FOIIII					•		Lvempt					2020	
			Under s	ection 501(c),				•			tions)		_
Department of the Treasury Internal Revenue Service Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.									Open to Public				
	ternal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. For the 2020 calendar year, or tax year beginning 07-01, 2020, and ending 06-30							Inspection					
_									over identification number				
=	ddress o	•		g business as								36-3292374	
=	ame cha	•		ber and street (or P.			,		Room/sui	ite	E Teleph	none number	
E	iitial retu			South Seco							0	(612) 341-3302	—
	mended	rn/terminated		or town, state or pro		na ZIP or toreign j	Dostal code				G Gross		1
F		on pending		eapolis, M						H(a) is this o a	\$	2,553,941 for subordinates? Yes X N	_
	pplicatio	n pending	F Nalli	e and address of pr	incipal onicer.					H(b) Are all s			
	av evem	npt status: X	501(c)(3)	501(c) () 🛋 (insert no) 10/19/17	'(a)(1) or	527				t. See instructions	10
	/ebsite:			ocatesforh				521		H(c) Group e			
		_	Corporation			Other		L Year of formati	on: 198			al domicile: MN	-
Par		Summar											-
	1	Briefly descri	ibe the orga	nization's missi	on or most si	ignificant activ	vities: To	promote a	nd pro	otect hu	man r	ights in the	_
		United S	tates ar	nd around	the worl	d.		• • • • • • •			-		
Activities & Governance													
rna													
ove	2	Check this b	ox 🕨 🗌 if t	the organizatior	n discontinue	d its operatior	ns or disposed	of more than 2	25% of its	s net assets.			
Ğ	3	Number of ve	oting memb	ers of the gove	rning body (F	Part VI, line 1a)				3	27	_
s S	4	Number of in	dependent	voting member	s of the gove	rning body (P	art VI, line 1b)				4	27	•
'it ie	5											28	•
ctiv	6										1,372	•	
∢	7a	Total unrelate	ed business	revenue from	Part VIII, colu	umn (C), line 1	2				7a	0	•
	b	Net unrelate	d business t	axable income	from Form 9	90-T, Part I, lir	ne 11				7b	0	•
										Prior Year		Current Year	_
	8	Contributions	s and grants	(Part VIII, line	1h)					2,202	,843	2,093,927	7
ne	9		gram service revenue (Part VIII, line 2g)									121,520	
Revenue	10	Investment in	ent income (Part VIII, column (A), lines 3, 4, and 7d)							2,285			
Rev	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							296,931				
_	12			s 8 through 11 (2,522		2,514,671	_
	13			Ints paid (Part I							,		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)							(0			
	15								,972	1,681,226	6		
ses	16a			undraising fees (Part IX, column (A), line 11e)							, 		0
Expense			-	es (Part IX, col				107,313					
ĔĂ	17	Other expension	ses (Part IX	, column (A), lir	nes 11a-11d,	11f-24e)				827	,349	632,728	8
	18	Total expens	l expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)								2,313,954		
	19	Revenue les	s expenses	Subtract line	18 from line 1	12					,972	200,717	_
Ses		Beginning of Current Yea										End of Year	
ets	20									,740	2,337,651	1	
Net Assets or Fund Balances	21	Total liabilitie	s (Part X, lir	ne 26)						423	,874	565,068	8
Fun	22	Net assets o	r fund balan	ices. Subtract l	ine 21 from li	ine 20 • • •				1,571	,866	1,772,583	
Par	tll	Signatu	re Block										
				e examined this retu parer (other than off					of my know	ledge and belie	f, it is		
uue, v	Joneol,				icel) is based off		which preparer has	any knowledge.					—
<u>.</u>													
Sig	า	Signatur	e of officer								Dat	e	
Here	e	Robi	n Philli	ips, Execu	tive Dir	ector							
		Type or	print name and	title									_
_		Print/Type pre	parer's name		Preparer's sigr	nature		Date		Check	if	PTIN	
							11-08-20	21	self-emp	oloyed	P01272516		
	barei		•	Schutz C	PA Lto		0		F	irm's EIN 🕨			_
Use	Only	y Firm's addres	s 🕨	PO Box 1					F	hone no.			_
				Hudson W	VI 54016						651-3	302-1491	
May t	he IRS	S discuss this	return with t	the preparer sh	own above?	(see instructio	ons)					🛛 Yes 🗌 No	, _

Return of Organization Exempt From Income Tax

For Paperwork Reduction Act Notice	, see	the separate instru	ctions.

Form 990 (2020)

OMB No. 1545-0047

Form **990**

Form	n 990 (2020) The Advocates For Human Rights	36-3292374 Page
Pa	rt III Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	To promote and protect human rights in the United States and around the wor	ld.
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	🗌 Yes 🛛 No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	🗌 Yes 🛛 👷 No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measu	•
	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 revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 717,186 including grants of \$) (Revenue)	ıe \$)
	Refugee and Immigrant Rights: The Advocates provides free legal representat	ion to asylum seekers,
	unaccompanied children, trafficking victims, and detained immigrants in the	Upper Midwest and
	around the United States. With pro bono assistance from hundreds of attorne	ys, The Advocates is
	the primary asylum legal service provider in Minnesota, North Dakota and So	uth Dakota. During
	FY2021, The Advocates provided more than 1,500 people with legal help and t	
	Help Line linked more than 1,250 asylum seekers with help following release	
	addition to legal services, The Advocates collaborates on the Immigration C	
	to engage hundreds of volunteers in monitoring detained immigration court h	earings.
4b	(Code:) (Expenses \$479,387 including grants of \$) (Revenue	.e \$)
	Women's Human Rights: The Advocates has nearly 30 years of experience working	ng with partners in
	Minnesota and around the world to document problems in the government response	nse to violence
	against women and responding to the needs of women's human rights defenders	
	to end violence against women by changing laws and their implementation, as	
	trainings, advocacy, and monitoring and documentation of human rights abuse	
	WATCH, the premier court monitoring organization, is now a project of The A	
	volunteers to observe cases of violence against women and children. We work enhance protections for women locally and internationally and provide train	
	assistance for The Advocates' global women's human rights partners.	ing and technical
4c	(Code:) (Expenses \$394,344 including grants of \$) (Revenue)	ıe \$)
	Research, Education and Advocacy: The Advocates uses a human rights approac	h to document abuses,
	provide training and technical assistance to human rights defenders worldwide	
	policy changes that improves the lives of marginalized communities. The Adv	
	human rights advocacy at the local, national, and international level on ou	
	including death penalty abolition, violence against women and LGBTI persons	
	and the rights of noncitizens. The Advocates also works creatively to bring rights principles to the community and the classroom. The Advocates: 1) dev	
	curricular resources and lesson plans; 2) conducts presentations, lectures,	
	conferences, continuing education courses, and public forums; and 3) provide	
	through two unique websites.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 452,599 including grants of \$) (Revenue \$)
4e	Total program service expenses 2,043,516	

