Form 990

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

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

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

2014 Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

	יטו גו	ne zu i	4 calendar year, or tax year beginning , 2014,	and ending		, 20							
ь.		applicable:	C Name of organization		D Employer ide	entification number							
Б.	Check If a	applicable:	HUMAN RIGHTS FIRST		13-311	6646							
Х	Addr		Doing business as										
	Name	e change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone nu	ımber							
	Initia	l return	75 BROAD STREET, 31ST FLOOR		(212) 84	(212) 845-5200							
		return/ inated	City or town, state or province, country, and ZIP or foreign postal code										
	Ame	nded	NEW YORK, NY 10004		G Gross receip	ots \$ 16,790,89	19.						
		ication	F Name and address of principal officer: ELISA MASSIMINO,		H(a) is this a gro		No						
-	- beig	ung	SAME AS C ABOVE ,		subordinate: H(b) Are all subor		No						
ī	Tax-ex	cempt st	atus: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) c	or   527	If "No," atta	nch a list. (see instructions)							
J	Websi	ite:	WWW.HUMANRIGHTSFIRST.ORG		H(c) Group exem	nption number							
			ization: X Corporation Trust Association Other	L Year of fo	ermation: 1978 M	State of legal domicile:	NY						
	art I		mmary										
	,		describe the organization's mission or most significant activities: TO PRO	TECT AND	DEFEND THE	DIGNITY OF ALL							
Ф	Ι.		PLE BY ADVANCING AMERICAN GLOBAL LEADERSHIP ON										
<b>Governance</b>	ļ		E OF LAW.										
Ë	2		this box if the organization discontinued its operations or disposed	d of more than	25% of its not asset								
õ	l .		er of voting members of the governing body (Part VI, line 1a)				7.						
	4	Mumb	er of independent voting members of the governing body (Part VI, line 1b)				6.						
Activities &			number of individuals employed in calendar year 2014 (Part V, line 1a)			5 10							
₹						6 1,00							
Act	6	Total	number of volunteers (estimate if necessary)		130 (N) + (N) + (N) + (N)		0						
			unrelated business revenue from Part VIII, column (C), line 12			7a	0						
_	В	net ur	related business taxable income from Form 990-T, line 34		Prior Year	Current Year							
		04-	hukhan and santa (Dat VIII San 4h)	<b> </b> -	11,454,48		1						
흠	_		butions and grants (Part VIII, line 1h)		11,434,40	0,911,00	<u> </u>						
Revenue	9		am service revenue (Part VIII, line 2g)		263,81	<u> </u>	2						
a e	10		ment income (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		297,87	· · · · · · · · · · · · · · · · · · ·	_						
	11												
_	12		evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,016,16								
			s and similar amounts paid (Part IX, column (A), lines 1-3)			0							
			its paid to or for members (Part IX, column (A), line 4)			0							
60			es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,331,21		<u>3.</u>						
Expenses	16a	Profes	sional fundraising fees (Part IX, column (A), line 11e)	_	55,00	00.	_(						
Š			fundraising expenses (Part IX, column (D), Ilne 25) 1,220,430.										
			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,115,60								
	18	Total e	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,501,82								
	19	Reven	ue less expenses. Subtract line 18 from line 12		514,34		6.						
500				В	eginning of Current								
set	20	Total a	assets (Part X, line 16)	<u>.</u> _	15,751,00								
t As	21	Total I	iabilities (Part X, line 26)		986,45								
Net Assets or Fund Balances	22	Net as	sets or fund balances. Subtract line 21 from line 20		14,764,55	10,737,44	2.						
Pa	rt II		nature Block										
Und	er per	nalties o	f perjury, I declare that I have examined this return, including accompanying schedul complete. Deqlaratipr of preparer (other than officer) is based on all information of whicl	es and statemer	its, and to the best of	f my knowledge and belief,	it is						
	COITE	Ct, asia t	de preparation de preparation de la contentia della contentia della contentia della contentia della contentia	ii preparer nas a			_						
0:		<b>.</b>	1 multium		11/1	6/15							
Sig			Signature of officer \		Date								
Hei	e		Nick Humen, VP of Finance and IT										
			Type or print name and title										
		Print/	Type preparer's name Preparer's signature	Date	Check	if PTIN							
Paid		PAUL HAMMERSCHMIDT   WWW   Self-employed											
	Onbe	Firm's	name ▶BDO USA, LLP		Firm's EIN ▶ 1	3-5381590	_						
use	Only		address ▶100 PARK AVENUE, NEW YORK, NY 10017			212-885-8000	_						
May	the II		cuss this return with the preparer shown above? (see instructions)				No						
For	Paper	rwork i	Reduction Act Notice, see the separate instructions.			Form <b>990</b> (20							

Hote. Only	e filing for an <b>Additional (Not Automatic) 3-N</b> complete Part II if you have already been gr	Month Exte	nsion, complete only Part II and check this box . utomatic 3-month extension on a previously filed Fo	Page 2 ▶ X orm 8868.
<ul> <li>If you are</li> </ul>	e filing for an Automatic 3-Month Extension,	complete	only Part I (on page 1).	
Part II	Additional (Not Automatic) 3-Month E	xtension	of Time. Only file the original (no copies need	led).
	I Nove of succession is a second second	<del> </del>	Enter filer's identifying nu	
_	Name of exempt organization or other filer, see	instructions.	Employer identification i	number (EIN) or
Type or				
print	HUMAN RIGHTS FIRST		13-311664	
File by the	Number, street, and room or suite no. If a P.O. b	ox, see instru	ctions. Social security number (	SSN)
due date for filing your	805 15TH STREET, NW City, town or post office, state, and ZIP code. For	f!	H	<u> </u>
return. See		or a toreign ac	dress, see instructions.	
instructions.	WASHINGTON, DC 20005	1 6 (80)		
Application	eturn code for the return that this application		separate application for each return)	01
Application Is For	1	Return	Application	Return
	27 Form 000 F7	Code	Is For	Code
Form 990-E	or Form 990-EZ	01		
		02	Form 1041-A	08
Form 990-F	(individual)	03	Form 4720 (other than individual)	09
	Γ (sec. 401(a) or 408(a) trust)	04	Form 5227	10
	(trust other than above)	05	Form 6069	
		06	Form 8870 automatic 3-month extension on a previously fi	12
Telephone If the orga	anization does not have an office or place of	 business in	the United States, check this box	▶□
<ul><li>If the orga</li><li>If this is for or the whole</li></ul>	anization does not have an office or place of or a Group Return, enter the organization's fo a group, check this box ▶ I	business in ur digit Gro f it is for pa		▶ ☐ If this is and attach a
<ul> <li>If the orga</li> <li>If this is for the whole</li> <li>st with the r</li> </ul>	anization does not have an office or place of or a Group Return, enter the organization's fo a group, check this box ▶ ☐ . I names and EINs of all members the extension	business in ur digit Gro f it is for pa n is for.	the United States, check this box	If this is
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Form 990 (2014)

Pa	Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	х
1	1 Briefly describe the organization's mission: ATTACHMENT 1	
2	2 Did the organization undertake any significant program services during the year which were n prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	3 Did the organization cease conducting, or make significant changes in how it conducts services? If "Yes," describe these changes on Schedule O.	
4	4 Describe the organization's program service accomplishments for each of its three largest expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount the total expenses, and revenue, if any, for each program service reported.	
4a	4a (Code:) (Expenses \$4,034,600. including grants of \$) (Reverse \$4,034,600. including grants of \$)	renue \$)
4b	<b>4b</b> (Code:) (Expenses \$, including grants of \$) (Rev	renue \$)
	ATTACHMENT 3	
4c	4c (Code:) (Expenses \$, including grants of \$) (Rev	renue \$)
4d	4d Other program services (Describe in Schedule O.) (Expenses \$ 3,298,235. including grants of \$ ) (Revenue \$	
4e	4e Total program service expenses ► 10,628,639.	, , , , , , , , , , , , , , , , , , ,

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HUMAN RIGHTS FIRST 13-3116646

Form 990 (2014)
Part IV Chacklist of Paguired Schodules

1 is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.  2 complete Schedule A.  3 complete Schedule A.  4 is the organization required to complete Schedule B. Schedule of Contributors (see instructions)?  5 complete Schedule A.  4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II,  5 is the organization a section 501(c)(4), 501(c)(5), 501(c)(5), 501(c)(6) organization that receives membership dues assessments, or similar amounts as defined in Revenue Procedure 8-819? If "Yes," complete Schedule C, Part II,  5 is the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II,  7 Did the organization microtive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II,  7 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II,  7 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part VI,  10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI,  11 Ult, NO X, X as applicable.  2 bid the organization report an amount for investments-program related in Part X, line 10? If "Yes," complete Schedule D, Part X VI,  2 bid th	Part	Checklist of Required Schedules		V	N1 -
2 is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I,  3   X   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,  5   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,  5   Six the organization associal 501(c)(4), 501(c)(5), or 501(c)(6), or 501(c)(6)		In the constitution described to continue 504(2)(0), or 4047(2)(4), (atheretical continues of a temperature (1), (atheretical continues of a temperature (1)		Yes	No
2 Is the organization required to complete Schedule B. Schedule of Contributions (see instructions)?  2 Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.  3 Asction 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in offect during the tax year? If "Yes," complete Schedule C, Part II.  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 98-197 "Yes," complete Schedule C, Part II.  5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II.  5 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.  5 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.  5 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 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 oredit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.  5 Did the organization deforments or quasie-indownents if "Yes," complete Schedule D, Part VII.  6 Did the organization report an amount for investments-organization in Part X, line 10? If "Yes," complete Schedule D, Part VIII.  7 Did the organization report an amount for investments-organization in Part X, line 10? It has been parai	1				
3 Dit the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.  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 38-19" If "Yes," complete Schedule C, Part II.  6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II.  7 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II.  8 Did the organization maintain collections of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part II.  9 Did the organization similar in collections of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part III.  9 Did the organization similar collections of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part IV.  10 Did the organization similar objects of the similar assess in the part of the similar assess in the part III.  11 Did the organization description of the similar similar similar assess in the part III.  12 Did the organization of the part III.  13 Did the organization similar sweet to any of the following questions is "Yes," then complete Schedule D, Part VI.  14 Did the organization saveres of the similar security of the singanization services of the similar security of the similar security of the similar se	_				
section 501(c)(3) organizations. Did the organization apage in lobbying activities, or have a section 501(h) all selection in effect during the tax year? If "Yes," complete Schedule C, Part II.  Is the organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership due to the organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership due to the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II.  7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.  8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.  9 Did the organization instituted in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, inc provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V.  10 Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.  11 If the organization report an amount for land, buildings, and equipment in Part X, line 10 Part V.  12 Did the organization report an amount for investments-order 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 V.  12 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 X V.  13 Did the organization obtain separate, indepen			2	X	
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 "res," complete Schedule C, Part III.  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 "res," complete Schedule C, Part III.  6 Did the organization maintain any donor advised tunds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "res," complete Schedule D, Part II.  7 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, dobbet management, credit repair, or acustodian for amounts not listed in Part X, or provide credit counseling, dobbet management, credit repair, or debt negotiation services? If "res," complete Schedule D, Part IV.  10 Did the organization report an amount for plant in Part X, or provide credit counseling, dobbet management, credit repair, or debt negotiation services? If "res," complete Schedule D, Part V.  10 Did the organization and server to any of the following questions is "Yes," templete Schedule D, Part V.  11 If the organization report an amount for limestiments-other securities in Part X, line 10? If "yes," complete Schedule D, Part VI.  12 Did the organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII.  13 Ly of the organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII.  14 Ly organization report an amount for investments-program related in Part X, line 10? If "Yes," complete Schedule D, Part XII.  15 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X III.  16 Di	3		_		
election in effect during the tax year/ If "Yes," complete Schedule C, Part II,  Is the organization a section 501(c)(4, 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  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I,  Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historics structures? If "Yes," complete Schedule D, Part II,  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," organized Schedule D, Part III  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," organized schedule D, Part III  Did the organization services? If "Yes," complete Schedule D, Part IV,  Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V,  UI, VIII, IX, or X as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," organized Schedule D, Part V,  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  Did the organization report an amount for investments-grown related in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments-grown related in Part X, line 16? If "Yes," complete Schedule D, Part XII  Did the organization report an amount for investments-grown related in Part X, line 16? If "Yes," complete S			3		X
5 Is the organization a section 501(c)(4), 501(c)(5) or 5	4				
assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I,  7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III,  8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III,  9 Did the organization report an amount in Part X, inne 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, in provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V.  10 Did the organization indirectly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.  10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII, VII, VIII, IVI, X, VIX as applicable.  10 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 VIII.  11 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 XIII.  11 Did the organization separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III Line 12 Did the organization have aggregate revenues or expenses of more than \$10,000 from graintaking fundraisi			4	X	
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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	_				
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If "Yes," complete Schedule G, Part III	19				
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	-		19		Х
	20a				

