** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 **Open to Public**

Department of the Treasury Internal Revenue Service

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

Inspection

<u>A I</u>	or the	e 2023 calendar year, or tax year beginning APR 1, 2023 and	enaing M	AR 31, 2024			
В	Check if applicable	C Name of organization		D Employer identific	cation number		
	Addre	CENTER FOR INDIVIDUAL RIGHTS					
	Name chang	Doing business as		52-16004	81		
	Initial return Final	1100 CONNECTION AVE. No. #625	Room/suite	E Telephone number 202-833-8400			
_	return termir ated			G Gross receipts \$	1,819,010.		
	Amen						
\vdash	return Applic	WASHINGTON, DC 20036 F Name and address of principal officer: TODD F. GAZIANO		H(a) Is this a group re for subordinates			
	tion pendi	SAME AS C ABOVE		H(b) Are all subordinates in	50000000000000000000000000000000000000		
1	Tay.ey	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	1	list. See instructions		
	Websi		0,	H(c) Group exemption			
		organization; X Corporation Trust Association Other	L Year		A State of legal domicile: DC		
	art I	Summary					
41	1	Briefly describe the organization's mission or most significant activities: PUBL	IC LAW	FIRM THAT E	REPRESENTS		
Governance		DESERVING INDIVIDUALS WHOSE INDIVIDUAL RI	GHTS F	IAVE BEEN VI	OLATED IN		
rna	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass			
ove	3			3	9		
		Number of independent voting members of the governing body (Part VI, line 1b)			7		
S	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			9		
viti	6	Total number of volunteers (estimate if necessary)			7		
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
				Prior Year	Current Year		
e	8	Contributions and grants (Part VIII, line 1h)		1,223,666.	1,534,921.		
nua	9	Program service revenue (Part VIII, line 2g)		0.	20,000.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		129,614.	264,089.		
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,353,280.	1,819,010.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		973,339.	1,199,332.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.6	0.	0.		
ů.X	. b	Total fundraising expenses (Part IX, column (D), line 25) 225, 2		E70 226	FF1 706		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		579,336.			
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,552,675.	1,751,038.		
	19	Revenue less expenses. Subtract line 18 from line 12	D.	-199,395.	67,972.		
is or		T	Be	ginning of Current Year 5,671,894.	End of Year 6,106,023.		
Ssel	20	Total assets (Part X, line 16)		341,933.	708,090.		
Net Assets or	21	Total liabilities (Part X, line 26)	HEGEBOOK -	5,329,961.	5,397,933.		
급	22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		3,323,301.	3,391,933.		
_		alties of perjury, I declare that I have examined this return, including accompanying schedule:	c and stateme	ante and to the heet of mi	knowledge and helief it is		
		ct, and complete. Declaration of preparet (other than officer) is based on all information of wi			Kilowicago and belief, it is		
truc	, corre	Hodd F. berree	men proparer	14 A	9.2024		
Sig	n	Signature of officer		Date	J		
He		TODD F. GAZIANO, PRESIDENT					
1101		Type or print name and title					
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Pai	đ	DOMINICK V. BELLIA DOMINICK V. BELL	LIA 0	8/13/24 self-employ	P00560402		
Pre	2-1711839						
Use Only Firm's address 7910 WOODMONT AVE. STE. 500							
_		BETHESDA, MD 20814		Phone no. (3	01) 986-0600		
Ма	y the I	RS discuss this return with the preparer shown above? See instructions		in 25 Harriston	X Yes No		
LH/	A For	Paperwork Reduction Act Notice, see the separate instructions. 332001 1	12-21-23		Form 990 (2023)		

Pai	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	PUBLIC INTEREST LAW FIRM PROVIDING REPRESENTATION ON ISSUES OF
	SIGNIFICANT PUBLIC INTEREST.
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
40	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1, 299, 044. including grants of \$0.) (Revenue \$20, 000.) CIR IS A NON-PROFIT, PUBLIC INTEREST LAW FIRM THAT REPRESENTS DESERVING
	INDIVIDUALS WHOSE INDIVIDUAL RIGHTS HAVE BEEN VIOLATED. CIR ORDINARILY
	HAS ABOUT 5-10 PENDING CASES THAT RAISE QUESTIONS OF FIRST IMPRESSION
	UNDER STATE OR FEDERAL LAW. CIR FOCUSES PRIMARILY ON VIOLATIONS OF FREE
	SPEECH, EQUAL PROTECTION UNDER LAW, FEDERALISM, CONGRESS'S ENUMERATED
	POWERS, AND OTHER STRUCTURAL CONSTITUTIONAL PROTECTIONS FOR INDIVIDUAL
	RIGHTS. DURING THE FYE MARCH 31, 2024, CIR HAD SEVEN CASES IN THE
	FEDERAL COURTS AND ONE IN A STATE COURT.
	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
4b	(Code:) (Expenses \$
	/ (Expenses y Leading grains of y
4c	(Code:) (Expenses \$ including grants of \$)) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,299,044.
	Form 990 (2023)

Form 990 (2023) CENTER FOR INDIVIDUAL RIGHTS
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			٦,
	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			- V
_	during the tax year? If "Yes," complete Schedule C, Part II	_ 4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		- T
	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			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		
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?			x
10	If "Yes," complete Schedule D, Part IV	9		<u> </u>
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		x
44	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		1
11	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	I I I I		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
	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	Х	
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			1,,
	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,			₩.
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part 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			
46	1c and 8a? If "Yes," complete Schedule G, Part II	18	-	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-	-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	04		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	<u> X</u>

	990 (2023) CENTER FOR INDIVIDUAL RIGHTS 52-160	0/91		1
Pa	1990 (2023) CENTER FOR INDIVIDUAL RIGHTS 52-160 (Tt IV Checklist of Required Schedules (continued)	740T	Р	age 4
	TTV Officialist of frequired continued)		Yes	No
22	Did the examination report more than \$5,000 of grants or other equiptones to or for demostic individuals on		res	NO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
23	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	<u> </u>	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,	y Sty		
	instructions for applicable filing thresholds, conditions, and exceptions):	164	9 - 9	E.1
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	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 noncash 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			ļ
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	Ì		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	├─
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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?		7.7	
Par	Note: All Form 990 filers are required to complete Schedule 0	38	X	
rai	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		\ \	1
	Establish supplies were stablish box 0 of Form 1000 Fixed 0 15 and 1000 Fixed	م	Yes	No
		9 0		
b	Enter the number of Forms W-2G included on line 1a. Enter ·0· if not applicable 1b	J	1	1