Form 990 (2	2020)
Part IV	С

	The	Advocates	For	Human	Rights	
Checklist of	Req	uired Scheo	lules			

	•			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•		1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	~		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>x</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u>x</u>
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,	_		
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	-		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u>x</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
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		<u>x</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		<u>x</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	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	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>x</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>x</u>
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 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	4-		
40	Part IX, 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			
46	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
~~	If "Yes," complete Schedule G, Part III	19		<u>x</u>
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		<u>x</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

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Pa	rt IV Checklist of Required Schedules (continued)				
		1		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J		23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K. If "No," go to line 25a		24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
	to defease any tax-exempt bonds?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
	If "Yes," complete Schedule L, Part I		25b		х
26	Did the organization report any amount on Part X, line 5 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 or any of these persons? If "Yes," complete Schedule L, Part II		26		х
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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part				
	IV instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV		28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If				
	"Yes," complete Schedule L, Part IV		28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M		30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				
	complete Schedule N, Part II		32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				
	or IV, and Part V, line 1 • • • • • • • • • • • • • • • • • •		34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				l
	, , , , , , , , , ,		35b		х
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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and				
	19? Note: All Form 990 filers are required to complete Schedule O.		38	Х	L
Par	t V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V				
4 -	Enter the number reported in Day 2 of Form 4006 Enter 0 if and any linety	1 !		Yes	No
1a ⊾	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable				
b		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	v	
			10	Х	

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Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 28			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
•	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4.		
h	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
50		50		v
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 5c		x
с 6а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	50		<u> </u>
ua	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		v
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			x
5	gifts were not tax deductible?	6b		l
7	Organizations that may receive deductible contributions under section 170(c).	0.5		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			<u> </u>
•		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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		x
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		x
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.) • • • • • • • • • • • • • • • • • • •			
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 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		L
	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			
С	Enter the amount of reserves on hand			
14a	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 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		x
	If "Yes," complete Form 4720, Schedule O.			

Form 990	(2020)
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Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			_
	Check if Schedule O contains a response or note to any line in this Part VI			. 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 2'	/		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	. 3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4		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	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	. 7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	. 7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?		x	
b	Each committee with authority to act on behalf of the governing body?	. 8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
0	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	. 9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	. <u>10a</u>		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	. <u>11a</u>	x	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. <u>12b</u>	x	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-		
40	describe in Schedule O how this was done	. <u>12c</u>	X	
13	Did the organization have a written document retention and destruction policy?		X	
14 15	Did the process for determining compensation of the following persons include a review and approval by	. 14	x	
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	. 15a	x	
b	Other officers or key employees of the organization	15b	x	
5	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
Tou	with a taxable entity during the year?	. 16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	. 16b		
Sec	tion C. Disclosure		1	1
17	List the states with which a copy of this Form 990 is required to be filed Minnesota			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)	-		
	(3)s only) available 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 Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Robin Phillips (612)341-3302, 330 South Second Avenue Suite 800, Minneapolis, MN 55	401		

Form 990 (202	20) The Advocates For Human Rights	36-3292374	Page 7					
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp Independent Contractors	pensated Employee	es, and					
	Check if Schedule O contains a response or note to any line in this Part VII							
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees							
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the								
organization's	rganization's tax year.							

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than

\$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		511 5011	ipen	Juic	u an	iy curr				
				((C)					
(A)	(A) (B) Position (do not check more than one				(D)	(E)	(F)			
Name and title	Average	· ·					n	Reportable	Reportable	Estimated amount
	hours		box, unless person is both an officer and a director/trustee)		compensation	compensation	of other			
	per week						_	from the organization	from related organizations	compensation from the
	(list any hours for	ord	Ins	Office	Key	Hig	Forme	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	Individual trustee or director	Institutional trustee	icer	Key employee	hest	mer			related organizations
	organizations	tor tru	onal		ploy	ee				
	below	Istee	trust		ee	Ipen				
	dotted line)		ee			Highest compensated employee				
						<u>u</u>				
(1) Robin Phillips	40.00									
Executive Director				X				104,691	0	11,748
(2) Chris_Bercaw	2.00									
Board Member		х						0	0	0
(3) Diane Bratvold, Hon	<u>1.00</u>									
Board Member		x						0	0	0
(4) Mary Kariuki Ries	1.00									
Board Member		х						0	0	0
(5) Kathy Lenzmeier	2.00									
Board Member		х						0	0	0
(6) Cristine Almeida	1.00									
Board Member		х						0	0	0
(7) Kerry Bundy	1.00									
Board Member		х						0	0	0
(8) Edwige Mubonzi	1.00									
Board Member		х						0	0	0
(9) Emily Wessels	1.00									
Board Member		х						0	0	0
(10)Hiba Al Hasnawi	1.00									
Board Member		х						0	0	0
(11)David_Vander_Haar	1.00									
Board Member		х						0	0	0
(12)Nancy Speer	2.00									
Board Member		х						0	0	0
(13)Dan Supalla	<u>1.00</u>									
Board Member		х						0	0	0
(14)Julie H Firestone	1.00									
Board Member		х						0	0	0
FFΔ										Form 990 (2020)

Form 990 (20		36-3292374	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp Independent Contractors	ensated Employee	es, and
	Check if Schedule O contains a response or note to any line in this Part VII		🗌
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
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.		
A 15.4.0			

