the Internal F	Reveni		· · · ·					
10 -	Did the experimetion have level showtown hypershee as effiliates?			10 -	Yes	-					
	Did the organization have local chapters, branches, or affiliates?			10 a		Х					
	operations are consistent with the organization's exempt purposes?			10b							
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the				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						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that to conflicts?	could gi	ve rise	12b	Х						
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Schedule O how this was done</i> SeeSchedule.0	Yes,' des	cribe in	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 approv persons, comparability data, and contemporaneous substantiation of the deliberation and de	al by ind	lependent								
	The organization's CEO, Executive Director, or top management official See . Schedule				Х						
b	Other officers or key employees of the organization			15b		Х					
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).										
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar taxable entity during the year?			. 16a		Х					
b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evalua participation in joint venture arrangements under applicable federal tax law, and take steps	to safeg	uard the	101							
Sec	organization's exempt status with respect to such arrangements?			16b		<u> </u>					
<u>3ec</u> 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 (1024 or 1024-A if applicable)	990 3	nd 990-T (Section F	501(c)(3)		<u> </u>					
10	available for public inspection. Indicate how you made these available. Check all that apply.		ain in Schedule O)		<i>)</i> 3 011	iy)					
19	Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest p			lable to							
	the public during the tax year. See Schedule O										
20	State the name, address, and telephone number of the person who possesses the organization's bo										
	Kurt Pacquette 75 Broad Street, Floor 31 New York NY 100	04 (2	12) 845-5200								
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Section A. Governing Body and Management

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	anv li	ine in	this Part \	/1

**1 a** Enter the number of voting members of the governing body at the end of the tax year.....

13-3116646

22

Х

No

Yes

Form 990 (2018) Human Rights First		alawaaa Ulahaat C	13-31166							
Part VII Compensation of Officers, Director Independent Contractors	ors, Trustees, Key Em	bioyees, highest C	ompensated En	nployees, and						
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										
1 a Complete this table for all persons required to be listed organization's tax year.	Report compensation for the	calendar year ending wit	h or within the							
<ul> <li>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.</li> </ul>										
<ul> <li>List all of the organization's current key employed</li> </ul>		2								
<ul> <li>List the organization's five current highest comp who received reportable compensation (Box 5 of Form organization and any related organizations.</li> </ul>										
• List all of the organization's <b>former</b> officers, key of reportable compensation from the organization and any		npensated employees v	who received more	han \$100,000						
<ul> <li>List all of the organization's former directors or truste organization, more than \$10,000 of reportable compen</li> </ul>										
List persons in the following order: individual trustees employees; and former such persons.	or directors; institutional tru	stees; officers; key emp	oloyees; highest cor	npensated						
Check this box if neither the organization nor any relate	ed organization compensated	any current officer, direct	or, or trustee.							
	(C)									
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related organiza- tions below dotted line)	ad a (D) Reportable compensation from	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations						

		(0)								
(A) Name and Title	(B) Average hours per	thar	n one s both dire	box, an o ector/	unles officer /truste		on	<b>(D)</b> Reportable compensation from the organization	<b>(E)</b> Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) William D. Zabel	2									
Co-Chair	0	Х		Х				0.	0.	0.
(2) Tom A. Bernstein	2									
Co-Chair	0	Х		Х				0.	0.	0.
(3) Michael K. Rozen	2									
Vice Chair	0	Х		Х				0.	0.	0.
(4) Lynda Clarizio	2									
Treasurer	0	Х		Х				0.	0.	0.
(5) Robbie Karp	2									
Secretary	0	Х		Х				0.	0.	0.
(6) J. Adam Abram	1									
Director	0	Х						0.	0.	0.
(7) Tony Blinken	1									
Director	0	Х						0.	0.	0.
(8) Elizabeth Bowyer	1									
Director	0	Х						0.	0.	0.
(9) Donald Francis Donovan	1									
Director	0	Х						0.	0.	0.
(10) Matthew Dontzin	1									
Director	0	Х						0.	0.	0.
(11) Leslie Gimbel	1									
Director	0	Х						0.	0.	0.
(12) R. Scott Greathead	1									
Director	0	Х						0.	0.	0.
(13) Myrna K. Greenberg	1									
Director	0	Х						0.	0.	0.
(14) Lewis B. Kaden	1									
Director	0	Х						0.	0.	0.
BAA	TEEA0	107L	08/03	3/18						Form <b>990</b> (2018)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Em									pensated Emp	loyees	6 (contin	nued)	
	(B) (C)												
	<b>(A)</b> Name and title	Average hours per	box	, unle	ess pe	erson	e than is both or/trus	h an	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from		(F) stimated unt of oth	
		week (list any hours for related organiza - tions below dotted	or director		Officer		Highest compensated employee		(W-2/1099-MISC)	(W-2/1099-MISC)	com fi org an	ipensatic om the anizatior d related anization	n 1
		line)		8			ated						
(15)	Kerry Kennedy	1											
	Director	0	Х						0.	0.			0.
(16)	Robert Todd Lang	1											
	Director	0	Х						0.	0.			0.
(17)	Daryl Libow	1											
	Director	0	Х						0.	0.			0.
(18)	Bobby Mandell	1											
	Director	0	Х		-				0.	0.			0.
(19)	David Matthews	1											
(00)	Director	0	Х						0.	0.			0.
(20)	Alexi Ashe Meyers	1							0	0			0
(21)	Director	0	Х						0.	0.			0.
(21)	<u>Alberto Mora</u> Director	$\frac{1}{0}$	х						0.	0.			0
(22)	Matthew C Olcon	0	^						0.	0.			0.
(22)	Director	0	Х						0.	0.			0.
(23)	Mona K. Sutphen	1							0.	0.			
<u> </u>	Director		Х						0.	0.			0.
(24)	Lev A. Sviridov	1											
	Director	0	Х						0.	0.			0.
(25)	Michael Breen	37.5											
	President & CEO	0	•		Х				51,297.	0.		2,5	559.
	Sub-total							►	51,297.	0.		2,5	559.
	Total from continuation sheets to Part VII, Section							► .	1,643,393.	0.	1	56,4	29.
	Total (add lines 1b and 1c)								1,694,690.	0.		58,9	88.
2	Total number of individuals (including but not limited	to those I	isted	abo	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	ensatio	n	
	from the organization <b>b</b> 16												
												Yes	No
3	Did the organization list any <b>former</b> officer, direct on line 1a? If 'Yes,' complete Schedule J for such	tor, or tru	stee,	key	/ em	nplo	yee,	or h	ighest compensat	ted employee	3		Х
	·												Λ
4	For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	r than \$1	50,00	20'?	<i>lf</i> '}	ſes,	' com	nple	te Schedule J for	trom	. 4	Х	
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes	e comper ,' <i>comple</i>	isatio te So	n fr	om Iule	any <i>J fo</i>	unre r suc	late	d organization or	individual	. 5		Х
Sec	tion B. Independent Contractors	. ,											
1	Complete this table for your five highest compensation from the organization. Report compen-	sated inde	epen	dent	t cor dar i	ntra	ctors	tha	t received more the	nan \$100,000 of			
	(A)	541011101		alen	uai .	year	enui	ng v	(B)	· · · · ·		C)	
	Name and business addr	ress							Description of		Compe		n
										ł			
2	Total number of independent contractors (including b		ited to	o tho	ose l	listeo	d abo	ve)	who received more	than			
	\$100,000 of compensation from the organization	- 0									_		