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
		240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			3.5
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
~		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			
JI	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
		37		Х
38	Part VI	31		- 22
30	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	38	Х	
	19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	J0	Δ.	

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Form 990 (2014) Page **5** 

#### Part V Statements Regarding Other IRS Filings and Tax Compliance 23 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable \_\_\_\_\_\_\_\_1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . 2a Χ b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Χ **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial Χ **b** If "Yes," enter the name of the foreign country: ▶ \_\_\_\_\_ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Χ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Χ **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ organization solicit any contributions that were not tax deductible as charitable contributions? 6a 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). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ 7a and services provided to the payor? Х **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с Х X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Χ f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 14a Did the organization receive any payments for indoor tanning services during the tax year? Χ

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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Part VI

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

<u> </u>	Check if Concodic Contains a response of note to any line in this rate of the contains a response of note to any line in this rate of the contains a response of note to any line in this rate of the contains a response of note to any line in this rate of the contains a response of note to any line in this rate of the contains a response of note to any line in this rate of the contains a response of note to any line in this rate of the contains a response of note to any line in this rate of the contains a response of note to any line in this rate of the contains a response of note to any line in this rate of the contains a response of note to any line in this rate of the contains a response of the contains a respons			Δ			
Sect	tion A. Governing Body and Management		.,				
	1. 05		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u> 27						
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Lines the number of voting members included in line 1a, above, who are independent						
2		_	v				
		2	Х				
3				Х			
		3	X	Λ			
4		4	Λ	X			
5		5		X			
6	<u> </u>	6		Δ.			
7a		7a		Х			
	one or more members of the governing body?						
b	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  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?  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 during the year by the following:  The governing body?  Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  Did the organization have local chapters, branches, or affiliates?  Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  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  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			Х			
•	one or more members of the governing body?						
8	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?						
	supervision of officers, directors, or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  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?  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 during the year by the following:  The governing body?  Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.  Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  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  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give						
		8b	X				
	· · · · · · · · · · · · · · · · · · ·	60	21				
9		9		Х			
Secti		_	<del>,</del> )				
	in 211 choice (The cooled Broquesto information about policios not required by the internal revenue	- Cour	Yes	No			
102	Did the organization have local chapters, branches, or affiliates?	10a		X			
		···					
b		10b					
11a		11a	Х				
b							
12a		12a	Х				
b							
		12b	Х				
С							
·	describe in Schedule O how this was done	12c	Х				
13	Did the organization have a written whistleblower policy?	13	Х				
14	Did the organization have a written document retention and destruction policy?	14	Х				
15	Did the process for determining compensation of the following persons include a review and approval by						
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	Х				
b	Other officers or key employees of the organization	15b		X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement						
	with a taxable entity during the year?	16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its						
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the						
	organization's exempt status with respect to such arrangements?	16b					
Sect	ion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶_ATTACHMENT_5						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(	c)(3)s	only)			
	available for public inspection. Indicate how you made these available. Check all that apply.	•	•				
	X    Own website    X    Upon request    Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest of the conflict of the con	erest	policy	, and			
	financial statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and record	s: <b>▶</b>					
10.4	NICK HUMEN, 75 BROAD ST., 31ST FLOOR, NEW YORK, NY 10004 212-845-5233	_	000	(2014)			
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# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any	box,	not ch unles	Pos neck ss pe	rson	e than o is both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)WILLIAM D. ZABEL	1.00									
CHAIR	0	Х		Х					0	0
(2)TOM A. BERNSTEIN	1.00									
VICE-CHAIR	0	Х		Х				C	0	0
(3)KENNETH R. FEINBERG	1.00									
VICE-CHAIR	0	Х		Х				C	0	0
(4)GAIL FURMAN	1.00									
VICE-CHAIR	0	Х		Х				C	0	0
(5)MICHAEL K. ROZEN	1.00									
VICE-CHAIR	0	Х		Х				C	0	0
(6)LYNDA CLARIZIO	1.00									
TREASURER	0	Х		Х				C	0	0
(7)ROBERTA KARP	1.00									
SECRETARY	0	X		Χ				C	0	0
(8)J. ADAM ABRAM	1.00									
DIRECTOR	0	X						С	0	0
_(9)BINTA N. BROWN	1.00									
DIRECTOR	0	X						С	0	0
(10)CRAIG COGUT	1.00									
DIRECTOR	0	X						С	0	0
(11)DAN DOCTOROFF	1.00									
DIRECTOR	0	Х						C	0	0
(12)DONALD FRANCIS DONOVAN	1.00									
DIRECTOR	0	Х						C	0	0
(13)LESLIE GIMBEL DIRECTOR	$\frac{1.00}{0}$	X						C	0	0
(14)R. SCOTT GREATHEAD	1.00									
DIRECTOR	0	Х						c	0	0
									1	Form <b>990</b> (2014)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											∍d)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe d a d	rson	than o is both or/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	an	(F) stimated nount of other pensation	of
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	om the anizatio d related anization	on d
15) MYRNA K. GREENBERG	1.00	37							0			0
DIRECTOR 16) JOHN D. HUTSON	1.00	X						0	U			
DIRECTOR	0	Х						0	o			0
17) LEWIS B. KADEN	1.00											
DIRECTOR	0	Х						0	0			0
18) KERRY KENNEDY DIRECTOR	1.00	Х						0	0			O
19) JO BACKER LAIRD	1.00											
DIRECTOR	0	Х						0	0			С
20) ROBERT TODD LANG DIRECTOR	1.00	Х						0	0			0
21) DAVID P. MATTHEWS DIRECTOR	1.00	X						0	0			C
22) ALBERTO MORA DIRECTOR	1.00	Х						0	0			C
23) BARBARA A. SCHATZ DIRECTOR	1.00	Х						0	0			C
24) BARRY F. SCHWARTZ DIRECTOR	1.00	Х						0	0			0
25) MONA K. SUTPHEN DIRECTOR	1.00	Х						0	0			(
1b Sub-total							<b></b>	0	0			0
c Total from continuation sheets to Part VII, S							<b>•</b>	1,773,806.	0	1	72,4	159.
d Total (add lines 1b and 1c)							<b>&gt;</b>	1,773,806.	0	1	72,4	159.
2 Total number of individuals (including but not reportable compensation from the organizatio					oove	e) who	re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3		Х
4 For any individual listed on line 1a, is the organization and related organizations grindividual	sum of repeater than	ortab \$15	ole c 50,0	com 00?	pen If	satior "Yes	n ar	nd other compens complete Schedu	sation from the le J for such	4	Х	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5		Х
Section B. Independent Contractors	, , , , , , , , , , , , , , , , , , , ,											
Complete this table for your five highest com- compensation from the organization. Report of												

year.

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation

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

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Part VII Section A. Officers, Directors,		y En	plc			and I	Hig	1		continu		_
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	heck ss pe	erson	e than control Highest compensated	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	ar com fi org an	stimated nount of other apensation om the anization d related anizations	
		Ф	tee			satec						
26) LEV SVIRIDOV	1.00											
DIRECTOR	0	Х						0	0			(
27) RICHARD R. VERMA (THRU 9/14)	1.00											
DIRECTOR	0	Х						0	0			(
28) JAMES W. ZIGLAR	1.00											
DIRECTOR	0	Х						0	0			(
29) ELISA MASSIMINO	37.50											
PRESIDENT & CEO	0			Х				243,584.	0		18,77	6.
30) NICHOLAS B. HUMEN	37.50											
VP, FINANCE AND IT	0			Х				160,044.	0		19,77	3.
31) MARY HEDAHL	37.50											
CHIEF DEVELOPMENT OFFICER	0				X			174,756.	0		14,61	.0.
32) AMY B. SOBEL	37.50											
VP, TRAFFICKING	0				X			173,677.	0		13,19	7.
33) SHARON E. KELLY-MCBRIDE	37.50											
VP, OUTREACH	0				X			161,731.	0		15,03	0.
34) TAD L. STAHNKE	37.50				3,7			160 001			10 46	
VP, RESEARCH	0				X			160,881.	0		19,46	5.
35) KATHLEEN JONES	37.50					77		150 547			6 55	, ,
EXECUTIVE COORDINATOR  36) FRANCES WOODARD	37.50					X		150,547.	0		6,57	4.
VP, HUMAN RESOURCES	0					X		1/0 225	0		10,68	2
						_ A		149,225.	0		10,00	٥.
1b Sub-total												
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)					• •	• • •						
2 Total number of individuals (including but r							o re	ceived more than	\$100,000 of			_
reportable compensation from the organiza		22		uai	DOV	c) wiii	5 16	scerved more man	φ100,000 01			
											Yes	No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Scl	officer, directo	or, or	tru	uste ual	e,	key e	emp	oloyee, or highes	t compensated	3		X
4 For any individual listed on line 1a, is the organization and related organizations												
individual										4	Х	
5 Did any person listed on line 1a receive										-		
for services rendered to the organization? <i>I</i>										5		X
Section B. Independent Contractors	, ,											_

