	_		** PUBLIC DISCLOSURE CO Return of Organization Exempt F	PY **	acomo Tax	OMB No. 1545-0047
For	" 9	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue			
Deci	utment	of the Treesury	Do not enter social security numbers on this form as	s it may be	made public.	Open to Public
Inter	nal Rev	enue Service	Go to www.irs.gov/Form990 for instructions and t			Inspection
_				ending M	AR 31, 2023	
B	Check h Ipplical	ole:	f organization		D Employer identific	ation number
	Chan	9 <u>CE</u> NT	ER FOR INDIVIDUAL RIGHTS			
	_ chen	e Doing bi	usiness as		<u> </u>	11
	retur Finel	n Number		Room/suite	E Telephone number	
	lretur: term		CONNECTICUT AVE, NW #625		202-833-8	
	ated ∏Ame		own, state or province, country, and ZIP or foreign postal code INGTON, DC 20036		G Gross receipts \$	1,353,280.
	_ returi Appl		INGTON, DC 20036 nd address of principal officer: TODD F. GAZIANO		H(a) Is this a group rel	
	_ tion pend		AS C ABOVE		for subordinates?	
	Tax.ex	empt status:			H(b) Are all subordinates inc	
	Nebs		CIR-USA.ORG	or 527		ist. See instructions
		I organization:		L Voor d	H(c) Group exemption	State of legal domicile; DC
	art I		The The Addition		DITIONINATION. 13001 M	State of legal domicile; DC
	1	Briefly describ	e the organization's mission or most significant activities: PUBL1	IC LAW	FTRM THAT R	EPRESENTS
20		DESERVI	NG INDIVIDUALS WHOSE INDIVIDUAL RI	GHTS H	AVE BEEN VTO	LATED IN
Governance	2	Check this bo:				
PVC	3	Number of vot	ing members of the equation hads (Dest) if the t-1		3	7
ğ	4		ependent voting members of the governing body (Part VI, line 1b)		4	6
Activities &	5	Total number (5	8
viti	6		of volunteers (estimate if necessary)			0
Acti			business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11			0.
			1.000000		Prior Year	Current Year
ê	8		and grants (Part VIII, line 1h)		1,418,916.	1,223,666.
Revenue	9		ce revenue (Part VIII, line 2g)		0.	0.
Вġ	10	investment inc	ome (Part VIII, column (A), lines 3, 4, and 7d)		4,742.	129,614.
	11	Total sourceure	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		100,012.	0.
	13	Grante and sin	add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3)		1,523,670.	1,353,280.
	14	Benefite noid t	e en fen membrese (Dest Dir sel seus (A) K A)	2010/102	0.	0.
	15	Salaries other	compensation, employee benefits (Part IX, column (A), lines 5-10)		912,280.	<u> </u>
penses		Professional fu	indraising fees (Part IX, column (A), line 11e)		0.	<u> </u>
per	b	Total fundraisi	Indraising fees (Part IX, column (A), line 11e)	2.		<u> </u>
Ä	17	Other expense	s (Part IX, column (A), lines 11a-11d, 11f-24e)		568,283.	579,336.
	18	Total expenses	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,480,563.	1,552,675.
	19	Revenue less e	expenses. Subtract line 18 from line 12		43,107.	-199,395.
5 S					inning of Current Year	End of Year
sets	20	Total assets (P			5,773,345.	5,671,894.
Net Assets or Fund Balances	21		(Part X, line 26)		243,989.	341,933.
	22		und balances. Subtract line 21 from line 20		5,529,356.	5,329,961.
		Signature				
Unde	er pen	alties of perjury, I	declare that I have examined this return, including accompanying schedules	and statemer	nts, and to the best of my k	nowledge and belief, it is
true,	corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of whi	ch preparer h	ias any knowledge.	

Sign Here	Signature of officer TODD F. GAZIANO, PRESIDEN' Type or print name and title	F Podel F. Ligner	Date sept.	20,2023
0 S.	Print/Type preparer's name	Preparer's signature	Date Check	PTIN
Pald	DOMINICK V. BELLIA	DOMINICK V. BELLIA	09/22/23 self-employed	00560402
Preparer	Firm's name COUNCILOR, BUCHAN	AN & MITCHELL, P.C.	Firm's EIN 52-1	
Use Only	Firm's address 7910 WOODMONT AVE	. STE. 500		
	BETHESDA, MD 2081	4	Phone no. (301)	986-0600
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No
232001 12-1:	3-22 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.		Form 990 (2022)

	- option				a a a la gran de crimer	era erat rat	
SEI	SCHEDULE	0	FOR	ORGANIZATION	MISSION	STATEMENT	CONTINUATION