#### Form 990

### **Continuation Sheet for Form 990**

Department of the Treasury Internal Revenue Service

# Human Rights First Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

#### Employler Identification number

13-3116646

OMB No. 1545-0047

2018

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average		tion (		k all t	hat app		Reportable	Reportable	Estimated
	hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Zachary Silverstein	<u>37.5</u> 0	+		Х				265,363.	0.	25,127.
Elisa_Massimino President & CEO	<u>37.5</u> 0	-		Х				264,166.	0.	14,894.
<u>Kurt Pacquette</u> Dir. of Finance	<u>37.5</u> 0	-		Х				127,077.	0.	10,633.
<u>Robert Berschinski</u> <u>Sr. Vice President</u>	<u>37.5</u> 0	-			Х			166,257.	0.	11,424.
<u>Sharon_Kelly_McBride</u> VP, Advocacy	<u>37.5</u> 0	-			Х			165,390.	0.	11,426.
Eleanor Acer Sr. Dir-Ref Prot.	<u>37.5</u> 0	-				Х		151,283.	0.	23,729.
<u>Hardy Vieux</u> Legal Director	<u>37.5</u> 0	-				Х		151,137.	0.	11,207.
Melissa Hooper Dir. Hmn Rts & Civ	<u>37.5</u> 0	-				Х		129,958.	0.	10,386.
<u>Cynthia Burns</u> Dir of Operations	<u>37.5</u> 0	-				Х		118,976.	0.	14,215.
Paul LeGendre Dir, Foundations	<u>37.5</u> 0	-				Х		103,786.	0.	23,388.
		-								
		-								
		-								
		-								
		-								
		-								
		-								
		-								
		-								
		-								
		+								
										Form <b>990</b> Cont 20

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				//////////////////////////////////////		
			<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from under section 512-514
-	a Federated campaigns 1a					
	b Membership dues 1b c Fundraising events 1c	1 001 700				
	c Fundraising events 1 c d Related organizations 1 d	1,821,762.				
	e Government grants (contributions) 1 e	520,000.				
5		520,000.				
	f All other contributions, gifts, grants, and similar amounts not included above1 f	13,796,424.				
) ;	g Noncash contributions included in lines 1a-1f: \$					
<u>,</u> 1	h Total. Add lines 1a-1f		16,138,186.			
2		Business Code				
	a b					
	с					
	d					
	ee					
· 1	f All other program service revenue					
9	g Total. Add lines 2a-2f	▶				
3	Investment income (including dividend	s, interest and	10 615			
4	other similar amounts)		42,645.			42,64
5	Royalties	•				
Ũ	(i) Real	(ii) Personal				
6	a Gross rents 17,300	•				
	b Less: rental expenses					
	c Rental income or (loss) 17,300					
	d Net rental income or (loss)		17,300.			17,30
7 :	a Gross amount from sales of assets other than inventory 4, 336, 006	(ii) Other				
	1/330/000	•				
	b Less: cost or other basis and sales expenses 4, 398, 743					
	c Gain or (loss)62,737					
	d Net gain or (loss)		-62,737.			-62,73
8	a Gross income from fundraising events (not including \$ <u>1,821,762.</u> of contributions reported on line 1c).					
	See Part IV, line 18	a 173,398.				
		<b>b</b> 173,398.				
	c Net income or (loss) from fundraising					
	a Gross income from gaming activities. See Part IV, line 19					
	b Less: direct expenses					
	c Net income or (loss) from gaming activ	vities ►				
	<ul><li>a Gross sales of inventory, less returns and allowances</li><li>b Less: cost of goods sold</li></ul>					
	c Net income or (loss) from sales of inve					
	Miscellaneous Revenue	Business Code				
11;	<sup>a</sup> <u>Fellowship _income</u>	900099	237,797.	237,797.		
	<pre>b <u>Miscellaneous</u></pre>	900099	147,539.	147,539.		
	c					
1.	d All other revenue					
	e Total. Add lines 11a-11d	•	385,336.			

300	tion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a re				·····
Do		(A)	(B)	(C)	(D)
6b,	not include amounts reported on lines 7b, 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 for- eign individuals. See Part IV, lines 15 and 16				
4					
5	Compensation of current officers, directors, trustees, and key employees	1,115,613.	921,831.	107,372.	86,410.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7		4,590,925.	3,793,479.	441,856.	355,590.
8	Pension plan accruals and contributions (include section 401(k) and 403(b)				
~	employer contributions)	125,986.	104,102.	12,126.	9,758.
9	Other employee benefits	652,539.	539,193.	62,804.	50,542.
10	Payroll taxes	404,561.	334,289.	38,937.	31,335.
	Fees for services (non-employees): a Management				
	<b>b</b> Legal	25 025		25 025	
	c Accounting	35,835.	20.250	35,835.	
	d Lobbying	40,500.	20,250.	20,250.	
	e Professional fundraising services. See Part IV, line 17	60.000			60.000
	f Investment management fees	<u>69,000.</u> 2,041.		2,041.	69,000.
	Other. (If line 11g amount exceeds 10% of line 25, column				
10	(A) amount, list line 11g expenses on Schedule Ó.)	321,023.	304,877.	12,062.	4,084.
	Advertising and promotion	51,168.	46,666.	30.	4,472.
13	Office expenses	45,238.	29,719.	13,550.	1,969.
14 15	Royalties	115,065.	94,971.	11,354.	8,740.
15	Occupancy	1 407 401	1 1 / 1 6 2 /	162,820.	102 057
17	Travel.	1,407,401. 142,863.	<u>1,141,624</u> . 129,353.	5,917.	<u>102,957.</u> 7,593.
18	Payments of travel or entertainment expenses for any federal, state, or local	142,003.	129,353.	5,917.	7,595.
19	public officials.	323,642.	221,193.	2,422.	100,027.
20	Interest	5257012.	221/1931		1007027
21	Payments to affiliates Depreciation, depletion, and amortization	227 222	100 105	10 007	10 700
22 23		227,920. 74,101.	<u>189,195.</u> 62,210.	<u>19,997.</u> 6,020.	<u>18,728.</u> 5,871.
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).	74,101.	02,210.	0,020.	5,671.
	a Recruiting	123,775.	2,114.	121,642.	19.
	• Repairs & maintenance	111,070.	78,905.	9,847.	22,318.
	C Dues & subscriptions	78,082.	74,836.	1,327.	1,919.
	d <u>Copying</u>	64,265.	52,679.	6,360.	5,226.
	e All other expenses	152,732.	102,763.	8,529.	41,440.
25	Total functional expenses. Add lines 1 through 24e	10,275,345.	8,244,249.	1,103,098.	927,998.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following				
RA/	SOP 98-2 (ASC 958-720)				Form <b>000</b> (2018)

## Form 990 (2018)Human Rights FirstPart IXStatement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX.....

## Form 990 (2018) Human Rights First Part X Balance Sheet

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10 0110010	

				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash – non-interest-bearing			2,921.	1	1,994
2	Savings and temporary cash investments	1,243,623.	2	875,873		
3	Pledges and grants receivable, net			650,175.	3	4,775,646
4	Accounts receivable, net			61,409.	4	74,214
5	Loans and other receivables from current and former trustees, key employees, and highest compensated e Part II of Schedule L	Complete		5		
6	Loans and other receivables from other disqualified p section 4958(f)(1)), persons described in section 4958(c)( employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete	contributing		6		
7	Notes and loans receivable, net.				7	
8	Inventories for sale or use				8	
-	Prepaid expenses and deferred charges			224 600	о 9	112 201
9		1 1		334,600.	9	113,325
	a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		2,565,178.			
b	Less: accumulated depreciation	10 b	1,977,479.	755,875.	10 c	587,69
11	Investments – publicly traded securities			423,741.	11	2,703,76
12	Investments - other securities. See Part IV, line 11.			519,442.	12	519,24
13	Investments - program-related. See Part IV, line 11.			•	13	,
14	Intangible assets.				14	
15	Other assets. See Part IV, line 11			1,656.	15	131,12
16	Total assets. Add lines 1 through 15 (must equal line	34)		3,993,442.	16	9,782,89
17	Accounts payable and accrued expenses			677,989.	17	450,66
18	Grants payable				18	
19	Deferred revenue			900,016.	19	895,54
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete Part				21	
22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	ers, directo d disqualifie	rs, trustees, ed persons.		22	
23	Secured mortgages and notes payable to unrelated th	hird parties			23	
24	Unsecured notes and loans payable to unrelated third	d parties		250,000.	24	
25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com			,	25	
26	Total liabilities. Add lines 17 through 25			1,828,005.	26	1,346,213
	Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	ere► X	and complete			
27	Unrestricted net assets			- 502 022	27	1 206 26
28	Temporarily restricted net assets.			<u>-503,833.</u> 1,169,270.	28	1,306,26
20	Permanently restricted net assets			1,500,000.	20	<u>6,125,53</u> 1,004,88
25	Organizations that do not follow SFAS 117 (ASC 958), cl and complete lines 30 through 34.	1,300,000.	25	1,004,88		
20				20		
30 21	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipm			30		
31					31	
27 28 29 30 31 32 33	Retained earnings, endowment, accumulated income			0 1 65 407	32	0 400 00
33	Total net assets or fund balances			2,165,437.	33	8,436,68
34	Total liabilities and net assets/fund balances	TEEA0111L		3,993,442.	34	9,782,89 Form <b>990</b> (20