					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	9		-	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portal	ole gaming			
	(gambling) winnings to prize winners?			1c	X	

Form **990** (2023)

			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 9	3,40		
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
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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		Х
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).			1795
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		ш	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		166	NA I
	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.	188		
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:		1.1	
а	tnitiation fees and capital contributions included on Part VIII, line 12 N/A 10a			7.5
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1 - 1		
11	Section 501(c)(12) organizations. Enter:		400	47.8
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against		127	
	amounts due or received from them.)		Hes	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			567
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			0.00
С	Enter the amount of reserves on hand		Supple	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
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.			100
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? N/A	17		
	If "Yes," complete Form 6069.			

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		9	111	
	If there are material differences in voting rights among members of the governing body, or if the governing		111		
	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	, [7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	any other	3.41		
	officer, director, trustee, or key employee?	•	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the dire	ct supervision			
_	of officers, directors, trustees, or key employees to a management company or other person?	. 5	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	as filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х
6	Did the organization have members or stockholders?		6		Х
7a					
, u	more members of the governing body?		7a		X
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockh	olders or	1		
U	persons other than the governing body?		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by t		10		
٠,			8a	X	
a			8b	X	
a D	Lach committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached		00	1	
9			. 9		x
Sac	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		<u> </u>		1 22
366	tion B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code.)		T _{Vaa}	No
40-	Did the experimation have least shorters branches as affiliates?		10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates?		108	+	
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapte	rs, anniates,	401		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	ava filip a tha favor?	10b	1	X
11a		ore filing the form?	11a	1 0000	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		10	v	11.000
12a	<u> </u>				-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to co		12b	1	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		1.0	x	
	on Schedule O how this was done		120	X	\vdash
13	Did the organization have a written whistleblower policy?			X	\vdash
14	Did the organization have a written document retention and destruction policy?		14	1	
15	Did the process for determining compensation of the following persons include a review and approval by	ndependent			1137
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1/11	v	
а	The organization's CEO, Executive Director, or top management official		2.1		v
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	141			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	with a			
	taxable entity during the year?		16a	+	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	on's			
	exempt status with respect to such arrangements?		16b	<u> </u>	
Sec	tion C. Disclosure	OF 57 03 11	* **	77.0	7777
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO,				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 99	30-T (section 501(c)(3)s only) availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website X Another's website X Upon request Other (explain on S	,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict	t of interest policy, a	and fina	ncial	
	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 a	nd records			
	TODD F. GAZIANO - 202-833-8400				
	1100 CONNECTICUT AVE, NW #625, WASHINGTON, DC 20036				
	SEE SCHEDULE O FOR FULL LIST OF STATES		Ear	മമറ	(2023)

6

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A)	(B)			((2)			(D)	(E)	(F)
Name and title	Average hours per		not c		more	than c s both		Reportable compensation	Reportable compensation	Estimated amount of
	week					r/trus		from	from related	other
	(list any	ector						the	organizations	compensation
	hours for related	Individual trustee or director	eg Eg			Highest compensated employee		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	truste	al trus		yee	mpen		1099-NEC)	1000 NEO/	and related
	below	ridual	Institutional trustee	-a	Key employee	est co loyee	Jer.	ĺ		organizations
	line)	Ę.	Inst	Officer	Ke	High	Former			
(1) MICHAEL ROSMAN	50.00							010 005		E0 461
SECRETARY/GENERAL COUNSEL	F0 00	<u> </u>	<u> </u>	X	<u> </u>			218,225.	0.	72,461.
(2) TERENCE PELL, ESQ.	50.00	-		-				107 540	۾ ا	72 107
PRESIDENT (UNTIL AUG 2023)/DIRECTOR (3) TODD F. GAZIANO	50.00	X		X	-		-	197,540.	0.	73,187.
PRESIDENT/DIRECTOR (FROM AUG 2023)	30.00	X		x				113,021.	0.	7,898.
(4) JAMES MANN, ESQ.	1.00	<u> </u>	-	_	\vdash	\vdash	\vdash	113,021.	0.	7,050.
CHAIRMAN/TREASURER	1.00	х						0.	0.	0.
(5) JEREMY RABKIN	1.00			\vdash		\vdash				
CHAIRMAN EMERITUS		x						0.	0.	0.
(6) ROBERT P. GEORGE	1.00									
DIRECTOR		X						0.	0.	0.
(7) JAMES PIERSON	1.00									
DIRECTOR		X	_		$oxed{oxed}$			0.	0.	0.
(8) MARK VENEZIA	1.00					1				
DIRECTOR	1 00	X	-	<u> </u>		<u> </u>	<u> </u>	_ 0.	0.	0.
(9) PAUL MIRENGOFF, ESQ.	1.00	- T						0.	0.	0.
(10) ADAM WHITE	1.00	X		\vdash	⊢				0.	0.
DIRECTOR	1.00	X						0.	0.	0.
DIRECTOR		Δ.	-		\vdash			0.	0.	•
		1								
		\vdash	\vdash	\vdash						
		1			-					
		П								
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		1								
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		1								
	<u>. </u>		4			1		I	<u> </u>	

Form 990 (2023)