			** PUBLIC DISCLOSURE COPY Return of Organization Exempt Fro		come Tax	OMB No. 1545-0047
For	_Q	90	•			2022
FOI		50	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod Do not enter social security numbers on this form as it m	-		
Depa	rtment o	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the la	-	•	Open to Public Inspection
					AR 31, 2023	
	heck if pplicab	C Name o	organization		D Employer identifica	ation number
	Addre		ER FOR INDIVIDUAL RIGHTS			
	Name		usiness as		52-160048	1
	Initial			m/suite	E Telephone number	
	 Final return	1100	CONNECTICUT AVE, NW #625		202-833-8	400
	termir ated	2	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,353,280.
	Amen return		INGTON, DC 20036		H(a) Is this a group ret	urn
	Applic tion	^{ca-} F Name a	nd address of principal officer: TODD F. GAZIANO		for subordinates?	Yes X No
	pendi	SAME	AS C ABOVE		H(b) Are all subordinates incl	uded? Yes No
<u> </u>]	ax-ex	empt status:		527	If "No," attach a li	st. See instructions
	Vebsi		CIR-USA.ORG		H(c) Group exemption	
			X Corporation Trust Association Other	L Year o	f formation: 1988 M	State of legal domicile: DC
Pa	art I	Summary				
e	1		e the organization's mission or most significant activities: PUBLIC			
anc			NG INDIVIDUALS WHOSE INDIVIDUAL RIGH			
Governance	2	Check this bo				
õ			ing members of the governing body (Part VI, line 1a)			<u> </u>
	4		lependent voting members of the governing body (Part VI, line 1b)			8
ies			of individuals employed in calendar year 2022 (Part V, line 2a)			<u> </u>
Activities &	6		of volunteers (estimate if necessary) d business revenue from Part VIII, column (C), line 12			0.
Ac			d business revenue from Part VIII, column (C), line 12 business taxable income from Form 990-T, Part I, line 11			0.
		Net difference		<u></u>	Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)		1,418,916.	1,223,666.
Revenue	9		ce revenue (Part VIII, line 2g)		0.	0.
evel		•	come (Part VIII, column (A), lines 3, 4, and 7d)		4,742.	129,614.
ň			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		100,012.	0.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,523,670.	1,353,280.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, othe	compensation, employee benefits (Part IX, column (A), lines 5-10)		912,280.	973,339.
nse	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundrais	ng expenses (Part IX, column (D), line 25) 177 , 372 .	•		
Ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		568,283.	579,336.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,480,563.	1,552,675.
	19	Revenue less	expenses. Subtract line 18 from line 12		43,107.	-199,395.
Assets or d Balances				Beg	inning of Current Year	End of Year
sset	20	Total assets (F			5,773,345.	5,671,894.
Net As	1		(Part X, line 26)		243,989.	341,933.
			fund balances. Subtract line 21 from line 20		5,529,356.	5,329,961.
	art II					and the first state
	•		I declare that I have examined this return, including accompanying schedules and			inowledge and belief, it is
uue,	corre	ut, and complete	Declaration of preparer (other than officer) is based on all information of which p	neparer n	ias ally kilowieuge.	

Sign	Signature of officer		Date	
Here	TODD F. GAZIANO, PRESIDEN	Т		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date Check PTIN	
Paid	DOMINICK V. BELLIA	DOMINICK V. BELLIA	09/22/23 self-employed P0056040	2
Preparer	Firm's name COUNCILOR, BUCHAN	AN & MITCHELL, P.C.	Firm's EIN 52-1711839	
Use Only	Firm's address 7910 WOODMONT AVE	. STE. 500		
	BETHESDA, MD 2081	4	Phone no. (301) 986-06	00
May the If	RS discuss this return with the preparer shown abo	ove? See instructions	X Yes	No
232001 12-1	3-22 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.	Form 990 (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2022) CENTER FOR INDIVIDUAL RIGHTS	52-1600481 Page 2
Pa	rt III Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: PUBLIC INTEREST LAW FIRM PROVIDING REPRESENTATION ON ISS	TIES OF
	SIGNIFICANT PUBLIC INTEREST.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	* *
	revenue, if any, for each program service reported.	rs, the total expenses, and
4a		nue\$)
	CIR IS A NON-PROFIT, PUBLIC INTEREST LAW FIRM THAT REPRE	,
	INDIVIDUALS WHOSE INDIVIDUAL RIGHTS HAVE BEEN VIOLATED.	CIR ORDINARILY
	HAS PENDING APPROXIMATELY 5-10 CASES THAT RAISE FEDERAL	
	QUESTIONS OF FIRST IMPRESSION. CIR SPECIALIZES IN CASES	
	SPEECH, RACE DISCRIMINATION, CONGRESS'S ENUMERATED POWER	-
	PROCESS. DURING THE FYE MARCH 31, 2023, CIR HAD TWO CASE COURTS OF APPEALS, AND FIVE CASES BEFORE THE FEDERAL DIS	
	COORIS OF APPEALS, AND FIVE CASES BEFORE THE FEDERAL DIS	IRICI COORIS.
4b	(Code:) (Expenses \$ including grants of \$) (Rever	nue\$)
4c	(Code:) (Expenses \$ including grants of \$) (Rever	nue \$)
44	Other program services (Describe on Schodulo O.)	
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 1,241,108.)
10		Form 990 (2022)
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	3	

