## EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

ΑF	or the	e 2022 calendar year, or tax year beginning and	dending					
B C	heck if oplicabl	c Name of organization		D Employer identifie	cation number			
	Name Chang	e Doing business as	13-31166	46				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	_  Final		FL 31	(212) 84				
L	Jreturn termir ated			G Gross receipts \$	27,879,805.			
	אך			-				
-								
	Dending Provide and address of principal officer: MICHAEL BREEN for subordinates?							
<u> </u>			or 507					
I Tax-exempt status:       X 501(c)(3)       501(c) ( ) (insert no.)       4947(a)(1) or       527       If "No," attach a list. See instructions         J Website:       WWW.HUMANRIGHTSFIRST.ORG       H(c) Group exemption number								
		organization: X Corporation Trust Association Other	L Voor		I State of legal domicile: NY			
	rt I	Summary			State of legal dofficile. IN I			
		Briefly describe the organization's mission or most significant activities: TO E	MPOWER	AMERICANS				
e	•	JUSTICE IN OUR OWN COMMUNITIES AND AROUNI						
Governance	2	Check this box if the organization discontinued its operations or dispo						
/err	_			1 1	29			
30					29			
8 8		Number of independent voting members of the governing body (Part VI, line 1b)			88			
Activities &		Total number of individuals employed in calendar year 2022 (Part V, line 2a)		1000				
tivit		Total number of volunteers (estimate if necessary)						
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.			
	-	- · · · · · · · · · · · · · · · · · · ·		Prior Year	Current Year			
е	8	Contributions and grants (Part VIII, line 1h)		13,323,789.	14,461,670.			
en l	9	Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		256,128.	-100, 104.			
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		312,388.	124,978.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		13,892,305.	14,486,544.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		208,218.	30,072.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
se		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,805,998.	7,541,187.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	·····	0.	0.			
be	b	Total fundraising expenses (Part IX, column (D), line 25) 699,4	54.					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,532,780.	8,345,157.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		13,546,996.	15,916,416.			
	19	Revenue less expenses. Subtract line 18 from line 12		345,309.	-1,429,872.			
or Ces			Be	ginning of Current Year	End of Year			
sets alan	20	Total assets (Part X, line 16)		18,464,972.	16,184,151.			
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		2,096,193.	2,903,490.			
Eun	22	Net assets or fund balances. Subtract line 21 from line 20		16,368,779.	13,280,661.			
	rt II	Signature Block						
Unde	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedule	es and stateme	ents, and to the best of my	knowledge and belief, it is			
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.				

Sign	Signature of officer			Date			
-	MICHAEL BREEN, PRESIDENT (	& CEO					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN			
Paid	MARQUS WHITE	MARQUS WHITE	05/19	/23 self-employed P00053187			
Preparer	Firm's name SAX LLP			Firm's EIN 81-2950760			
Use Only	Firm's address 389 INTERPACE PAR	KWAY; STE 3					
	PARSIPPANY, NJ 07054 Phone no.973-472-6250						
May the I	May the IRS discuss this return with the preparer shown above? See instructions X Yes No						

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

Eilo a	conarato	application	for one	h roturn
∙ File a	sebarate	application	tor eac	n return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.* 

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type o	Name of exempt organization or other filer, see instruct	ctions.		Taxpayer	dentification	number (TIN)		
print	HUMAN RIGHTS FIRST			13-3116646				
File by the due date f filing your	Number, street, and room or suite no. If a P.O. box, se	ee instruct	ions.					
	city, town or post office, state, and ZIP code. For a foreign address, see instructions.         NEW YORK, NY 10004							
Enter th	e Return Code for the return that this application is for (file	e a separat	te application for each return)					
Applica	ition	Return	Application			Return		
ls For		Code	Is For			Code		
Form 9	90 or Form 990-EZ	01	Form 1041-A			08		
Form 4	720 (individual)	03	Form 4720 (other than individual)			09		
Form 9	90-PF	04	Form 5227			10		
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 9	90-T (trust other than above)	06	Form 8870			12		
Form 9	90-T (corporation)	07						
<ul> <li>If the</li> <li>If this</li> <li>box </li> <li>1</li> <li>the</li> <li>the</li></ul>	obological No. ► (212) 845-5200         e organization does not have an office or place of business         s is for a Group Return, enter the organization's four digit (         . If it is for part of the group, check this box ►         request an automatic 6-month extension of time until         ne organization named above. The extension is for the organization named above. The extension is for the organization the stepsion is for the organization named above. The extension is for the organization the tax year beginning         the tax year entered in line 1 is for less than 12 months, check change in accounting period	Group Exe and atta NOVEI anization's , an	mption Number (GEN) I ich a list with the names and TINs of <u>MBER 15, 2023</u> , to file return for: d ending	f this is for all membe	r the whole gro ers the extension pt organizatio	on is for.		
<u>a</u>	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions. this application is for Forms 990-PF, 990-T, 4720, or 6069			3a	\$	0.		
е	stimated tax payments made. Include any prior year overpa	ayment all	owed as a credit.	3b	\$	0.		
	alance due. Subtract line 3b from line 3a. Include your pa	•				<u> </u>		
	sing EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.		
Cautio instruct	<b>1:</b> If you are going to make an electronic funds withdrawal ions.	(direct det	bit) with this Form 8868, see Form 84	53-TE and	d Form 8879-T	E for payment		

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

Form 8868 (Rev. 1-2022)

Form	990 (2022) HUMAN RIGHTS FIRST	13-3116646	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		. X
1	Briefly describe the organization's mission:		
	HUMAN RIGHTS FIRST IS AN INDEPENDENT ADVOCACY AND AC	FION ORGANIZATION	1
		ECAUSE EVERY	
	PERSON DESERVES TO BE RESPECTED, VALUED, AND INVESTED		'S
	FIRST PROTECTS FREEDOM, AND PROMOTES EQUALITY AT HOM		
2	Did the organization undertake any significant program services during the year which were not listed on		<b>TT</b>
	prior Form 990 or 990-EZ?	Yes	XNo
•	If "Yes," describe these new services on Schedule O.	vices?	<b>v</b> .
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser	vices?	
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program servi Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations		d
	revenue, if any, for each program service reported.	to others, the total expenses, an	u
4a	(Code:) (Expenses \$9,062,023. including grants of \$	) (Bevenue \$	)
	PROTECTING REFUGEES		/
	HUMAN RIGHTS FIRST'S REFUGEE REPRESENTATION TEAM PROP	MOTES HUMAN RIGHT	'S
	BY ASSISTING REFUGEES WHO ARE FLEEING PERSECUTION. W	E PROVIDE LEGAL	
	REPRESENTATION, FREQUENTLY WITH PRO BONO LAWYERS, TO	HELP OUR CLIENTS	5
	ACCESS LEGAL PROTECTIONS IN THE UNITED STATES CONSIST	FENT WITH U.S. AN	1D
	INTERNATIONAL LAW. WE ALSO ASSIST OUR CLIENTS IN ACC	ESSING OTHER	
	CRITICAL SERVICES. WE USE THIS EXPERIENCE TO ADVOCAT	E FOR LAWS AND	
	POLICIES THAT PROTECT REFUGEES.IN 2022, VOLUNTEER LAW	WYERS IN THE NEW	
	YORK, WASHINGTON, D.C., AND LOS ANGELES METROPOLITAN		
	MORE THAN 125,000 HOURS OF IN-KIND LEGAL SERVICES. D		
	WE REPRESENTED MORE THAN 2,902 PEOPLE FROM 90 COUNTRE		
4b	(Code:) (Expenses \$1, 293, 280. including grants of \$	) (Revenue \$	)
	ACCOUNTABILTY		
	HUMAN RIGHTS FIRST WORKS TO HOLD CORRUPT ACTORS AND	UIMAN DICUMO	
	ABUSERS AROUND THE WORLD ACCOUNTABLE FOR THEIR ACTION		
	ACHIEVEMENTS RESULTING FROM OUR WORK INCLUDE:	NO• KEI 2022	
	SECURED THE PERMANENT REAUTHORIZATION OF	F THE GLOBAL	
	MAGNITSKY ACT, THE LEGISLATIVE FOUNDATION OF THE PRIM		
	SANCTIONS PROGRAM FOR HUMAN RIGHTS ABUSE AND CORRUPT		
	PRODUCED THE FIRST-EVER JOINT REPORT WI		
	COUNTERPARTS IN THE U.K., EUROPEAN UNION, AND CANADA	ON THE	
	IMPLEMENTATION OF EACH JURISDICTION'S MAGNITSKY SANC	FIONS PROGRAM.	
	CONDUCTED JOINT ADVOCACY FOR FASTER PROC	GRESS TOWARD	
4c	(Code:) (Expenses \$1, 225, 649. including grants of \$	) (Revenue \$	)
	INNOVATION LAB		
	THE HUMAN RIGHTS FIRST'S INNOVATION LAB HARNESSES AI		
	TECHNOLOGY TO DEFEND HUMAN RIGHTS AND DEMOCRACY. IT		
	TECHNOLOGY TOOLS, APPLIES ITS TECH AND INSIGHTS TO D		
	AND EDUCATES AND TRAINS THE BROADER FIELD ON USE OF I	NEW TECHNOLOGIES	TO
	PROTECT RIGHTS. KEY 2022 ACHIEVEMENTS INCLUDE:		<u> </u>
	DEVELOPED A TOOL TO HELP RESEARCHERS, LAWYERS, AND A	ADVOCATES UNCOVER	<u> </u>
	SYSTEMIC DISPARITIES IN ASYLUM CASE DECISIONS. PILOTED A TOOL INCUBATED BY THE LAB THAT UNCOVERS AN		
	NETWORKS ON YOUTUBE.	AIRLIGUS IAIE	
	DESIGNED THE USER INTERFACE AND DEPLOYED A FUNCTION	AL MVP OUR	
<b>4</b> d	Other program services (Describe on Schedule O.)	<u> </u>	
14	(Expenses \$ 2,294,420 · including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 13,875,372.		
			00 /