Forn	1990 (2018) Human Rights First 13	-3116646	5	Pa	age <b>12</b>
	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,5	20,	730.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,2		
3	Revenue less expenses. Subtract line 2 from line 1	3	6,2	45,3	385.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,1	65,4	437.
5	Net unrealized gains (losses) on investments.	5		25,8	358.
6	Donated services and use of facilities	6			
7	Investment expenses				
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	8.4	36.6	580.
Pa	t XII Financial Statements and Reporting		0,1		
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗖
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ved on a			
ł	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis				
(	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud review, or compilation of its financial statements and selection of an independent accountant?	it,	2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		Х
ł	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		
BAA	TEEA0112L 08/03/18		Form	99 <b>0</b>	(2018)

SCHEDULE A (Form 990 or 990-EZ)

Total

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

Complete if the organization is a section 501(c)(3) organization or a section

OMB No. 1545-0047 2018

				)(1) nonexempt charita						
			► Atta		Open to Public					
Depart Interna	ment of the Treasury al Revenue Service	► (	Go to www.irs.gov/Fo	rm990 for instructions	and the	latest i	nformation.	Inspection		
Name	of the organization						Employer identification	ation number		
Hum	an Rights F	irst					13-311664	6		
Par	t I Reason fo	r Public Cha	arity Status (All or	rganizations must o	comple	ete this	part.) See instruc	tions.		
The o	organization is not	a private found	dation because it is: (	For lines 1 through 12,	check o	nly one	box.)			
1	A church, conv	vention of church	nes, or association of cl	nurches described in sec	tion 1 <b>70(</b>	b)(1)(A)	(i).			
2	A school desc	ribed in section 1	170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 or	990-EZ	).)				
3	A hospital or	a cooperative h	nospital service organ	ization described in <b>sec</b>	ction 17	0(b)(1)(A	A)(iii).			
4	A medical res	search organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's								
	name, city, a	nd state:								
5	An organizati section 170(b	on operated for <b>b)(1)(A)(iv).</b> (Co	operated for the benefit of a college or university owned or operated by a governmental unit described in <b>(A)(iv).</b> (Complete Part II.)							
6	A federal, sta	ite, or local gov	ernment or governme	ental unit described in <b>s</b>	ection 1	1 <b>70(b)(</b> 1)	)(A)(v).			
7	X An organization in section 17	on that normally i <b>0(b)(1)(A)(vi).</b> (	receives a substantial p Complete Part II.)	art of its support from a	governm	ental un	it or from the general pu	blic described		
8	A community	trust described	l in section 170(b)(1)(	A)(vi). (Complete Part I	l.)					
9				tion 170(b)(1)(A)(ix) oper (see instructions). Enter						
	university:									
10	from activities investment in	s related to its e come and unre	exempt functions—sub	33-1/3% of its support fr oject to certain exception e income (less section Part III.)	ons, and	(2) no	more than 33-1/3% of i	ts support from gross		
11		tion organized and operated exclusively to test for public safety. See section 509(a)(4).								
12	or more publi	cly supported of	organizations describe	ely for the benefit of, to d in <b>section 509(a)(1)</b> of upporting organization	or <b>sectio</b>	on 509(a	)(2). See section 509(a	ut the purposes of one <b>)(3).</b> Check the box in		
а	Type I. A supp organization(s	orting organizati	on operated, supervise gularly appoint or elect	d, or controlled by its sup a majority of the directo	ported o	organizat	ion(s), typically by giving	g the supported on. <b>You must</b>		
b	<b>Type II.</b> A sup management of	porting organiz	zation supervised or c organization vested in	ontrolled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organizat	having control or ion(s). <b>You</b>		
С	Type III functio	onally integrated	. A supporting organizat	ion operated in connectio	n with, ai <b>A, D, an</b>	nd functi d E.	onally integrated with, its	supported		
d	Type III non-fu	nctionally integ ntegrated. The o	rated. A supporting org	anization operated in cor must satisfy a distribu <b>s A and D, and Part V.</b>	nnection tion req	with its s uiremen	supported organization(s t and an attentiveness	) that is not requirement (see		
e	Check this bo	ox if the organiz	ation received a writt	en determination from t supporting organization	the IRS					
f	Enter the number	er of supported	organizations							
			n about the supported		1			i		
	(i) Name of supported of	organization	<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your g	s the tion listed joverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
(A)										
(B)	(B)									
(C)										
(D)										
(E)										

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

#### Section A. Public Support

Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	8,911,681.	11033925.	10290212.	6,971,612.	16138186.	53,345,616.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	8,911,681.	11033925.	10290212.	6,971,612.	16138186.	53,345,616.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						8,050,258.
6	Public support. Subtract line 5 from line 4						45,295,358.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	<b>(f)</b> Total
7	Amounts from line 4	8,911,681.	11033925.	10290212.	6,971,612.	16138186.	53,345,616.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	458,578.	335,519.	324,366.	219,287.	59,945.	1,397,695.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		· ·				0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI	114,265.	296,367.	453,519.	467,798.	385,336.	1,717,285.
	Total support. Add lines 7 through 10						56,460,596.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.
13	First five years. If the Form 990 is organization, check this box and	for the organizatior	n's first, second, thi	rd, fourth, or fifth	tax year as a sectio	on 501(c)(3)	►
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20						80.22%
15	Public support percentage from	2017 Schedule A,	Part II, line 14			15	88.85%
16a	33-1/3% support test-2018. If t and stop here. The organization	he organization di qualifies as a put	d not check the b blicly supported or	ox on line 13, an rganization	d line 14 is 33-1/3	3% or more, checl	< this box ·····► Χ
b	33-1/3% support test-2017. If the and stop here. The organization	ne organization dic n qualifies as a pul	I not check a box plicly supported o	on line 13 or 16a rganization	a, and line 15 is 3	3-1/3% or more, o	check this box ·····►
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	s' test, check this	box and stop her	e. Explain in Par	tVI how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances' f	nd-circumstances test. The organiza	s' test, check this ition qualifies as	box and stop her a publicly support	<b>e.</b> Explain in Part ed organization.	t VI how the
18	Private foundation. If the organi	zation did not che	ck a box on line 1	3, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions ►
BAA					Sel	adula A (Earm 9	90 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

13-3116646

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.) Dall

Sec	tion A. Public Support						
Caleno 1	dar year (or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	<b>(f)</b> Total
	received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	(4) 2011	(3) 2010	(0) 2010	(4) 2017	(0) 2010	() / 0.04
-	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	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 assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 organization, check this box and	is for the organization of the stop here	ation's first, secor	nd, third, fourth, c	or fifth tax year as	a section 501(c)(3	<sup>3)</sup> ►
Sec	tion C. Computation of Pu	blic Support P	ercentage				
15	Public support percentage for 20	018 (line 8, colum	n (f), divided by li	ne 13, column (f)	)	15	010
16	Public support percentage from	2017 Schedule A,	Part III, line 15.			16	010
Sec	tion D. Computation of Inv					II	
17	Investment income percentage f				umn (f))	17	0/0
18	Investment income percentage f			-			0/0
	33-1/3% support tests-2018. If						
	is not more than 33-1/3%, check	k this box and sto	<b>p here.</b> The orgar	nization qualifies a	as a publicly supp	orted organization	🕨
b	<b>33-1/3% support tests—2017.</b> If the line 18 is not more than 33-1/3%	the organization d	lid not check a bo and <b>stop here.</b> Th	x on line 14 or lir e organization qu	ne 19a, and line 1 Ialifies as a public	6 is more than 33- ly supported orgar	1/3%, and nization ►
20	Private foundation. If the organi	zation did not che	eck a box on line	14, 19a, or 19b, c	heck this box and	see instructions	►

Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).*
- 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

1

2

3a

3b

3c

4a

Δh

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

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**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.