07380920 759370 40257.0000

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 Form 990 (2022)
 CENTER
 FOR
 INDIVIDUAL
 RIGHTS

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		х
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
Ū	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			х
ا م	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	11d		x
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	х	
	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)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		х
17	or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		- 23
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
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 Form 990 (2022)
 CENTER FOR INDIVIDUAL RIGHTS

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	
~~	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	LL		
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
00	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		x
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
•	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
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
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	-		v
27	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		- 23
00	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		55		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 10			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
232004	¥ 12-13-22	Form	990	(2022)

Form	990 (2022) CENTER FOR INDIVIDUAL RIGHTS		52-1600	481	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
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	8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
				3a		X X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authorit	y over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	s (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction tax shelter transaction tax shelter tax she			5b		X X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					v
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or	gifts			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a		<u> </u>
	· · · · · · · · · · · · · · · · · · ·			7b		├──
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was the file Forme 20000			7.		x
	to file Form 8282?	1 1		7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	2	7-		x
-	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or			7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra-		0 as required?	7g	N/	
-	If the organization received a contribution of qualified intellectual property, did the organization file For If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7g 7h	N/	
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				11/	<u> </u>
0		-	NT / 7	8		
9	sponsoring organization have excess business holdings at any time during the year?			-		
			N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A	9b		
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders N/A	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?		N/A	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	13b				
с	Enter the amount of reserves on hand	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration c	r			
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incom	e?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		N/A	17		
	If "Yes," complete Form 6069.					
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07380920 759370 40257.0000

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X

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

						<u> </u>		
4			- 7		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing	<u>1a</u>	/					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b	6					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	-	-					
2	officer director tructor or low employee?		-	2		х		
3	Did the organization delegate control over management duties customarily performed by or under the			~				
5				3		х		
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X		
6	Did the organization have members or stockholders?			6		X		
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap							
	more members of the governing body?			7a		Х		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, si	tockho	lders, or					
	persons other than the governing body?			7b		Х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year							
а	The governing body?			8a	Х			
b	Each committee with authority to act on behalf of the governing body?			8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched a	t the					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)					
					Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters	, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\hfill \hfill \h$			10b		x		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a 12b	X X			
b								
с	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
40	on Schedule O how this was done			12c 13	X X			
13 14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			14	X			
14 15	Did the organization have a written document retention and destruction policy?			14				
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ai by int	dependent					
я				15a	х			
	Other officers or key employees of the organization			15b		Х		
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a					
	taxable entity during the year?			16a		Х		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluar							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-					
	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, C	:0,C	Γ,FL,GA,HI,	IL,	KS,	KΥ		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)(3)s	only)	availab	ole		
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website X Another's website X Upon request Other (explain	n on Sc	hedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict c	f interest policy, and	financ	cial			
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	l records					
	TODD F. GAZIANO - $202-833-8400$		6					
		2003	0		000			
232006	SEE SCHEDULE O FOR FULL LIST OF STATES			Form	990	(2022)		

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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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o s both	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
<pre>(1) TERENCE PELL, ESQ. PRESIDENT / DIRECTOR</pre>	50.00	x		x				250,000.	0.	76,986.
(2) MICHAEL ROSMAN	50.00									
SECRETARY/GENERAL COUNSEL		1		x				203,000.	0.	75,011.
(3) JAMES MANN, ESQ.	1.00									· · ·
CHAIRMAN / TREASURER		х						0.	0.	0.
(4) JEREMY RABKIN	1.00									
CHAIRMAN EMERITUS		х						0.	0.	0.
(5) ROBERT P. GEORGE	1.00									
DIRECTOR		х						0.	0.	0.
(6) JAMES PIERESON	1.00									
DIRECTOR		х						0.	0.	0.
(7) MARK VENEZIA	1.00									
DIRECTOR		х						0.	0.	0.
(8) PAUL MIRENGOFF, ESQ	1.00									
DIRECTOR		X						0.	0.	0.
		1								
		1								
										Form 990 (2022)