Form	990	(2022)

 Form 990 (2022)
 HUMAN RIGHTS
 FIRST

 Part IV
 Checklist of Required Schedules
 First

			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	<u>X</u>	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in 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, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	<u> </u>
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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		37	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	v	
40	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? <i>If</i> "Yes,"	40		v
00	complete Schedule G, Part III	19		X X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	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		х	
	domestic government on Part IX, column (A), line 1? <i>If "Yes." complete Schedule I. Parts I and II</i>	21	Λ	

Form 990 (2022)

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 Form 990 (2022)
 HUMAN
 RIGHTS
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 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
_	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	254		- 23
U	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	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
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			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		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		<u>x</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
~ 4	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	34		x
25 0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		<u> </u>
D.	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?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 58			
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	

Form	990 (2022) HUMAN RIGHTS FIRST 13-3116	646	Р	age <b>5</b>
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 88			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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 authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		
oa		6a		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0a		- 23
D		6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f				Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
10	amounts due or received from them.)	10		
	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			
13	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	158		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
D.	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b		
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	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 income?	16		Х
	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 activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

	Form	990	(2022)
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#### HUMAN RIGHTS FIRST

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

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 29							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent 1b 29							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
_	officer, director, trustee, or key employee?	2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
•	of officers, directors, trustees, or key employees to a management company or other person?	3		х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x				
6		6		X				
-	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
70	more members of the governing body?	7a		х				
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	10						
D.		7b		х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10						
		8a	Х					
	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X					
b		00						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х				
Sec	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Δ				
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No				
100	Did the exception have lead chapters, branches, or efficience?	100	162	X				
	Did the organization have local chapters, branches, or affiliates?	10a		- 11				
a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х					
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u> </u>					
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		v					
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		77					
	on Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14	X					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37					
	The organization's CEO, Executive Director, or top management official	15a	X	37				
b	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 arrangement with a			37				
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
0.00	exempt status with respect to such arrangements?	16b						
	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed <u>NY</u> , CA							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ble				
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l 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 books and records							
	<u>KURT PACQUETTE - (212) 845-5200</u>							
	75 BROAD STREET, FLOOR 31, NEW YORK, NY 10004							

Form 990 (2022)	HUMAN RIGHTS FIRST	13-3116646
Part VII Compen	sation of Officers, Directors, Trustees, Key En	nployees, Highest Compensated
Employe	es, and Independent Contractors	
Check if Sc	hedule O contains a response or note to any line in this Part	VII
Section A. Officers, I	Directors, Trustees, Key Employees, and Highest Comper	nsated 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)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		n an	compensation	compensation	amount of		
	week		<u> </u>		tee)	from	from related	other		
	(list any	recto						the	organizations	compensation
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	ruste	l trus		,ee	npen		1099-NEC)	1099-1120)	organization and related
	below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	5	1000 1120)		organizations
	line)	Indivi	Institu	Officer	Key e	Highe	Former			5
(1) MICHAEL BREEN	37.50									
PRESIDENT & CEO				X				351,160.	Ο.	40,315.
(2) KAREEM SHORA	37.50									
EXECUTIVE VP, PROGRAM AND POLICY		1			Х			225,315.	Ο.	6,555.
(3) JAMES B. BERNFIELD	37.50									
SR VP, MKT & COMM						Х		174,186.	0.	37,518.
(4) ELEANOR ACER	37.50									
SR. DIR REFUGEE PRO					Х			160,190.	0.	36,866.
(5) KURT PACQUETTE	37.50									
SR VP, FINANCE				Х				169,953.	0.	14,337.
(6) JENNIFER MELLEN	37.50									
SR VP, DEVELOPMENT					Х			178,101.	0.	5,494.
(7) VININCIA ELLINGTON DORSEY	37.50									
SR VP, HR & OFFICE						X		140,390.	0.	29,598.
(8) LICHA M NYLENDO	37.50									
CHIEF LEGAL OFFICER					Х			157,910.	0.	3,455.
(9) JENNA K GILBERT	37.50									
DIRECTOR, REFUGEE REPRESENTATION						X		128,866.	0.	13,663.
(10) QUENTIN HINES	37.50									
CHIEF OF STAFF						X		127,201.	0.	9,728.
(11) PERRIS RICHTER	37.50									
ASSOCIATE DIRECTOR, INNOVATION LAB						X		120,093.	0.	11,153.
(12) MICHAEL K. ROZEN	2.00									
CO-CHAIR		Х		X				0.	0.	0.
(13) MONA SUTPHEN	2.00	1								
CO-CHAIR		Х		X				0.	0.	0.
(14) LYNDA CLARIZIO	2.00	1								
VICE CHAIR		Х		X				0.	0.	0.
(15) ELIZABETH BOWYER	2.00	4_						_	-	
SECRETARY		Х		X				0.	0.	0.
(16) J. ADAM ABRAM	2.00	I							-	
TREASURER		Х		x				0.	0.	0.
(17) CATHERINE AMIRFAR	1.00								-	
DIRECTOR		Х						0.	0.	0. Form <b>990</b> (2022)

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	000	

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Part VII Section A. Officers, Directors, Trust	tees, Key Emp	ploye	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)	<u> </u>	
(A) (B) (C)								(D)	(E)		(F)
Name and title	Average Position (do not check more than one							Reportable	Reportable		Estimated
	hours per	box,	, unles	s per	rson i	s both	n an	compensation	compensation		amount of
	week (list any			uau		1/1/1/1/1/1/1		- from	from related		other
	hours for	directi						the organization	organizations (W-2/1099-MISC	2/	compensation from the
	related	e or o	stee			Isated		(W-2/1099-MISC/	1099-NEC)	″	organization
	organizations	truste	al tru:		yee	umper		1099-NEC)			and related
	below	ndividual trustee or director	nstitutional trustee	er	Key employee	Highest compensated employee	ner				organizations
	line)	Indiv	Insti	Officer	Key	High	Former				
(18) TOM BERNSTEIN	1.00										
DIRECTOR		Х						0.		0.	0.
(19) JAY CARNEY	1.00										
DIRECTOR		Х						0.		0.	0.
(20) SARAH CLEVELAND	1.00										
DIRECTOR		Х						0.		0.	0.
(21) DONALD DONOVAN	1.00										
DIRECTOR		Х						0.		0.	0.
(22) MATTHEW DONTZIN	1.00										
DIRECTOR		Х						0.		0.	0.
(23) MARA FRANKEL WALLACE	1.00										
DIRECTOR		Х						0.		0.	0.
(24) GIL HA	1.00									_	
DIRECTOR		Х						0.		0.	0.
(25) SUSAN HENDRICKSON	1.00									_	•
DIRECTOR	1	Х						0.		0.	0.
(26) BEN JEALOUS	1.00									_	•
DIRECTOR		Х						0.		0.	0.
1b Subtotal								1,933,365.		0.	208,682.
c Total from continuation sheets to Part VI								0.		0.	0.
d Total (add lines 1b and 1c)								1,933,365.		0.	208,682.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,0	000 of reportable		1 1
compensation from the organization											11 Yes No
<b>0 D</b>										ſ	Tes No
<b>3</b> Did the organization list any <b>former</b> officer,			-	•		-	Ŭ		oyee on	ŀ	3 X
line 1a? If "Yes," complete Schedule J for su										··	3 A
4 For any individual listed on line 1a, is the su										- 1	4 X
and related organizations greater than \$150										···	4 1
5 Did any person listed on line 1a receive or a	•				-		elate	ed organization or individ	iual for services	H	5 X
rendered to the organization? If "Yes." com Section B. Independent Contractors	<u>plete Scheaule</u>	<u>э J т</u>	or su	<u>cn r</u>	bers	on .					5 11
1 Complete this table for your five highest cor	nnensated ind	ene	nder	nt co	ontra	acto	rs th	nat received more than \$	100 000 of compe	nsat	ion from
the organization. Report compensation for t	-								-	nout	
(A)	no calendar ye		- TGIT	<u>g</u>				(B)			(C)
Name and business	address							Description of s	ervices	C	ompensation
SEAN BACKSTROM, 407 S. KE	NMORE A	VE	NU	Ε,	L	os		DEVELOPMENT (	)F		
ANGELES, CA 90020				-				STRAGE 3 SURV	/AI		330,593.
ACCORDANT GLOBAL PARTNERS								RISK MANAGEM	ENT		
555 BRYANT STREET, PALO A	LTO, CA	9	43	01				CONSULTING			287,520.
				_							