**b** A family member of a person described in (a) above?

c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.

#### Section B. Type I Supporting Organizations

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

#### Section C. Type II Supporting Organizations

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

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

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 1 organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 2 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 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 3 in this regard.

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

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

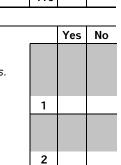
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#### 2 Activities Test. Answer (a) and (b) below.

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

11a

11b 11c



Yes No.

No

Yes

2a

2b

3a

3h

Page 5

No

Yes

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Page 6

1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organizatio	t on No ns mus	ov. 20, 1970 (explain in trong to the sections A	n Part VI). <b>See</b> through E.
ec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
Ł	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
C	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2018

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Sι	upporting Organiza	ations (continued)	
Sec	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	irposes		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	IS,	
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizati in <b>Part VI</b> ). See instructions.	ion is responsive (provide	e details	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
Ł	P From 2014			
c	From 2015			
C	From 2016			
e	Prom 2017			
	f Total of lines 3a through e			
ç	Applied to underdistributions of prior years			
ł	Applied to 2018 distributable amount			
	Carryover from 2013 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
Ł	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
Ŀ	Excess from 2015			
	Excess from 2016			
C	Excess from 2017			
e	Excess from 2018			

BAA

Schedule A (Form 990 or 990-EZ) 2018

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

#### Part II, Line 10 - Other Income

Nature and Source	 2018	 2017	 2016	2015	 2014
Fellowship Income Other Income Total	 237,797. 147,539. 385,336.	 342,329. 125,469. 467,798.	 88,221. \$	<u>    296,367.</u> 296,367.	 <u>114,265.</u> 114,265.

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SCHE	EDL	JLE	Ξ(	2
(Form	99 <b>0</b>	or	99	0-EZ)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Department of the Treasury Internal Revenue Service Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

• 5	If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.							
<ul> <li>Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.</li> <li>Section 527 organizations: Complete Part I-A only.</li> </ul>								
	5	on Form 990, Part IV, line 4, or Form 990-EZ, I	Part VI, line 47 (Lobbyi	ng Activities), then				
• 5	Section 501(c)(3) organizations t	hat have filed Form 5768 (election under sect	ion 501(h)): Complete	Part II-A. Do not complete				
	Section 501(c)(3) organization Part II-A.	s that have NOT filed Form 5768 (election	under section 501(h)	): Complete Part II-B. D	o not complete			
lf the (Pro	e organization answered 'Yes xy Tax) (see separate instruc	, <b>' on Form 990, Part IV, line 5 (Proxy Tax)</b> tions), then organizations: Complete Part III.	(see separate instruc	ctions) or Form 990-EZ,	Part V, line 35c			
				Employer identifica	ation number			
	Hullian Ki	ghts First		13-311664				
Par	t I-A Complete if the o	rganization is exempt under section	on 501(c) or is a					
	(see instructions for definitio	organization's direct and indirect political on of 'political campaign activities')						
2	Political campaign activity ex	xpenditures (see instructions)		▶\$				
3	Volunteer hours for political	campaign activities (see instructions)						
Par		rganization is exempt under section						
1		ise tax incurred by the organization under						
2	Enter the amount of any exc	sise tax incurred by organization managers	under section 4955.	►\$	0.			
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No			
4 a	Was a correction made?				Yes No			
	If 'Yes,' describe in Part IV.							
	-	rganization is exempt under section						
1	Enter the amount directly ex	pended by the filing organization for section	on 527 exempt function	on activities 🏲 \$				
2		g organization's funds contributed to other						
3	Total exempt function expen line 17b	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	►\$				
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No			
5	organization made payments amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the a is received that were promptly and directly de al action committee (PAC). If additional spa	mount paid from the livered to a separate p	filing organization's fund olitical organization, such	ds. Also enter the as a separate			
	<b>(a)</b> Name	(b) Address	<b>(c)</b> EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0			
(1)								
(2)	(2)							
(3)								
(4)								
(5)								
(6) BAA	For Panenwork Poduction Act	Notice, see the Instructions for Form 990 or	990_F7	Schodula C (Ea	rm 990 or 990-EZ) 2018			
DAA	i of i aperwork reduction Act	nouse, see the motifuctions for Form 330 Or	JJU-LL.	Schedule C (FO				

Schedule <b>C</b> (Form 990 or 990-EZ) 2013	<sup>3</sup> Human	Rights	First
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Yes

No

Page 2 13-3116646 Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). Check ► if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, Α address, EIN, expenses, and share of excess lobbying expenditures). Check if the filing organization checked box A and 'limited control' provisions apply. В ► (a) Filing organization's totals (b) Affiliated group totals Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.) 1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)..... 90,396 **b** Total lobbying expenditures to influence a legislative body (direct lobbying)..... 234,096 c Total lobbying expenditures (add lines 1a and 1b)..... 324,492 0 d Other exempt purpose expenditures..... 7,919,757 e Total exempt purpose expenditures (add lines 1c and 1d)..... 8,244,249 0. f Lobbying nontaxable amount. Enter the amount from the following table in both columns..... 562,212 If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000. Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1f)..... 140,553 0. h Subtract line 1g from line 1a. If zero or less, enter -0-.... 0 0. i Subtract line 1f from line 1c. If zero or less, enter -0-.... 0 0.

i If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?.....

> 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period								
<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> Total				
793,842.	749,796.	620,099.	562,212.	2,725,949.				
				4,088,924.				
508,348.	451,895.	444,941.	324,492.	1,729,676.				
198,461.	187,449.	155,025.	140,553.	681,488.				
				1,022,232.				
47,709.	139,365.	79,497.	90,396.	356,967.				
	(a) 2015 793,842. 508,348. 198,461.	(a) 2015 (b) 2016 793,842. 749,796. 508,348. 451,895. 198,461. 187,449.	(a) 2015       (b) 2016       (c) 2017         793,842.       749,796.       620,099.         508,348.       451,895.       444,941.         198,461.       187,449.       155,025.	(a) 2015       (b) 2016       (c) 2017       (d) 2018         793,842.       749,796.       620,099.       562,212.         508,348.       451,895.       444,941.       324,492.         198,461.       187,449.       155,025.       140,553.				