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	990 (2022)	CENTER FC	DR INDIV	ΊD	UA	L]	RI	GH'	гS		52-16	<u>5004</u>	181	Page 8
Par	t VII Section A. Office	ers, Directors, Trust	tees, Key Emp	ploye	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)			
	(A) Name and t	B) (C) Position (do not check more than one box, unless person is both an						(D) Reportable compensation	(E) Reportable compensatio		Est	(F) imated ount of		
			week (list any hours for related organizations below line)		ional trustee	d a dir	recto	com pensated		(W-2/1099-NISC/ 1099-NEC)	from related organizations (W-2/1099-MIS 1099-NEC)	s	comp fro orga and	other pensation om the nization related nizations
												_		
с	Subtotal Total from continuatio Total (add lines 1b an	on sheets to Part VII	, Section A							453,000. 0. 453,000.		0.0.		,997. 0. ,997.
2		luals (including but no							o re	ceived more than \$100,	000 of reportable	;		2
3	line 1a? If "Yes," comp	lete Schedule J for su	uch individual							hest compensated empl	•	[3	Yes No X
4 5	and related organizatio Did any person listed o	ns greater than \$150 In line 1a receive or a),000? <i>If</i> "Yes, accrue compen	" co satio	mple on fre	te S om a	<i>che</i> any	<i>dule</i> unre	J fe late	er compensation from the or such individual ad organization or individ	lual for services		4	X
Sec	rendered to the organiz tion B. Independent Co		plete Schedule	e J fo	or su	ch p	erso	<u>on</u>					5	X
1	Complete this table for	your five highest cor	•	•						nat received more than \$ the organization's tax ye	•	ensati	ion fror	n
		(A) Name and business		WE:	R Z	171				(B) Description of s CAMPAIGN PUB		(C) Compensation		
								AND PROMOTION			125	,000.		
2	Total number of indepe \$100,000 of compensa			ot lin	nited	to t	hos 1		ed	above) who received mo	ore than			
													Form 9	90 (2022)

Form **990** (2022)

			2022) CENTER FOR	IN	DIVIDUAL	RIGHTS		52-1600	481 Page 9
Pa	rt \	/111	Statement of Revenue						
			Check if Schedule O contains a respon	nse o	or note to any line		(B)	(C)	
						(A) Total revenue	Related or exempt	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ν v	1	а	Federated campaigns 1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b						
ې ۵			Fundraising events 1c						
ar A			Related organizations 1d						
s, Gili		е	Government grants (contributions) 1e						
tion S		f	All other contributions, gifts, grants, and						
j p t f					223,666.				
ontro		g	Noncash contributions included in lines 1a-1f			1 222 666			
<u> </u>		h	Total. Add lines 1a-1f		Business Code	1,223,666.			
		_			Business Code				
Program Service Revenue	2	a b							
Ser		c							
am (d							
Be		e		_					
Pr		f	All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including dividends, in			100 614			100 614
			other similar amounts)			129,614.			129,614.
	4		Income from investment of tax-exempt bor	-					
	5		Royalties		(ii) Personal				
	6	-							
	0		Gross rents 6a Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
	7		Gross amount from sales of (i) Securiti		(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
evenue			and sales expenses 7b						
evel			Gain or (loss)						
r R			Net gain or (loss)						
Other	8	а	Gross income from fundraising events (not including \$ of						
0			contributions reported on line 1c). See						
			Part IV, line 18	8a					
		b	Less: direct expenses	8b					
			Net income or (loss) from fundraising even	ts					
	9	а	Gross income from gaming activities. See						
			Part IV, line 19	9a					
			Less: direct expenses	9b					
			Net income or (loss) from gaming activities	·					
	10	а	Gross sales of inventory, less returns	10-					
		h		10a 10b					
			Net income or (loss) from sales of inventor						
		Ū		<u>y</u>	Business Code				
snc	11	а							
scellaneo Revenue		b							
sells eve		с							
Miscellaneous Revenue	1	d	All other revenue						
		е	Total. Add lines 11a-11d					-	
	12		Total revenue. See instructions			1,353,280.	0.	0.	129,614.
23200	9 12	-13-	-22						Form 990 (2022)

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Form 990 (2022)

CENTER FOR INDIVIDUAL RIGHTS Part IX Statement of Functional Expenses

Check if Schedule O contains a response to not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
b, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22				
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees				
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	605,271.	515,148.	41,056.	<u>49,067</u> 4,831
7 Other salaries and wages	255,090.	245,679.	4,580.	4,831
B Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	28,909.	27,842.	519.	548
9 Other employee benefits	36,396.	35,053.	654.	689
0 Payroll taxes	47,673.	45,914.	856.	903
1 Fees for services (nonemployees):	-	-		
a Management				
b Legal	18,762.	18,762.		
c Accounting	39,160.	•	39,160.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	191,548.	174,500.	11,898.	5,150
	191,940.	1/4,5000	11,050.	5,150
2 Advertising and promotion	12,780.	6,750.	5,616.	414
3 Office expenses	12,700.	0,750.	5,010.	777
4 Information technology				
5 Royalties	131,162.	117,188.	6 122	7,551
	15,588.		<u>6,423.</u> 5,393.	<u> </u>
7 Travel	13,300.	10,186.	5,393.	9
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
9 Conferences, conventions, and meetings				
0 Interest				
1 Payments to affiliates				
2 Depreciation, depletion, and amortization	9,794.	8,751.	479.	564
3 Insurance	35,648.	20,687.	14,961.	
4 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	78,299.	274.	1,540.	76,485
DIODOCODUTIC AND DETIUT	22,511.	1,867.	895.	19,749
	16,186.	4,609.	165.	11,412
	7,898.	7,898.	- COT	<u> </u>
	1,030.	1,090.		
e All other expenses	1 550 675	1 241 100	124 105	177 274
5 Total functional expenses. Add lines 1 through 24e	1,552,675.	1,241,108.	134,195.	177,372
6 Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				