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

Form 990 HUMAN RIC		13-311	6646							
	Compensated Employees (continued)									
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	Ι.		Pos				Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	app	ly)	compensation	compensation	amount of
	per week					8		from the	from related organizations	other compensation
	(list any	ctor				nploy6		organization	(W-2/1099-MISC)	from the
	hours for	r direc				ied en		(W-2/1099-MISC)		organization
	related	stee o	rustee			bensat				and related
	organizations	ıal tru	onal t		ployer	com				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ALENCIA JOHNSON	1.00	<u> </u>	-	0	×	T	E			
DIRECTOR		x						0.	0.	0.
(28) ROBBIE KARP	1.00									
DIRECTOR		x						0.	0.	0.
(29) NAT KRAEMER	1.00									
DIRECTOR		Х						0.	Ο.	0.
(30) BOBBY MANDELL	1.00									
DIRECTOR		Х						0.	0.	0.
(31) DAVID MATTHEWS	1.00									
DIRECTOR		Х						0.	0.	0.
(32) BENEDICT MORELLI	1.00									-
DIRECTOR	1 0 0	х						0.	0.	0.
(33) HASSAN MURPHY	1.00								0	0
	1 0 0	Х						0.	0.	0.
(34) KRISHNA OMKAR	1.00							0	0	0
DIRECTOR (35) SANJA PARTALO	1.00	Х						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(36) CARLOS PASCUAL	1.00								0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(37) NAZANIN RAFSANJANI	1.00									
DIRECTOR		х						0.	Ο.	0.
(38) CINDY SIMON-SKJODT	1.00									
DIRECTOR		х						0.	Ο.	0.
(39) LEV SVIRIDOV	1.00									
DIRECTOR		Х						0.	0.	0.
(40) WILLIAM ZABEL	1.00									
DIRECTOR		Х						0.	0.	0.
		1								
		-	-							
		1								
		1								
		1								
		1								
Total to Part VII, Section A, line 1c	<u></u>		<u></u>					<u> </u>		

Ра	rt V										
			Check if Schedule O	conta	ains a respo	onse	or note to any line	<u>e in this Part VIII</u> . (A)	(B)	(C)	[D]
								Total revenue	Related or exempt function revenue		Revenue excluded from tax under
											sections 512 - 514
ints nts	1		Federated campaigns								
Gra			Membership dues				040 422				
ts, An	1		Fundraising events				949,423.				
Gif			Related organizations				335,575.				
ons, Sim			Government grants (contr				333,373.				
utio Ier :		T	All other contributions, gifts,	-			13 176 672				
oth		~	similar amounts not included			<b>Φ</b>	13,176,672.				
Contributions, Gifts, Grants and Other Similar Amounts		-	Noncash contributions included in <b>Total.</b> Add lines 1a-1f	lines 1	a-1f <b>1g</b>	Φ		14,461,670.			
0 0			Total. Add lines 12-11				Business Code				
đ	2	а									
vice	~	b									
Ser		č									
am		d									
Program Service Revenue		е									
Pro	1	f	All other program service	rever	nue						
			Total. Add lines 2a-2f								
	3		Investment income (includ	ding o	dividends, i	ntere	st, and				
			other similar amounts)					203,552.			203,552.
	4		Income from investment of	of tax	exempt bo	ond p	roceeds				
	5		Royalties	<u></u>							
					(i) Rea	.1	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses $\dots$	6b							
		с	Rental income or (loss)	6c							
		d	Net rental income or (loss	.) <u></u> (							
	7	а	Gross amount from sales of		(i) Securi		(ii) Other				
			assets other than inventory	7a	12,877,4	452.					
	I	b	Less: cost or other basis								
anı			and sales expenses		13,181,3	108.					
Revenue			, , , , , , , , , , , , , , , , , , , ,								
			Net gain or (loss)					-303,656.			-303,656.
Other	8	а	Gross income from fundraisi								
Ò			including \$								
			contributions reported on				212 152				
						8a	212,153. 212,153.				
						8b	212,133.	0.			
			Net income or (loss) from Gross income from gamin		•			••			
	9	a	-	-							
		h				9a 9b					
			Net income or (loss) from		ina activitie		·				
			Gross sales of inventory, I	-	-	<u> </u>					
		u	and allowances			10a					
		b	Less: cost of goods sold			10b					
			Net income or (loss) from								
			, , <b>.</b>				Business Code				
sno	11	а	FELLOWSHIP INCOME				900099	71,250.	71,250.		
nec			MISCELLANEOUS				900099	53,728.	53,728.		
Miscellaneous Revenue		с						· · · ·			
lisc B¢		d	All other revenue								
2			Total. Add lines 11a-11d					124,978.			
	12		Total revenue. See instruction	ons				14,486,544.	124,978.	0.	-100,104.

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	Check if Schedule O contains a respon			( <u>^</u> )
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses
1	Grants and other assistance to domestic organizations			
	and domestic governments. See Part IV, line 21	30,072.	30,072.	
2	Grants and other assistance to domestic			
	individuals. See Part IV, line 22			
3	Grants and other assistance to foreign			
	organizations, foreign governments, and foreign			
	individuals. See Part IV, lines 15 and 16			
4	Benefits paid to or for members			
5	Compensation of current officers, directors,			
	trustees, and key employees	1,561,358.	1,291,838.	187,574.
6	Compensation not included above to disqualified			
	persons (as defined under section 4958(f)(1)) and			
	persons described in section 4958(c)(3)(B)			
7	Other salaries and wages	4,800,307.	3,935,705.	612,266.
8	Pension plan accruals and contributions (include			
	section 401(k) and 403(b) employer contributions)	52,487.	47,621. 577,866.	1,964. 37,910. 19,248.
9	Other employee benefits	648,428.	577,866.	37,910.
10	Payroll taxes	478,607.	433,416.	19,248.
11	Fees for services (nonemployees):			
a	Management			
b				
C	Accounting			
d	Lobbying			
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	50,133.		50,133.
f g	Other. (If line 11g amount exceeds 10% of line 25,	50,155.		50,155.
9	column (A), amount, list line 11g expenses on Sch 0.)	2.152.757.	1.924.657.	220,626.
12	Advertising and promotion	2,152,757. 19,269.	1,924,657. 18,192.	952.
13	Office expenses	44,907.	37,460.	6,277.
14	Information technology	113,179.	101,573.	5,684.
15	Royalties			
16	Occupancy	1,400,511.	1,254,466.	70,015.
17	Travel	92,445.	76,236.	5,978.
18	Payments of travel or entertainment expenses			
	for any federal, state, or local public officials			
19	Conferences, conventions, and meetings	262,380.	135,002.	14,352.
20	Interest			
21	Payments to affiliates			
22	Depreciation, depletion, and amortization	159,473.	134,720.	16,040.
23	Insurance	80,568.	73,410.	3,466.
24	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.)			
а	AFGHAN PROJECT EXPENSES	3,346,351.	3,346,275.	76.
b	REPAIRS & MAINTENANCE	274,549.	217,933.	12,794.
c	RECRUITING	89,030.	82,234.	6,796.
d	OTHER EXPENSES	80,844.	39,919.	40,774.
е	All other expenses	178,761.	116,777.	28,665.
25	Total functional expenses. Add lines 1 through 24e	15,916,416.	13,875,372.	1,341,590.
26	Joint costs. Complete this line only if the organization			
	reported in column (B) joint costs from a combined			
	educational campaign and fundraising solicitation.			
	Check here if following SOP 98-2 (ASC 958-720)			
232010	) 12-13-22			

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

Form 990 (2022) Part IX Statement of Functional Expenses

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

**(D)** Fundraising expenses

81,946.

252,336.

2,902. 32,652. 25,943.

> 7,474. 125. 1,170. 5,922.

76,030. 10,231.

113,026.

8,713. 3,692.

43,822.

151. 33,319. 699,454.

X

		Chack if Schodula O contains a response or not	o to an	/ line in this Part Y			
		Check if Schedule O contains a response or not			<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			180,742.	1	365,008.
	2	Savings and temporary cash investments			1,535,174.	2	971,744.
	3	Pledges and grants receivable, net			6,729,165.	3	4,380,497.
	4	Accounts receivable, net			58,806.	4	27,971.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				121,132.	9	176,711.
	10a	Land, buildings, and equipment: cost or other		Γ			
		basis. Complete Part VI of Schedule D	10a	2,667,316.			
	b	Less: accumulated depreciation	10b	2,667,316. 2,424,237.	209,316.	10c	243,079.
	11	Investments - publicly traded securities		8,719,688.	11	7,433,839.	
	12	Investments - other securities. See Part IV, line 1		561,298.	12	573,126.	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			136,594.	15	2,012,176.
	16	Total assets. Add lines 1 through 15 (must equ			18,464,972.	16	16,184,151.
	17	Accounts payable and accrued expenses		1,568,217.	17	937,686.	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	<b>-</b>				20	
	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D		21	
s	22	Loans and other payables to any current or form	er offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
abil		controlled entity or family member of any of the	e perso	ons		22	
Ē	23	Secured mortgages and notes payable to unrela	ted thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	l third p	oarties		24	
	25	Other liabilities (including federal income tax, pa	yables <sup>-</sup>	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D			527,976.	25	1,965,804.
	26	Total liabilities. Add lines 17 through 25			2,096,193.	26	2,903,490.
		Organizations that follow FASB ASC 958, che	ck here	e X			
ces		and complete lines 27, 28, 32, and 33.					
ano	27	Net assets without donor restrictions			965,740.	27	1,763,819.
Ва	28	Net assets with donor restrictions			15,403,039.	28	11,516,842.
pu		Organizations that do not follow FASB ASC 9	58, che	ck here			
ĿF		and complete lines 29 through 33.					
s ol	29	Capital stock or trust principal, or current funds			29		
set	30	Paid-in or capital surplus, or land, building, or ec	luipmer	nt fund		30	
As	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			16,368,779.	32	13,280,661.
	33	Total liabilities and net assets/fund balances		18,464,972.	33	16,184,151.	