Part VII Section A. Officers, Directors, Trust		loy	ees,			ghes	t C	ompensated Employee	s (continued)	1			
(A)	(B)				C)			(D)	(E)	1	_	(F)	
Name and title	Average hours per		not c		more	than c		Reportable compensation	Reportable compensation			timate 10unt	
	week					s both		from	from related			other	
	(list any	ctor						the	organizations			pensa	
	hours for related	Individual trustee or director	92			ated		organization	(W-2/1099-MISC	7		om th	
	organizations	rustee	truste		a a	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		_	anizat d relat	
	below	id ual ti	Institutional trustee	5	mploy	est cor	ē i	10001120)				nizati	
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Form						
		<u> </u>			<u> </u>	\vdash				\dashv			
			'										
		\vdash	\vdash	\vdash						\dashv			
				Г						\neg			
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		_	_			<u> </u>	L						
		ł											
		\vdash	\vdash	-	-	\vdash	H						
		1											
	,	1											
					L			500 506			4 -		1.0
1b Subtotal							-	528,786.		0.	Т2	3,5	46.
c Total from continuation sheets to Part VII								528,786.		0.	15	3 5	46.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but no		080	lista	d ah	001/6	a) wh	o re	·		0 • 1		, , ,	40.
compensation from the organization	ot minicoa to tri	000	11010	u u.	,010	,,	010	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ood of reportable				3
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	loye	e, or	hig	hest compensated emp	loyee on		DA _I		118
line 1a? If "Yes," complete Schedule J for si											3		X
4 For any individual listed on line 1a, is the su												Х	
and related organizations greater than \$150),000? <i> f "Yes</i> ,	" co	mple	ete S	Sche	edule	Jf	or such individual	dual for consisce		4	Λ	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com										ĺ	5		х
Section B. Independent Contractors	piete Scrieduli	2 .J.1	OI SL	ICH I	oers	OII	43347		**************************************	No. of Contract of			
Complete this table for your five highest con	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compe	ensat	ion fro	om	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	ith o	or wi	thin	the organization's tax y	ear.				
(A)	- 4-1			_				(B)		0)	
Name and business	adoress	N	INC	€ .			\dashv	Description of s	ervices	- 0	ompe	nsatio	<u> </u>
							\dashv		_				
							\dashv						
									ĺ				
2 Total number of independent contractors (in	ncluding but n	ot lir	nite	d to	tho	se lie	ted	above) who received m	ore than				
\$100,000 of compensation from the organization	_	J. III)		assvo, who received the	0.0 0.001				
,												gan	(2023)

		Check if Schedule O contains a response	or note to any line	in this Part VIII			
		Officer if Schedule O contains a response	or note to any line	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	
_							sections 512 - 514
ats	1 a	Federated campaigns 1a					
irar	b	Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events 1c					
E E	d	Related organizations 1d			Testa Table		
S, ill	е	Government grants (contributions) 1e			1911		A Marie
Sis	f	All other contributions, gifts, grants, and					College Riverson
uti		similar amounts not included above 1f	1,534,921.		TOTAL TOTAL		
름됨	_	2.21				100	
Po	g			1,534,921.			plus in the man
Oa	n	Total. Add lines 1a-1f	Business Code	1,334,321.			
			$\overline{}$	22.222	20.000		
çe	2 a	ATTORNEY FEES INCOME	541100	20,000.	20,000.		
e X	b						
S d	С	-					
arr	d						
Program Service Revenue	е						
Pr	f	All other program service revenue					
	۵	Total. Add lines 2a-2f	-21/2014/00/00/00/00/00	20,000.			
$\overline{}$	3	Investment income (including dividends, intere					
		. 10		264,089.			264,089.
	4	Income from investment of tax-exempt bond p					
	4		roceeds			-	
	5	Royalties (i) Real	(ii) Personal			E = 11,0 = 1,000	D-11-1-0-0-1
	_		(II) Personal			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	6 a						
	b	Less: rental expenses 6b			United the second		
	С	Rental income or (loss) 6c			SHIP ISOTH HE		
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a	ł				
	b	Less: cost or other basis					
ē		and sales expenses 7b					EVEL WINE
Revenue		Gain or (loss) 7c					
ev		Net gain or (loss)					
ler F		Gross income from fundraising events (not					R STONE WILLIAM
Othe	0 a	,				5 1 5 1	
0		including \$ of					
		contributions reported on line 1c). See	1				CILEX MALE
		Part IV, line 18					
		Less: direct expenses 8b	<u> </u>			a VIII-IIIVII II 50	
l		Net income or (loss) from fundraising events	*****************				
	9 a	Gross income from gaming activities. See					
		Part IV, line 19			The state of the s	Line Mary 1	
	b	Less: direct expenses 9b			11 11 11 11 17 1	12-1-1-170	The Park and the
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10k					
		Net income or (loss) from sales of inventory					
	<u>c</u>	e Net income or (loss) from sales of inventory	1				
S			Business Code				
90 e	11 a					 	
Miscellaneous Revenue	b)				-	
Sell Sell	٥					<u> </u>	
Nis R	c	All other revenue					ļ
_	<u> </u>	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		1,819,010.	20,000.	0.	264,089.

Do i	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	70141 071000	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	j			
4	Benefits paid to or for members				
4 5	Compensation of current officers, directors,				
5	trustees, and key employees	714,815.	594,440.	58,004.	62,371
6	Compensation not included above to disqualified	,11,0101	772,72200	30,0021	<u> </u>
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	341,156.	320,898.	9,652.	10,606
8	Pension plan accruals and contributions (include	,			
	section 401(k) and 403(b) employer contributions)	10,796.	10,155.	305.	336
9	Other employee benefits	67,320.	63,322.	1,905.	2,093
10	Payroll taxes	65,245.	61,371.	1,846.	2,028
11	Fees for services (nonemployees):				
	Management				
b	Legal	18,211.	18,211.		
С	Accounting	35,618.		35,618.	-
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	100,081.	17,552.	65,053.	17,476
12	Advertising and promotion				
13	Office expenses	20,109.	10,680.	8,250.	1,179
14	Information technology				
15	Royalties				
16	Occupancy	128,558.	113,252.	7,271.	8,035
17	Travel	33,540.	14,548.	18,786.	206
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	40.050	40.005	500	224
22	Depreciation, depletion, and amortization	12,379.	10,905.	700.	774
23	Insurance	43,012.	26,775.	16,237.	
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),	7		X 42.00 E. F.	
	amount, list line 24e expenses on Schedule 0.)	F. 000	0.020	1 540	C4 752
а	POSTAGE & DELIVERY	75,239.	8,938.	1,548.	64,753
b	PHOTOCOPYING & PRINTING	57,636.	13,701.	718.	43,217
С	DUES & SUBSCRIPTIONS	19,838.	6,847.	805.	12,186 36
d	RESEARCH	7,485.	7,449.		30
	All other expenses	1 751 020	1 200 044	226,698.	225,296
25	Total functional expenses. Add lines 1 through 24e	1,751,038.	1,299,044.	440,090.	445,490
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
				l l	