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Form 990 (2022)

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Form **990** (2022)

CENTER FOR	INDIVIDUAL	RIGHTS
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		Check if Schedule O contains a response or not	e to an	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			628,959.	1	384,482.
	2	Savings and temporary cash investments	4,889,127.	2	5,060,541.		
	3	Pledges and grants receivable, net			192,264.	3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	se perso	ons		5	
	6	Loans and other receivables from other disqualif	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described	l in sec	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
◄	9	Prepaid expenses and deferred charges			24,108.	9	49,548.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	32,136.			10.000
	b				16,130.	10c	12,308.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets		22 757	14	165 015	
	15	Other assets. See Part IV, line 11		Γ	<u>22,757.</u> 5,773,345.	15	165,015. 5,671,894.
	16	Total assets. Add lines 1 through 15 (must equa			198,628.	16	174,414.
	17	Accounts payable and accrued expenses			190,020.	17	1/4,414.
	18 19	Grants payable				18 19	
	20	Deferred revenue				20	
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete F				20	
	22	Loans and other payables to any current or form				21	
Liabilities	~~~	trustee, key employee, creator or founder, subst					
iliq		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela	-	F		23	
	24	Unsecured notes and loans payable to unrelated		Г		24	
	25	Other liabilities (including federal income tax, pay		Г			
		parties, and other liabilities not included on lines					
		of Schedule D			45,361.	25	167,519.
	26	Total liabilities. Add lines 17 through 25			243,989.	26	341,933.
		Organizations that follow FASB ASC 958, che	ck here				
ces		and complete lines 27, 28, 32, and 33.					
aŭ	27	Net assets without donor restrictions			5,516,289.	27	5,325,744.
Ba	28	Net assets with donor restrictions			13,067.	28	4,217.
pun		Organizations that do not follow FASB ASC 9	58, che	ck here			
Ē		and complete lines 29 through 33.					
ts o	29	Capital stock or trust principal, or current funds				29	
ese.	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc		····· -		31	
Ne	32	Total net assets or fund balances			5,529,356.	32	5,329,961.
	33	Total liabilities and net assets/fund balances			5,773,345.	33	<u>5,671,894</u> .

Form 990 (2022)
Part X Balance Sheet

Form	1990 (2022) CENTER FOR INDIVIDUAL RIGHTS	52-	1600481	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,353	3,28	80.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,552		
3	Revenue less expenses. Subtract line 2 from line 1	3	-199), 3	95.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,529),3!	56.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5,329),9(<u>61.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	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				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C	.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	it		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			200	

Form **990** (2022)

Department of the Treasury Internal Revenue Service

/ F	000
(Form	990)

Public Charity Status and Public Support

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

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization

Name of the organization Employer identification number								
			IVIDUAL RIGH				5	2-1600481
Part I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) Se	ee instruction	S.	
The organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
1 🛄	A church, convention of ch	urches, or associatio	n of churches described	l in sectio	on 170(b)(1)(A)(i).		
2	A school described in sect	ion 170(b)(1)(A)(ii).(Attach Schedule E (Forn	n 990).)				
3 🛄	A hospital or a cooperative							
4	A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for		llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
	section 170(b)(1)(A)(iv). (Complete Part II.)							
6	A federal, state, or local go	•						
7 X	U U	-	ntial part of its support fi	rom a gove	ernmental ı	unit or from th	ne general p	public described in
	section 170(b)(1)(A)(vi). (C							
8	A community trust describe							
9	An agricultural research org	-			-		-	-
	or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, city,	and state of	the college	or
	university:							
10	An organization that norma							
	activities related to its exen		-					-
	income and unrelated busin		(less section 511 tax) fro	om busines	sses acquir	ed by the org	anization a	inter June 30, 1975.
44	See section 509(a)(2). (Col	. ,	volute test for public co	fatu Caa	ocation EO	O(a)(A)		
11 12	An organization organized a An organization organized a						rn, out tho	nurnance of one or
	more publicly supported or	-	•	-			•	
	lines 12a through 12d that	-						
a	Type I. A supporting orga	• •			-		-	aivina
u	the supported organization	-	-	• • • •	-			
	organization. You must o			indjointy c				pporting
b	Type II. A supporting org	-		tion with its	s supporte	d organizatio	n(s), by hay	vina
~	control or management o	-				-		•
	organization(s). You mus						,	
c	Type III functionally inte	-		in connect	tion with, a	nd functional	ly integrate	d with,
	its supported organization							·
d	Type III non-functionally		-				ted organiz	zation(s)
	that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution req	uirement and	an attentiv	/eness
	requirement (see instruct	ions). You must cor	nplete Part IV, Sections	A and D,	and Part V	/.		
е 🗌	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III	
	functionally integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.			
f Ente	er the number of supported o	organizations						
	vide the following information				ainstica listed			
((i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ing document?	(v) Amount of	3	(vi) Amount of other
	organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
Total								
i Utal								1