Form **990** (2022)

### HU Part X Balance Sheet

Form	990	(2022)

Form	990 (2022) HUMAN RIGHTS FIRST	13-	-3116646	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,48	6,5	44.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,91	6,4	16.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,42	9,8	72.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,36	8,7	79.
5	Net unrealized gains (losses) on investments	5	-74	0,2	46.
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	-91	8,0	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	13,28	0,6	61.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	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?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red auc	it		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(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	lame of the organization Employer identification number							
		N RIGHTS F					1	3-3116646
Part I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
1 2 3 4	<ul> <li>anization is not a private foundation because it is: (For lines 1 through 12, check only one box.)</li> <li>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</li> <li>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)</li> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</li> <li>A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:</li> </ul>							
5 6 7 X 8 9	<ul> <li>An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or</li> </ul>							
10	<ul> <li>or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:</li> <li>An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</li> <li>Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.</li> <li>Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A and C.</li> <li>Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally</li></ul>							
f Ente	functionally integrated, or er the number of supported of		nally integrated supportin		ation.			
	vide the following information							
	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi <b>Yes</b>	ng document?	(v) Amount of support (see in		(vi) Amount of other support (see instructions)
Total								

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	16138186.	8824855.	12344382.	13323789.	14461670.	65092882.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4		16138186.	8824855.	12344382.	13323789.	14461670.	65092882.
	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)						10835900.
6	Public support. Subtract line 5 from line 4.						54256982.
	tion B. Total Support						54250502.
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
					13323789.		
-		101301000	0024033.	12344302.	13323703.	<u></u>	030320021
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		150 076	127 260	121 050	202 552	COF CO1
	and income from similar sources	59,945.	152,970.	137,308.	131,850.	203,552.	685,691.
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.)	385,336.	295,224.	244,513.	312,388.		
11	Total support. Add lines 7 through 10						67141012.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	80.81 %
	Public support percentage from 2021					15	76.57 %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	0	•	,	•		
	more, and if the organization meets th	-					
	organization meets the facts-and-circi						
18	Private foundation. If the organization						s
				,	,		(Earm 000) 2022

Schedule A (Form 990) 2022

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</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 disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					<u> </u>	
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organi	zation,
0	check this box and stop here	- 0					
	tion C. Computation of Publi						
	Public support percentage for 2022 (I			column (f))		15	%
_	Public support percentage from 2021					16	%
	ction D. Computation of Inves					<u> </u>	
	Investment income percentage for 20					17	%
	Investment income percentage from a					18	%
19a	33 1/3% support tests - 2022. If the						ne 17 is not
b	more than 33 1/3%, check this box an <b>33 1/3% support tests - 2021.</b> If the						
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	<b>op here.</b> The orga	nization qualifies a	as a publicly suppo	orted organizati	on
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see ins	structions	

Yes

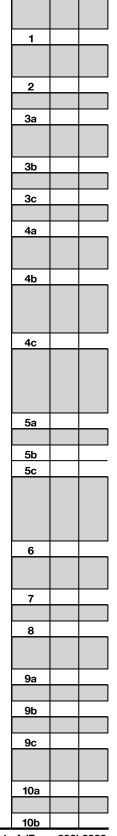
No

## 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.)



his regard.		3b		
-	Schedule /	A (Forn	n <b>990</b> )	2022

11a

11b

11c

# 11 Has the organization accepted a gift or contribution from any of the following persons?

a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?

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b A family member of a person described on line 11a above?

Supporting Organizations (continued

c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI

## Section B. Type I Supporting Organizations

Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

upervised, or controlled the supporting organization.

# Section C. Type II Supporting Organizations

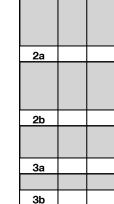
Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons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

#### the supported organization(s). Section D. All Type III Supporting Organizations

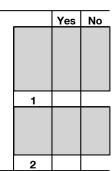
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	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).
- а The organization satisfied the Activities Test. Complete line 2 below.
- h The organization is the parent of each of its supported organizations. Complete line 3 below.
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 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.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- 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.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in t



Yes No



Yes No

	Yes	No
1		

Part IV

1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 ( explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	ion 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	lly integrat	ed Type III supporting orga	nization (see

instructions)

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

HUMAN RIGHTS FIRST

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

e Excess from 2022

I UI	Type in ten i unetionally integrated even	(d)(o) oupporting orga	(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpose	s <b>3</b>		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which th	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
с	From 2019			
d	From 2020			
е	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,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
с	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 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:			
а	Excess from 2018			
b	Excess from 2019			
с	Excess from 2020			
d	Excess from 2021			

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Schedule A (Form 990) 2022

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

## SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

FELLOWSHIP INCOM	E
2018 AMOUNT: \$	237,797.
2019 AMOUNT: \$	238,086.
2020 AMOUNT: \$	225,860.
2021 AMOUNT: \$	231,258.
2022 AMOUNT: \$	71,250.
OTHER INCOME	
2018 AMOUNT: \$	147,539.
2019 AMOUNT: \$	57,138.
2020 AMOUNT: \$	18,653.
2021 AMOUNT: \$	81,130.
2022 AMOUNT: \$	53,728.

SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:

DESCRIPTION: ESTABLISH THE WILLIAM D. ZABEL LEGACY FUND

DATE: 05/16/19 AMOUNT: 500000.

SCHEDULE C	Po	olitical Campaign a	nd Lobbyin	g Activities		OMB No. 1545-0047			
(Form 990)		anizations Exempt From Income	-	•	27	2022			
Department of the Treasury Internal Revenue Service									
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations: Com	Form 990, Part IV, line 3, or Form plete Parts I-A and B. Do not comp	olete Part I-C.			tivities), then			
<ul> <li>Section 501(c) (other</li> <li>Section 527 organization</li> </ul>		11(c)(3)) organizations: Complete P Part I-A only.	ans I-A and C below.	Do not complete Pan	Г-В.				
<ul> <li>Section 501(c)(3) org</li> <li>Section 501(c)(3) org</li> <li>If the organization answ</li> </ul>	anizations that I anizations that I <b>vered "Yes," o</b> r	Form 990, Part IV, line 4, or Form have filed Form 5768 (election und have NOT filed Form 5768 (election Form 990, Part IV, line 5 (Proxy	er section 501(h)): Co 1 under section 501(h	omplete Part II-A. Do n )): Complete Part II-B.	ot comp Do not	olete Part II-B. complete Part II-A.			
• Section 501(c)(4), (5)		ions: Complete Part III.							
Name of organization	• • •	·			Employ	yer identification number			
	HUMAN R	IGHTS FIRST			_	13-3116646			
Part I-A Comple	ete if the org	anization is exempt under	section 501(c) o	or is a section 52	7 orga	anization.			
<ol> <li>Provide a description</li> <li>Political campaign a</li> <li>Volunteer hours for</li> </ol>	activity expendit								
Deut I.D. Commu	ata if tha ara	onization is exempt under	eastion E01/a//	2/					
	-	anization is exempt under		-	¢	0.			
		incurred by the organization under incurred by organization managers				0			
		n 4955 tax, did it file Form 4720 fo			_				
<b>b</b> If "Yes," describe ir	n Part IV.								
-		anization is exempt under				3).			
		l by the filing organization for secti			\$_				
2 Enter the amount o exempt function ac		ization's funds contributed to othe	-		\$				
<b>3</b> Total exempt functi	on expenditures	. Add lines 1 and 2. Enter here and	I on Form 1120-POL,						
						Yes No			
made payments. Fo	or each organiza	ployer identification number (EIN) tion listed, enter the amount paid f omptly and directly delivered to a s	rom the filing organiz	ation's funds. Also en	ter the a	amount of political			
		additional space is needed, provide		•	parate	segregated fund of a			
<b>(a)</b> Name	;	(b) Address	<b>(c)</b> EIN	(d) Amount paid f filing organizatio funds. If none, ente	n's 🛛	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0			