(election under section 501(h)).	(;	a)	(	b)	
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description					
of the lobbying activity.	Yes	No	Am	ount	
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum,					
through the use of: <b>a</b> Volunteers?					
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
<b>d</b> Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
<b>q</b> Direct contact with legislators, their staffs, government officials, or a legislative body?					
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
i Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912					
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 50	1(c)(5)	, or			
section 501(c)(6).					-
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?					
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the	1 2				
Part III-B Complete if the organization is exempt under section 501(c)(4), section 50 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b answered 'Yes.'	1(c)(5) ) Part	, or s III-A,	ection 5 line 3, is	01(c)	
1 Dues, assessments and similar amounts from members.		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politica expenses for which the section 527(f) tax was paid).					
<b>a</b> Current year		2 a			
<b>b</b> Carryover from last year		2 b			
<b>c</b> Total		2 c			
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political					
<ul> <li>expenditure next year?</li></ul>		4			
		5			

Part IV Supplemental Information

Schedule C (Form 990 or 990-EZ) 2018 Human Rights First

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

13-3116646

Page 3

	OMB No. 1545-0047				
SCHEDULE D (Form 990)	2018				
Department of the Treasury Internal Revenue Service	► Go to www.irs	Attach to Form 990. .gov/Form990 for instructions and the lateral sectors.	atest information.		Open to Public Inspection
Name of the organization				Employer id	Ientification number
	ghts First		<b>-</b>	13-311	6646
Part I Organiza Complete	if the organization ans	or Advised Funds or Other Simil wered 'Yes' on Form 990, Part IV	/, line 6.	ounts.	
		(a) Donor advised funds	<b>(b)</b> F	unds and	other accounts
	end of year				
	ants from (during year)				
	at end of year				
5 Did the organizat	ion inform all donors and do	nor advisors in writing that the assets he organization's exclusive legal control?	eld in donor advised	funds	Yes No
6 Did the organizat	ion inform all grantees, dong	rs, and donor advisors in writing that gra t of the donor or donor advisor, or for an	ant funds can be use	ed only	
impermissible pri	ivate benefit?				Yes No
	tion Easements.	wered 'Yes' on Form 990, Part I\	/, line 7.		
-	-	y the organization (check all that apply).			
	of land for public use (e.g.,		vation of a historical	5 1	
	natural habitat	Preserv	vation of a certified I	historic str	ucture
	of open space		H		
last day of the ta		neld a qualified conservation contribution in	the form of a conserv	vation ease	ment on the
-				leld at the	End of the Tax Year
0	-	ments			
		fied historic structure included in (a)			
d Number of conse structure listed ir	rvation easements included the National Register	n (c) acquired after 7/25/06, and not on	a historic <b>2 d</b>		
	0	nsferred, released, extinguished, or termina		n during th	e
	where property subject to conse	ervation easement is located ►			
		garding the periodic monitoring, inspect		ations,	Yes No
		nts it holds? inspecting, handling of violations, and enfor			
7 Amount of expens ►\$	es incurred in monitoring, insp	ecting, handling of violations, and enforcing	conservation easeme	ents during	the year
8 Does each conse	ervation easement reported o	n line 2(d) above satisfy the requirement	ts of section 170(h)(	<sup>4)(B)(i)</sup> г	]Yes □ No
9 In Part XIII, descri include, if applica	be how the organization report able, the text of the footnote	s conservation easements in its revenue an to the organization's financial statement	d expense statement.	and balan	L L L L L L L L L L L L L L L L L L L
conservation eas		ctions of Art, Historical Treasur	ac or Other Sim		oto
Complete	if the organization ans	wered 'Yes' on Form 990, Part IN	/, line 8.	illar ASS	els.
art, historical treas	sures, or other similar assets h	r SFAS 116 (ASC 958), not to report in i eld for public exhibition, education, or resea ncial statements that describes these ite	irch in furtherance of i	nt and bala public servi	ance sheet works of ce, provide,
historical treasures following amount	s, or other similar assets held f is relating to these items:	r SFAS 116 (ASC 958), to report in its re or public exhibition, education, or research	in furtherance of publi	ic service,	e sheet works of art, provide the
		line 1			
(ii) Assets includ	led in Form 990, Part X			►\$	
2 If the organization amounts required	received or held works of art, to be reported under SFAS	nistorical treasures, or other similar assets f 116 (ASC 958) relating to these items:	for financial gain, prov	vide the fol	lowing

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

Schedule D (Form 990) 2018

TEEA3301L 10/10/18

Schedule D (Form 990) 2018 Humar			ical Treasures o	r Other	13-3116 Similar Asse		Page 2	
3 Using the organization's acquisition			· · ·			•		
items (check all that apply):			-	ire a sign		oncetion		
a Public exhibition			exchange programs					
<b>b</b> Scholarly research <b>c</b> Preservation for future gener	ations	e Other						
<ul> <li>Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.</li> </ul>								
<ul><li>5 During the year, did the organiza to be sold to raise funds rather the sold to rather the sold to raise funds rather the sold to rather</li></ul>	tion solicit or receive	e donations of art,	historical treasures,	or other	similar assets	٦.,	Π.	
Part IV Escrow and Custodia						Yes	No No	
line 9, or reported an	amount on Form	990, Part X, li	ne 21.	ISWEIEU		III 990, F <i>c</i>	utiv,	
<b>1 a</b> Is the organization an agent, trus	stee, custodian or ot	her intermediary f	or contributions or oth	ner asset	s not included	_		
on Form 990, Part X?					· · · · · · · · · · · · · · · L	Yes	No	
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII and con	nplete the followin	g table:	<b>—</b>		Imount		
<b>c</b> Beginning balance				10		Amount		
<b>d</b> Additions during the year								
e Distributions during the year					-			
f Ending balance					-			
2 a Did the organization include an a	mount on Form 990	, Part X, line 21, f	or escrow or custodia	l accoun	t liability?	Yes	No	
b If 'Yes,' explain the arrangement	in Part XIII. Check	nere if the explana	ation has been provide	ed on Pa	art XIII	<b></b>		
Part V Endowment Funds. C								
	(a) Current year	(b) Prior year	(c) Two years bac		Three years back	(e) Four yea		
<b>1 a</b> Beginning of year balance	922,030.			1.	1,116,542.	1,075	,404.	
<b>b</b> Contributions	670,000.	507,95						
c Net investment earnings, gains, and losses	-27,145.	40,58	-107,79	5	-5,251.	41	,138.	
<b>d</b> Grants or scholarships	27,145.	40,50	101,15		5,251.		,150.	
e Other expenditures for facilities								
and programs	-560,000.	-630,00	0.		0.			
f Administrative expenses								
<b>g</b> End of year balance	1,004,885.				1,111,291.	1,116	,542.	
2 Provide the estimated percentage		end balance (line	1g, column (a)) held	as:				
a Board designated or quasi-endowm		<u>ک</u>						
<b>b</b> Permanent endowment	<u>100.00</u> %	Q.						
c Temporarily restricted endowmer The percentages on lines 2a, 2b, ar		o 0%						
<b>3a</b> Are there endowment funds not in t organization by:	he possession of the	organization that ar	e held and administere	d for the		Yes	No	
(i) unrelated organizations						3a(i)	X	
(ii) related organizations						3a(ii)	X	
<b>b</b> If 'Yes' on line 3a(ii), are the rela						3b		
4 Describe in Part XIII the intended								
Part VI Land, Buildings, and	Equipment.							
Complete if the organi	zation answered	'Yes' on Form	990, Part IV, line	e 11a. S	See Form 990	), Part X, I	ine 10.	
Description of property	<b>(a)</b> Cos (ii	t or other basis vestment)	(b) Cost or other basis (other)	(c) A de	ccumulated preciation	(d) Book v	value	
<b>1 a</b> Land	·····		. •					
<b>b</b> Buildings								
c Leasehold improvements			1,192,849.		698,906.	493	3,943.	
<b>d</b> Equipment			894,307.		838,436.		5,871.	
<b>e</b> Other			478,022.		440,137.		7,885.	
Total. Add lines 1a through 1e. (Column	n (d) must equal Fo	rm 990, Part X, co	olumn (B), line 10c.).				7,699.	
BAA					Schedu	le D (Form 99	90) 2018	

Part VII Investments – Other Securities.	'Yes' on Form 990	), Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	. ,	
(2) Closely-held equity interests		
(3) Other		
(A)		
(A) (B)		
(C)		
(D) (E)		
(F)		
(G) 		
(H) (I)		
(I) Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ►	519,249.	
		N / A
Complete if the organization answered	'Yes' on Form 990	N/A ), Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
<u>(6)</u>		
(7) (8)		
(3) (9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►		
Part IX Other Assets.	N/A	
	'Yes' on Form 990 scription	), Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6) (7)		
(7) (8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (E	3) line 15.)	•••••
Part X Other Liabilities.		
Complete if the organization answered 'Yes' on Fo		1e or 11f. See Form 990, Part X, line 25.
(a) Description of liability (1) Federal income taxes	(b) Book value	_
(2)		
(3)		-
(4)		
(5)		
(6)		
(7)		
(8) (9)		
(9) (10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	•	
2 Liability for upgortain tay positions. In Part XIII, provide the tayt of the for		