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

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation

<sup>2</sup> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

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Part VII Section A. Officers, Directors, Tru		y En	nplo			and F	ligi			yees (c	ontinue		
(A) Name and title	Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than o is both or/trust	an	from	Reporta compensati relate organiza	on from ed	an	(F) stimated nount of other pensation	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		org an	om the anization of related anization	d
37) ELEANOR ACER SENIOR EXPERT, ASYLUM	37.50 0					Х		145,387.		0		19,0	)94.
38) BRIAN DOOLEY SENIOR EXPERT, HRD	37.50 0					х		127,723.		0		18,3	373.
39) BRENDA BOWSER SODER  VP, COMMUNICATIONS	37.50					Х		126,251.		0		16,8	
		-											
		-											
		-											
		-											
		-											
1b Sub-total c Total from continuation sheets to Part VII, S	ection A						<b>&gt; &gt; &gt;</b>						
<ul> <li>d Total (add lines 1b and 1c)</li> <li>Total number of individuals (including but not reportable compensation from the organization</li> </ul>	limited to t		liste				o re	eceived more than	\$100,000	of			
					_	ادمار م		Javaa ar highaa	4	otod.		Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schede	ule J for suc	ch ind	lividu	ual			• •				3		Х
4 For any individual listed on line 1a, is the organization and related organizations greindividual	eater than	\$15	50,0	00?	) If	"Yes	3,"	complete Schedu			4	Х	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	satio	on f	fron	n any	un	related organizati			5		X
Section B. Independent Contractors													
<ol> <li>Complete this table for your five highest com compensation from the organization. Report of year.</li> </ol>													
(A) Name and business add	lress							(B) Description of se	ervices	С	(C) compens		

(A) Name and business address	(B) Description of services	(C) Compensation

<sup>2</sup> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

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#### Part VIII Statement of Revenue

		Check if Schedule O contains a respon	nse or note to an	y line in this Part VI	III		Х
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Revenue and Other Similar Amounts	1a b c d e f g h	Federated campaigns	Business Code	8,911,681.			
	3 4 5 6a b	Investment income (including divider and other similar amounts).  Income from investment of tax-exempt bonc Royalties	nds, interest,	222,640.			222,640.
	c d 7a b	Rental income or (loss)  Net rental income or (loss)  Gross amount from sales of assets other than inventory  Less: cost or other basis and sales expenses  Gain or (loss)  235,938.  (i) Securities 7,175,125.	(ii) Other	235,938.			235,938.
Other Revenue	d 8a b	Net gain or (loss)	ATCH 6	11,322.			11,322.
Ott	с 9а	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19		-194,478.			-194,478.
	ь с 10а	Less: direct expenses		0			
	b c	Less: cost of goods sold b  Net income or (loss) from sales of inventory.  Miscellaneous Revenue	Business Code	0			
	11a b	OTHER INCOME	900099	114,265.			114,265.
	c d e	All other revenue		114,265.			
	12	Total revenue. See instructions		9,301,368.			389,687.

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## Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
	Compensation of current officers, directors, trustees, and key employees	1,175,524.	784,007.	142,380.	249,137.
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			
7	Other salaries and wages	5,824,914.	4,783,802.	537,154.	503,958.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	92,054.	82,040.	2,842.	7,172.
9	Other employee benefits	688,804.	563,821.	51,698.	73,285.
10	Payroll taxes	527,347.	427,213.	40,779.	59,355.
11	Fees for services (non-employees):	0			
	Management	60,833.	30,674.	30,264.	-105.
	Legal	48,250.	30,071.	48,250.	103.
	Accounting	467,134.	467,134.	10,230.	
	I Lobbying	0	407,134.		
	Professional fundraising services. See Part IV, line 17.	69,784.	40,624.	10,661.	18,499.
	Investment management fees	05,701.	10,021.	10,001.	10,100.
g	Other. (If line 11g amount exceeds 10% of line 25, column	178,186.	130,613.	44,291.	3,282.
12	(A) amount, list line 11g expenses on Schedule O.).	13,124.	6,563.	6,561.	3,202.
	Advertising and promotion	432,458.	334,293.	35,756.	62,409.
13 14	Office expenses	127,226.	106,466.	14,057.	6,703.
15	Information technology	0	100,1001	11/03/1	0,703.
16	Royalties	2,068,742.	1,530,085.	362,261.	176,396.
17	Travel	355,659.	303,798.	23,588.	28,273.
	Payments of travel or entertainment expenses	0			
	for any federal, state, or local public officials	371,452.	371,452.		
19	Conferences, conventions, and meetings	371,432.	3/1,432.		
20	Interest	0			
21 22	Payments to affiliates  Depreciation, depletion, and amortization	338,442.	223,183.	95,175.	20,084.
23	Insurance	0		22,2.21	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	PHOTOGRAPHY AND VIDEO	330,688.	329,625.	397.	666.
b	DUES AND SUBSCRIPTIONS	59,902.	52,242.	4,398.	3,262.
	STAFF TRAINING	47,063.	36,542.	5,767.	4,754.
d	FILING FEES	4,191.	2,113.	2,085.	-7.
е	All other expenses	43,677.	22,349.	18,021.	3,307.
25	Total functional expenses. Add lines 1 through 24e	13,325,454.	10,628,639.	1,476,385.	1,220,430.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720)				
JSA	10110WITING DOT 30-Z (NOC 300-120)	0			F 000 (0044)

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## Part X Balance Sheet

_	Check if Schedule O contains a response or note to any line in this Part X						
		·			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,753.	1	4,133.
	2	Savings and temporary cash investments			1,119,552.	2	554,223.
	3	Pledges and grants receivable, net			7,054,523.	3	5,268,674.
	4	Accounts receivable, net			100,235.	4	113,559.
	5	Loans and other receivables from current and t	forme	r officers, directors,			
		trustees, key employees, and highest co	-				
	•	Complete Part II of Schedule L Loans and other receivables from other disqualified pers			0	5	0
	6	4958(f)(1)), persons described in section 4958(c)(3)(B).					
		and sponsoring organizations of section 501(c)(9) volu	ntary	employees' beneficiary	0		0
ts	_	organizations (see instructions). Complete Part II of Sche			0		0
Assets	7	Notes and loans receivable, net			0	7	0
ĕ	8	Inventories for sale or use			225,566.	8	315,108.
	9	Prepaid expenses and deferred charges			225,500.	9	313,100.
	ıva	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,399,914.			
	h	Less: accumulated depreciation			520,089.	10c	1,627,005.
	11	Investments - publicly traded securities			5,729,651.	_	3,174,959.
	12	Investments - other securities. See Part IV, line 11			909,711.		931,909.
	13	Investments - program-related. See Part IV, line 11			0		0
	14	Intangible assets		0	14	0	
	15	Other assets. See Part IV, line 11			89,922.	15	1,653.
	16	Total assets. Add lines 1 through 15 (must equal			15,751,002.	16	11,991,223.
	17	Accounts payable and accrued expenses		687,166.	17	744,877.	
	18	Grants payable	0		0		
	19	Deferred revenue			299,286.		508,904.
	20	Tax-exempt bond liabilities			0		0
ies	21	Escrow or custodial account liability. Complete Pa			0	21	0
Liabilities	22	Loans and other payables to current and for					
Lia		trustees, key employees, highest compen			0	00	0
	22	disqualified persons. Complete Part II of Schedule Secured mortgages and notes payable to unrelate			0	22	0
	23 24	Unsecured notes and loans payable to unrelated			0	24	0
	25	Other liabilities (including federal income tax,				27	
		parties, and other liabilities not included on lines	-				
		of Schedule D			0	25	0
	26	Total liabilities. Add lines 17 through 25			986,452.	26	1,253,781.
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	checl 34.	k here ► X and			
anc	27	Unrestricted net assets			6,349,077.	27	1,417,541.
Bal	28	Temporarily restricted net assets			7,415,473.	28	8,319,901.
pq	29	Permanently restricted net assets		<u></u>	1,000,000.	29	1,000,000.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here 🕨 💹 and			
şţs	30	Capital stock or trust principal, or current funds				30	
SS	31	Paid-in or capital surplus, or land, building, or equ	iipmer	nt fund		31	
¥	32	Retained earnings, endowment, accumulated inco	ome,	or other funds		32	
Ž	33	Total net assets or fund balances			14,764,550.	33	10,737,442.
	34	Total liabilities and net assets/fund balances			15,751,002.	34	11,991,223.

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13-3116646

HUMAN RIGHTS FIRST 13-3116646

Form 990 (2014) Page **12 Reconciliation of Net Assets** Part XI Check if Schedule O contains a response or note to any line in this Part XI . . . . . . . Total revenue (must equal Part VIII, column (A), line 12) 9,301,368. 13,325,454. 2 2 Total expenses (must equal Part IX, column (A), line 25) -4,024,086. 3 3 14,764,550. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 5 Net unrealized gains (losses) on investments 5 -3,022.0 6 0 7 7 0 8 0 q Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10,737,442. 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No 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. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? Χ 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 2b Χ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight Χ 2c of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

Form **990** (2014)

Χ

3a

Schedule O.

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

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990 or Form 990-EZ.