Schedule C (Form 990) 2022	HUMAN RIGHTS	5 FIRST		13-3	116646 Page 2
Part II-A Complete if the org	anization is exem	pt under section	501(c)(3) and file	d Form 5768 (ele	ction under
section 501(h)).					
A Check if the filing organization	tion belongs to an affili	ated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
	e of excess lobbying e	• •			
B Check if the filing organization	tion checked box A and	d "limited control" pro-	visions apply.		
Limit	ts on Lobbying Expen	ditures		(a) Filing	(b) Affiliated group
	litures" means amour			organization's totals	totals
				46,202.	
<b>1a</b> Total lobbying expenditures to influ		• •		400,310.	
<b>b</b> Total lobbying expenditures to influ				446,512.	
<ul><li>c Total lobbying expenditures (add lin</li><li>d Other exempt purpose expenditure</li></ul>				13,428,860.	
<ul> <li>d Other exempt purpose expenditure</li> <li>e Total exempt purpose expenditures</li> </ul>				13,875,372.	
f Lobbying nontaxable amount. Ente				843,769.	
If the amount on line 1e, column (a) of		ying nontaxable amo		010,700.	
Not over \$500,000		ne amount on line 1e.			
Over \$500,000 but not over \$1,000		) plus 15% of the exce	ess over \$500.000.		
Over \$1,000,000 but not over \$1,50	· · · · · ·	) plus 10% of the exce			
Over \$1,500,000 but not over \$17,0		) plus 5% of the exces			
Over \$17,000,000	\$1,000,0		. , , ,		
	, ,				
g Grassroots nontaxable amount (en	ter 25% of line 1f)			210,942.	
h Subtract line 1g from line 1a. If zero	o or less, enter -0-			0.	
i Subtract line 1f from line 1c. If zero	or less, enter -0-			0.	
j If there is an amount other than zer	o on either line 1h or li	ne 1i, did the organiza	tion file Form 4720	_	
reporting section 4911 tax for this					Yes No
		raging Period Under			
(Some organizations th		1(h) election do not h te instructions for lin	•	of the five columns be	low.
	· · ·	ditures During 4-Yea	<u> </u>		
		ultures During 4- rea	r Averaging Feriou		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	<b>(d)</b> 2022	(e) Total
	E7E 00C		902 090		
2a Lobbying nontaxable amount	575,826.	581,776.	723,279.	843,769.	2,724,650.
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>					4,086,975.
					4,000,975.
c Total lobbying expenditures	256,534.	249,495.	349,766.	446,512.	1,302,307.
			,	,	,,,.
d Grassroots nontaxable amount	143,957.	145,444.	180,820.	210,942.	681,163.
e Grassroots ceiling amount	·	·	•		
(150% of line 2d, column (e))					1,021,745.
f Grassroots lobbying expenditures	20,742.	17,712.	120,591.	46,202.	205,247.
					le C (Form 990) 2022

of the lobbying activity.	Yes	No	Amo	ount
<ol> <li>During the year, did the filing organization attempt to influence foreign, national, state, or</li> </ol>				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
<b>d</b> Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), se	ction 501(c)(	5), or sec	ction	
501(c)(6).				
			Yes	No
• • • • • • • • • • • • • • • • • • • •				
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures fr				
Part III-B Complete if the organization is exempt under section 501(c)(4), se				
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answe	red "No" OR	(b) Part I	III-A, line	3, IS
answered "Yes."			1	
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	political			
expenses for which the section 527(f) tax was paid).				
a Current year				
<b>b</b> Carryover from last year		<b>2</b> b		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	s	3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying a	and political			
expenditures next year?		4		
5 Taxable amount of lobbying and political expenditures. See instructions		5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated g	group list); Part II	-A, lines 1 a	nd 2 (See	
instructions); and Part II-B, line 1. Also, complete this part for any additional information.				

#### Schedule C (Form 990) 2022 HUMAN RIGHTS FIRST Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description

(b)

(a)

232043 11-08-22

		ntal Einanaial Statamanta	OMB No. 1545-0047
		ental Financial Statements	2022
(FOI)		9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.	
	ment of the Treasury I Revenue Service Go to www.irs.gov/Fo	Attach to Form 990. rm990 for instructions and the latest information.	Open to Public Inspection
Nam	e of the organization		Employer identification number
Pa	HUMAN RIGHTS FI	vised Funds or Other Similar Funds or Acc	<u>13-3116646</u>
I a	organization answered "Yes" on Form 990, Part		Complete if the
		-	Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	-	ors in writing that the assets held in donor advised funds	
		tion's exclusive legal control?	
6		phor advisors in writing that grant funds can be used only	
		phor or donor advisor, or for any other purpose conferring	
Pa	impermissible private benefit?	he organization answered "Yes" on Form 990, Part IV, lir	Yes No
1	Purpose(s) of conservation easements held by the orga		ne 7.
'	Preservation of land for public use (for example, r		cally important land area
	Protection of natural habitat	Preservation of a certifie	• •
	Preservation of open space		
2		qualified conservation contribution in the form of a conservation	ervation easement on the last
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified histor	ric structure included in (a)	2c
d	Number of conservation easements included in (c) acqu	uired after July 25,2006, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferre	ed, released, extinguished, or terminated by the organiza	tion during the tax
_	year		
4	Number of states where property subject to conservation		
5	Does the organization have a written policy regarding the		Yes No
6	violations, and enforcement of the conservation easem	ents it holds? cting, handling of violations, and enforcing conservation (	
0	Stan and volunteer hours devoted to monitoring, inspec		easements during the year
7	Amount of expenses incurred in monitoring, inspecting	, handling of violations, and enforcing conservation easer	ments during the year
-	·····	,	
8	Does each conservation easement reported on line 2(d)	above satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports cons	ervation easements in its revenue and expense statemen	nt and
	balance sheet, and include, if applicable, the text of the	footnote to the organization's financial statements that o	describes the
Da	organization's accounting for conservation easements. t III Organizations Maintaining Collection	ns of Art, Historical Treasures, or Other Sin	nilar Accoto
Fa	Complete if the organization answered "Yes" on		Inial Assets.
10		SC 958, not to report in its revenue statement and balance	aa abaat waxka
Ia		or public exhibition, education, or research in furtherance	
	service, provide in Part XIII the text of the footnote to its		
b		SC 958, to report in its revenue statement and balance sl	heet works of
	-	public exhibition, education, or research in furtherance o	
	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		\$
2	If the organization received or held works of art, historic	cal treasures, or other similar assets for financial gain, pro	ovide
	the following amounts required to be reported under FA	C C	
а			
b	Assets included in Form 990, Part X		\$

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
232051	09-01-22

Sche		IGHTS FIRST				13-31		б Р	<sub>age</sub> 2			
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Simila	r Assets	(contir	nued)				
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	significant	use of its						
	collection items (check all that apply):											
а	Public exhibition	d	Loan or exc	hange program								
b												
с												
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	empt purpo	se in Part	XIII.					
5	During the year, did the organization solicit o	r receive donations of	f art, historical treas	sures, or other simila	ar assets		_		_			
	to be sold to raise funds rather than to be ma						Yes		No			
Par	t IV Escrow and Custodial Arrang		te if the organizatio	n answered "Yes" o	n Form 990	), Part IV, I	ine 9, or					
	reported an amount on Form 990, Par	t X, line 21.										
1a	Is the organization an agent, trustee, custodia						_	_	_			
	on Form 990, Part X?					L	Yes		No			
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table:			1						
							Amoun	t				
	Beginning balance											
	Additions during the year											
е	Distributions during the year											
f	Ending balance				<b>1f</b>							
	Did the organization include an amount on Fo				• • • • • • •	L	Yes		No			
Par	If "Yes," explain the arrangement in Part XIII.											
Fai	t V Endowment Funds. Complete i			rm 990, Part IV, line (c) Two years back		vooro book		, vooro	book			
		(a) Current year 5,314,592.	(b) Prior year 4,816,634.	., ,		years back	(e) Four					
1a	Beginning of year balance	421,000.				04,885. 393,688.	922,030. 670,000.					
b	Contributions	-670,420.	260,000. 477,053.	-		12,196.	-27,145.					
C	Net investment earnings, gains, and losses	-070,420.	477,055.	070,439.	-	12,190.		-27,	145.			
	Grants or scholarships											
е	Other expenditures for facilities	266 721	239 095	207 574				560	000			
	and programs	266,721.	239,095.	207,574.	•			500,	000.			
T	Administrative expenses	4,798,451.	5,314,592.	4,816,634.	1 3	310,769.	. 1,004,885.					
g	End of year balance [ Provide the estimated percentage of the curr				· · · · ·	, 105.	1	,004,	005.			
2	Board designated or quasi-endowment	ent year end balance		) heid as.								
a b	Permanent endowment 100	%	_%									
0		<sup>70</sup>										
U	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should											
3a	Are there endowment funds not in the posses		ion that are held an	nd administered for t	the							
ou	organization by:						]	Yes	No			
	(i) Unrelated organizations						3a(i)		Х			
	(ii) Related organizations						3a(ii)		Х			
b	If "Yes" on line 3a(ii), are the related organiza						3b					
4	Describe in Part XIII the intended uses of the											
Par	t VI   Land, Buildings, and Equipm											
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part >	(, line 10.							
	Description of property	(a) Cost or ot basis (investm	.,		Accumulat epreciation		<b>(d)</b> Boo	k valu	e			
1a	Land											
	Buildings											
	Leasehold improvements			8,232.	950,0	34.	5	8,1	98.			
	Equipment			8,942.	994,6			4,2				
	Other			0,142.	479,5				36.			
Total	. Add lines 1a through 1e. (Column (d) must e	oual Form 990. Part X	. column (B), line 1(	Dc.)			24	3,0	79.			
				-								

Schedule D (Form 990) 2022

Part VII	Investments -	<ul> <li>Other Secu</li> </ul>	rities.
Schedule D	) (Form 990) 2022	HUMAN	RIGHTS

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-vear 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	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-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	e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) SECURITY DEPOSIT			369,575.
(2) OPERATING LEASE RIGHTS FO	R USE ASSETS		1,642,601.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		2,012,176.
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 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			1,965,804.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	e 25 )		1,965,804.