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

Schedule D (Form 990) 2018 Human Rights First	13-3116	5646	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.			
1 Total revenue, gains, and other support per audited financial statements	1	77,153	654.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	8.		
<b>b</b> Donated services and use of facilities	7.		
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)			
e Add lines <b>2a</b> through <b>2d</b>	2e	60,634	,965.
3 Subtract line 2e from line 1.	3	16,518	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		•	·
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 2,04	1.		
b Other (Describe in Part XIII.)			
c Add lines <b>4a</b> and <b>4b</b>	4c	2	,041.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	16,520	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Retur		·
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.			
1 Total expenses and losses per audited financial statements	1	70,882	.411.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		-,	<u>,                                     </u>
a Donated services and use of facilities	7		
b Prior year adjustments	<u>··</u>		
c Other losses	-		
d Other (Describe in Part XIII.)	-		
e Add lines 2a through 2d.	2e	60,609	.107
3 Subtract line 2e from line 1	3	10,273	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		10/1/0	70011
a Investment expenses not included on Form 990, Part VIII, line 7b. 4a 2,04	1.		
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b		2	,041.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	2 10,275	,345.
Part XIII Supplemental Information.			

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

#### Part V, Line 4 - Intended Uses Of Endowment Fund

In 2011 the Organization received a donor-restricted endowment to be held in

perpetuity in a seperate permanent fund to be distributed to promote the policies and

projects of the Organization.

#### Part X - FIN 48 Footnote

The Organization does not believe its financial statements include any material,

uncertain tax positions. Tax filings for the periods ending December 31, 2014 and

#### later are subject to examination by applicable taxing authorities.

BAA

Schedule D (Form 990) 2018

SCHEDULE F (Form 990)	Statement Complete if the or	OMB No. 1545-0047			
Department of the Treasury Internal Revenue Service	► Go to www.i		ach to Form 990. for instructions and the latest	information.	Open to Public Inspection
Name of the organization	n Rights First	t			ntification number
Part I General Inform	nation on Activiti		e United States. Complet	13-3116 te if the organizat	
	Part IV, line 14b.	intain records to	substantiate the amount of its	grants and other assis	stance
			selection criteria used to award		
2 For grantmakers. Descri United States.	be in Part V the organi	zation's procedure	s for monitoring the use of its gra	ants and other assistand	ce outside the
<b>3</b> Activities per Region.	The following Part I,	line 3 table can b	e duplicated if additional space	e is needed.)	
(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed i (d) is a program service, describe specific type of service(s) in the region	n <b>(f)</b> Total expenditures for and investments in the region
(1) Europe		1	Dreamen Convigoo	Research/Advocac	
Middle East & North	h	1	Program Services	y Research/Advocac	62,196.
<b>(2)</b> Africa			Program Services	y Deservels (Nelses est	12,803.
(3) North America			Program Services	Research/Advocac Y	5,323.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
<u>(10)</u>					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17) 3.2 Subtotal					00.000
<b>3 a</b> Subtotal <b>b</b> Total from continuation sheets to Part I		1			80,322.
C Totals (add lines 3a and 3b)		1			80,322.

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Ent	ter total number of recipient organizati grantee or counsel has provided a	ons listed above that a section 501(c)(3) equ	re recognized as cha uivalency letter	rities by the forei	gn country, recogniz	ed as tax-exempt b	y the IRS, or for whi	ch ►	0
	ter total number of other organization							►	0 7 (Form 990) 2018

(a) Type of grant or assistance

(1)

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

(10)

(11)

(12)

(13)

(14)

(15)

(16)

(17)

(18) BAA

	of recipients	cash grant	casn disbursement	noncasn assistance	noncash assistance	FMV, appraisal, other)

(e) Manner of

cash

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

(d) Amount of

cash grant

(c) Number of recipients

(b) Region

13-3116646

(g) Description of

noncash assistance

(f) Amount of

noncash assistance

(h) Method of

valuation (book,

	dule F (Form 990) 2018 Human Rights First <b>t IV  Foreign Forms</b>	13-3116646	Page 4
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receip of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	_	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Foreign Corporations (see Instructions for Form 5471).	<i>Certain</i> Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a quelecting fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).	_	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Fore Partnerships (see Instructions for Form 8865).		X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year <i>If 'Yes,' the organization may be required to separately file Form 5713, International Boycott Report (Instructions for Form 5713; don't file with Form 990)</i>	see	X No

BAA

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Schedule F (Form 990) 2018

Page 5

#### Part V Supplemental Information

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

	Supplem	ental Informa	ition Reg	arding F	undraising or Gami	ng Activ	ities	OMB No. 1545-0047		
SCHEDULE G (Form 990 or 990-EZ)	Comple	te if the organizat organization	ion answere n entered me	d 'Yes' on Fo ore than \$15	orm 990, Part IV, line 17, 18, ,000 on Form 990-EZ, line 6a	, or 19, or if a.	the	2018		
Department of the Treasury Internal Revenue Service	► G	o to www.irs.g			or Form 990-EZ. ructions and the latest	informati	on.	Open to Public Inspection		
Name of the organization							mployer identifica			
Human Rights F							3-311664	6		
Part I Fundraising	<b>Activities.</b> Comple Z filers are not re	te if the organiza	ation answe lete this p	ered 'Yes' o art.	on Form 990, Part IV, line	e 17.				
					owing activities. Check	all that a	oply.			
a X Mail solicitatio	ons			e	X Solicitation of non-	governme	nt grants			
<b>b</b> X Internet and e	email solicitations	5		f	X Solicitation of gove	ernment gi	ants			
c Phone solicita	ations			g	X Special fundraising	g events				
d X In-person soli										
2 a Did the organizatio	n have a written o in Form 990 Par	r oral agreement t VII) or entity	t with any i	ndividual (i	ncluding officers, directo rofessional fundraising	rs, trustees?	s, or key	X Yes No		
					irsuant to agreements i					
(i) Name and addres or entity (fundr		(ii) Activity	have custo	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(or ref fundrais	ount paid to tained by) ser listed in umn <b>(i)</b>	(vi) Amount paid to (or retained by) organization		
Harvest Fund	Raising		Yes	No		001	unin <b>(1)</b>			
1 82 Colonial D	5	F/R								
Newtown PA 18	940	Counsel		Х			69,000.			
2										
3										
4										
5										
6										
7										
8										
9										
10										
					ontributions or has been	notified it i	69,000. s exempt from	0. registration		
or licensing. AL AK AR AZ ND OH OK OR					A ME MD MA MI N	<u>MN_MS_N</u> 	10 <u>NV NH</u>	<u>NJ NM NY NC</u>		

#### Schedule G (Form 990 or 990-EZ) 2018 Human Rights First

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Part II	t II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV	
	more than \$15,000 of fundraising event contributions and gross income on Form 990-E	Z, lines 1 and 6b.
	List events with gross receipts greater than \$5,000.	