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than

\$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

	related organizatio		ipen	Salec	u an	y curre			usice.	
				(0	C)					
(A)	(B)			Posi				(D)	(E)	(F)
Name and title	Average					an one both ar	1	Reportable	Reportable	Estimated amount
	hours					'trustee)		compensation	compensation	of other
	per week							from the organization	from related organizations	compensation from the
	(list any hours for	or d	Ins	Office	Ke	en Hij	Fo	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	Individual trustee or director	Institutional trustee	ìcer	Key employee	ploy	Former	· · · · ·		related organizations
	organizations	tor tr	onal		ploy	ee				
	below	uste	trus		ee	npen				
	dotted line)	Ű	ee			Highest compensated employee				
						٩				
(1) X Kevin Zhao	1.00									
Board Member		х						0	0	0
(2) Loan T Huynh	2.00									
Board Member		х						0	0	0
(3) Bindi Swammi	1.00									
Board Member		х						0	0	0
(4) Aviva Breen	2.00									
Board Member		х						0	0	0
(5) Alison McElroy	1.00									
Board Member		х						0	0	0
(6) Kelly McLain	1.00									
Board Member		х						0	0	0
(7) Howard (Sam) Myers III	2.00									
Board Member		х						0	0	0
(8) Bridget Chivimbiso Chigunwe	1.00									
Board Member		х						0	0	0
(9) Jennifer Ives	1.00									
Board Member		х						0	0	0
(10)Dean_Eyler	1.00									
Board Member		х						0	0	0
(11)Anne_Lockner	1.00									
Board Member		х						0	0	0
(12)Peggy Grieve	2.00				Τ					
Treasurer				х				0	0	0
(13)Karen Evans	2.00									
Vice Chair				х				0	0	0
(14)James_O'Neal	2.00									
Chair				х				0	0	0
FEΔ										Form 990 (2020)

	00 (2020) The Advocates For	Human R	ights	5						36	5-3292	374	Pa	age 8
Part	VII Section A. Officers, Directors, Trustees	, Key Emplo	oyees,	and	Hig	hest	t Com	pens	sated Employees	(continued)				
	(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos eck m ss per	son is	nan one s both ar /trustee)		(D) Reportable compensation from the organization	(E) Reportal compensa from rela organizat	ition ted	cor	(F) ated amo of other npensatio rom the	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-N		-	nization a I organiza	
<u>(15)</u>														
(16)														
<u>(17)</u>														
<u>(18)</u>														
<u>(20)</u>														
<u>(21)</u>														
<u>(22)</u>														
<u>(23)</u>														
<u>(24)</u>														
(25)														
1b c	Subtotal		· · · · · ·		· ·	•••	· · ·	• •						
d	Total (add lines 1b and 1c)										0		11,7	48
2	Total number of individuals (including but not limite reportable compensation from the organization	d to those lis	sted ab	ove)	who	o rec	eived	more	e than \$100,000 of					1
3	Did the organization list any former officer, director	r, trustee, ke	y empl	oyee	e, or	high	est co	mpe	ensated				Yes	No
4	employee on line 1a? <i>If "Yes," complete Schedule</i> For any individual listed on line 1a, is the sum of re								sation from the	• • • • •		3		x
	organization and related organizations greater than	n \$150,000?	lf "Yes	," со	mple	ete S	Schedu	ıle J	for such					
5	individual	compensatio	n from	any	unre	elate	d orga	aniza				4		x
Saati	for services rendered to the organization? If "Yes,"	complete So	chedule	e J fo	or su	ch p	erson					5		Х
1	on B. Independent Contractors Complete this table for your five highest compensa	ited indepen	dent co	ontra	ctors	s tha	it recei	ved	more than \$100.00)0 of				
	compensation from the organization. Report comp										year.			
	(A) Name and business addres	s							(B) Description of servic	es		(C) Compens	ation	
2	Total number of independent contractors (including			hose	liste	ed al	oove) v	who						
	received more than \$100,000 of compensation from	m the organiz	zation		Þ									

Form 99	· ·	,	or Human Rights			36-32923	74 Page 9
Part '	VIII	Statement of Revenue Check if Schedule O contains a respons	e or note to any line in thi	s Part \/III			. Γ
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b				
ount	c	Fundraising events	1c	_			
B, G Amo	d	Related organizations	1d	-			
ilar İlar	e	Government grants (contributions)	1e 212,778	-			
Sin	f	All other contributions, gifts, grants, and similar amounts not included above	1f 1,881,149				
buti ther	g	Noncash contributions included in	11 1,001,149	-			
diti	5	lines 1a-1f	1g \$ 58,467				
a c	h	Total. Add lines 1a-1f		2,093,927			
			Business Code	,,.			
Ð	2a	Contract Revenue	611710	88,562	88,562		
e Zi	b	Program Service Fees	611710	32,964	32,964		
Se	c						
ram čeve	d						
Program Service Revenue	e	All					
σ.		All other program service revenue		101 500			
		Total. Add lines 2a-2f		121,526			
	3	Investment income (including dividends, int other similar amounts)		2,287			2,287
	4	Income from investment of tax-exempt bond		2,207			2,201
	5	Royalties	•				
		(i) Rea	l (ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b		_			
		Rental income or (loss) 6c					
	d	, , , <u>, , , , , , , , , , , , , , , , </u>	· · · · · · · · · · •				
	7a	Gross amount from (i) Securit	ies (ii) Other	-			
		sales of assets other than inventory 7a					
	h	Less: cost or other basis		-			
a		and sales expenses 7b					
Other Revenue	c	Gain or (loss) 7c		-			
Rev		Net gain or (loss)	· · · · · · · · · · •				
Jer	8a	Gross income from fundraising					
g		events (not including \$	_				
		of contributions reported on line					
		1c). See Part IV, line 18	8a 19,801	-			
		Less: direct expenses	8b 39,270				
		Net income or (loss) from fundraising event Gross income from gaming	s ト	(19,469)			(19,469)
	Ja	activities, See Part IV, line 19	9a				
	b	Less: direct expenses	9b	-			
		Net income or (loss) from gaming activities	· · · · · · · · · •				
		Gross sales of inventory, less					
		returns and allowances	10a				
		Less: cost of goods sold	10b				
	c	Net income or (loss) from sales of inventory					
			Business Code				
e		PPP Loan Forgiveness	900099	316,400	316,400		
enu	b						
Revenue	C d	All other revenue					
<u> </u>	-	Total. Add lines 11a-11d		316,400			
	12	Total revenue. See instructions		2,514,671	437,926	0	(17,182)
				,, _, _, _, _		v	