Name of the organization

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

OMB No. 1545-0047

Inspection

Employer identification number

HUN	IAN	RIGHTS FIRST					13	-3116646		
Pa	rt I	Reason for Public	Charity Status (All	organizations must o	complet	e this pa	art.) See instructions	j.		
The	orga	anization is not a privat	e foundation because	it is: (For lines 1 throu	gh 11, ch	eck only	one box.)			
1		A church, convention of	of churches, or associa	ation of churches desc	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)								
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical research or	ganization operated in	conjunction with a ho	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the		
	hospital's name, city, and state:									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
	section 170(b)(1)(A)(iv). (Complete Part II.)									
6			cal government or gove			-				
7	X	An organization that r	=	•	apport fr	om a go	vernmental unit or fro	om the general public		
			70(b)(1)(A)(vi). (Comp							
8		-	scribed in section 170(		-					
9			normally receives: (1)							
		•	s related to its exemp	·		-				
		· · ·	investment income a				·	tax) from businesses		
		1	ization after June 30, 1			-	•			
10	$\square$		ized and operated exc		-					
11			ized and operated exc	-	-					
			supported organizations			-				
		_	rough 11d that describ				•	=		
а		• • • • • • •	g organization operate	•	-		• • • • • • • • • • • • • • • • • • • •			
		· · · -	nization(s) the power to		elect a m	najority o	f the directors or trus	tees of the supporting		
			ust complete Part IV,							
b			g organization supervis							
		<del>-</del>	nent of the supporting	<del>-</del>	the sam	e persor	ns that control or man	age the supported		
			must complete Part IV							
С			integrated. A support					lly integrated with,		
			zation(s) (see instructio	-				( -		
d			nally integrated. A sup					= ::		
			ly integrated. The orga	<del>-</del>	-		· ·	an attentiveness		
_	Г		structions). You must o	-				II Tymo III		
е	_		e organization received ed, or Type III non-fund					п, туре пі		
f	Fn	iter the number of supp		monany integrated sup	porting t	Jiyailizai	iion.			
		ovide the following infor		oorted organization(s).						
		lame of supported organization		(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of		
	` '	11 0		(described on lines 1-9	listed in yo	ur governing	support (see	other support (see		
				above or IRC section (see instructions))	docu	ment?	instructions)	instructions)		
					Yes	No				
/A\										
(A)										
(B)										
(C)										
(D)										
(0)										
(E)										
Tota	al									

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,423,172.	13,416,330.	10,061,257.	11,454,482.	8,911,681.	50,266,922.
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	<b>Total.</b> Add lines 1 through 3	6,423,172.	13,416,330.	10,061,257.	11,454,482.	8,911,681.	50,266,922.
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)						3,123,379.
6	Public support. Subtract line 5 from line 4.						47,143,543.
	tion B. Total Support	(=) 2010	(b) 2044	(=) 2042	(4) 2012	(2) 2014	(f) Total
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 8	Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,423,172.	13,416,330. 431,861.	10,061,257. 586,603.	11,454,482. 575,805.	8,911,681. 458,578.	2,298,850.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	210,003.	131,001.	300,003.	373,003.	130,370.	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	-173,607.	-105,033.	-92,782.	-70,063.	-80,213.	-521,698.
11	Total support. Add lines 7 through 10						52,044,074.
12	Gross receipts from related activities, etc. (s	,				12	
13	First five years. If the Form 990 is forganization, check this box and stop here			d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
	tion C. Computation of Public Sup		•				00 50 %
14	Public support percentage for 2014 (li		•			14	90.58%
15	Public support percentage from 2013					15	
16a	331/3% support test - 2014. If the o						
h	this box and <b>stop here.</b> The organization 331/3% support test - 2013. If the content is the support test - 2013 is the support t						
b	check this box and <b>stop here.</b> The organization						
172	10%-facts-and-circumstances test - 2	•					
114	10% or more, and if the organization	_					
	Part VI how the organization meets t					-	•
	organization						<b>&gt;</b>
b	10%-facts-and-circumstances test - 2	•	•				
	15 is 10% or more, and if the organization Explain in Part VI how the organization						-
	supported organization						▶ □
18	Private foundation. If the organization						
	instructions						<u>▶                                   </u>

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

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

Sec	tion A. Public Support	<b>,</b>		,,		,	
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services 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						
6	Total. 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						
r	Add lines 7a and 7b						
	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
9	Amounts from line 6						
10 a	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	Add lines 10a and 10b						
11	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 is for	the organization	n's first, second,	third, fourth, or	fifth tax year a	as a section 501(	c)(3)
	organization, check this box and stop here .	<u></u>	<u></u> .	<u> </u>	<u></u> .		▶ 🔲
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2014 (line 8,	column (f) divide	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2013 Sche	dule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investmen	t Income Per	centage				
17	Investment income percentage for 2014 (lin					17	%
18	Investment income percentage from 2013 S	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2014. If the org					e than 331/3%, a	and line
	17 is not more than 331/3%, check thi	s box and <b>sto</b>	here. The org	anization qualifies	s as a publicly	supported organi	zation 🕨 🗌
b	331/3% support tests - 2013. If the orga	nization did not	check a box on	line 14 or line 19	a, and line 16 is	s more than 331/3	3 %, and
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization of	did not check	a box on line	14, 19a, or 19b	, check this bo	ox and see instr	uctions ►

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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 11a or 11b 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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).
- 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 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- Did a disqualified person (as defined in line 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Schedule A (Form 990 or 990-EZ) 2014

Part IV Supporting Organizations (continued) Page 5

а	Supporting Organizations (continued)			
а	Lies the experimetion accepted a gift or contribution from any of the following persons?		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	_		
	on C. Type II Supporting Organizations	2		
Section	on C. Type ii Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
	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	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior			
	tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Section	on 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 ins	structi	ons):	
а	The organization satisfied the Activities Test. Complete line 2 below.		,	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	ctions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
	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			
а				
а	those supported organizations and explain how these activities directly furthered their exempt purposes,			
а		2a		
а	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
a b	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	2a		
a b	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.  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			
a b	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.  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	2a 2b		
a b	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.  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.  Parent of Supported Organizations. Answer (a) and (b) below.			
a b	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.  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.  Parent of Supported Organizations. Answer (a) and (b) below.  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2b		
a b 3 a	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.  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.  Parent of Supported Organizations. Answer (a) and (b) below.			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970. See ir	structions. All
other Type III non-functionally integrated supporting organizations must com	nplete S	ections A through E.	
Section A - Adjusted Net Income		(A) Prior Voor	(B) Current Year
Section A - Adjusted Net Income		(A) Prior 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		
Costina D. Minimum Aport Amount		(A) B: V	(B) Current Year
Section B - Minimum Asset Amount		(A) Prior Year	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount 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		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally	y-integra	ated Type III supporting	g organization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions).

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions		Current Year					
1	Amounts paid to supported organizations to accomplish ex							
2	Amounts paid to perform activity that directly furthers exer	ed						
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations					
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 organization is resp	onsive					
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2014 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount							
5	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014				
1	Distributable amount for 2014 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2014							
	(reasonable cause required-see instructions)							
3	Excess distributions carryover, if any, to 2014:							
а								
b								
С								
d								
е	From 2013							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2014 distributable amount							
i	Carryover from 2009 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2014 from Section							
	D, line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2014 distributable amount							
С	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2014, if							
	any. Subtract lines 3g and 4a from line 2 (if amount							
	greater than zero, see instructions).							
6	Remaining underdistributions for 2014. Subtract lines 3h							
	and 4b from line 1 (if amount greater than zero, see							
	instructions).							
7	Excess distributions carryover to 2015. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а								
b								
С								
d	Excess from 2013							
е	Excess from 2014							

Schedule A (Form 990 or 990-EZ) 2014

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II -	OTHER INCOME	]			ATTACHMENT 1	
DESCRIPTION	2010	2011	2012	2013	2014	TOTAL
PUBLICATIONS & OTHER INCOME	5,912.	53,978.	17,757.	94,477.	114,265.	286,389.
SPECIAL EVENTS NET INCOME	-179,519.	-159,011.	-110,539.	-164,540.	-194,478.	-808,087.
TOTALS		-105,033.		-70,063.		

#### Schedule B (Form 990, 990-EZ, or 990-PF)

### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization HUMAN RIGHTS FIRST

	13-3116646
Organization type (check o	ne):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	s covered by the <b>General Rule</b> or a <b>Special Rule</b> . 1(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
_	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 y or property) from any one contributor. Complete Parts I and II. See instructions for determining a I contributions.
Special Rules	
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line and that received from any one contributor, during the year, total contributions of the greater of (1) of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
contributor, durin	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one g the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, tional purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
contributor, during contributions total during the year fo <b>General Rule</b> app	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one g the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such led more than \$1,000. If this box is checked, enter here the total contributions that were received or an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the elies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions remore during the year
	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization HUMAN RIGHTS FIRST

Employer identification number 13-3116646

Part I	Contributors (	(see instructions).	Use duplicate cop	pies of Part I if addition	nal space is needed.
--------	----------------	---------------------	-------------------	----------------------------	----------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 _		\$750,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2 _		\$326,332.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3 _		\$256,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4			Person X
		\$210,694.	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	\$210,694.  (c)  Total contributions	Noncash (Complete Part II for
	(b) Name, address, and ZIP + 4	(c)	Noncash (Complete Part II for noncash contributions.)
	(b) Name, address, and ZIP + 4  (b)  (b)  Name, address, and ZIP + 4	(c) Total contributions	Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for

Name of organization HUMAN RIGHTS FIRST

Employer identification number

13-3116646

(d)	(c) FMV (or estimate)	(b)	(a) No. from
Date received	(see instructions)	Description of noncash property given	Part I
	\$		
(d) Date received	(c) FMV (or estimate) (see instructions)	(b) Description of noncash property given	a) No. from Part I
	\$		
(d) Date received	(c) FMV (or estimate) (see instructions)	(b)  Description of noncash property given	a) No. from Part I
	\$		
(d) Date received	(c) FMV (or estimate) (see instructions)	(b)  Description of noncash property given	a) No. from Part I
	\$		
(d)	(c)	(b)	a) No.
Date received	FMV (or estimate) (see instructions)	Description of noncash property given	from Part I
	\$		
(d) Date received	(c) FMV (or estimate) (see instructions)	(b) Description of noncash property given	a) No. from Part I
_	(see instructions)	Description of noncash property given	Part I

Name of organization HUMAN RIGHTS FIRST

Employer identification number

13-3116646

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10)

	contributions of \$1,000 or less for the year		otal of <i>exclusively</i> religious, charitable, etc. nce. See instructions.) ►\$		
) No. rom	·	•			
rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-		(e) Transfer of gift	I		
	Transferee's name, address, and ZIP		Relationship of transferor to transferee		
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, and ZIP	+ 4	Relationship of transferor to transferee		
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	·				
		(e) Transfer of gift	1		
	Transforce's name address and 7IP		Polationship of transforor to transforo		
	Transferee's name, address, and ZIP		Relationship of transferor to transferee		
_	Transferee's name, address, and ZIP		Relationship of transferor to transferee		
	Transferee's name, address, and ZIP		Relationship of transferor to transferee		
No	Transferee's name, address, and ZIP		Relationship of transferor to transferee		
No. om art I	Transferee's name, address, and ZIP		Relationship of transferor to transferee  (d) Description of how gift is held		
No. om art I		+4			
No. om art I		+4			
No. om art I		+4			
No. om art I		+4			
) No. om art I		(c) Use of gift  (e) Transfer of gift			
No. om ırt I	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held		

#### **SCHEDULE C** (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," to 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.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