			(a) Event #1 <u>Award Dinner</u> (event type)	(b) Event #2	(c) Other events None (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1	Gross receipts	1,995,160.			1,995,160.
Е	2	Less: Contributions	1,821,762.			1,821,762.
	3	Gross income (line 1 minus line 2)	173,398.			173,398.
	4	Cash prizes.				
	5	Noncash prizes				
D   R E C T	6	Rent/facility costs	173,398.			173,398.
Ē	7	Food and beverages				
E X P	8	Entertainment				
EXPENSES	9	Other direct expenses				
S	10 11	Direct expense summary. Add lines 4 thr Net income summary. Subtract line 10 fr				
Par		<b>Gaming.</b> Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	tion answered 'Yes			
R E V E N U			<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ē	1	Gross revenue				
F	2	Cash prizes				
EXPENSES	3	Noncash prizes				
C S T E S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes% No	Yes%	
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)			
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	ın (d)		
	<b>i</b> Is th	er the state(s) in which the organization co ne organization licensed to conduct gaming lo,' explain:	g activities in each of th			
		e any of the organization's gaming license 'es,' explain:				

Schedule G (Form 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018 Human Rights First 1	3-3116646	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes	No
<b>13</b> Indicate the percentage of gaming activity conducted in:		0
a The organization's facility		010
<ul> <li>b An outside facility.</li> <li>14 Enter the name and address of the person who prepares the organization's gaming/special events books and records</li> </ul>		6
Name ►		
Address ►		
<ul> <li>15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue b If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ and the of gaming revenue retained by the third party ► \$</li> <li>c If 'Yes,' enter name and address of the third party:</li> </ul>	ue? <b>Yes</b> he amount	No
Name ►		
Address ►		i l
16 Gaming manager information:		
Name ►		
Gaming manager compensation ► \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the	
organization's own exempt activities during the tax year ► \$		
<b>Part IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, co and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an information. See instructions.	lumns (iii) and ( ay additional	v);

SCHEDULE J		Compensation Infor	OMB No. 1545-0047			
(Form 9		For certain Officers, Directors, Trustees, Key Employees, ar		20	18	
		Complete if the organization answered 'Yes' on				
Departmer Internal Re	nt of the Treasury evenue Service	Attach to Form 990 Go to www.irs.gov/Form990 for instructions a		Open to Inspe	o Publ ection	ic
		Human Rights First	Employer identification	n number		
			13-3116646			
Part I	Question	s Regarding Compensation				
		nists ben/ar) if the exercise time remided and of the following to a	r far a naraan listad an Earra 000. Dart		Yes	No
la Cr Vi	I, Section A,	priate box(es) if the organization provided any of the following to or ine 1a. Complete Part III to provide any relevant information i	regarding these items.			
	First-class of	or charter travel Housing allo	owance or residence for personal use			
Γ	Travel for c	ompanions Payments for	or business use of personal residence			
	Tax indemn	ification and gross-up payments Health or so	cial club dues or initiation fees			
	Discretionar	y spending account Personal se	rvices (such as maid, chauffeur, chef)			
<b>b</b> If	any of the box	es on line 1a are checked, did the organization follow a written poli	cy regarding payment or			
re	imbursement	or provision of all of the expenses described above? If 'No,' c	omplete Part III to explain	1b		
		ation require substantiation prior to reimbursing or allowing ex ficers, including the CEO/Executive Director, regarding the ite		2		
CE	EO/Executive	any, of the following the filing organization used to establish the c Director. Check all that apply. Do not check any boxes for me ensation of the CEO/Executive Director, but explain in Part III.	thods used by a related organization to			
Х	Compensat	ion committee Written emp	loyment contract			
	Independen	t compensation consultant	on survey or study			
Х	Form 990 o	f other organizations X Approval by	the board or compensation committee			
. <u></u>						
4 Du or	uring the year ganization or	, did any person listed on Form 990, Part VII, Section A, line a related organization:	1a, with respect to the filing			
<b>a</b> Re	eceive a sever	rance payment or change-of-control payment?				
		r receive payment from, a supplemental nonqualified retireme				Х
		r receive payment from, an equity-based compensation arran f lines 4a-c, list the persons and provide the applicable amou	-	4 c		Х
11	Tes to any o	Times 4a-c, list the persons and provide the applicable arrou				
O	nly section 50	1(c)(3), 501(c)(4), and 501(c)(29) organizations must complet	e lines 5-9.			
	- I:	d on Form 990, Part VII, Section A, line 1a, did the organization pane revenues of:	ay or accrue any compensation			
	0	n?		5a		Х
<b>b</b> Ar	ny related org	anization?		<b>5 b</b>		Х
lf	'Yes' on line 5a	a or 5b, describe in Part III.				
CC	ontingent on th	d on Form 990, Part VII, Section A, line 1a, did the organization pane net earnings of:				
		n?				Х
		anization?		6b		X
<b>7</b> Fo	or persons list ayments not d	ed on Form 990, Part VII, Section A, line 1a, did the organiza escribed on lines 5 and 6? If 'Yes,' describe in Part III	tion provide any nonfixed	7		x
		nts reported on Form 990, Part VII, paid or accrued pursuant				
to	the initial cor	tract exception described in Regulations section 53.4958-4(a) e in Part III	(3)?	8		Х
<b>9</b> If	'Yes' on line 8.	did the organization also follow the rebuttable presumption procee	lure described in Regulations			
se	ection 53.4958	-6(c)?		9		

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

Schedule J (Form 990) 2018

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdow	of W-2 and/or 1099-MI	SC compensation	(C) Detirement		(E) Total of		
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
	<b>)</b> <u>265,36</u> 3	0.	0.	4,502.	20,625.	290,490.	0.	
	<b>i)</b> 0	. 0.	0.	0.	0.	0.	0.	
	0 264,166	0.	0.	<u>2,986.</u>	<u>    11,908.</u>	279,060.	0.	
2 President & CEO			0.	0.	0.	0.	0.	
Robert Berschinski	) 166,257	0.	0.	3,342.	8,082.	177,681.	0.	
3 Sr. Vice President			0.	0.	0.	0.	0.	
Sharon Kelly McBride	<b>)</b> <u>165,390</u>	0.	0.	3,344.	8,082.	176,816.	0.	
4 VP, Advocacy			0.	0.	0.	0.	0.	
	) 151,283	0.	0.	3,175.	20,554.	175,012.	0.	
5 Sr. Dir-Ref Prot.			0.	0.	0.	0.	0.	
4	<b>)</b> <u>151,137</u>	0.	0.	<u>3,143.</u>	8,064.	162,344.	0.	
	<b>i)</b> 0	. 0.	0.	0.	0.	0.	0.	
	D							
7 (	•							
	0							
8 (								
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15 (							ļ	
	0	<b>↓</b>		L		L		
16 (	i)							
ВАА		TEEA4102L 10/2	9/18			Schedule	J (Form 990) 2018	

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#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHED			Transa	ction	s Witl	h Inte	erested F	Persons				0	MB No.	1545-00	)47
	0 or 990-EZ)	Complete if t	28b, or 2	28c, or I	Form 990	)-EZ, P	art V. line 38	a or 40b.	a, 25b, 2	6, 27,	28a,		20	18	
Department Internal Rev	of the Treasury enue Service	► Go	to www.irs.ge	Attach v/Form	to Form 1990 for	n 990 or instruc	r Form 990-E tions and the	Z. e latest infor	mation.			Ο		o Pub ection	
	organization										dentifica		mber		
	Rights Fi			1	01(-)(2		Las 501/2				1664				
Part I	Complete if	enefit Transa the organization	actions (sec n answered 'Ye	ction 5 es' on F	OT(C)(3 form 990	5), Seo . Part I	V. line 25a o	s)(4), and t or 25b. or For	501(C)( m 990-l	(29) ( EZ. Pa	orgar art V.	lizati	ons ( Db.	oniy)	•
					veen disqua										rected?
1	(a) Name of disqu	alified person			ganization			(c) Description of transaction						Yes	No
(1)															
(2)															
(3)															
(4)															<u> </u>
(5)															<u> </u>
(6)															L
2 Ent sec	er the amount tion 4958	of tax incurred I	by the organiza	ation ma	anagers	or disq	ualified perso	ons during th	ne year i	under	.►s				
		of tax, if any, o													
Part II		and/or From			-		-								
	Complete if	the organization	answered 'Yes	' on For	rm 990-E	Z, Part	V, line 38a or	r Form 990, F	Part IV, I	ine 26	; or if	the			
	organization	reported an am	ount on Form 9			5, 6, or	22.					-			
<b>(a)</b> Name	of interested persor	<b>(b)</b> Relationship with organization	(c) Purpose of loan	fro	oan to or m the iization?		<b>e)</b> Original cipal amount	(f) Balance due		<b>(g)</b> In (	default?	(h) Approved by board or committee?		(i) Written agreement?	
				То	From					Yes	No	Yes	No	Yes	No
(1)															
(2)															
(3)															
(4)															<u> </u>
(5)															<u> </u>
(6)															<u> </u>
<u>(7)</u> (8)															
(9)															<u> </u>
(10)															
Total							▶\$								
Part III	Grants or Complete if	Assistance the organization	Benefiting answered 'Yes	nteres	<b>sted Pe</b> rm 990, F	erson: Part IV,	<b>s.</b> line 27.							•	
	(a) Name of inter		(b) Relations	ship betwe			(c) Amount c	of assistance	<b>(d)</b> Typ	e of ass	sistance	(e)	Purpos	e of ass	istance
(1)															
(2)									1						
(3)															
(4)															
(5)															
(6)									<u> </u>						
(7)															
(8)															
<u>(9)</u> (10)															
()									1						