MAREAA43 BEA3BA 4AAEB AAAA

Form 990 (2023)
Part X Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or r	note to any l	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		384,482.	1	114,752.	
	2	Savings and temporary cash investments			5,060,541.	2	5,217,278.
	3	Pledges and grants receivable, net		3	70,200.		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su		200			
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu		1000			
		under section 4958(f)(1)), and persons describ		100,000 1000	····	6	
ts	7	Notes and loans receivable, net	 	7			
Assets	8	Inventories for sale or use			40 540	8	70.005
۷	9		1 1		49,548.	9	70,085.
	10a	Land, buildings, and equipment: cost or othe		E2 402			
		basis. Complete Part VI of Schedule D		73,483.	10 200		40 212
	b		600		12,308.	10c	42,313.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lii		13	-		
	14	Intangible assets		165 015	14	591,395.	
	15	Other assets. See Part IV, line 11		· ·	165,015.	15	6,106,023
	16	Total assets. Add lines 1 through 15 (must e	5,671,894. 174,414.	16 17	91,404.		
	17	Accounts payable and accrued expenses	CARLO CARLO DO SALO POR CARLO DA CARLO DA CARLO DE CARLO	1/4,414.		JI,404.	
	18	Grants payable		18			
	19	Deferred revenue				20	
	20 21	Tax-exempt bond liabilities Escrow or custodial account liability. Comple		Schodula D		21	
	22	Loans and other payables to any current or for		27		21	
Liabilities	22	trustee, key employee, creator or founder, su					
bili		controlled entity or family member of any of t				22	
Lia	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela			-	24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li					
		of Schedule D		·	167,519.	25	616,686.
	26				341,933.	26	708,090.
		Organizations that follow FASB ASC 958, o	heck here	X	76 Han 1840		
ses		and complete lines 27, 28, 32, and 33.					
and	27	Net assets without donor restrictions			5,325,744.	27	5,202,060.
Bal	28	Net assets with donor restrictions			4,217.	28	195,873.
pui		Organizations that do not follow FASB AS6	C 958, chec	k here			
rF		and complete lines 29 through 33.					
SO	29	Capital stock or trust principal, or current fun		29			
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or		30			
t As	31	Retained earnings, endowment, accumulated		31	F 00 = 000		
Ne	32	Total net assets or fund balances	5,329,961.	32	5,397,933.		
	33	Total liabilities and net assets/fund balances	**********		5,671,894.	33	6,106,023.

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of t	lame of the organization Employer identification number							
	CENT	ER FOR IND	IVIDUAL RIGHT	rs			5	2-1600481
Part I	Reason for Public C	Charity Status. (All organizations must c	omplete th	is part.) S	ee instruction	s.	
The organ	ization is not a private found:	ation because it is: (F	or lines 1 through 12, cl	neck only o	one box.)			
1 🔲	A church, convention of chu	urches, or association	n of churches described	in sectio	n 170(b)(1)(A)(i).		
2	A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	990).)				
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	A medical research organiza						(iii). Enter	the hospital's name,
	city, and state:	·						
5	An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
	section 170(b)(1)(A)(iv). (C		,					
6	A federal, state, or local gov		nental unit described in	section 17	'0(b)(1)(A)((v).		
7 X	An organization that normal	•					ne general p	oublic described in
_	section 170(b)(1)(A)(vi). (Co			Ü				
8	A community trust describe		1)(A)(vi). (Complete Part	: 11.)				
9	An agricultural research org				ed in conju	nction with a	land-grant	college
	or university or a non-land-g				•		_	
	university:		,					
10	An organization that normal	lly receives (1) more	than 33 1/3% of its supp	ort from co	ontribution	s, membersh	ip fees, and	d gross receipts from
	activities related to its exem	npt functions, subject	t to certain exceptions; a	and (2) no i	more than	33 1/3% of it	s support fi	rom gross investment
	income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acquir	red by the org	janization a	fter June 30, 1975.
	See section 509(a)(2). (Cor							
11	An organization organized a	and operated exclusi	vely to test for public sal	ety. See	section 50)9(a)(4).		
12	An organization organized a	and operated exclusi	vely for the benefit of, to	perform th	ne function	ns of, or to ca	rry out the	purposes of one or
	more publicly supported or							
	lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	l 12g.	
а 🗀	Type I. A supporting orga	anization operated, si	upervised, or controlled	by its supp	orted orga	anization(s), t	ypically by	giving
	the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	pporting
	organization. You must o	omplete Part IV, Se	ections A and B.					
b	Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ring
	control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
	organization(s). You mus							
с [Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	lly integrate	d with,
	its supported organization	n(s) (see instructions)). You must complete F	Part IV, Se	ctions A,	D, and E.		
d \square	Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organia	zation(s)
	that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution rec	quirement and	l an attentiv	/eness
	requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
e	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III	
	functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.			
f Ente	er the number of supported o	organizations						
g Prov	vide the following information			(2) (3)(4)(4)(4) (4)				
((i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) is the orga in your governi	inization listed ing document?	(v) Amount o	-	(vi) Amount of other
	organization		above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions)
					-			
Total		r - Control		5 55	170			
ividi		L						L

(Form 990) 2023 CENTER FOR INDIVIDUAL RIGHTS 52-1600 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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.)

Sed	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1465649.	1880622.	1418916.	1233666.	1534921.	7533774.
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	Total. Add lines 1 through 3	1465649.	1880622.	1418916.	1233666.	1534921.	7533774.
5	The portion of total contributions		WWW.				
	by each person (other than a					1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	governmental unit or publicly				- 18		
	supported organization) included						
	on line 1 that exceeds 2% of the		100		11/10/11/11		
	amount shown on line 11,	March 1 and	Total Section	3 3 4 A 7 A	AV TO THE		
	column (f)					FY25mi	4172843.
6	Public support. Subtract line 5 from line 4.					issin retails	3360931.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	1465649.	1880622.	1418916.	1233666.	1534921.	7533774.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	,					
	and income from similar sources	77,384.	10,971.	4,742.	129,614.	264,089.	486,800.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain	ļ					
	or loss from the sale of capital						
	assets (Explain in Part VI.)	859.	996.	12.			1,867.
11	Total support. Add lines 7 through 10						8022441.
	Gross receipts from related activities,					12	560,775.
13	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stor						
	ction C. Computation of Publi						41 00
	Public support percentage for 2023 (I			olumn (f))		14	41.89 %
	Public support percentage from 2022					15	39.81 %
16 a	33 1/3% support test - 2023. If the				14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies						X
b	33 1/3% support test - 2022. If the						
	and stop here. The organization qual						
17 a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			•	-	VI how the organiz	ation
	meets the facts-and-circumstances te				100000		
b	10% -facts-and-circumstances test	•					10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		(Form 990) 2023