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	1247293.	1465649.	1880622.	1418916.	1233666.	7246146.
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to						
	the organization without charge	1040000	1465640	1000000	1 4 1 0 0 1 6	1000000	DOAC14C
4	Total. Add lines 1 through 3	1247293.	1465649.	1880622.	1418916.	1233666.	7246146.
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)						4266262.
6							2979884.
	Public support. Subtract line 5 from line 4.						2979004.
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	1247293.	1465649.	1880622.	1418916.	1233666.	7246146.
	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	12,396.	77,384.	10,971.	4,742.	129,614.	235,107.
9	Net income from unrelated business				-	-	
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	1,774.	859.	996.	12.		3,641.
11	Total support. Add lines 7 through 10						7484894.
	Gross receipts from related activities,		,			12	770,583.
13	First 5 years. If the Form 990 is for the	-		-			
800	organization, check this box and stor ction C. Computation of Publi						·····
			-	(1)			39.81 %
	Public support percentage for 2022 (I					14 15	
	Public support percentage from 2021 33 1/3% support test - 2022. If the o	,	· · · · · · · · · · · · · · · · · · ·	ling 12 and ling 1			
108							V
Ь	stop here. The organization qualifies 33 1/3% support test - 2021. If the o		-			or more, check thi	
	and stop here. The organization qual					or more, check in	
17a	10% -facts-and-circumstances test		•••				
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-	vine organiz	
b	10% -facts-and-circumstances test	-		• • • •	-	7a, and line 15 is ⁻	10% or
~	more, and if the organization meets th	•					• • •
	organization meets the facts-and-circu						
18	Private foundation. If the organization				••••		;
-							(Form 990) 2022

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Schedule A					INDIVID			_
Part III	Support	Schedule fo	or Organizat	tions I	Described i	n Sect	tion 509(a	a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disgualified 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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10 <i>a</i>	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						
	Add lines 10a and 10b Net income from unrelated business activities not included on 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 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organiz	ation,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
15	Public support percentage for 2022 (I	ine 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			ine 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the	-					e 17 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						אר
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in		<u></u>
23202	23 12-09-22					Schedu	le A (Form 990) 2022

16

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on 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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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CENTER FOR INDIVIDUAL RIGHTS Schedule A (Form 990) 2022

2

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
с	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		<i>in</i> Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	more direct effect organ	The governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, sors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	•••	e organization operate for the benefit of any supported organization other than the supported			

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

			ng organization.	
Section C. Ty	vpe II Supp	orting Ord	anizations	

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

Section D.	All Type III S	Supporting O	rganizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions)
		1000 1100 000000

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

3a

Yes No

07380920 759370 40257.0000

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instructions).

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 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 0.035.	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 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functiona	Ilv integrated	d Type III supporting orga	nization (see

CENTER FOR INDIVIDUAL RIGHTS Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

(B) Current Year

Schedule A (Form 990) 2022

1

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

7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 10 (i) (ii) (iii) Underdistributions **Excess Distributions** Pre-2022 able cause required - explain in Part VI). See instructions. line 7: \$ any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7:

CENTER FOR INDIVIDUAL RIGHTS Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

1 Amounts paid to supported organizations to accomplish exempt purposes

Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 8 9 **10** Line 8 amount divided by line 9 amount Distributable Section E - Distribution Allocations (see instructions) Amount for 2022 1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reason-3 Excess distributions carryover, if any, to 2022 a From 2017 **b** From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, a Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if

Current Year

1

Schedule A (Form 990) 2022

a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule A (Form 990) 2022

Section D - Distributions

chedule A (Form 990) 2022	CENTER	FOR	INDIVIDU	AL RIGH	TS	52-1600481 _{Pag}
	Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	l, 2, 3b, 3c, 4b lines 2 and 3;	4c, 5a, Part IV, \$	6, 9a, 9b, 9c, 11a Section E, lines 10	, 11b, and 110 c, 2a, 2b, 3a, a	; Part IV, Section B, Iir ind 3b; Part V, Iine 1; F	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V, ditional information.
	(See instructions.)						
28 12-09-22	,						Schedule A (Form 990) 2

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ie Treasury	Attach to Form 990 or Form 990-PF.
Service	Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Employer identification number

52-1600481	
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	CENTER FOR INDIVIDUAL RIGHTS	52
Organization type (chec	sk one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox{3}$ 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total set of th

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

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

Schedule B (Form 990) (2022)

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Schedule B	
(Form 990)	

Department of the Tre

Internal Revenue Service

Name of the organization

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 245,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 75,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 150,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll 150,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 40,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 X Person Payroll 95,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

24

223452 11-15-22

07380920 759370 40257.0000

Page 2

Employer identification number

52-1600481

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 35,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 X Person Payroll 62,406. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 59,730. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 X Person Payroll Noncash 50,000. \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 35,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