-	(see separate instructions), ther		, (000 copulate		, , (
	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.		Francisco ide	atification number
	e of organization			' '	ntification number
	MAN RIGHTS FIRST		( 504/-)	13-313	
	-	organization is exempt under			nization.
1	•	organization's direct and indirect p			
2	Political expenditures				
3	Volunteer hours			· · · · · · · · · · · · · · · · · · ·	
Par	t I-B Complete if the c	organization is exempt under s	section 501(c)(3).		
1	Enter the amount of any exc	cise tax incurred by the organizatio	n under section 495	5, , , , , , ▶\$	
2	Enter the amount of any exc	cise tax incurred by organization m	anagers under section	on 4955 ► \$	
3	If the organization incurred a	a section 4955 tax, did it file Form	4720 for this year?		Yes No
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
Par	rt I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3	).
1		expended by the filing organization			
_					
2	527 exempt function activities	ng organization's funds contributed			
3		enditures. Add lines 1 and 2. En			
<b>4 5</b>	Enter the names, addresses organization made payment the amount of political cont	e Form 1120-POL for this year? and employer identification numbers. For each organization listed, entributions received that were promoted or a political action committee (legistration).	er (EIN) of all section ter the amount paic optly and directly de	on 527 political organiza I from the filing organiz livered to a separate po	ations to which the filing ation's funds. Also ente ditical organization, sucl
	(a) Name	(b) Address	(c) 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)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2014

Pa		Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under		
Α	Check ▶ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).						
В	Check ▶	if the filing organization	checked box A and "limited control" provisi	ons apply.			
			ying Expenditures	(a) Filing	(b) Affiliate	ed	
		(The term "expenditures" me	eans amounts paid or incurred.)	organization's totals	group tota	ıls	
18	Total lob	oying expenditures to influence	public opinion (grass roots lobbying)	98,238.			
k	Total lob	oying expenditures to influence	a legislative body (direct lobbying)	368,896.			
(	Total lob	oying expenditures (add lines 1	a and 1b)	467,134.			
(	d Other ex	empt purpose expenditures		11,637,890.			
•	Total exe	mpt purpose expenditures (add	d lines 1c and 1d)	12,105,024.			
f	Lobbying	nontaxable amount. Enter the	e amount from the following table in both				
	columns.			755,251.			
	If the amo	ount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:				
	Not over \$	5500,000	20% of the amount on line 1e.				
	Over \$500	0,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.				
	Over \$1,0	00,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.				
	Over \$1,5	00,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.				
	Over \$17,	•	\$1,000,000.				
ç	g Grassroo	ts nontaxable amount (enter 25	5% of line 1f)	188,813.			
ŀ	n Subtract	line 1g from line 1a. If zero or le	ess, enter -0-	0		0	
i			ss, enter -0-	0		0	
j	If there i	s an amount other than zero	on either line 1h or line 1i, did the organiza	tion file Form 4720		_	
	reporting	section 4911 tax for this year?			Yes	No	
		•	1-Year Averaging Period Under Section 501(h)				
	(Sc	me organizations that made a	section 501(h) election do not have to compl	ete all of the five columr	ns below.		
		See	the separate instructions for lines 2a through	2f.)			

**Lobbying Expenditures During 4-Year Averaging Period** Calendar year (or fiscal year (a) 2011 **(b)** 2012 (c) 2013 (d) 2014 (e) Total beginning in) 2a Lobbying nontaxable amount 538,356. 598,725. 663,242. 755,251. 2,555,574. **b** Lobbying ceiling amount (150% of line 2a, column (e)) 3,833,361. **c** Total lobbying expenditures 199,841. 405,684. 432,030. 467,134. 1,504,689. d Grassroots nontaxable amount 134,589. 149,681. 165,811. 188,813. 638,894. e Grassroots ceiling amount (150% of line 2d, column (e)) 958,341. f Grassroots lobbying expenditures 14,976. 21,459. 12,840. 98,238. 147,513.

Schedule C (Form 990 or 990-EZ) 2014

13-3116646

Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	d For	m 576	8		
For	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(a	1)		(b)		
	-	Yes	No		Amou	nt	
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:						
а	Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
С	Media advertisements?						
d	Mailings to members, legislators, or the public?						
е	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
! :	Other activities?						
J 2a	Total. Add lines 1c through 1i  Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
za 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?						
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	:)(5)	. or s	ection			
	501(c)(6).	-,(-,	,				
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				3		
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)						
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes."	OR (I	o) Pa	rt III-A,	line 3	3, is	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amour						
	political expenses for which the section 527(f) tax was paid).						
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c			
3	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						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lol	obyin	ıg				
_	and political expenditure next year?			4			
5	Taxable amount of lobbying and political expenditures (see instructions)			5			
	t IV Supplemental Information		!:	\. Dant I	I A 1:	1	
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated se instructions); and Part II-B, line 1. Also, complete this part for any additional information.	grot	ıp iist	); Part i	I-A, IIII	es i	and
<u> </u>	e instructions), and rait ins, line 1. Also, complete this part for any additional information.						

Part IV Supplemental Information (continued)

Schedule C (Form 990 or 990-EZ) 2014

Page 4

## SCHEDULE D (Form 990)

Department of the Treasury

## **Supplemental Financial Statements**

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

► Attach to Form 990.

OMB No. 1545-0047
2014
Open to Public

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization Employer identification number HUMAN RIGHTS FIRST 13-3116646 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Schedule D (Form 990) 2014

**\$**\_\_\_\_

▶ \$

JSA.

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Revenue included in Form 990, Part VIII, line 1

Page 2 Schedule D (Form 990) 2014

Par	rt    Organizations Maintaining	Collections of	Art, Histo	rical Tre	easures,	or Oth	ner Similar Ass	sets (cont	inued)
3	Using the organization's acquisition,		ther record	s, check	any of th	e follow	ring that are a si	gnificant u	se of its
	collection items (check all that apply)	:							
а	Public exhibition		d		exchange				
b	Scholarly research		е	Other _					
С	Preservation for future general								
4	Provide a description of the organiz	ation's collections	and explai	n how the	ey furthei	the or	ganization's exem	ipt purpose	e in Part
_	XIII.	15 . 56		and delates			- (b ! !!		
5	During the year, did the organization assets to be sold to raise funds rather							Yes	□ No
Dar	rt IV Escrow and Custodial Arra								/ line 0
ı aı	or reported an amount on F			organiz	allon and	wereu	163 101 01111 3	30, i ait i	v, iii ie 3,
	or reperted air airieant eiri	01111 000, 1 411 7	, 11110 211						
1a	Is the organization an agent, trustee,	. custodian or othe	r intermedia	arv for co	ntributions	or othe	r assets not		
	included on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in I	Part XIII and comp	lete the follo	wing table	e:				
		·					Amount		
С	Beginning balance				1c				
d	Additions during the year								
е	Distributions during the year				1e				
f	Ending balance								
2a	Did the organization include an amou						-	Yes	No No
	If "Yes," explain the arrangement in I								
Par	rt V Endowment Funds. Compl						i i		
4.	Deginning of year balance	(a) Current year	(b) Prior		(c) Two yea		(d) Three years back	( <b>(e)</b> Four y	ears back
1a		1,075,404.	1,057	,538.	1,000	,000.	1,000,000		
b C	Contributions  Net investment earnings, gains,						1,000,000	•	
C	and losses	41,138.	17	,866.	57	,538.			
d	Grants or scholarships	11,130.		,000.		, 550.			
e	Other expenditures for facilities								
_	and programs								
f	Administrative expenses								
g	End of year balance	1,116,542.	1,075	,404.	1,057	,538.	1,000,000		
2	Provide the estimated percentage of	the current year e	nd balance	(line 1g, c	olumn (a)	held as			
а	Board designated or quasi-endowment	nt <b>&gt;</b>	%						
b	Permanent endowment ▶ 89.56		_						
С	Temporarily restricted endowment								
	The percentages in lines 2a, 2b, and	•							
3a	Are there endowment funds not in the	e possession of th	e organizat	ion that ai	re held an	id admir	nistered for the	[x	/   NI .
	organization by:								es No
	(i) unrelated organizations							3a(i)	X
b		pnizatione lietad as l						3a(ii) 3b	X
4	Describe in Part XIII the intended use		•					. 30	
ı aı	Complete if the organization	on answered "Ye	s" to Form	990, Par	t IV, line			art X, line	10.
	Description of property	(a) Cost or (invest		(b) Cost or o			cumulated eciation	(d) Book valu	ie
1a	Land		,	(011)	,	асрі			
b	Buildings								
С	Leasehold improvements			1,12	7,468.	2	14,626.	91	2,842.
d	Equipment			82	20,512.	4	72,632.		7,880.
ее	Other				1,934.		85,651.	36	6,283.
Tota	al. Add lines 1a through 1e. (Column (	d) must equal Form	990, Part X	(, column (	(B), line 10	D(c).)		1,62	7,005.

Schedule D (Form 990) 2014

Page 3

Part VII Investments - Other Securities.

Part VII	Complete if the organization answered	"Yes" to Form 990,	Part	IV, line 11b. See Form 990, Part X, line 1	2.
	(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) Financi	al derivatives				
	-held equity interests				
(3) Other_					
(A) PRI	VATE AGENCY LOAN FUND - FJC	931,909.		FMV	
(B)					
(C)					
(D)					
<u>(E)</u>					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.)	931,909.			
Part VIII			Part	IV, line 11c. See Form 990, Part X, line 1	3.
	(a) Description of investment	(b) Book value		(c) Method of valuation: Cost or end-of-year market value	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.				
rartix		"Yes" to Form 990.	Part	IV, line 11d. See Form 990, Part X, line 1	15.
		scription		(b) Book va	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col	umn (b) must equal Form 990, Part X, col. (B) li	ne 15.)			
Part X	Other Liabilities. Complete if the organization answered line 25.	"Yes" to Form 990,	, Part	IV, line 11e or 11f. See Form 990, Part X	ζ,
1.	(a) Description of liability	(b) Book valu	ie		
(1) Fede	ral income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colur	nn (b) must equal Form 990, Part X, col. (B) line 25.)	<b>&gt;</b>			
2. Liability f	or uncertain tax positions. In Part XIII, provide the	text of the footnote to t	the org	ganization's financial statements that reports the	

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

HUMAN RIGHTS FIRST 13-3116646

Schedu	le D (Form 990) 2014		Page <b>4</b>
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	۱.	
1	Total revenue, gains, and other support per audited financial statements	1	49,316,693.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a -3,022.		
b	Donated services and use of facilities 2b 39,692,619.		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d 325,728.		
е	Add lines 2a through 2d	2e	40,015,325.
3	Subtract line 2e from line 1	3	9,301,368.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,301,368.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	rn.	
1	Total expenses and losses per audited financial statements	1	53,343,801.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•	33/313/001.
– a			
b	Dries year adjustments		
C	Other leaden		
d	Other losses Other (Describe in Part XIII.)  Add lines 3a through 3d		
e	Add lines 2a through 2d	2e	40,018,347.
3	Subtract line 2e from line 1	3	13,325,454.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		10,020,101.
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	13,325,454.
Part	XIII Supplemental Information.		
Provid 2; Par	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	rt V, li nation	ne 4; Part X, line
SEE	PAGE 5		

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 HUMAN RIGHTS FIRST 13-3116646 Page **5** 

#### Part XIII Supplemental Information (continued)

PART V, LINE 4:

IN 2011 THE ORGANIZATION RECEIVED A DONOR-RESTRICTED ENDOWMENT TO BE HELD IN PERPETUITY IN A SEPARATE PERMANENT FUND TO BE DISTRIBUTED TO PROMOTE THE POLICIES AND PROJECTS OF THE ORGANIZATION.