Schedule A (Form 990) 2023 CENTER FOR INDIVIDUAL RIGHTS

| 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

Sec	ction A. Public Support	now, please comp	Diete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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				1		
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
. 0	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)	(X-100) X-111	310,111,000,000	100,0000	15 TO 10 10 TO 10		
	etion B. Total Support		I				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(4) 2010	(6) 2020	(0) 2021	(G) ESEE	(0) 2020	(1) 1044
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
h	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b						
	Net income from unrelated business						
• •	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
-	or loss from the sale of capital						
12	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the	o organization's f	iret cocond third	fourth or fifth tay	voor as a soction f	.l S01/c)/3) organizatio	n.
14		· ·			*		""
Sec	ction C. Computation of Publi		rcentage		***************************************		
	Public support percentage for 2023 (I			column (fl)	MANUAL STREET	15	%
	Public support percentage from 2022					16	%
	tion D. Computation of Inves					1101	70
	Investment income percentage for 20		3,770.00	ne 13. column (fl)		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2023. If the						
134	more than 33 1/3%, check this box ar						51100
h	33 1/3% support tests - 2022. If the						and
I.O	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
<u> 20</u>	rivate roundation. If the organization	ar did flot check a	DUX OF TIME 14, 19	a, or 190, check t	nis DOX and See In	STUCTIONS	147174-7-17-7-17-7-

Schedule A (Form 990) 2023

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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?
- 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
- 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).
- 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.)

	Yes	No
1		
2		
3a		
3b		
3c	124	8 11
4a	100	
4b_	=V.	
LE H		
4c		
50		148
_5a	= 100	Sont
5b 5c		_
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1574	mg/m	44
6		
7	4, 5	
8	2000	
, and		
9a		
9b		
9c		
10a		
17.5		
10b lle A (For	m 990	2023

Pai	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has tl	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion E	B. Type I Supporting Organizations			
				Yes	No
1		ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			3
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			WHE
		nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1828		
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	Y T		
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			-
Sac	super	vised. or controlled the supporting organization. C. Type II Supporting Organizations	2		
300	, cion (o. Type it dupporting digutizations		Yes	No
1	Moro	a majority of the organization's directors or trustees during the tax year also a majority of the directors	10011	162	140
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed	1 8		
		upported organization(s).	1		
Sec	tion	D. All Type III Supporting Organizations	· · · · · · · · · · · · · · · · · · ·		
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			1 Xall
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	111113		
	year,	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	W. 1		110
	organ	nization'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	1 20		
	organ	nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			5.77
	the or	rganization maintained a close and continuous working relationship with the supported organization(s).	2		<u> </u>
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a			14.5
	_	icant voice in the organization's investment policies and in directing the use of the organization's	13.4		
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	- 35 W	110	37.55
	suppo	orted organizations played in this regard.	3		<u></u>
sec		E. Type III Functionally Integrated Supporting Organizations			
1	Checi	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	\vdash	The organization satisfied the Activities Test. Complete line 2 below.			
b	H	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	السا	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		
2		ities Test. Answer lines 2a and 2b below.	10.10	Yes	No
a		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of	F_456		
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify a supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined	8.00		
		hese activities constituted substantially all of its activities.	2a	-	
h		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Lu	15.8	
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in		EII	
		e activities but for the organization's involvement.	2b		1
3		nt of Supported Organizations. Answer lines 3a and 3b below.			
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b		he organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of ite	supported organizations? If "Vos." describe in Part VI the relevant by the experiention in this report	3h	1	1