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

Schedule L (Form 990 or 990-EZ) 2018

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Part IV	Business Transactions Involving Interested Persons.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	zation's
				Yes	No
(1) Tom Bernstein	Board Co-Chair	141,541.	See Part V		Х
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Part V Supplemental Information.					

Provide additional information for responses to questions on Schedule L (see instructions).

#### **Supplemental Information**

Tom Bernstein is the President and Co-Founder of Chelsea Piers. Pier Sixty at Chelsea Piers was selected as the venue for Human Rights First's Annual Fundraising Dinner after a review of alternate venues showed Pier Sixty's cost to be materially lower and best suited for the event. Based on Mr. Bernstein's disclosure of a potential conflict of interest, and in accordance with Human Rights First's Conflict of Interest Policy, the audit committee of the board met to review the proposed transaction and approved it on the basis that it was fair, reasonable, and in the organization's best interest.

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047 2018 Open to Public Inspection

#### <u>Human Rights Fir</u>st

#### Form 990, Part III, Line 1 - Organization Mission

Human Rights First is an independent advocacy and action organization that challenges America to live up to its ideals. We believe American leadership is essential in the global struggle for human rights, so we press the U.S. government and private companies to respect human rights and the rule of law. When they fail, we step in to demand reform, accountability and justice. Around the world, we work where we can best harness American influence to secure core freedoms. We know it's not enough to expose and protest injustice, so we create the political environment and policy solutions necessary to ensure consistent respect for human rights. Whether we are protecting refugees, combating torture, or defending persecuted minorities, we focus not on making a point, but on making a difference. For almost 40 years, we've built bipartisan coalitions and teamed up with front line activists and lawyers to tackle global challenges that demand American leadership.

#### Form 990, Part III, Line 4a - Program Service Accomplishments

PROTECTING REFUGEES

Human Rights First's Refugee Representation team promotes human rights by assisting refugees fleeing persecution. We achieve this goal by partnering with pro bono lawyers or providing direct representation to help clients access legal protections in the United States consistent with U.S. and international law. We then use that experience to advocate for laws and policies that protect refugees.

In 2018, volunteer lawyers in the New York, Washington, D.C., Houston, and Los Angeles metropolitan areas provided more than 101,000 hours of in-kind legal services. During that period, we won legal protection for 156 clients and family members and represented more than 1,300 people from 87 countries. We also conducted

#### Form 990, Part III, Line 4a - Program Service Accomplishments

23 pro bono trainings, during which we equipped over 800 attorneys to represent asylum clients.

Among the key 2018 policy achievements resulting from our advocacy to protect refugees were the following:

--Efforts to expand family immigration detention failed.

--The Senate did not confirm an anti-immigrant activist to oversee the refugee admissions process.

--Legislators added 4,000 visas for wartime allies to an appropriations bill.

Donated Legal and Related Expenses: \$60,498,842

#### Form 990, Part III, Line 4b - Program Service Accomplishments

ADVANCING A VALUES-BASED FOREIGN POLICY

In 2018, we worked to contain a U.S. retreat from global leadership on human rights while holding the world's most corrupt actors and human rights abusers accountable for their actions, countering authoritarianism in Europe and the Middle East, fighting a rise in antisemitism, and protecting human rights defenders.

Among the key 2018 achievements resulting from our advocacy to strengthen the role of human rights in U.S. foreign policy were the following:

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
Human Rights First	13-3116646

#### Form 990, Part III, Line 4b - Program Service Accomplishments

--The U.S. government issued sanctions designations against 28 individuals and 21 entities involved in serious human rights abuses or corruption under the Global Magnitsky Act.

--Congress placed human rights restrictions on security assistance provided to the government of Egypt.

--The Senate voted to curtail U.S. military support to the Saudi-led coalition's war in Yemen.

--The Senate released a groundbreaking new report detailing Russian President Vladimir Putin's assault on democracy in Russia and Europe.

--Members of Congress publicly expressed concern over democracy and human rights backsliding in Hungary and Poland.

Donated Legal and Related Expenses: \$83,284

#### Form 990, Part III, Line 4c - Program Service Accomplishments

NATIONAL SECURITY:

We have worked for more than a decade to challenge U.S. national security policies that violate human rights and undermine U.S. global leadership. In 2018, we pursued several objectives, including: 1) Strengthen the domestic and international law restrictions on the use of counterterrorism war powers that enable extrajudicial killings, indefinite detention, and military tribunals; 2) Secure additional transparency, accountability, oversight, and rule of law protections for the U.S. targeted killing program and reduce civilian casualties; 3) Close the detention facilities at Guantanamo, and ensure that the U.S. policies of indefinite detention and trial by military commission are limited and ultimately ended; and 4) Solidify a

Schedule O (Form 990 or 990-EZ) (2018)	Page <b>2</b>
Name of the organization	Employer identification number
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#### Form 990, Part III, Line 4c - Program Service Accomplishments

durable, bipartisan consensus against torture and cruel, inhuman, or degrading	
treatment by closing loopholes that could allow detainee abuse.	
Among the key 2018 achievements resulting from our advocacy to bring U.S. national	
security policy into compliance with human rights norms were the following:	
Congress required the Pentagon to develop a new policy aimed at reducing civilian	
casualties and to make some reporting of those casualties public.	
During her confirmation process, CIA Director Gina Haspel committed not to	
reinstate a torture program and secret prisons.	
Use of the detention facility at Guantanamo has not expanded, and Congress has	
preserved the ability of the executive branch to transfer detainees out of	

Guantanamo.

#### Form 990, Part III, Line 4d - Other Program Services Description

VFAI:

Donated Legal and Related Expenses: \$0

Communications and Marketing

Donated Legal and Related Expenses: \$0

#### Form 990, Part VI, Line 11b - Form 990 Review Process

Form 990 was prepared by our accounting firm in conjunction with the Organization's financial department. The draft form was reviewed by the Organization's Director of Finance, Chief Operating Officer, Counsel, President/CEO, and key members of the executive team. A complete copy of this Form 990 was then provided to all members of

#### Form 990, Part VI, Line 11b - Form 990 Review Process (continued)

the board of directors via electronic mail before it was filed with the Internal Revenue Service.

#### Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The Organization requires all directors, officers, and key employees annually to acknowlege receipt of the conflict of interest policy and disclose any potential conflicts of interest. The Chief Operating Officer and Secretary of the Board review all annual disclosures, in addition to any other disclosures made during the course of the year. Any disclosure that indicates a potential conflict of interest is reported to the audit committee and appropriate follow up is undertaken as set forth in the policy. The Organization's conflict of interest policy requires that individuals with conflicts of interest with respect to a particular transaction or action may not participate in the discussion or decision making with respect to that transaction.

#### Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

After a performance review, the executive committee sets the compensation of the organization's President and CEO based on a review of compensation paid by comparable organizations for comparable positions and based on appropriate salary surveys of comparable positions in comparable organizations. The executive committee contemporaneously documents the basis for its decisions.

#### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

The organization makes its governing documents, conflict of interest policy, and financial statements available either on the website or upon request.