PART X, LINE 2:

UNDER ASC 740, "INCOME TAXES," AN ORGANIZATION MUST RECOGNIZE THE

FINANCIAL STATEMENT EFFECTS OF A TAX POSITION TAKEN FOR TAX RETURN

PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE

SUSTAINED UPON EXAMINATION. HUMAN RIGHTS FIRST DOES NOT BELIEVE IT HAS

TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT HAS NOT

RECORDED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE ORGANIZATION

HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE REQUIRED

JURISDICTIONS. FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013, THERE WERE

NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE STATEMENTS OF

ACTIVITIES. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDIT BY A TAXING

AUTHORITY. AS OF DECEMBER 31, 2014 AND 2013, THE ORGANIZATION WAS NOT

SUBJECT TO ANY EXAMINATION BY A TAXING AUTHORITY. THE ORGANIZATION

BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR THE YEARS

PRIOR TO 2011.

PART XI, LINE 2D AND PART XII, LINE 2D:
SPECIAL EVENTS DIRECT EXPENSES

Schedule D (Form 990) 2014

#### **SCHEDULE F** (Form 990)

#### Statement of Activities Outside the United States

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

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

**Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

HUMA	AN RIGHTS FIRST				13-3116646	5
Part	General Information of Form 990, Part IV, line 14		Outside the U	Jnited States. Complete	if the organization answe	ered "Yes" on
1	For grantmakers. Does the orga	nization mainta	in records to s	substantiate the amount of	f its grants and other	
	assistance, the grantees' eligibili	ty for the grant	s or assistance	e, and the selection criteri	ia used to award the	
	grants or assistance?					Yes No
2	For grantmakers. Describe in	Part V the or	ganization's pi	rocedures for monitoring	the use of its grants a	and other
	assistance outside the United Sta	ates.				
3	Activities per Region. (The follov	ving Part I, line	3 table can be	e duplicated if additional sp	pace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	EUROPE					55.450
_(1)_	EUROPE			PROGRAM SERVICES	RESEARCH	67,462.
(2)	MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	RESEARCH	15,742.
(3)	CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	RESEARCH	3,427.
(4)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
<u>(10)</u>						
<u>(11)</u>						
(12)						
(13)						
<u>(14)</u>						
<u>(15)</u>						
<u>(16)</u>						
(17)						
3a	Sub-total					86,631.
b	Total from continuation					
	sheets to Part I					
c	Totals (add lines 3a and 3b)					86,631.

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

HUMAN RIGHTS FIRST

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method valuation (book, FM\ appraisal, other)
1)									
2)									
3)									
4)									
5)									
5)									
7)									
3)									
))									
10)									
11)									
2)									
3)									
14)									
15)									
16)									
		t organizations listed above tantee or counsel has provide							

HUMAN RIGHTS FIRST 13-3116646

Schedule F (Form 990) 2014

# 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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
_(1)							
(2)							
(3)							
_ (4)							
_ (5)							
_(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
<u>(12)</u>							
<u>(13)</u>							
<u>(14)</u>							
<u>(</u> 15)							
(16)							
(17)							
(18)							

HUMAN RIGHTS FIRST 13-3116646

Schedule F (Form 990) 2014

Part IV Foreign Forms Page 4

ult	1 ordigit 1 ortilis			
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 file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	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 Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	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 Foreign Partnerships (see Instructions for Form 8865)	Yes	X	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X	No

HUMAN RIGHTS FIRST 13-3116646

Schedule F (Form 990) 2014 Page **5** 

# Part V Suppler

Supplemental Information

Complete this part to 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).

#### **SCHEDULE G**

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number HUMAN RIGHTS FIRST 13-3116646

Part	Fundraising Activities. Con Form 990-EZ filers are not				"Yes" to Form 9	90, Part IV, line	17.
1	Indicate whether the organization rai				activities. Check a	all that apply.	
а	Mail solicitations	e		_	non-government g		
b	Internet and email solicitations	f			government grants		
С	Phone solicitations	g			ising events		
d	In-person solicitations	J			J		
2a	Did the organization have a written of	or oral agreement w	ith anv in	dividual (in	cludina officers. d	irectors, trustees	
	or key employees listed in Form 990 If "Yes," list the ten highest paid ind compensated at least \$5,000 by the	, Part VII) or entity ividuals or entities	in connec	tion with p	rofessional fundra	ising services?	Yes No fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No		· ·	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total		1		<b>•</b>			
3		tion is registered o	or licensed	to solicit	contributions or	has been notified	it is exempt from

Schedule G (Form 990 or 990-EZ) 2014 Page **2** 

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		gross receipts greater than \$5,0	00.						
			(a) Event #1 ANNUAL DINNER	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through			
			(event type)	(event type)	(total number)	col. <b>(c)</b> )			
Revenue	1	Gross receipts	2,183,998.			2,183,998			
Ľ		Less: Contributions Gross income (line 1 minus	2,052,748.			2,052,748			
		line 2)	131,250.			131,250			
	4	Cash prizes							
	5	Noncash prizes							
Expenses	6	Rent/facility costs	65,662.	65,662.					
ct Expe	7	Food and beverages	59,574.			59,574			
Direct	8	Entertainment							
	9	Other direct expenses	200,492.			200,492			
	10	Direct expense summary. Add lines 4	4 through 9 in column (d)		<b>&gt;</b>	325,728			
	11	Net income summary. Subtract line 1	0 from line 3, column (d	)		-194,478			
	rt l		anization answered "Y			rted more			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Rev	1	Gross revenue							
ses	2	Cash prizes							
zxpens	3	Noncash prizes							
Direct Expenses	4	Rent/facility costs							
	5	Other direct expenses							
	-	Other direct expenses	Yes %	Yes %	Yes %				
	6	Volunteer labor	No No	No No	No No				
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)						
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)	<b>&gt;</b>				
9 a	a Is	nter the state(s) in which the organizate the organization licensed to conduct of "No," explain:	gaming activities in each	of these states?		_ Yes No			
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  b If "Yes," explain:									

#### HUMAN RIGHTS FIRST

Sched	dule G (Form 990 or 990-EZ) 2014		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
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ▶		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
			<b>_</b>
	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		
u	retain the state gaming license?	Yes	No
b			
-	or spent in the organization's own exempt activities during the tax year > \$		
Par			

Schedule G (Form 990 or 990-EZ) 2014

#### **SCHEDULE J** (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

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

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

HUMAN RIGHTS FIRST

Employer identification number 13-3116646

Part	Questions Regarding Compensation							
			Yes	No				
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or charter travel  Housing allowance or residence for personal use							
	Travel for companions Payments for business use of personal residence							
	Tax indemnification and gross-up payments Health or social club dues or initiation fees							
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)							
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to							
	explain	1b						
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all							
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line							
	1a?	2						
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.							
	X Compensation committee Written employment contract							
	X Independent compensation consultant X Compensation survey or study							
	X Form 990 of other organizations X Approval by the board or compensation committee							
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing							
	organization or a related organization:	4a		Х				
_	a Receive a severance payment or change-of-control payment?							
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X				
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X				
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.							
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any							
3	compensation contingent on the revenues of:							
а	The organization?	5a		Х				
b	Any related organization?	5b		X				
D	If "Yes" to line 5a or 5b, describe in Part III.	35						
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any							
·	compensation contingent on the net earnings of:							
а	The organization?	6a		Х				
b	Any related organization?	6b		X				
	If "Yes" to line 6a or 6b, describe in Part III.	UD						
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed							
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Х					
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject							
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe							
	in Part III	8		Х				
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in							
	Regulations section 53.4958-6(c)?	9						

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

HUMAN RIGHTS FIRST 13-3116646

Schedule J (Form 990) 2014

#### 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 in 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 are not listed on Form 990, Part VII.

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990
ELISA MASSIMINO	(i)	243,584.	C	(	9,437.	9,339.	262,360.	0
1 PRESIDENT & CEO	(ii)	0	C	(	0	0	(	0
NICHOLAS B. HUMEN	(i)	155,044.	5,000.	(	13,770.	6,003.	179,817.	0
2 VP, FINANCE AND IT	(ii)	0	C	(	0	0	(	0
MARY HEDAHL	(i)	174,756.	C	(	7,668.	6,942.	189,366.	0
3 CHIEF DEVELOPMENT OFFICER	(ii)	0	(	(	0	0	(	0
AMY B. SOBEL	(i)	158,677.	15,000.	(	6,260.	6,937.	186,874.	0
4 VP, TRAFFICKING	(ii)	0	C	(	0	0	(	0
SHARON E. KELLY-MCBRIDE	(i)	161,731.	C	(	8,426.	6,604.	176,761.	0
5 VP, OUTREACH	(ii)	0	C	(	0	0	(	0
TAD L. STAHNKE	(i)	160,881.	C	(	12,572.	6,893.	180,346.	0
6 VP, RESEARCH	(ii)	0	C	(	0	0	(	0
KATHLEEN JONES	(i)	150,547.	C	(	481.	6,093.	157,121.	0
7 EXECUTIVE COORDINATOR	(ii)	0	C	(	0	0	(	0
FRANCES WOODARD	(i)	149,225.	C	(	7,603.	3,080.	159,908.	0
8 VP, HUMAN RESOURCES	(ii)	0	C	(	0	0	(	0
ELEANOR ACER	(i)	140,387.	5,000.	(	13,327.	5,767.	164,481.	0
9 SENIOR EXPERT, ASYLUM	(ii)	0	C	(	0	0	(	0
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

HUMAN RIGHTS FIRST

Schedule J (Form 990) 2014

#### Part || Supplemental Information

Complete this part to 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.

PART I, LINE 7:

THE FOLLOWING NON-FIXED PAYMENTS WERE MADE IN 2014 IN THE FORM OF

PERFORMANCE BONUSES:

ELEANOR ACER.....\$ 5,000

BRIAN DOOLEY.....\$ 4,000

NICK HUMEN.....\$ 5,000

AMY SOBEL.....\$15,000

#### **SCHEDULE L**

#### **Transactions With Interested Persons**

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

►Attach to Form 990 or Form 990-EZ.