1 Net sh 2 Recov 3 Other 4 Add lir 5 Depret 6 Portion collect mainte 7 Other 8 Adjust 6 Averag b Averag c Fair m d Total e Discon (explai 2 Acquis 3 Subtra 4 Cash o see ins 5 Net va 6 Multip 7 Recov	All other Type III non-functionally integrated supporting organizations mu Adjusted Net Income hort-term capital gain veries of prior-year distributions gross income (see instructions) ines 1 through 3. eciation and depletion on of operating expenses paid or incurred for production or etion of gross income or for management, conservation, or enance of property held for production of income (see instructions) expenses (see instructions) sted Net Income (subtract lines 5, 6, and 7 from line 4) Minimum Asset Amount egate fair market value of all non-exempt-use assets (see actions for short tax year or assets held for part of year): age monthly value of securities age monthly cash balances	1 2 3 4 5 5 6 7 8 8	(A) Prior Year (A) Prior Year	(B) Current Year (optional) (B) Current Year (optional)
2 Recov 3 Other 4 Add lir 5 Depret 6 Portion collect mainte 7 Other 8 Adjust Section B - 1 Aggree instruct a Average b Average c Fair m d Total e Discov (explair 2 Acquis 3 Subtra 4 Cash of see ins 5 Net va 6 Multip 7 Recov	veries of prior-year distributions gross income (see instructions) ines 1 through 3. eciation and depletion on of operating expenses paid or incurred for production or etion of gross income or for management, conservation, or enance of property held for production of income (see instructions) expenses (see instructions) sted Net Income (subtract lines 5, 6, and 7 from line 4) Minimum Asset Amount egate fair market value of all non-exempt-use assets (see actions for short tax year or assets held for part of year): age monthly value of securities age monthly cash balances	2 3 4 5 6 7 8	(A) Prior Year	1 ' '
3 Other 4 Add lir 5 Depret 6 Portion collect mainte 7 Other 8 Adjust Section B - 1 Aggree instruct a Average b Average c Fair m d Total e Discon (explair 2 Acquis 3 Subtra 4 Cash of see ins 5 Net va 6 Multip 7 Recov	gross income (see instructions) ines 1 through 3. sciation and depletion on of operating expenses paid or incurred for production or scion of gross income or for management, conservation, or senance of property held for production of income (see instructions) expenses (see instructions) sted Net Income (subtract lines 5, 6, and 7 from line 4) Minimum Asset Amount segate fair market value of all non-exempt-use assets (see scions for short tax year or assets held for part of year): sige monthly value of securities sige monthly cash balances	3 4 5 6 7 8	(A) Prior Year	1 ' '
4 Add lim 5 Depret 6 Portion collect mainte 7 Other 8 Adjust 6 Section B - 1 Aggree instruct a Average b Average c Fair m d Total of explain 2 Acquis 3 Subtra 4 Cash of see ins 5 Net va 6 Multip 7 Recovered	ines 1 through 3. aciation and depletion on of operating expenses paid or incurred for production or action of gross income or for management, conservation, or acenance of property held for production of income (see instructions) acted Net Income (subtract lines 5, 6, and 7 from line 4) Minimum Asset Amount agate fair market value of all non-exempt-use assets (see actions for short tax year or assets held for part of year): age monthly value of securities age monthly cash balances	4 5 6 7 8	(A) Prior Year	1 ' '
5 Depred 6 Portion collect mainte 7 Other 8 Adjust 6 Ection B - 1 Aggree instruct a Average b Average c Fair m d Total content of the content	eciation and depletion on of operating expenses paid or incurred for production or ection of gross income or for management, conservation, or enance of property held for production of income (see instructions) expenses (see instructions) sted Net Income (subtract lines 5, 6, and 7 from line 4) Minimum Asset Amount egate fair market value of all non-exempt-use assets (see ections for short tax year or assets held for part of year): ege monthly value of securities egge monthly cash balances	5 6 7 8	(A) Prior Year	1 ' '
6 Portion collect mainted 7 Other 8 Adjust 6 Adjust 6 Adjust 7 Aggreginstruct a Average b Average C Fair m d Total e Discon (explair 2 Acquist 3 Subtrated 4 Cash 6 See instruct 6 Multip 7 Recover	on of operating expenses paid or incurred for production or ention of gross income or for management, conservation, or enance of property held for production of income (see instructions) expenses (see instructions) sted Net Income (subtract lines 5, 6, and 7 from line 4) Minimum Asset Amount egate fair market value of all non-exempt-use assets (see actions for short tax year or assets held for part of year): age monthly value of securities age monthly cash balances	6 7 8	(A) Prior Year	1 ' '
collect mainte 7 Other 8 Adjust Section B - 1 Aggree instruct a Average b Average c Fair m d Total e Discon (explai) 2 Acquis 3 Subtra 4 Cash of see ins 5 Net val 6 Multip 7 Recov	extion of gross income or for management, conservation, or enance of property held for production of income (see instructions) expenses (see instructions) sted Net Income (subtract lines 5, 6, and 7 from line 4) Minimum Asset Amount egate fair market value of all non-exempt-use assets (see actions for short tax year or assets held for part of year): age monthly value of securities age monthly cash balances	7 8	(A) Prior Year	1 ' '
mainte 7 Other 8 Adjust 8 Adjust 9 Average	enance of property held for production of income (see instructions) expenses (see instructions) sted Net Income (subtract lines 5, 6, and 7 from line 4) Minimum Asset Amount egate fair market value of all non-exempt-use assets (see actions for short tax year or assets held for part of year): age monthly value of securities age monthly cash balances	7 8	(A) Prior Year	1 ' '
7 Other 8 Adjust 6 Adjust 6 Adjust 6 Adjust 7 Aggree instruc a Averag b Averag c Fair m d Total of e Discoor (explair 2 Acquis 3 Subtra 4 Cash of see ins 5 Net va 6 Multip 7 Recov	expenses (see instructions) sted Net Income (subtract lines 5, 6, and 7 from line 4) Minimum Asset Amount egate fair market value of all non-exempt-use assets (see actions for short tax year or assets held for part of year): ege monthly value of securities ege monthly cash balances	7 8	(A) Prior Year	1 ' '
7 Other 8 Adjust 6 Adjust 6 Adjust 6 Adjust 7 Aggree instruc a Averag b Averag c Fair m d Total of e Discoor (explair 2 Acquis 3 Subtra 4 Cash of see ins 5 Net va 6 Multip 7 Recov	expenses (see instructions) sted Net Income (subtract lines 5, 6, and 7 from line 4) Minimum Asset Amount egate fair market value of all non-exempt-use assets (see actions for short tax year or assets held for part of year): ege monthly value of securities ege monthly cash balances	8	(A) Prior Year	1 ' '
Aggree instruct A Aggree instruct A Average A Average Fair m Total of Explain Acquist Acquist Subtra Cash of See instruct Multip Recovery	egate fair market value of all non-exempt-use assets (see actions for short tax year or assets held for part of year): age monthly value of securities age monthly cash balances		(A) Prior Year	1 ' '
1 Aggree instruct a Average b Average c Fair m d Total e Discon (explair 2 Acquis 3 Subtra 4 Cash of see ins 5 Net va 6 Multip 7 Recov	egate fair market value of all non-exempt-use assets (see ctions for short tax year or assets held for part of year): Ige monthly value of securities Ige monthly cash balances	1a	(A) Prior Year	1 ' '
instruc a Average b Average c Fair m d Total e Discon (explai) 2 Acquis 3 Subtra 4 Cash of see ins 5 Net va 6 Multip 7 Recov	ctions for short tax year or assets held for part of year): lige monthly value of securities lige monthly cash balances	1a		
a Average b Average c Fair m d Total (explai) 2 Acquis 3 Subtra 4 Cash (explai) 5 Net va 6 Multip 7 Recov	ge monthly value of securities ge monthly cash balances	1a		
b Average c Fair m d Total d e Discourage (explain 2 Acquis 3 Subtra 4 Cash of see ins 5 Net va 6 Multip 7 Recov	ige monthly cash balances	1a		
c Fair m d Total (e Discoular land) 2 Acquis 3 Subtra 4 Cash (see ins) 5 Net va 6 Multip 7 Recov				
e Discor (explai 2 Acquis 3 Subtra 4 Cash o see ins 5 Net va 6 Multip 7 Recov		1b		
e Discor (explai) 2 Acquis 3 Subtra 4 Cash o see ins 5 Net va 6 Multip 7 Recov	narket value of other non-exempt-use assets	1c		
e Discor (explai) 2 Acquis 3 Subtra 4 Cash o see ins 5 Net va 6 Multip 7 Recov	(add lines 1a, 1b, and 1c)	1d		
2 Acquis 3 Subtra 4 Cash of see ins 5 Net va 6 Multip 7 Recov	punt claimed for blockage or other factors			
 Acquis Subtra Cash of see ins Net va Multip Recov 	nin in detail in Part VI):			
 3 Subtra 4 Cash of see ins 5 Net va 6 Multip 7 Recov 	isition indebtedness applicable to non-exempt-use assets	2		
4 Cash of see ins5 Net va6 Multip7 Recov	act line 2 from line 1d.	3		
see ins 5 Net va 6 Multip 7 Recov	deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
5 Net va6 Multip7 Recov	nstructions).	4		
6 Multip 7 Recov	alue of non-exempt-use assets (subtract line 4 from line 3)	5		
7 Recov	oly line 5 by 0.035.	6		
	veries of prior-year distributions	7		
	num Asset Amount (add line 7 to line 6)	8		
Section C -	- Distributable Amount			Current Year
1 Adjust	sted net income for prior year (from Section A, line 8, column A)	1		
2 Enter (0.85 of line 1.	2		
3 Minim	num asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter		4		
	greater of line 2 or line 3.	5		
•	greater of line 2 or line 3. ne tax imposed in prior year			
emerg		1 1		