07380920 759370 40257.0000

Employer identification number

52-1600481

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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Schedule B (Form 990) (2022)

CENTER FOR INDIVIDUAL RIGHTS

52-1600481

Page 3

Schedule I	B (Form 990) (2022)		Page
Name of o	organization		Employer identification number
CENTE	R FOR INDIVIDUAL RIGHTS		52-1600481
Part III	Exclusively religious, charitable, etc., contribution	ons to organizations described in sec	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or	charitable, etc., contributions of \$1,000 or le	 'y. For organizations ess for the year. (Enter this info. once.)
(a) No.	Use duplicate copies of Part III if additional s	space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			<u> </u>
			<u> </u>
		(e) Transfer of gift	t
·	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
·	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	l
·	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee
	5.00	•	Sehedule R (Form 000) (202

223454 11-15-22

Schedule B (Form 990) (2022)

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SCHEDUL	ΕD
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epartment of the Treasury

Internal Revenue Service

(Form	990)
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Supplemental Financial Statements

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

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

OMB No. 1545-0047
0000
2022
Open to Public
Inspection

Employer identification number

52-1600481

Name of the organization

CENTER FOR INDIVIDUAL RIGHTS

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Yes No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? No Part II Conservation Easements. Complete if the organization answered "Yes" on 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 (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last 2 Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a а b Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c С Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Yes No 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 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. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 2 the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022 232051 09-01-22 28

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Sche		FOR INDIVI						52-16			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	easures, or	Othe	r Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	make s	ignificant u	ise of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 L	oan or exc	hange progra	m					
b	Scholarly research	e	• 🗌 o	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how the	y further th	ne organizatio	n's exer	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, hist	torical treas	sures, or othe	r similar	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatic	on answered "	Yes" on	Form 990	, Part IV,	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi							_	-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	ble:							
									Amount		
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance								7		1
	Did the organization include an amount on F						ity?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete										
1 41		(a) Current year		ior year	(c) Two year		(d) Three y	ears hack	(e) Four	vears	hack
10	Paginning of year balance	(u) ourient you	(3)11	ior your	(0) 1100 your	o buok	(G) 111100 y			youro	buok
1a 5	Beginning of year balance										
0	Contributions Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
e											
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1a	column (a)) held as:						
a	Board designated or quasi-endowment		%	column (a							
b	Permanent endowment	%									
č		%									
•	The percentages on lines 2a, 2b, and 2c sho	-									
3a	Are there endowment funds not in the posse		ation that	are held ar	nd administer	ed for th	ne				
	organization by:								ſ	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on Sc	hedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	ient.									
	Complete if the organization answere	d "Yes" on Form 990), Part IV,	line 11a. S	See Form 990,	Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		. ,	t or other (other)	• •	ccumulate preciation	d	(d) Bool	value	e
1a	Land										
b	Buildings										
с	Leasehold improvements				1,769.		9,93		1	.,83	31.
	Equipment			2	0,367.		9,89	90.	1(),4	77.
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X, columi</u>	n (B), line 1	0c.)				12	2,30	08.

Schedule D (Form 990) 2022

232052 09-01-22

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description		(b) Book value
	Beeenpaten		
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
<u>(9)</u>			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE LIABILITY			166,480.
(3) FINANCE LEASE LIABILITY			1,039.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		167,519.

Schedule D (Form 990) 2022

232053 09-01-22

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Schedule D (Form 990) 2022

Part VII Investments - Other Securities.

	edule D (Form 990) 2022 CENTER FOR INDIVIDUAL RIGH	- 10			1600481	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme		Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.				
1	Total revenue, gains, and other support per audited financial statements			1	1,416,	,005.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	3 ()					
b	Donated services and use of facilities	. 2 b	62,725.			
С	Recoveries of prior year grants	. 2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	62,	,725.
3	Subtract line 2e from line 1			3	1,353	<u>,280.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
	Add lines 4a and 4b			4c		0.
С	Add lines 4a and 4b					
с 	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	1,353	,280.
				1 × 1	<u>1,353</u> n.	,280.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	ents With		1 × 1	n.	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F	1 × 1	1,353, n. 1,615,	
Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per F	Retur	n.	
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents With a.	Expenses per F	Retur	n.	
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents With a.	Expenses per F	Retur	n.	
Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents With a. 2a 2b	Expenses per F	Retur	n.	
Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c	Expenses per F	Retur	n.	
Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	Retur	n. <u>1,615</u> 62	<u>,400.</u>
Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses per F 62,725.	1	n. <u>1,615</u>	<u>,400.</u>
Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F 62,725.	1 2e	n. <u>1,615</u> 62	<u>,400.</u>
Pa 1 2 b c d 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	Expenses per F 62,725.	1 2e	n. <u>1,615</u> 62	<u>,400.</u>
Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d	Expenses per F 62,725.	1 2e	n. <u>1,615</u> 62	<u>,400.</u>
Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d 4a 4b	Expenses per F	1 2e	n. <u>1,615</u> <u>62</u> 1,552	, <u>400.</u> , <u>725.</u> , <u>675.</u> 0.
Pa 1 2 a b c d a b c d a b c 3 4 b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	Expenses per F	1 2e 3	n. <u>1,615</u> 62	, <u>400.</u> , <u>725.</u> , <u>675.</u> 0.