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	Form 990 (2	2020)	The	Advocates	For	Human	Rights
	Part IX Statement of			ctional Exp	ense	S	
Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all column							

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

	Check if Schedule O contains a response or note to a	,		(C)	<u>····</u>
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(ح) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16 • • • •				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	104,691	92,128	5,235	7,328
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,285,326	1,106,992	111,810	66,524
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	187,915	171,934	7,463	8,518
10	Payroll taxes	103,294	89,367	8,266	5,661
11	Fees for services (nonemployees):				
а	Management				
b	Legal · · · · · · · · · · · · · · · · · · ·				
С	Accounting	7,824		7,824	
d	Lobbying				
е	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 Schedule O.)	190,979	190,979		
12	Advertising and promotion	1,721	1,653	64	4
13	Office expenses	75,416	70,326	1,658	3,432
14	Information technology	45,138	43,207		1,931
15	Royalties				
16	Occupancy	254,431	233,780	10,685	9,966
17	Travel	1,373	1,308	44	21
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,717	1,318	315	1,084
20	Interest	367		367	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,188		3,188	
23	Insurance	3,066	2,324	614	128
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Subscriptions & Resources	31,358	26,943	1,844	2,571
b	Client Fees	8,604	8,555	49	
С	Finance Fees	6,521	2,702	3,674	145
d	Misc	25		25	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,313,954	2,043,516	163,125	107,313
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

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Form 990	(2020)	The	Advocates	For	Human	Rights
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Page 11

Par	t X	Balance Sheet			<u> </u>
		Check if Schedule O contains a response or note to any line in this Part X			
		· · ·	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	428,809	1	428,632
	2	Savings and temporary cash investments	746,850	2	1,344,887
	3	Pledges and grants receivable, net	648,452	3	263,574
	4	Accounts receivable, net	93,882	4	204,753
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) \cdots		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	54,326	9	74,478
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 124,537			
	b	Less: accumulated depreciation 10b 119,864	8,441	10c	4,673
	11	Investments - publicly traded securities	4,848	11	6,522
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	10,132	15	10,132
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,995,740	16	2,337,651
	17	Accounts payable and accrued expenses	107,474	17	117,400
	18	Grants payable		18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
billi		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lia	~~~	controlled entity or family member of any of these persons		22 23	
	23 24		21.6 400	23	214 022
	24 25		316,400	24	314,833
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	132,835
	26	Total liabilities. Add lines 17 through 25	423,874	26	565,068
	20	Organizations that follow FASB ASC 958, check here	423,874	20	565,008
Ś		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	869,246	27	1,218,593
ala	28	Net assets with donor restrictions	702,620	28	553,990
а р		Organizations that do not follow FASB ASC 958, check here	,02,020		333,330
un_		and complete lines 29 through 33.			
orF	29	Capital stock or trust principal, or current funds		29	
sts	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSE	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	1,571,866	32	1,772,583
ž	33	Total liabilities and net assets/fund balances	1,995,740	33	2,337,651
			1,990,740		2,337,051

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Form **990** (2020)

Form	990 (2020) The Advocates For Human Rights	6-329237	4	Pa	age 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u>. </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,	514,	671
2	Total expenses (must equal Part IX, column (A), line 25)		2,	313,	954
3	Revenue less expenses. Subtract line 2 from line 1	3		200,	717
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	571,	866
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1,	772,	583
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			-	000 /	0000

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Form 990 (2020)

SCH	EDUL	E A	
(Form	990 oi	· 990-	EZ)

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.

2020

OMB No. 1545-0047

Depa	epartment of the Treasury			Attach to Form 990 or Form 990-EZ. Open t								
		enue Service	► Got	to www.irs.gov/Fo	rm990 for instructions a	nd the late	est inform	ation.	Inspection			
Name	of the	e organization						Employer identificat	ion number			
The	Ad	vocates Fo	r Human Rights					36-329237	74			
	rt I			y Status. (All o	rganizations must c	omplete	this part					
The	orga				1 through 12, check only							
1	ň				ches described in section		(A)(i).					
2	П	-			chedule E (Form 990 or 9		()()					
3	Ы		.,		described in section 170		i).					
4	Н	•		-	with a hospital described		•	(A)(iii) Enter the				
			e, city, and state:									
5	П	•		fit of a college or u	niversity owned or operate	ed by a do	vernmenta	unit described in				
J					inversity owned or operation	cu by a go	vennienta					
6	П	section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
6 7	x		-	-	of its support from a gove			the general public				
'	~	-	ction 170(b)(1)(A)(vi)					the general public				
•	П			,								
8	H	-	ust described in section		n 170(b)(1)(A)(ix) operate	od in ooniu	notion with	a land grant college				
9		0	•			•		o o				
		-	a non-ianu-grant colle	ge of agriculture (se	e instructions). Enter the	name, city	, anu siale	or the college of				
10		university:	that normally reactive	c: (1) more than 22	1/20/ of its support from	ontribution	no mombo	rehin food and areas				
10	Ш	-	•		1/3% of its support from a							
		•		•	bject to certain exception	. ,						
					siness taxable income (les		,	om businesses				
			•		ction 509(a)(2). (Comple	,						
11	H	-	•	-	st for public safety. See s							
12		-	•	•	ne benefit of, to perform t			• • •				
					d in section 509(a)(1) or							
			•		e type of supporting organ		•		2g.			
	а				ed, or controlled by its su	•••	-	,				
			• • • • •		appoint or elect a majority	/ of the dire	ectors or tru	ustees of the				
			organization. You mu	-								
	b				trolled in connection with		-	.,				
			•		n vested in the same pers	sons that c	ontrol or m	anage the supported				
		_ ·	n(s). You must comp									
	С	Type III fu	nctionally integrated.	A supporting organ	ization operated in conne	ection with,	and function	onally integrated with,				
		its support	ed organization(s) (see	e instructions). You	must complete Part IV,	Sections A	A, D, and E	-				
	d				organization operated in c)			
		that is not f	unctionally integrated.	The organization g	enerally must satisfy a dis	stribution re	equirement	and an attentiveness				
		requiremer	nt (see instructions). Ye	ou must complete	Part IV, Sections A and	D, and Pa	rt V.					
	е	Check this	box if the organization	received a written	determination from the IR	S that it is	a Type I, T	ype II, Type III				
		functionally	/ integrated, or Type III	non-functionally int	egrated supporting organ	ization.						
	f	Enter the numb	er of supported organi	zations					••••			
	g	Provide the foll	owing information abo	ut the supported or	panization(s).							
	(i) Name of supported	organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	•	(v) Amount of monetary	(vi) Amount of			
					(described on lines 1-10 above (see instructions))	listed in you docum		support (see instructions)	other support (see instructions)			
						Yes	No					
(A)												
(~) 												
(B)												
(5)												
(C)												
(0)												
(D)												
(2)												