FIRST

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

Schedule D (Form 990) 2022

	dule D (Form 990) 2022 HUMAN RIGHTS FIRST				3116646 Page 4					
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents Wi	th Revenue per Re	turn.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ı.								
1	Total revenue, gains, and other support per audited financial statements		1	110,729,783.						
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:									
а	Net unrealized gains (losses) on investments	. 2a	-740,246.							
b	Donated services and use of facilities	. 2b	97,951,618.							
с	Recoveries of prior year grants	. 2c								
d			-918,000.							
е	Add lines 2a through 2d			2e	96,293,372. 14,436,411.					
3	Subtract line 2e from line 1			3	14,436,411.					
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	50,133.							
b	Other (Describe in Part XIII.)	. 4b								
	Add lines <b>4a</b> and <b>4b</b>			4c	50,133.					
с			5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)							
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )			5	14,486,544.					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents W	ith Expenses per F	•						
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) <b>t XII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ients W	ith Expenses per F	Retur	n.					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ients W	ith Expenses per F	Retur						
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         t 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:	ents W	ith Expenses per F	Retur	n.					
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         t 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 W	ith Expenses per F	Retur	n.					
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         t 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:	ents W a. 2a	ith Expenses per F	Retur	n.					
5 Pa 1 2	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.)         Total 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	ith Expenses per F	Retur	n.					
5 Pa 1 2	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.)         Total 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	2a 2b 2c	ith Expenses per F	Retur	n. 113,817,901.					
5 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.)         Total 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	2a 2b 2c 2d	ith Expenses per F 97,951,618.	Retur	n. <u>113,817,901.</u> 97,951,618.					
5 Pa 1 2 a b c d	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	2a 2b 2c 2d	ith Expenses per F 97,951,618.	1	n. 113,817,901.					
5 Par 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         T 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.)	2a 2b 2c 2d	ith Expenses per F	1 2e	n. <u>113,817,901.</u> 97,951,618.					
5 Par 1 2 a b c d e 3	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.)         Total 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	2a 2b 2c 2d	ith Expenses per F 97,951,618.	1 2e	n. <u>113,817,901.</u> 97,951,618.					
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990. Part I. line 12.</i> )         Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990. Part I. line 12.</i> )         Complete if the organization 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	ith Expenses per F	1 2e	n. 113,817,901. 97,951,618. 15,866,283.					
5 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.)         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.)         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  4a 4b	ith Expenses per F 97,951,618. 50,133.	1 2e	n. 113,817,901. 97,951,618. 15,866,283. 50,133.					
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990. Part I. line 12.</i> )         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 4a 4b	ith Expenses per F 97,951,618. 50,133.	1 2e 3	n. 113,817,901. 97,951,618. 15,866,283.					

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

PART V, LINE 4:

IN 2011, THE ORGANIZATION RECEIVED A DONOR-RESTRICTED ENDOWMENT TO BE HELD

IN PERPETUITY IN A SEPARATE PERMANENT FUND TO BE DISTRIBUTED TO PROMOTE

THE POLICIES AND PROJECTS OF THE ORGANIZATION.

IN 2018 AND CONTINUING INTO 2019, 2020 AND 2021, THE ORGANIZATION RECEIVED

ADDITIONAL DONOR-RESTRICTED ENDOWMENT FUNDS TO BE HELD IN PERPETUITY IN A

SEPARATE RESTRICTED FUND TO BE USED FOR (I) REPRESENTING AND/OR ADVOCATING

FOR REFUGEES, (II) SUPPORTING HUMAN RIGHTS DEFENDERS, AND (III) ADVANCING

U.S. POLICY IN HUMAN RIGHTS. IT ALSO PERMITS THE BOARD TO CHANGE

PROGRAMMATIC FOCUS AS LONG AS THE FOCUS REMAINS IN THE SPIRIT OF THE

DONOR'S INTENT.

#### PART X, LINE 2:

THE ORGANIZATION DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY

MATERIAL, UNCERTAIN TAX POSITIONS. TAX FILINGS FOR THE PERIODS ENDING

DECEMBER 31, 2018 AND LATER ARE SUBJECT TO EXAMINATION BY APPLICABLE

TAXING AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

AMORTIZATION OF DISCOUNT OF LT PLEDGE

SCHEDULE F (Form 990)			ivities Outside the Ur			OMB No. 1545-0047
	Complete if the	e organization a	nswered "Yes" on Form 990, Part IV, Attach to Form 990.	line 14b, 15, 0		
Department of the Treasury Internal Revenue Service	Go to w	ww.irs.gov/Form	1990 for instructions and the latest i	nformation.		en to Public spection
Name of the organization					Employer ider	ntification number
HUMAN RIGHTS FI	RST				13-31166	546
		ctivities Out	side the United States. Comple	ete if the organ	ization answered	l "Yes" on
Form 990, Part I						
=	-		ds to substantiate the amount of its gra the selection criteria used to award the		· · · ·	Yes No
2 For grantmakers. Des United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance ou	utside the
			n be duplicated if additional space is n			
(a) Region	(b) Number of offices in the region	employees,	<ul> <li>(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)</li> </ul>	is a pro describe	vity listed in (d) gram service, specific type (s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING						
ICELAND & GREENLAND)			PROGRAM SERVICES	RESEARCH/ A	DVOCACY	819,515.
NORTH AMERICA			PROGRAM SERVICES	RESEARCH/ A	DVOCACY	1,973.
EAST ASIA AND THE						
PACIFIC			PROGRAM SERVICES	LEGAL REVIE	W / REF. REP	2,972,667.
3 a Subtotal	0	0				3,794,155.
<b>b</b> Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	0	0				3,794,155.

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

Schedule F (Form 990) 2022

OMB No. 1545-0047

$\label{eq:1.1} 13-3116646 \qquad \qquad Page 2$ <b>te United States.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any diftional space is needed.	(d) Purpose of grant(e) Amount(f) Manner of noncash(g) Amount of noncash(h) Description(i) Method of 				
(Form 990) 2022 HUMAN RIGHTS FIRST Grants and Other Assistance to Organizations or Entities Outside the United States. Comp recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	(c) Region (d) Purpose grant				
Schedule F (Form 990) 2022 HUMAN Part II Grants and Other Assistance to Orga recipient who received more than \$5,00	1         (b) IRS code section           (a) Name of organization         and EIN (if applicable)				

232072 10-17-22

Page 3		(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2022
	IV, line 16.	<b>(g)</b> Description of noncash assistance					Schedu
13-3116646	on Form 990, Part	(f) Amount of noncash assistance					
13	Complete if the organization answered "Yes" on Form 990, Part IV, line 16.	<b>(e)</b> Manner of cash disbursement					
		<b>(d)</b> Amount of cash grant					
FIRST	<b>e the United Sta</b> d.	<b>(c)</b> Number of recipients					
HUMAN RIGHTS FIRST	<b>:e to Individuals Outsid</b> dditional space is neede	<b>(b)</b> Region					
Schedule F (Form 990) 2022 H	Part III         Grants and Other Assistance to Individuals Outside the United States.           Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance					

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

Schedule F (Form 990) 2022

Part V	Supplemental	Informat	tion	
Schedule F	(Form 990) 2022	HUMAN	RIGHTS	FIRST

## Part V

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


SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities						ties	OMB No. 1545-0047	
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.					or if the			
Department of the Treasury	Attach to Form 990 or Form 990-EZ.						Open to Public		
Internal Revenue Service		o www.irs.gov/Form990 for instru	ctions	and th	ne latest information	n	Inspection		
5						dentification number			
HUMAN RIGHTS FIRST 13-311									
	Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.								
<ul> <li>1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.</li> <li>a X Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>f X Solicitation of government grants</li> <li>c Phone solicitations</li> <li>g X Special fundraising events</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?</li> <li>X Yes No</li> <li>b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be</li> </ul>									
compensated at le	-			agreer					
(i) Name and address of individual or entity (fundraiser)		(ii) Activity	(iii) Did fundraiser have custody or contributions? (iv) Gross receip from activity		(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser sted in col. (i) (vi) Amount pa to (or retained organization		
			Yes No						
		n is registered or licensed to solicit o			or has been notified	litise	exempt from	registration	

or licensing.