Schedule A (Form 990) 2023

52-1600481 Page 7 CENTER FOR INDIVIDUAL RIGHTS Schedule A (Form 990) 2023 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 6 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 7 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2023 from Section C, line 6 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2023 Pre-2023 Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reason-2 able cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023 a From 2018 **b** From 2019 c From 2020 d From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h

Schedule A (Form 990) 2023

and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2024. Add lines 3j

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:

a Excess from 2019

b Excess from 2020

c Excess from 2021

d Excess from 2022

e Excess from 2023

Schedule A (Form 990) 2023 20

332028 12-21-23

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

Employer identification number Name of the organization CENTER FOR INDIVIDUAL RIGHTS 52-1600481 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Employer identification number

CENTER FOR INDIVIDUAL RIGHTS

52-1600481

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1			Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2			Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3			Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4			Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5			Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
323452 12-26		- - \$\$	Person X Payroll Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)		

Employer identification number

CENTER FOR INDIVIDUAL RIGHTS

52-1600481

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 12.28		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

CENTER FOR INDIVIDUAL RIGHTS

52-1600481

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
453 12-26		\ \ \	Schedule B (Form 990) (2		

Employer identification number

NTER I	FOR INDIVIDUAL RIGHTS		52-1600481
fro	om any one contributor. Complete columns (a)	through (e) and the following line entri- haritable, etc., contributions of \$1,000 or le	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year. For organizations ess for the year. (Enter this info. once.)
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_ =			
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	<u> </u>
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_ _		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
_ _	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023
Open to Public Inspection

Name of the organization

CENTER FOR INDIVIDUAL RIGHTS

Employer identification number 52-1600481

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Si	milar Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		•
		(a) Donor advised	d funds ((b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets hel	d in donor advised fund	ds
	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor o			
	impermissible private benefit?			Yes No
Pa		ganization answered "Yes	on Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recrea	tion or education)	Preservation of a histo	orically important land area
	Protection of natural habitat		Preservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribu	tion in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	ucture included on line 2a		2c
d	Number of conservation easements included on line 2c acqu	ired after July 25, 2006, a	nd not	
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or to	erminated by the organi	zation during the tax
	year			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per		on, handling of	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, an	d enforcing conservatio	n easements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and ent	orcing conservation eas	sements during the year
	Does and consequetion accoment reported on line 2d above	actiofy the very livements	of anation 170/b\/4\/P\/i	
8	Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)?	*		
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation.			
9	balance sheet, and include, if applicable, the text of the footr		•	
	organization's accounting for conservation easements.	iote to the organization s	inancial statements the	at describes the
Pai		Art, Historical Trea	sures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form	· ·	·	
1a	If the organization elected, as permitted under FASB ASC 95		nue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for put			
	service, provide in Part XIII the text of the footnote to its finar			·
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue	statement and balance	sheet works of
	art, historical treasures, or other similar assets held for public	received to		
	provide the following amounts relating to these items.	•		•
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical tre-			
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1	_		s \$
b	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2023

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Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	4.544.444.444.0.00.00.00.00.00.00.00.00.00.				
b Buildi	ngs				
c Lease	hold improvements		11,769.	11,507.	262.
d Equip			61,714.	19,663.	42,051.
e Other					
Fotal Add	ines 1a through 1e. (Column (d) must equa	I Form 990 Part V line 1	Oc. column (B))		42.313.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 CENTER FO	R INDIVIDUAL RIO	GHTS	52-1600481 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Y	es" on Form 990, Part IV, line	11b. See Form 990, Part X, line 12	·
(a) Description of security or category (including name of secur	ity) (b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests	000		
(3) Other			
(A)			
(B)			
(C)			
(D)		,, ,,,,	
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII Investments - Program Related			
Complete if the organization answered "Y			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	t or end-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)		-100 017001 0001111111111111111111111	
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets)		
Complete if the organization answered "Y	/es" on Form 990 Part IV line	11d See Form 990 Part X line 15	
Complete if the organization answered	(a) Description	Tra. dee Form doo, Fare X, into Te	(b) Book value
(1) DEPOSITS	(u) Docomption		23,296.
(2) OPERATING RIGHT-OF-USE	A S S E T		568,099.
(3)	110011		300,033.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)		-	
Total. (Column (b) must equal Form 990, Part X, line 15	5 col (B))		591,395.
Part X Other Liabilities) os., (<i>b</i>))		
Complete if the organization answered "Y	es" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X,	line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE LIABILI	TY		616,686.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(0)			

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

Schedule D (Form 990) 2023

616,686.