(E) Total

-	dule A (Form 990 or 990-EZ) 2020 The Advoca	ates For Hur	nan Rights			36-329237	4 Page 2
Pa	rt II Support Schedule for Organiza	ations Descri	ibed in Secti	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	/i)
	(Complete only if you checked th						fy under
	Part III. If the organization fails to	o qualify unde	r the tests list	ted below, ple	ease complete	e Part III.)	
Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and				. ,		
	membership fees received. (Do not						
	include any "unusual grants.")	1.392.018	1.332.581	2,446,899	2,202,843	2.093.927	9,468,268
2	Tax revenues levied for the		_,,				
	organization'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	1 392 018	1 332 581	2,446,899	2 202 843	2 093 927	9,468,268
5	The portion of total contributions by	1,352,010	1,352,501	2,440,000	2,202,043	2,033,321	3,400,200
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						416,330
6	Public support. Subtract line 5 from line 4						9,051,938
	ction B. Total Support						3,031,330
	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4		1,332,581	2,446,899	. ,		9,468,268
8	Gross income from interest, dividends,	1/002/010	1,001,001	2,110,000	2/202/013	2,000,021	5,100,200
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	74	1,305	3,030	510	2,287	7,206
9	Net income from unrelated business		,			, -	,
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	243,514	1,835	124,093	47,153	296,931	713,526
11	Total support. Add lines 7 through 10	,	,	,	,	,	10,189,000
12	Gross receipts from related activities, etc. (se	e instructions)				12	
	First five years. If the Form 990 is for the or	,		l, fourth, or fifth			3)
	organization, check this box and stop here						.́ ▶∏
Sec	ction C. Computation of Public Support						
14	Public support percentage for 2020 (line 6, c	olumn (f), divide	ed by line 11, c	olumn (f))		14	88.84 %
15	Public support percentage from 2019 Schedu	ule A, Part II, lir	ne 14			15	86.92 %
16a	33 1/3% support test - 2020. If the organization	tion did not che	ck the box on l	line 13, and line	e 14 is 33 1/3%	6 or more, chec	
	box and stop here. The organization qualifie	s as a publicly	supported orga	anization			🕨 🗴
k	33 1/3% support test - 2019. If the organization	tion did not che	ck a box on lin	ie 13 or 16a, ai	nd line 15 is 33	1/3% or more,	check
	this box and stop here. The organization qua	alifies as a publ	icly supported	organization			· · · · ► 🔲
17a	10%-facts-and-circumstances test - 2020.	If the organizat	ion did not che	eck a box on lin	e 13, 16a, or 1	6b, and line 14	is
	10% or more, and if the organization meets t						
	Part VI how the organization meets the facts	-and-circumsta	nces test. The	organization q	ualifies as a pu	ublicly supported	d
	organization						_
b	10%-facts-and-circumstances test - 2019.	-					
	15 is 10% or more, and if the organization me					•	
	in Part VI how the organization meets the fac			-	•		
	organization						· · · · ► 🔲
18	Private foundation. If the organization did n						. —
	instructions						··· ▶

Schedule A (Form 990 or 990-EZ) 2020

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Sche		ates For Hu				36-3292	374 Page 3
Pa	Part III Support Schedule for Organizations Described in Section 509(a)(2)						
	(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.						
	If the organization fails to qualify	/ under the te	ests listed bel	ow, please co	omplete Part I	l.)	
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
-	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities	-					
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						<u> </u>
	Amounts included on lines 1, 2, and 3						
'a	received from disqualified persons						
h	Amounts included on lines 2 and 3			+	+		+
D	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						
8	Public support. (Subtract line 7c from						
_	line 6.)						
	ction B. Total Support		.	1	1		
	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources •••						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
-	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the organ	nization's first	second third "	l fourth or fifth t	l ay vear as a se	$\frac{1}{1}$	
14					•		,
So	organization, check this box and stop here						
				oolump (f))		15	0/
	Public support percentage for 2020 (line 8, c					15	<u>%</u> %
	Public support percentage from 2019 Schedu					16	%
	ction D. Computation of Investment In			40 1	(5))		
17	Investment income percentage for 2020 (line		· ·			17	%
18	Investment income percentage from 2019 So					18	%
19a	33 1/3% support tests - 2020. If the organiz						
	17 is not more than 33 1/3%, check this box	-	-	-			_
b	33 1/3% support tests - 2019. If the organiz						
	line 18 is not more than 33 1/3%, check this	-	-	-			
20	Private foundation. If the organization did n	ot check a box	on line 14, 19	a or 19b chec	k this box and	see instruction	ns 🕨 🗌