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2014

Open To Public Inspection

Name of the organization

HUMAN RIGHTS FIRST

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

	Complete if the organization and	swered "Yes" on Form 990, Part IV, line 25a	a or 25b, or Form 990-EZ, Part V, line 40b.			
1	(a) Name of disqualified person	(b) Relationship between disqualified person and	(c) Description of transaction			
•	(a) Name of disqualified person	organization	(c) Description of transaction	Yes	No	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
2	Enter the amount of tax incurred by	the organization managers or disqualified p	ersons during the year		_	
	under section 4958		▶ \$			
3	Enter the amount of tax if any on liv	ne 2 above reimbursed by the organization	<b>▶</b> ¢			

#### Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or n the zation?	<b>(e)</b> Original principal amount	(f) Balance due	( <b>g)</b> In o	lefault?	(h) Ap by bo comm	ard or	(i) W agreer	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$						

#### Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2014

Schedule L (Form 990 or 990-EZ) 2014

#### 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) Sh organiz	
				Yes	No
(1) TOM A. BERNSTEIN	VICE CHAIR		FACILITIES COST AT PIER SIXTY		
<b>(2)</b> .	BOARD OF DIRECTORS	125,236.	FOR ANNUAL FUNDRAISER.		Х
_(3)					
_(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

#### Part V Supplemental Information

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

#### **SCHEDULE O**

(Form 990 or 990-EZ)

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

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization Employer identification number
HUMAN RIGHTS FIRST 13-3116646

FORM 990, PART III, LINE 2: THE ORGANIZATION HAD THE FOLLOWING NEW PROGRAM SERVICES DURING THE YEAR: 1) PROTECTING LGBT RIGHTS 2) ANTI-TRAFFICKING ADVOCACY 3) AMICUS BRIEFS URGING U.S. COMPLIANCE WITH INTERNATIONAL HUMAN RIGHTS STANDARDS 4) COMBATING ANTISEMITISM AND EXTREMISM FORM 990, PART III, LINE 4D: 1) HUMAN RIGHTS DEFENDERS -EXPENSES: \$692,720. (DONATED LEGAL AND RELATED EXPENSES: \$1,369.) 2) PROTECTING LGBT RIGHTS -EXPENSES: \$246,977. (DONATED LEGAL AND RELATED EXPENSES: \$488.) 3) ANTI-TRAFFICKING ADVOCACY -EXPENSES: \$189,620. (DONATED LEGAL AND RELATED EXPENSES: \$406,825.) 4) ATROCITY ENABLERS -

EXPENSES: \$167,549.

(DONATED LEGAL AND RELATED EXPENSES: \$331.)

Name of the organization

HUMAN RIGHTS FIRST

Employer identification number

13-3116646

5) COMBATING ANTISEMITISM AND EXTREMISM -

EXPENSES: \$135,007.

(DONATED LEGAL AND RELATED EXPENSES: \$196,071.)

6) AMICUS BRIEFS URGING U.S. COMPLIANCE WITH INTERNATIONAL HUMAN RIGHTS

STANDARDS -

EXPENSES: \$62,880.

(DONATED LEGAL AND RELATED EXPENSES: \$656,336.)

7) OTHER PROGRAMS -

EXPENSES: \$1,803,482.

(DONATED LEGAL AND RELATED EXPENSES: \$3,564.)

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE IS COMPOSED OF A SUBSET OF THE BOARD OF DIRECTORS AND HAS AUTHORITY TO ACT FOR THE BOARD BETWEEN BOARD MEETINGS SUBJECT TO LIMITATIONS CONTAINED IN NY LAW AND THE BYLAWS OF THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 2:

ROBERTA KARP, SECRETARY, AND BARRY F. SCHWARTZ, DIRECTOR, HAD A BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION MADE CHANGES TO ITS BYLAWS IN ORDER TO UPDATE THEM IN LIGHT OF RECENT CHANGES TO THE NEW YORK STATE NOT-FOR-PROFIT CORPORATION

LAW. SIGNIFICANT CHANGES TO THE BYLAWS INCLUDE:

- UPDATING PROCEDURES AND REQUIREMENTS FOR THE PURCHASE, SALE, MORTGAGE,
  LEASE, EXCHANGE, OR OTHER DISPOSITION OF REAL PROPERTY;
- UPDATING PROCEDURES FOR THE FIXING OF COMPENSATION OF OFFICERS AND KEY EMPLOYEES;
- UPDATING THE STRUCTURE AND PROCEDURES OF CERTAIN COMMITTEES OF THE BOARD; AND
- PROVIDING FOR THE ADOPTION AND MAINTENANCE OF UPDATED WHISTLEBLOWER, CONFLICT OF INTEREST, AND INVESTMENT POLICIES.

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

FORM 990 WAS PREPARED BY A NATIONALLY RENOWNED ACCOUNTING FIRM IN

CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. THE DRAFT FORM

WAS REVIEWED AND REVISED BY THE ORGANIZATION'S VP OF FINANCE AND IT,

CHIEF OPERATING OFFICER, COUNSEL, AND KEY MEMBERS OF THE EXECUTIVE TEAM.

A COMPLETE COPY OF THIS FORM 990 WAS THEN PROVIDED TO ALL MEMBERS OF THE

BOARD OF DIRECTORS VIA ELECTRONIC MAIL BEFORE IT WAS FILED WITH THE

INTERNAL REVENUE SERVICE.

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

THE ORGANIZATION REQUIRES ALL DIRECTORS, OFFICERS, AND KEY EMPLOYEES

ANNUALLY TO ACKNOWLEDGE 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

Name of the organization Employer identification number
HUMAN RIGHTS FIRST 13-3116646

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, SECTION B, LINE 15A:

AFTER A PERFORMANCE REVIEW, THE EXECUTIVE COMMITTEE SETS THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT & 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, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE EITHER ON THE WEBSITE OR UPON REQUEST.

ATTACHMENT 1

#### FORM 990, PART III, LINE 1 - ORGANIZATION'S 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

ATTACHMENT 1 (CONT'D)

Employer identification number

#### FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

REFORM, ACCOUNTABILITY AND JUSTICE. AROUND THE WORLD, WE WORK WHERE WE CAN BEST HARNESS AMERICAN INFLUENCE TO SECURE CORE FREEDOMS.

WE KNOW IT IS 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 MORE
THAN 35 YEARS, WE'VE BUILT BIPARTISAN COALITIONS AND TEAMED UP WITH
FRONTLINE ACTIVISTS AND LAWYERS TO TACKLE GLOBAL CHALLENGES THAT
DEMAND AMERICAN LEADERSHIP.

ATTACHMENT 2

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4A

REFUGEE PROTECTION/ASYLUM - WE SAFEGUARD THE RIGHTS OF REFUGEES

AND ASYLUM SEEKERS THROUGH ADVOCACY AND THE PROVISION OF LEGAL AND
RELATED SOCIAL SERVICES. IN 2014, OUR PRO BONO REPRESENTATION

PROGRAM TOOK ON AN ADDITIONAL 305 NEW CASES WHILE EXPANDING OUR
GEOGRAPHIC AREA TO INCLUDE HOUSTON, TEXAS, AND OUR OPEN CASE LOAD
TO OVER 1,240 CASES. WE HAD A SUCCESS RATE OVER 90%, WINNING
ASYLUM OR OTHER LEGAL STATUS FOR REFUGEES AND DETAINEES, ALLOWING
THEM TO MOVE FORWARD ON THE PATH TO CITIZENSHIP. IN THIS SAME TIME
PERIOD, WE CONDUCTED 50 PRO BONO TRAININGS RESULTING IN AN
ADDITIONAL 1,906 ATTORNEYS BEING EQUIPPED TO REPRESENT ASYLUM
CLIENTS. WE ALSO CHALLENGED THE INHUMANE DETENTION OF

ATTACHMENT 2 (CONT'D)

UNACCOMPANIED MINORS AND FAMILIES, AND ADVOCATED FOR A REDUCTION IN THE IMMIGRATION COURT BACKLOG.

(DONATED LEGAL AND RELATED EXPENSES: \$38,074,889)

ATTACHMENT 3

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4B

COMMUNICATIONS - HUMAN RIGHTS FIRST'S COMMUNICATIONS TEAM WORKS
CLOSELY WITH EXPERTS AND ADVOCATES ACROSS THE ORGANIZATION TO
CREATE AND PUBLISH COMPELLING DOCUMENTS, STATEMENTS, EVENTS, PRINT
ADVERTISING, VIDEOS, SPEECHES, DIGITAL AND SOCIAL MEDIA CONTENT,
PRESS MATERIALS AND OTHER COMMUNICATIONS PRODUCTS THAT ADVANCE THE
ORGANIZATION'S ADVOCACY OBJECTIVES. THROUGH THIS WORK, HUMAN
RIGHTS FIRST DRIVES AND SHAPES THE NATIONAL CONVERSATION ABOUT
SOME OF TODAY'S MOST PRESSING HUMAN RIGHTS CONCERNS. THE
COMMUNICATIONS TEAM ENHANCES THE ORGANIZATION'S PROFILE AND
THOUGHTFULLY ENGAGES SPECIFIC DECISION-MAKERS WHO HAVE THE ABILITY
TO BRING ABOUT THE CHANGES WE SEEK.

IN 2014, THE DEPARTMENT WORKED WITH INTERNAL EXPERTS AND EXTERNAL PARTNERS TO FRAME PUBLIC MESSAGING RELATED TO A BROAD SPECTRUM OF HUMAN RIGHTS ISSUES, SUCH AS BUILDING A NATIONAL CONSENSUS AGAINST TORTURE, WORKING TO CLOSE THE U.S. DETENTION FACILITY AT GUANTANAMO, PROTECTING REFUGEES, ADVANCING LGBT RIGHTS, COMBATING ANTISEMITISM AND EXTREMISM IN EUROPE, AND SUPPORTING THE IMPORTANT WORK OF HUMAN RIGHTS DEFENDERS AROUND THE GLOBE. AMONG THE TEAM'S

Schedule O (Form 990 or 990-EZ) 2014 Page 2

Name of the organization

HUMAN RIGHTS FIRST

Employer identification number

13-3116646

ATTACHMENT 3 (CONT'D)

KEY ACHIEVEMENTS WERE THE FOLLOWING:

-AUTHORED AND PLACED MORE THAN 60 OPINION PIECES AUTHORED BY

INTERNAL EXPERTS AND EXTERNAL PARTNERS

-SECURED HUNDREDS OF MEDIA STORIES IN TARGETED NATIONAL,

INTERNATIONAL, CONSERVATIVE, RELIGIOUS, AND ISSUE-SPECIFIC PRESS

OUTLETS

-LAUNCHED A NEW WEBSITE DESIGNED TO BETTER SHOWCASE THE

ORGANIZATION'S KEY OBJECTIVES AND THEORY OF CHANGE

-GREW THE ORGANIZATION'S SOCIAL MEDIA PRESENCE ON TWITTER (45,000

FOLLOWERS) AND FACEBOOK (109,000 FRIENDS)

-DESIGNED AND COPYEDITED A SERIES OF GROUNDBREAKING REPORTS

-PRODUCED ORIGINAL VIDEO CONTENT AND TELEVISION COMMERCIALS THAT

ENGAGED AUDIENCES IN OUR WORK AND POSITIONED THE ORGANIZATION AS A

LEADING ADVOCATE FOR HUMAN RIGHTS

(DONATED LEGAL AND RELATED EXPENSES: \$203,514)

ATTACHMENT 4

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

NATIONAL SECURITY - WE WORK FROM THE PREMISE THAT THE UNITED

STATES IS MOST SECURE WHEN IT RESPECTS HUMAN RIGHTS AT HOME AND

PROMOTES THEM ABROAD. 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 2014, WE PURSUED

SEVERAL OBJECTIVES, INCLUDING: 1) THE ESTABLISHMENT OF A DURABLE,

BIPARTISAN CONSENSUS AGAINST THE USE OF TORTURE; 2) THE CLOSURE OF

Schedule O (Form 990 or 990-EZ) 2014 Page 2

Name of the organization

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ATTACHMENT 4 (CONT'D)

THE DETENTION FACILITY AT GUANTANAMO; AND 3) A SHIFT AWAY FROM THE CURRENT "WAR PARADIGM" THAT HAS GUIDED U.S. COUNTERTERRORISM POLICIES SINCE 2001 AND HAS LED TO HUMAN RIGHTS ABUSES.