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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

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

		(a) Event #1 ANNUAL AWARD DINNER	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. <b>(c)</b> )
1	Gross receipts	1,161,576.			1,161,576
2	Less: Contributions	949,423.			949,423
3	Gross income (line 1 minus line 2)	212,153.			212,153
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs				
7	Food and beverages				ļ
8	Entertainment				
9	Other direct expenses				212,153
10	<ul> <li>Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I</li> </ul>				212,15
		(a) Bingo	hingo/progressive hingo	(c) Other gaming	
			bingo/progressive bingo	(c) Other gaming	
1	Gross revenue		bingo/progressive bingo	(C) Other gaming	
1 2	Gross revenue Cash prizes		bingo/progressive bingo	(c) Other gaming	
1 2 3			bingo/progressive bingo	(c) Other gaming	
	Cash prizes		bingo/progressive bingo	(c) Other gaming	
	Cash prizes Noncash prizes Rent/facility costs		bingo/progressive bingo		
3 4	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	(a) Dirigo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (
3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	%	Yes%	☐ Yes %	col. (a) through col. (
3 4 5 6	Cash prizes		□ Yes% □ No	☐ Yes %	col. (a) through col. (
3 4 5 7 8	Cash prizes	Yes%     No     from line 1, column (d)	□ Yes% □ No	☐ Yes %	col. (a) through col. (
3 4 5 7 8 En	Cash prizes	Yes%     No     Yes%     No	Yes%     No     No     No	☐ Yes %	col. (a) through col. (
3 4 5 7 8 En	Cash prizes	Yes%         No         1 5 in column (d)         7 from line 1, column (d)         ucts gaming activities:         ctivities in each of these s	Yes%     No     No     No	☐ Yes %	

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Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022	HUMAN	RIGHTS	FIRST	1	1	3-3116	5646	Page <b>3</b>
11	Does the organization conduct gar	ning activities	with nonme	mbers?				Yes	No
12	Is the organization a grantor, benef	ficiary or trust	ee of a trust,	or a mem	ber of a partnership c	or other entity formed			
	to administer charitable gaming? $\_$							Yes	No No
	Indicate the percentage of gaming						1		
	The organization's facility								%
	An outside facility Enter the name and address of the						13b		%
14	Enter the hame and address of the	person who	prepares the	organizat	on s gaming/special e	events books and records.			
	Name								
	Address								
								1	<b>—</b>
15a	Does the organization have a contr	ract with a thi	rd party from	whom th	e organization receive	es gaming revenue?	L	Yes	No No
	If "Yes," enter the amount of gamir		opiyod by the	orachiza	ion \$	and the amou	nt		
	of gaming revenue retained by the		\$	e organiza	.ion		in.		
c	If "Yes," enter name and address of				_				
		·							
	Name								
	Address								
16	Coming manager information:								
16	Gaming manager information:								
	Name								
	Gaming manager compensation	\$							
	Description of services provided								
	Director/officer	Employe	e	Inc	lependent contractor				
	Mandatory distributions:								
â	Is the organization required under							<b>X</b>	
	retain the state gaming license? Enter the amount of distributions re					organizations or aport in t		Yes	└── No
L	organization's own exempt activitie	•		\$	uted to other exempt	organizations of spent in t	le		
Pa					equired by Part I, line	2b, columns (iii) and (v); ar	nd Part III, li	nes 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Al	so provide ar	ny additio	nal information. See ir	nstructions.			

Chedule G (Form 990)       HUMAN RIGHTS FIRST         Part IV       Supplemental Information (continued)	13-3116646 Pac
supplemental information (continued)	

SCHEDULE I (Form 990)		Comple Comple	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States <sup>Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.</sup>	1 Other Assistance to Organizations, :s, and Individuals in the United States nization answered "Yes" on Form 990, Part IV, line 21 or 2	ce to Organi s in the Unit on Form 990, Par	zations, ed States t IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	y		Go to www.irs.	Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.	990. the latest informa	tion.		Open to Public Inspection
Name of the organization	zation HUMAN RIGHTS	HTS FIRST					ш	Employer identification number 13-3116646
Part I General	General Information on Grants and Assistance	nd Assistance					-	
1 Does the orga	Does the organization maintain records to substantiate the amount of the	o substantiate the		or assistance, the c	grantees' eligibility	for the grants or assis	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used t	criteria used to award the grants or assistance?	stance?						X Yes No
2 Describe in Pa	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for monite	oring the use of grant fu	unds in the United	States.			
Part II Grants a	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Domestic Organiz 55,000. Part II can	ations and Domestic be duplicated if additio	<b>Governments.</b> Control of the space is needed	omplete if the orga ed.	nization answered "Y	es" on Form 990, Part IV	', line 21, for any
<b>1 (a)</b> Name and or (	<b>1 (a)</b> Name and address of organization or government	( <b>b</b> ) EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PACIFIC COUNCIL ON INT POLICY 725 S. FIGUEROA STREET 1.08 ANGFLES CA 90017	JON INT POLICY STREET 90017	95-4520471	201 (ر) ع	30 072	c			
2 Enter total nur 3 Enter total nur	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	nd government org s listed in the line 1	anizations listed in the	line 1 table				
7	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	ons for Form 990.					Schedule I (Form 990) 2022

Schedule I (Form 990) 2022 HUMAN RIGHTS FIRST	RST				13-3116646 Page 2
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	s. Complete if the	organization answe	sred "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	quired in Part I, line	e 2; Part III, column	(b); and any other ad	ditional information.	
232102 10-31-22					Schedule I (Form 990) 2022

SC	HEDULE J	Compensation Information		OMB No.	1545-004	47
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highes	t	20	99	
		Compensated Employees	00	_ <b>ZU</b>	22	-
Depar	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line Attach to Form 990.	23.	Open t	o Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information			ection	
Nam	e of the organizatior			r identificati		mber
De		HUMAN RIGHTS FIRST	13-	311664	6	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on F	orm 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com	panions Payments for business use of persor ation and gross-up payments I Health or social club dues or initiation				
		spending account Personal services (such as maid, cha	ulleur, chei)			
h	If any of the bayes	on line 1a are checked, did the organization follow a written policy regarding payment o				
b	•			1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directo	re			
~		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the organizat	ion's			
		ector. Check all that apply. Do not check any boxes for methods used by a related organ				
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
		ompensation consultant $\overline{X}$ Compensation survey or study				
	X Form 990 of ot		ion committee			
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	Receive a severanc	e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lin	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
-		)(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 compen	sation			
	contingent on the re			_		v
						X X
b		ation?		5b		
c		or 5b, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compen	oation			
6	-		Sation			
~	contingent on the n			6a		x
		ation?				X
U		ation? or 6b, describe in Part III.				<u> </u>
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payr	ients			
•		ies 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				
5	-			8		X
9		id the organization also follow the rebuttable presumption procedure described in		····· <b>j</b>		
Ŭ	Regulations section			9		
		aduction Act Nation, and the Instructions for Form 990		adula I/For		1 0000

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Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 HUMAN	RIGHTS FIRST	L		13-3116646	546		Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed	ployees, and Highest (	Compensated Empl	oyees. Use duplicat	e copies if additional s	pace 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.	e reported on Schedule , rm 990, Part VII.	J, report compensati	on from the organize	tion on row (i) and from	related organizations	s, described in the instr	uctions, on row (ii).
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.	d individual must equal t	ne total amount of Fo	orm 990, Part VII, Se	ction A, line 1a, applica	tble column (D) and (E	:) amounts for that indi	/idual.
	(B) Breakdown of W	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation 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) MICHAEL BREEN	(i) 311,160.	40,000.	• 0	8,810.	31,505.	391,475.	0.
PRESIDENT & CEO		• 0	• 0	• 0	• 0		.0
(2) KAREEM SHORA	(i) 225,315.	• 0	•0	6,240.	315.	231,870.	.0
PROGRAM AND POLICY		0.	0.				0.
(3) JAMES B. BERNFIELD	(i) <u>174,186.</u>	.0	0.	5,610.	31,908.	211,70	.0
SR VP, MKT & COMM		0.	0.				0.
(4) ELEANOR ACER	(i) 160,190.	.0	.0	4,712.	32,154.	197,056.	0.
SR. DIR REFUGEE PRO			0.				0.
(5) KURT PACQUETTE	(i) 166,953.	3,000.	0.	4,611.	9,726.	184,29	0.
SR VP, FINANCE			0.		0.		0.
(6) JENNIFER MELLEN	(i) 176,101.	2,000.	0.	5,343.	151.	183,595.	0.
SR VP, DEVELOPMENT		0.	0.	0.	0.	0.	.0
(7) VININCIA ELLINGTON DORSEY	(i) 140,390.	• 0	• 0	3,971.	25,627.	169,988.	.0
SR VP, HR & OFFICE		• 0	• 0	• 0	• 0	• 0	• 0
(8) LICHA M NYLENDO	(i) 157,910.	• 0	• 0	3,237.	218.	161,365.	.0
CHIEF LEGAL OFFICER	(ii) 0.	• 0	• 0	• 0	• 0	• 0	• 0
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
						Schedu	Schedule J (Form 990) 2022

232112 10-18-22

Schedule J (Form 990) 2022 HUMAN RIGHTS FIRST	13-3116646 Pa	Page 3
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.	e this part for any additional information.	
	Schedule J (Form 990) 2022	0) 2022

## **Transactions With Interested Persons**

OMB No. 1545-0047

<u>2022</u>

(Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-F7

Department of the Treasury Internal Revenue Service	Go to				ructions and the lat	est information.				spect	o Pub ion	lic
Name of the organization									identi		on nu	mber
		IGHTS FIR							1664	46		
Part I Excess Be	enefit Transa	ctions (section	501(c)(3	8), secti	ion 501(c)(4), and se	ction 501(c)(29) orga	nizatio	ons on	ly).			
Complete if th	ne organization a	answered "Yes" or	n Form §	990, Pa	art IV, line 25a or 25b	, or Form 990-EZ, P	art V, I	ine 40	b.			
1 (a) Name of disqualifie	ed person	<b>b)</b> Relationship be			ified (a	c) Description of trar	sactio	n		(d)	Corre	cted?
		person and	organiza	ation		, <u> </u>				<u> </u>	es	No
										_		
										-		
										-		
2 Enter the amount of ta	ax incurred by th	ne organization ma	anagers	or disq	ualified persons dur	ing the year under						
3 Enter the amount of ta	ax, if any, on line	e 2, above, reimbu	rsed by	the org	ganization			\$				
Part II Loans to a	nd/or From	Interested Pe	reone									
						aure 000 Davit IV Live	- 00-	: <b>6</b> .l.				
	0	990, Part X, line 5			, Part V, line 38a or F	form 990, Part IV, IIn	e 26; (	orittn	e orgar	lizatio	n	
(a) Name of	(b) Relations		(d) La	oan to or	(e) Original	(f) Balance due	(a	) In	<b>(h)</b> App	proved	(i) W	/ritten
interested person	with organiza		froi	m the ization?	principal amount	(.)		, ault?	by boa	ard or ittee?	agree	ment?
			То	From			Yes	No	Yes	No	Yes	No
												<u> </u>
												<u> </u>
												<u> </u>
Total					\$							
		Benefiting Inte										
•		answered "Yes" or			,							
(a) Name of intereste	ed person	(b) Relationshi interested pe			(c) Amount of assistance	(d) Type assistan			• • •	) Purp assista	ose of ance	f
		the organ		iu ii					-			