Part		-		_
	(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complet			
	and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part			
	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete	Part V	.)	
Sect	ion A. All Supporting Organizations			
			Yes	No
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.	1		
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).	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.	3a		
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.	3b		
С	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	5 5 5			
	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.	4b		
С	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.	4c		
5a				
	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).	5a		
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?	5b		
-	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
_	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	_		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 .	9a		
b		01-		
-	the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	0-		
40-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
TUa	Was the organization subject to the excess business holdings rules of section 4943 because of section 4042(f) (regarding contain Type II) supporting organizations, and all Type III per functionally integrated			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	40-		
h	supporting organizations)? If "Yes," answer 10b below.	10a		
b	5 J 6 J (10b		
	determine whether the organization had excess business holdings.)			7) 0000
EEA	Schedule A (-orm 990 a	or 990-E	∠) 2020

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Schedule A (Form 990 or 990-EZ) 2020

11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? Intelligible of the person described in line 11a above? c A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. Intelligible of the person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations Yes No 1 Did the governing body, a supported organization s during the power to regularly appoint or elect at least a majority of the organization s officers, directors, or trustees at law year? If // describe In Part VI how the supported organization operate for the benefit of any supported organization had more than one supported organization (s) effectively querated, supervised, or controlled the supporting organization? If 'Yes,'' explain in Part VI how providing such benefit carried out the purposes of the supported organization? If 'Yes,'' explain in Part VI how control or management of the supporting organizations. Yes No 2 U differences, directors, or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization, to the eaten not previded during the prior tax year, (i) a written notice describing the yea and amount of supportide dorganization's at	Pai	rt IV Supporting Organizations (continued)			
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? 111 b A family member of a person described in 111 a above? 111 111 c A 35% controlled entity of a person described in 111 a above? 111 111 Section B. Type I Supporting Organizations 111 111 3 111 111 111 Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax yea? <i>II "No," describe in Part VI how the supported organization, describe how the powers to apoint and/or remove officers, directors, or trustees were allocated among the supported organization, describe how the powers to apoint and/or remove officers, directors, or trustees were allocated among the supported organization, supporte</i>				Yes	No
11c below, the governing body of a supported organization? 11a b A family member of a person described in line 11a above? 11b c A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations fores, directors, or trustees at lines during the tax year? If "V's describe In Part VI how control organization, describe how the powers to appoint and/or remove officers, directors, or trustees during the tax year. 1 2 Did the organization operate for the benefit of any supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization? If "Yes," explain in Part VI how control or management of the supporting organization. 2 3 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees of each of the supporting Organization was vested in the same persons that controlled or managed the supporting Organization's supported organization(s) the Nor control or management of the supporting Organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of supported organization's (i) coprises of the organization's tax year, (i) a written notice descri					
b A family member of a person described in line 11a above? 11b c A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes Not 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly apoint or elect at least a majority of the organization's officers, directors, or trustees at all limes during the tax year? If "No," describe in Part VI how the supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization operate for the benefit of any supported organization of the trus year. 1 2 Did the organization operate for the benefit of any supported organization(s) that operated, supervised, or controlled the supporting organization(s) that operated, supervised, or controlled the supporting organization. 2 2 Did the organization operate for the benefit of any supported organization(s) that operated, supervised, or controlled the supporting organization. 2 3 Were a majority of the organization's directors or trustees deach of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's usported organization(s)? If "No," describe in Part VI how control or managed the supporting Organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the supporting organization's of the corganization's officers, dire	а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
c A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part V how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization have the powers to appoint and/or remove offerex, directors, or trustees were allocated among the supported organization(s) entities of each of the benefit of any supported organization? If "Ves," replain in Part VI how the powers to appoint and/or remove offerex, replain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 1 2 Did the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting Organizations. 1 3 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's supported organization, to the extent to previously provided? 4 Did the organization's officers, directors, or trustees either (i) appointed organization(s). 1 5 Did the organization's officers,		11c below, the governing body of a supported organization?	11a		
detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization operate for the benefit of any supported organization of the tax year. 1 1 2 Did the organization operate for the benefit of any supported organization of the tax year. 1 1 1 2 Did the organization operate for the benefit of any supported organization off. "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supported organization(s) that operated, supervised, or controlled the supported organization(s) that operated, supervised, or controlled the supported organization(s) that operated, supervised organizations was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the support tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's organization's inferser, directors, or trustees either (i) apporting organization's (i.e., above, did the organization's supported organization's investment policies and in directing the	b	A family member of a person described in line 11a above?	11b		
Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization (s) that operated, supervised, or controlled the supporting organization(s) that operated, supervised, or controlled the supported organization(s)? If "No," describe in Part VI how control or management of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization supported organization(s)? If "No," describe in Part VI how control or management of the supporting Organizations Yes No 1 Ubt the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) acopy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's jorgenization's investment policies, directors, or trustees either (i) apporinted organization's invested and the organization's su	с	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,'' describe in Part V how the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year? I 2 Did the organization operate for the benefit of any supported organization operated, supervised, or controlled the expanzion howes directors, or trustees were allocated among the supported organization operate for the benefit of any supported organization? If "Yes," explain in Part V how the supported organization operated, supervised, or controlled the supported organization? If "Yes,'' explain in Part V how benefit carried out the purposes of the supported organization? I 2 Did the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization (s)? If "No,'' describe in Part VI how control or management of the supporting organizations Yes No 1		detail in Part VI.	11c		
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization statistics. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization operate for the benefit of any supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 1 1 Section C. Type II Supporting Organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the supporting organization was vested in the same persons that controlled or managed the supported organization (s). Yes No 1	Sec	tion B. Type I Supporting Organizations			
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a The organization satisfied the Activities Test. Complete line 2 below.			aucil	JII3J.	
b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	-				
c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			ooo inc	tructio	

The Advocates For Human Rights

2 Activities Test. Answer lines 2a and 2b below.

Schedule A (Form 990 or 990-EZ) 2020

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify** those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

 Image: state of the s

2a

2b

3a

Yes

No

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Page 5

		2374 Page
zations	must complete Section	
	(A) Prior Year	(B) Current Yea
		(optional)
1		
4		
5		
6		
7		
8		
	(A) Prior Year	(B) Current Yea (optional)
1a		
1b		
1c		
1d		
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EEA