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

PART X, LINE 2:

CIR	IS	Α	TAX-EXEMPT	CHARITABLE	ORGANIZATION	UNDER	SECTION	501(C)(3)	OF	THE
тмтт	TRNZ	١т.	REVENUE COI	л г						

CIR FOLLOWS THE FINANCIAL ACCOUNTING STANDARDS BOARD ACCOUNTING STANDARDS

CODIFICATION (FASB ASC), WHICH PROVIDES GUIDANCE ON ACCOUNTING FOR

UNCERTAINTY IN INCOME TAXES RECOGNIZED IN CIR'S FINANCIAL STATEMENTS. AS

OF MARCH 31, 2023 AND 2022, CIR HAD NO UNRECOGNIZED TAX BENEFITS RELATED

TO UNCERTAIN TAX POSITIONS IN ITS TAX RETURN THAT WOULD QUALIFY FOR EITHER

RECOGNITION OR DISCLOSURE IN ITS FINANCIAL STATEMENTS.

CIR'S IRS FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS

SUBJECT TO EXAMINATION BY TAXING AUTHORITIES, GENERALLY FOR THREE YEARS

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AFTER IT WAS FILED.

232054 09-01-22

Part XIII	Supplemental Information	(continued)		
				Schedule D (Form 990) 2022

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	Ē	20	00	
•	-	Compensated Employees		20	22	-
Dene	terrant of the Treesury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to		ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organizatio		Employer i	identificatio	on nui	nber
		CENTER FOR INDIVIDUAL RIGHTS	52-1	60048	1	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or d	charter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re-	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's				
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	establish compensation	ation of the CEO/Executive Director, but explain in Part III.				
	X Compensatior	n committee Written employment contract				
		compensation consultant <u>X</u> Compensation survey or study				
	X Form 990 of o	ther organizations X Approval by the board or compensation c	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а		e payment or change-of-control payment?		4a		X
b		eive payment from a supplemental nonqualified retirement plan?				X
С		eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r			_		v
						X
b		ation?		5b		X
		or 5b, describe in Part III.				
6	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					v
						X
b		ation?		6b		X
_		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_		v
~		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				v
~				8	_	X
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n 990)	2022

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

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

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

		(B) Breakdown of W	-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) TERENCE PELL, ESQ.	(i)	250,000.	0.	0.	36,595.	40,391.	326,986.	0.
PRESIDENT / DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHAEL ROSMAN	(i)	203,000.	0.	0.	36,595.	38,416.	278,011.	0.
SECRETARY/GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
_	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



52-1600481

CENTER FOR INDIVIDUAL RIGHTS

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CASES THAT RAISE CONSTITUTIONAL ISSUES OF FIRST IMPRESSION.

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

CIR'S FULL AUDIT COMMITTEE REVIEWS THE FORM 990 BEFORE IT IS FILED.

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

A COPY OF CIR'S CONFLICT OF INTEREST POLICY IS GIVEN TO ALL BOARD MEMBERS,

STAFF MEMBERS, AND OTHER KEY STAKEHOLDERS UPON COMMENCEMENT OF SUCH

PERSON'S RELATIONSHIP WITH CIR OR AT THE OFFICIAL ADOPTION OF STATED

POLICY. EACH BOARD MEMBER, OFFICER, AND STAFF MEMBER SHALL SIGN AND DATE

THE POLICY AT THE BEGINNING OF HER/HIS TERM OF SERVICE OR EMPLOYMENT AND

EACH YEAR THEREAFTER.

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

THE BOARD OF DIRECTORS APPOINT A COMPENSATION COMMITTEE WHICH DETERMINES

COMPENSATION OF THE PRESIDENT BASED ON A REVIEW OF COMPARABLE DATA AND

PERFORMANCE AND REPORTS BACK ITS DECISION WITH CONTEMPORANEOUS

DOCUMENTATION OF ITS DELIBERATION TO THE FULL BOARD.

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

AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NC, ND, NH, NJ, NM, NY, OH

OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, NV

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

 FINANCIAL
 STATEMENTS
 AND
 IRS
 FORM
 990
 ARE
 AVAILABLE
 ON
 THE
 ORGANIZATION'S

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

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Name of the organization CENTER FOR INDIVIDUAL RIGHTS	Employer identification numb 52-1600481
WEBSITE AND BY WRITTEN REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES	174,500.
MANAGEMENT AND GENERAL EXPENSES	11,898.
FUNDRAISING EXPENSES	5,150.
TOTAL EXPENSES	191,548.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	191,548.
PART XII, LINE 2C EXPLANATION	
PART XII, LINE 2C EXPLANATION CIR HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR SELECT DURING THE TAX YEAR.	ION PROCESS
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