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

Schedule L (Form 990) 2022

Schedule L (Form 990) 2022 HUMAN	RIGHTS FIRST		13-3116	646	Page 2
Part IV Business Transactions Involv	-				
	"Yes" on Form 990, Part IV, line 28a, 28			(a) Ch	aring of
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's
	person and the organization	transaction	transaction	reve	nues?
		140 645		Yes	No
TOM BERNSTEIN	BOARD EMERITUS	149,645.			x
				<u> </u>	
Part V Supplemental Information.	1			1	1
	onses to questions on Schedule L (see i	nstructions).			

SCHEDULE O (Form 990)

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.



HUMAN RIGHTS FIRST

Employer identification number 13 - 3116646

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

WORLD. TO REACH THAT GOAL, HUMAN RIGHTS FIRST LEADS ACTIONS THAT HOLD

OPPRESSORS ACCOUNTABLE, FREE PEOPLE FROM INJUSTICE, AND BUILD

INSTITUTIONS THAT ENSURE UNIVERSAL RIGHTS. HUMAN RIGHTS FIRST, WHICH

FOR MORE THAN 40 YEARS HAS BUILT BIPARTISAN COALITIONS AND WORKED WITH

FRONT-LINE ACTIVISTS AND LAWYERS TO TACKLE GLOBAL CHALLENGES, IS BASED

IN NEW YORK, WASHINGTON D.C., AND LOS ANGELES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PROTECTION FOR 158 CLIENTS AND FAMILY MEMBERS. WE ALSO CONDUCTED 22 PRO

BONO ATTORNEY TRAININGS, EQUIPPING OVER 2,000 ATTORNEYS TO REPRESENT

ASYLUM CLIENTS. AMONG THE KEY 2022 POLICY ACHIEVEMENTS RESULTING FROM

OUR ADVOCACY TO PROTECT REFUGEES WERE THE FOLLOWING: OUR RESEARCH,

REPORTING AND ANALYSIS OF THE TITLE 42 POLICY (WHICH USES "PUBLIC

HEALTH" AS A PRETEXT TO EVADE REFUGEE LAW AND TURN AWAY REFUGEES

WITHOUT ALLOWING THEM TO SEEK ASYLUM) WAS WIDELY CITED BY THE MEDIA AND

IN KEY COURT DECISIONS, INCLUDING A DECISION OF THE COURT OF APPEALS

FOR THE DC CIRCUIT DIRECTING THAT THE POLICY BE VACATED. OUR DECEMBER

2022 REPORT "TITLE 42: HUMAN RIGHTS STAIN, PUBLIC HEALTH FARCE" TRACKED

OVER 13,000 REPORTS OF TORTURE, KIDNAPPING, AND OTHER BRUTAL ATTACKS

AGAINST THE VICTIMS OF THE TITLE 42 POLICY SINCE JANUARY 2021. OUR

WRITTEN ANALYSIS, COMMENTS, MEDIA WORK AND RELATED ADVOCACY HELPED LEAD

TO IMPROVEMENTS IN THE BIDEN ADMINISTRATION'S NEW ASYLUM RULE PROCESS,

INCLUDING RESTORED ACCESS TO IMMIGRATION COURT HEARINGS. WE

SUCCESSFULLY ADVOCATED, ALONG WITH OUR PARTNERS, AGAINST SEVERAL

Schedule O (Form 990) 2022	Page <b>2</b>						
Name of the organization     Employer identification number       HUMAN RIGHTS FIRST     13-3116646							
SUCCESSFULLY ADVOCATED FOR THE INTRODUCTION OF THE REFUGEE	PROTECTION						
ACT OF 2022. WE WORKED WITH PARTNERS TO BUILD SUPPORT FOR THE							
BICAMERAL, BIPARTISAN INTRODUCTION OF THE AFGHAN ADJUSTMENT ACT.							
DONATED LEGAL AND RELATED EXPENSES: \$97,864,095							
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMEN	TS:						
"MULTI-LATERALIZING" THESE SANCTIONS AND ADDRESSING OMISSI	ONS, SUCH AS						
ABUSES AGAINST MARGINALIZED POPULATIONS.							
SUCCESSFULLY ADVOCATED FOR THE FIRST-EVER USE	OF GLOBAL						
MAGNITSKY SANCTIONS TO ADDRESS HUMAN TRAFFICKING ABUSES.							
PRODUCED A REPORT ON THE OMISSION OF ABUSES A	ND CORRUPTION						
BY CERTAIN U.S. SECURITY PARTNERS FROM THE GLOBAL MAGNITSK	Y PROGRAM.						

 PARTICIPATED IN A NEW INTERNATIONAL EXPERT PANEL ON STATE

 IMPUNITY AND THE NORTHERN IRELAND CONFLICT.
 PUBLISHED

 DOZENS OF POSTS ON THE WORK OF HUMAN RIGHTS DEFENDERS IN UKRAINE SINCE
 RUSSIA'S FULL-SCALE FEBRUARY 2022 INVASION.

DONATED LEGAL AND RELATED EXPENSES: \$63,963

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

MACHINE-POWERED TOOL, GLIMPSE, THAT AUTOMATICALLY DETECTS VIOLENT

OBJECTS AND ACTIONS IN VIDEO TO ASSIST HUMAN RIGHTS INVESTIGATIONS.

DEVELOPED AND LAUNCHED AN OCR-POWERED TOOL THAT MAKES IMAGE-BASED TEXT

DOCUMENTS SEARCHABLE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

GENERAL ADVOCACY / VFAI / EXTREMISM / COMMUNICATIONS & OUTREACH

EXPENSES \$ 2,294,420. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

LINE 11B EXPLANATION - FORM 990 WAS PREPARED BY OUR ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. THE DRAFT FORM WAS REVIEWED BY THE ORGANIZATION'S SVP OF FINANCE, COUNSEL, PRESIDENT/CEO, AND KEY MEMBERS OF THE EXECUTIVE TEAM. A COMPLETE COPY OF THE FORM 990 WAS THEN PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS VIA ELECTRONIC MAIL BEFORE IT WAS FILED WITH THE INTERNAL REVENUE SERVICE.

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

THE ORGANIZATION REQUIRES ALL DIRECTORS, OFFICERS, AND KEY EMPLOYEES ANNUALLY TO ACKNOWLEDGE RECEIPT OF THE CONFLICT OF INTEREST POLICY AND DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST. THE CHIEF OPERATING OFFICER AND SECRETARY OF THE BOARD REVIEW ALL ANNUAL DISCLOSURES, IN ADDITION TO ANY OTHER DISCLOSURES MADE DURING THE COURSE OF THE YEAR. ANY DISCLOSURE THAT INDICATES A POTENTIAL CONFLICT OF INTEREST IS REPORTED TO THE AUDIT COMMITTEE AND APPROPRIATE FOLLOW UP IS UNDERTAKEN AS SET FORTH IN THE POLICY. THE ORGANIZATION'S CONFLICT OF INTEREST POLICY REQUIRES THAT INDIVIDUALS WITH CONFLICTS OF INTEREST WITH RESPECT TO A PARTICULAR TRANSACTION OR ACTION MAY NOT PARTICIPATE IN THE DISCUSSION OR DECISION MAKING WITH RESPECT TO THAT TRANSACTION.

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

AFTER A PERFORMANCE REVIEW, THE EXECUTIVE COMMITTEE SETS THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT AND CEO BASED ON A REVIEW OF COMPENSATION PAID BY COMPARABLE ORGANIZATIONS FOR COMPARABLE POSITIONS AND BASED ON APPROPRIATE SALARY SURVEYS OF COMPARABLE POSITIONS IN COMPARABLE

ORGANIZATIONS. THE EXECUTIVE COMMITTEE CONTEMPORANEOUSLY DOCUMENTS THE 232212 10-28-22 Schedule O (Form 990) 2022

FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE EITHER ON THE	WEBSITE OR UPON
REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	1,924,657.
MANAGEMENT AND GENERAL EXPENSES	220,626.
FUNDRAISING EXPENSES	7,474.
TOTAL EXPENSES	2,152,757.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,152,757.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
DISCOUNT ON LONG TERM PLEDGES RECEIVABLE	-918,000.

232212 10-28-22

Employer identification number

13-3116646

BASIS FOR ITS DECISIONS.

HUMAN RIGHTS FIRST