Schedule A (Form 990 or 990-EZ) 2020

Schedu	t V Type III Non-Functionally Integrated 509(a)(3)	ights Supporting Organiz	36-3		2374 Page 7
	tion D - Distributions			<u>- /</u>	Current Year
1	Amounts paid to supported organizations to accomplish exem	ipt purposes		1	
	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ons	3	
	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required) - prior	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	· · · ·		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	organization is respons	ive		
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	าร	(iii) Distributable Amount for 2020
	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - <i>explain in Part VI</i>). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
EEA				Sched	lule A (Form 990 or 990-EZ) 2020

	1 990 or 990-EZ) 2020 Pa
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	D lines 1 and 2: Dort IV, Section C, line 1, Dort IV, Section D, lines 2 and 2: Dort IV, Section C, line 1, Dort I
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

The Advocates For Human Rights Organization type (check one):

• • • • •	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Schedule of Contributors

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

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

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





Employer identification	number

Name of organization

Page 2
Employer identification number

The Advocates For Human Rights

Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Blue Cross Blue Shield MN Found 445 Minnesota St, Ste 2250 Saint Paul MN 55164	\$ <u> </u>	PersonxPayrollINoncashI(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_2	Otto Bremer Trust 30 E 7th Street, Suite 2900 Saint Paul MN 55101	\$ <u> </u>	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
	Lenzmeier Family Foundation 750 S 2nd St Ste 802 Minneapolis MN 55401	\$60,000	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<u>Mid-Minnesota Legal Aid</u> <u>111 N 5th St Ste 100</u> <u>Minneapolis MN 55403</u>	\$ <u>46,870</u>	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
5	Schiff Foundation 1177 Avenue of the Americas, FL 42 New York NY 10036	\$ <u> </u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Vera Institute of Justice, Inc. 34 35th Ave, Suite 4-2A Brooklyn NY 11232	\$80,000	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Page 2
Employer identification number

The Advocates For Human Rights

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	
7	Lynne and Andrew Redleaf Foundation 1917 Logan Ave S Minneapolis MN 55403	\$75,000	PersonPayrollDoncashNoncash(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
8	Linda Svitak & David Feroe 330 2nd Ave S, Ste 800 Minneapolis MN 55401	\$50,170	Person Image: Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
9_	University of Minnesota 100 Church Street Minneapolis MN 55455	\$	PersonImage: CompletePayrollImage: Complete(CompletePart 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 Image: 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.)	

SCHE	DULE D
(Form	990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No. 1545-0047

Depa	rtment of the Treasury	►	Attach to Form 990.			Open to	Public
	al Revenue Service	Go to www.irs.gov/Form9	90 for instructions and the late	est information.		Inspectio	on
Name	e of the organization			Emp	oloyer identificat	ion number	
The	Advocates Fo	r Human Rights			36-32923	74	
Pa	rt I Organiza	tions Maintaining Donor Advised Fu	nds or Other Similar Fund	ds or Accounts			
	Complete	if the organization answered "Yes" on	Form 990, Part IV, line 6.	<u>.</u>			
			(a) Donor advised fund	s	(b) Fund	s and other accounts	6
1	Total number at en	d 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 organizatio	n inform all donors and donor advisors in wr	iting that the assets held in dono	or advised		_	_
	funds are the organ	nization's property, subject to the organizatio	n's exclusive legal control?			· · 🗌 Yes	🗌 No
6	Did the organizatio	n inform all grantees, donors, and donor adv	visors in writing that grant funds	can be used			
	only for charitable	ourposes and not for the benefit of the donor	or donor advisor, or for any oth	er purpose		_	_
_		ssible private benefit?				🗌 Yes	No
Pa		vation Easements.					
	Complete	e if the organization answered "Yes" or	n Form 990, Part IV, line 7.				
1	Purpose(s) of cons	ervation easements held by the organization	n (check all that apply).				
	Preservation o	f land for public use (e.g., recreation or educ	ation) 🗌 Pi	reservation of a his	storically impo	rtant land area	
	Protection of n	atural habitat	Pi	reservation of a ce	rtified historic	structure	
	Preservation o	f open space					
2	Complete lines 2a th	nrough 2d if the organization held a qualified	conservation contribution in the	e form of a conserv	ation		
	easement on the la	ast day of the tax year.			Held	at the End of the	Tax Year
а	Total number of co	nservation easements			2a		
b	Total acreage restr	icted by conservation easements			2b		
С	Number of conserv	ation easements on a certified historic struc	ture included in (a)		2c		
d	Number of conserv	vation easements included in (c) acquired af	er 7/25/06, and not on a				
	historic structure lis	sted in the National Register • • • • • •			2d		
3	Number of conserv	vation easements modified, transferred, relea	ased, extinguished, or terminate	d by the organizati	on during the		
	tax year 🕨						
4	Number of states v	where property subject to conservation easer	nent is located				
5	Does the organizat	ion have a written policy regarding the perio	dic monitoring, inspection, hand	lling of		_	_
		prcement of the conservation easements it h					∐ No
6	Staff and volunteer	hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcir	ng conservation ea	sements duri	ng the year	
	▶	_					
7	Amount of expense	es incurred in monitoring, inspecting, handlir	g of violations, and enforcing co	onservation easem	ents during th	ie year	
	▶\$						
8	Does each conserv	vation easement reported on line 2(d) above	satisfy the requirements of sect	tion 170(h)(4)(B)(i)		_	_
	and section 170(h)	(4)(B)(ii)?				🗌 Yes	🗌 No
9	In Part XIII, describ	e how the organization reports conservation	easements in its revenue and e	expense statement	t and		
		l include, if applicable, the text of the footnot	e to the organization's financial s	statements that de	scribes the		
_		ounting for conservation easements.					
Pa		zations Maintaining Collections			r Similar A	Assets.	
	· · ·	te if the organization answered "Yes" o					
1a	-	elected, as permitted under FASB ASC 958,					
		asures, or other similar assets held for public			of public		
		Part XIII the text of the footnote to its finance					
b	-	elected, as permitted under FASB ASC 958,	•				
	art, historical treas	ures, or other similar assets held for public e	xhibition, education, or research	n in furtherance of	public service	,	
	•	ng amounts relating to these items:					
		ded on Form 990, Part VIII, line 1					
		d in Form 990, Part X					
2	-	received or held works of art, historical treas		financial gain, prov	/ide the		
	following amounts	required to be reported under FASB ASC 95	8 relating to these items:				
а	Revenue included	on Form 990, Part VIII, line 1			> \$		