Total. (Column (b) must equal Form 990. Part X. line 25. col. (B))

	dule D (Form 990) 2023 CENTER FOR INDIVIDUAL RIGH				L600481	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With F	Revenue per Re	turn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,938,	894.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		8		
а	Net unrealized gains (losses) on investments		110 004			
b	Donated services and use of facilities		119,884.			
С	Recoveries of prior year grants	1 1				
d	Other (Describe in Part XIII.)				110	001
е	Add lines 2a through 2d			2e		884.
3	Subtract line 2e from line 1			3	1,819,	010.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.) Add lines 4a and 4b	5/11		4.		0.
- C	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			4c	1,819,	
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per F			010.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				•	
1	Total expenses and losses per audited financial statements			1	1,870,	922.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				, ,	
a	Donated services and use of facilities	2a	119,884.	20		
b	Prior year adjustments					
С	Other losses			2		
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e	119,	884.
3	Subtract line 2e from line 1			3	1,751,	038.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b		192		
С	Add lines 4a and 4b	*********		4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	1,751,	038.
	rt XIII Supplemental Information				70	
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			; Part X	(, line 2; Part X	l,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	lditional inform	nation.			
וגכו	OM V ITNE 2.					
PA	RT X, LINE 2:					
СТІ	R IS EXEMPT FROM FEDERAL INCOME TAXES UNDE	T የምርጥ፣	ON 501(C)(3) (ਬੁਸੂਧਾ ਕ	
CII	C 15 EXEMPT PROM PEDERAD INCOME TAKES UNDE	SK BECTI	ON JUICA	3 / (71 11115	
TN	PERNAL REVENUE CODE (THE CODE) AND HAS BEE	N DETER	MINED BY T	HE 1	NTERNAT	
211	I DICE THE CODE (THE CODE) THE THE DELL	III DEITE	HIINED DI I		THE LOCK THE PARTY OF THE PARTY	
RE	PENUE SERVICE NOT TO BE A PRIVATE FOUNDATI	ON WITH	IIN THE MEA	NINC	OF	
SE	CTION 509(A) OF THE CODE.					
CII	R REQUIRES THAT A TAX POSITION BE RECOGNIZ	ZED OR I	ERECOGNIZE	D BA	ASED ON	A
" M(ORE-LIKELY-THAN-NOT" THRESHOLD. THIS APPLI	ES TO F	OSITIONS T	AKEI	1 OR	
EX.	PECTED TO BE TAKEN IN A TAX RETURN. CIR DO	DES NOT	BELIEVE IT	S F	INANCIAL	,
ST	ATEMENTS INCLUDE, OR REFLECT, ANY UNCERTAI	N TAX F	OSITIONS.			
CTI						
~	R'S FORM 990, RETURN OF ORGANIZATION EXEMP	T FROM	INCOME TAX	, IS	SUBJEC	T
	· · · · · · · · · · · · · · · · · · ·					
	R'S FORM 990, RETURN OF ORGANIZATION EXEMP					

Schedule D (Form 990) 2023	CENTER FOR	INDIVIDUAL	RIGHTS	52-1600481	Page 5
Schedule D (Form 990) 2023 Part XIII Supplemental Infor	mation (continued)	·			
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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

CENTER FOR INDIVIDUAL RIGHTS

Employer identification number 52-1600481

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	1.		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel		- 15	
	Travel for companions Payments for business use of personal residence	1		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	1118	- 63	
	Discretionary spending account Personal services (such as maid, chauffeur, chef)	211		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	13	- 79	
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's	77.5		
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.		DE I	
	X Compensation committee Written employment contract		77.0	
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	20		
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		- 10	
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	- 2		
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.		JI I	1
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	100	381	
	contingent on the net earnings of:	18.0		
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		İ	
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	<u></u>	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Populations section F2 4059 6(a)2	١٥	I	ı

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

Schedule J (Form 990) 2023

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Schedule J (Form 990) 2023 CENTER FOR INDIVIDUAL RIGHTS

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

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

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

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-NEC	9	(D) 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 ROSMAN	Ξ	218,225.	0.	0.	36,134.	36,327.	290,686.	0.
SECRETARY/GENERAL COUNSEL	(0	0.	0 •				0.
(2) TERENCE PELL, ESQ.	Ξ	197,540.	0.	0.	42,119.	31,068.	270,727.	0.
PRESIDENT (UNTIL AUG 2023)/DIRECTOR	€			0.	0.	0.		0.
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Schedule J (Form 990) 2023

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SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization

Employer identification number

CENTER FOR INDIVIDUAL RIGHTS	52-160 <u>04</u> 81
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
CASES THAT RAISE CONSTITUTIONAL ISSUES OF FIRST IMPRESSION	•
FORM 990, PART VI, SECTION B, LINE 11B:	
A DRAFT COPY OF THE FORM 990 WAS SENT TO THE AUDIT COMMITT	EE AND EXECUTIVE
COMMITTEE BEFORE BEING MADE PUBLIC.	
FORM 990, PART VI, SECTION B, LINE 12C:	
A COPY OF CIR'S CONFLICT OF INTEREST POLICY IS GIVEN TO AL	L BOARD MEMBERS,
STAFF MEMBERS, AND OTHER KEY STAKEHOLDERS UPON COMMENCEMEN	T OF SUCH
PERSON'S RELATIONSHIP WITH CIR OR AT THE OFFICIAL ADOPTION	OF STATED
POLICY. EACH BOARD MEMBER, OFFICER, AND STAFF MEMBER SHALL	SIGN AND DATE
THE POLICY AT THE BEGINNING OF HER/HIS TERM OF SERVICE OR	EMPLOYMENT AND
EACH YEAR THEREAFTER.	-
FORM 990, PART VI, SECTION B, LINE 15A:	
THE BOARD OF DIRECTORS APPOINT A COMPENSATION COMMITTEE WH	ICH DETERMINES
COMPENSATION OF THE PRESIDENT BASED ON A REVIEW OF COMPARA	BLE DATA AND
PERFORMANCE AND REPORTS BACK ITS DECISION WITH CONTEMPORAN	EOUS
DOCUMENTATION OF ITS DELIBERATION TO THE FULL BOARD.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AL,AK,AR,CA,CO,CT,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,NC,N	D,NH,NJ,NM,NY,OH
OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, NV	×.

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

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

Schedule O (Form 990) 2023

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