AMONG THE KEY 2014 ACHIEVEMENTS RESULTING FROM OUR ADVOCACY WERE THE FOLLOWING:

-SENATE PUBLICLY RELEASED THE 600-PAGE EXECUTIVE SUMMARY OF THE

SENATE'S REPORT ON THE CIA'S POST-9/11 INTERROGATION PROGRAM

-MORE DETAINEES WERE RELEASED FROM GUANTANAMO THAN IN ANY YEAR

**SINCE 2009** 

-SENATE FOREIGN RELATIONS COMMITTEE ADOPTED A LIMITED

AUTHORIZATION FOR USE OF MILITARY FORCE

(DONATED LEGAL AND RELATED EXPENSES: \$50,000)

ATTACHMENT 5

FORM 990, PART VI, LINE 17 - STATES

AK, AR, CA, CT,

DC, FL, GA, HI, IL, KS, KY, LA, MD, MA, MI,

MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI, SC, TN, UT, VA, WV, WI,

ATTACHMENT 6

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION

AMOUNT

ANNUAL DINNER

2,052,748.

Schedule O (Form 990 or 990-EZ) 2014 Page **2** 

Name of the organization
HUMAN RIGHTS FIRST

13-3116646
ATTACHMENT 6 (CONT'D)

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION AMOUNT

TOTAL 2,052,748.

ATTACHMENT 7

FORM 990, PART VIII - FUNDRAISING EVENTS

 DESCRIPTION
 GROSS INCOME
 DIRECT EXPENSES
 NET INCOME

 ANNUAL DINNER
 131,250.
 325,728.
 -194,478.

 TOTALS
 131,250.
 325,728.
 -194,478.

# Form **4562**

Department of the Treasury

(99)

Internal Revenue Service

## **Depreciation and Amortization**

(Including Information on Listed Property)

► Attach to your tax return.

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

OMB No. 1545-0172
2014

Attachment Sequence No. 179

dentifying number

vaiii	e(3) Shown on retuin							identifying number
Η	UMAN RIGHTS FIRST							13-3116646
	ness or activity to which this form relates							
G	ENERAL DEPRECIATION							
	rt I Election To Expense Ce		nder Secti	on 179				
	Note: If you have any list				уои сотр	lete Part I.		
1	Maximum amount (see instructions)		-				1	
	Total cost of section 179 property pla							
3	Threshold cost of section 179 proper	3						
4 5	Reduction in limitation. Subtract line 3 Dollar limitation for tax year. Subtract line 4 from	3 from line 2. If zero o	r less, enter -(	)-			4 5	
6	separately, see instructions (a) Description (			(b) Cost (bu	siness use onl	y) (c) Elect		
_	(a) Description (	or property		(b) Cost (bu	Siliess use oili	y) (C) Elect	eu cosi	-
						+		-
_	Listed property. Enter the amount from	m line 20				+		-
	Listed property. Enter the amount from				<u>7</u>			
	Total elected cost of section 179 prop							
9	Tentative deduction. Enter the smaller	of line 5 of line 8					9	
	Carryover of disallowed deduction fro							
11	Business income limitation. Enter the							
	Section 179 expense deduction. Add						12	
	Carryover of disallowed deduction to		· · · · · · · · · · · · · · · · · · ·		<b>1</b> 3	<u> </u>		
	e: Do not use Part II or Part III below for					de Peterdonana		'a a tour a t'a a a N
	rt    Special Depreciation A							Instructions.)
4	Special depreciation allowance for		•		, .			
	during the tax year (see instructions)							
5	Property subject to section 168(f)(1) e	election					15	
	Other depreciation (including ACRS)			(0)			16	338,442
Pa	rt    MACRS Depreciation (D	o not include listed			uctions.)			
				tion A				
	MACRS deductions for assets placed							
8	If you are electing to group any a	•	•	•			al	
	asset accounts, check here							
	Section B - Assets	(b) Month and year	(c) Basis for			e Generai Dep ⊤	reclation S	ystem 
	(a) Classification of property	placed in service	(business/inv only - see in	estment use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
c	7-year property							
C	I 10-year property							
е	15-year property							
f	20-year property							
g	25-year property				25 yrs.		S/L	
h	Residential rental				27.5 yrs.	MM	S/L	
	property				27.5 yrs.	MM	S/L	
i	Nonresidential real				39 yrs.	MM	S/L	
	property					MM	S/L	
	Section C - Assets P	laced in Service D	uring 2014	Tax Year	Using the	Alternative De	preciation	System
20a	Class life				-		S/L	
b	12-year				12 yrs.		S/L	
	40-year				40 yrs.	ММ	S/L	
	rt IV Summary (See instruction	ons )	1		,	1	1	ı

portion of the basis attributable to section 263A costs

21

Listed property. Enter amount from line 28

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here

and on the appropriate lines of your return. Partnerships and S corporations - see instructions . . . For assets shown above and placed in service during the current year, enter the

338,442

13-3116646

Form 4562 (2014) Page **2** 

Part V

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

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

	24b, column	s (a) through (c) of	Section A,	all of Se	ection E	3, and S	ection (	C if app	licable.				-,		
	Section A -	Depreciation and	Other Info	rmatio	n (Caut	ion: Se	e the i	nstruct	ions for	limits fo	r passe	nger au	ıtomobile	es. <b>)</b>	
248	Do you have evidenc	e to support the bus	iness/investn	nent use	claimed	? Y	es	No 2	24b If "	Yes," is t	he evide	nce writ	ten?	Yes	No
	(a) Type of property (list vehicles first)	(b)  Date placed in service	Business/ investment us percentage	Se Cost	(d) or other b		(e) sis for depr siness/inve use only	estment	(f) Recovery period	Met	<b>g)</b> hod/ ention	Depr	(h) eciation uction	Elected	(i) section 179 ost
25	Special depreciation the tax year and us										25				
26	Property used mor					,		, <u> </u>							
				%											
				%											
				%											
27	Property used 50%	or less in a qualifi	ed business	use:											
				%						S/L -					
				%						S/L -					
				%						S/L -					
28	Add amounts in co	lumn (h), lines 25	through 27	Enter	here ar	nd on lir	ne 21, p	page 1			_ 28				
29	Add amounts in co	lumn (i), line 26. E	nter here a	nd on li	ine 7, p	age 1 .							. 29		
	nplete this section fo our employees, first an		a sole prop	orietor, posee if y	oartner,	t an exce	r "more	than to	5% own	section		e vehicle		1	vehicles
30	Total business/inve			Vehi	•		icle 2	1	nicle 3	,	icle 4		nicle 5		icle 6
	Total commuting m Total other p	niles driven during ersonal (nonco	the year												
33	miles driven Total miles drive	n during the ye													
2.4	lines 30 through 32			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle use during off-duty		•	103	110	103	110	103	110	103	110	103	140	103	110
35	Was the vehicle														
•	than 5% owner or r														
36	Is another vehicl	le available for	personal												
	Sec	ction C - Questic	ons for Em							-					<u>'</u>
	swer these question re than 5% owners o					o comp	leting	Section	B for v	ehicles	used b	by emp	loyees \	T	
37	Do you maintain a your employees?	a written policy s	statement t	hat pro	ohibits	all pers	sonal u	se of	vehicles	s, includ	ding co	mmutii	ng, by	Yes	No
38	Do you maintain	. ,		•		•			-	•		ting, b	y your		
	employees? See th						rs, dire	ctors, o	r 1% or	more o	wners				
39	,														
40	Do you provide muse of the vehicles,		•			s, obta	in info	rmatior	n from	your er	nploye	es abo	ut the		
41	Do you meet the re	quirements conce	rning qualit	ied auto	omobil										
D.	rt VI Amortizati		0, 01 41 13	163, U	O HOL C	ompiete	360110	11 10 101	the cov	ereu ver	iicies.				
1 6	(a) Description of		(b) Date amor		Ar	<b>(c)</b> mortizable	e amount		(d) Code se		Amorti perio	ization od or	Amortiza	(f) ation for t	his year
42	Amortization of cos	sts that begins duri	ing your 20	14 tax	year (se	ee instru	uctions)	):				-			
43	Amortization of cos	_	-	-								43			
44	Total. Add amounts	s in column (f). Se	e the instru	ictions f	for whe	re to re	port					44			

2014 HUMAN RIGHTS FIRST **Description of Property** 

GENERAL DEPRECIATION

_	_	_	_	_	_	 _	O	

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me- thod	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
FURNITURE&FIXTURES	VARIOUS	451,934.	100.000			451,934.	26,603.	85,651.	SL		5.000				59,048
COMPUTER EQUIPMENT	VARIOUS	820,512.	100.000			820,512.	304,377.	472,632.	SL		3.000				168,255
LEASEHOLD IMPROVMT	VARIOUS	1,127,468.	100.000			1,127,468.	103,487.	214,626.	SL		10.000				111,139
Less: Retired Assets															
Subtotals			-			2,399,914.	434,467.	772,909.							338,442
Listed Property		1 - 7				_,,,,,,,,,									
Less: Retired Assets  Subtotals															
TOTALS		2 200 014	-			2,399,914.	434,467.	772,909.	-						338,442
AMORTIZATION		2,399,914.				2,399,914.	434,407.	112,303.							330,442
	Date placed in	Cost					Accumulated	Ending Accumulated	1	1:4-					Current-year
Asset description	service	basis					amortization	amortization	Code	Life					amortization
TOTALS															

\*Assets Retired

JSA 4X9024 1.000

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