|--|

▶ \$

	ule D (Form 990) 2020 The Advocates B						36-329		Page 2
Pai	rt III Organizations Maintaining	Collections of	Art, Hist	orical T	reasures	, or Ot	her Similar A	Assets (co	ontinued)
3	Using the organization's acquisition, accession	n, and other records,	check any o	of the follow	wing that ma	ke signifi	cant use of its		
	collection items (check all that apply):								
а	Public exhibition		d [Loan d	or exchange	program	s		
b	Scholarly research		е [Other					
с	Preservation for future generations		_						
4	Provide a description of the organization's coll	ections and explain h	now they fur	ther the or	ganization's	exempt p	ourpose in Part		
	XIII.	•	,		0		•		
5	During the year, did the organization solicit or	receive donations of a	art historica	al treasure	s or other si	milar			
•	assets to be sold to raise funds rather than to							🗌 Yes	s 🗌 No
Pa	rt IV Escrow and Custodial Arra		t of the orge						
	Complete if the organization		on Form	990. Pa	rt IV. line 9	9. or re	ported an am	nount on F	orm
	990, Part X, line 21.			000, 1 0		o, or ro	portoù an an		enni
10	Is the organization an agent, trustee, custodia	n or other intermedia	n for contrib	outiona ar	othor oppoto	not			
1a									
								🗌 Yes	s 🗌 No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the follow	wing table:				1 .		
								mount	
С							;		
d	······································						1		
е	Distributions during the year		• • • • •			· 1e	•		
f	Ending balance					1f			
2a	Did the organization include an amount on For	rm 990, Part X, line 2	1, for escro	w or custo	dial account	liability?		🗌 Yes	s 🗌 No
b	If "Yes," explain the arrangement in Part XIII. (Check here if the expl	lanation has	s been pro	vided on Par	t XIII			. 🗌
Pa	rt V Endowment Funds.								
	Complete if the organization a	answered "Yes"	on Form	990, Pa	rt IV, line ⁻	10.			
		(a) Current year	(b) Prio	r year	(c) Two years	s back	(d) Three years bac	ck (e) Four	years back
1a	Beginning of year balance								
b	Contributions								
с	Net investment earnings, gains, and								
d	Grants or scholarships								
	Other expenditures for facilities and								
е	•								
,	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curre	•	line 1g, colu	umn (a)) h	eld as:				
а	Board designated or quasi-endowment								
b	Permanent endowment	%							
С	Term endowment • %								
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.							
3a	Are there endowment funds not in the possess	sion of the organizatio	on that are h	neld and a	dministered f	or the			
	organization by:								Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as required	d on Sched	ule R?				3b	
4	Describe in Part XIII the intended uses of the o	organization's endowi	ment funds.						II
Pa	rt VI Land, Buildings, and Equip	•							
	Complete if the organization		on Form	990, Pa	rt IV, line ⁻	11a. Se	e Form 990,	Part X, lir	ne 10.
	Description of property	(a) Cost or oth			, r other basis		Accumulated	, (d) Boo	
	Description of property	(investme			other)	.,	epreciation	(4) 200	
1a	Land	· · · ·							
b	Buildings								
	Ŭ	••							
C J	Leasehold improvements	· ·							
d		· ·			124,537		119,864		4,673
e	Other								
Tota	. Add lines 1a through 1e. (Column (d) must eq	qual Form 990, Part X	(, column (B	s), line 10c	.) • • • • •		🕨		4,673

	(including name of security)				Cost or	end-of-year market value
(1) Financial of	derivatives					
(2) Closely-he	ld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(G) (H)						
_ ()	(h) must sough Form 000 Port X sol (P) line 12)			-		
Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related.					
Fait VIII		"Voo" on Form	n 000 Dort	N/ line ?	11a Saa Form	000 Dort V line 12
	Complete if the organization answered	tes on Fon	n 990, Part		IIC. See Form	990, Part A, line 13.
	(a) Description of investment		(b) Book va	lue		:) Method of valuation: end-of-year market value
(1)						,
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX	Other Assets.					
	Complete if the organization answered	"Yes" on Forr	n 990, Part	IV, line '	11d. See Form	990, Part X, line 15.
	(a) De:	scription				(b) Book value
(1)Securit	y Deposit					10,132
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col. (B) line 15.)				🕨	10,132
Part X	Other Liabilities.					
	Complete if the organization answered	"Yes" on Forr	n 990. Part	IV. line ²	11e or 11f. See	Form 990, Part X.
	line 25.		,	,		, ,
1.	(a) Description of liability	(b) Book v	alua			
(1) Federal i		(b) BOOK V	alue			
			20.025			
	ed Lease Incentive		132,835			
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						

The Advocates For Human Rights

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(b) Book value

Investments - Other Securities.

(a) Description of security or category

 Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)
 132,835

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

36-3292374

(c) Method of valuation:

Page 3

Schedule D (Form 990) 2020

Part VII

		6-3292374	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1 1	16,956,898
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e 1	14,442,227
3	Subtract line 2e from line 1	3	2,514,671
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,514,671
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	<u> </u>	
1	Total expenses and losses per audited financial statements	1 1	16,756,181
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e 1	14,442,227
3	Subtract line 2e from line 1	3	2,313,954
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.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form</i> 990, <i>Part I, line</i> 18.)	5	2,313,954
Pa	rt XIII Supplemental Information.		

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

SCHEDULE G	Supplemer	ntal Informatio	on Regard	ling Fund	lraising or Gan	ning Act	ivities	OMB No. 1545-0047		
(Form 990 or 990-EZ)	Complete	if the organization a	answered "Ye	s" on Form 99	90, Part IV, line 17, 18	, or 19, or if	the	2020		
Department of the Treasury			red more than tach to Form 9		Form 990-EZ, line 6a. 90-EZ.		h	Open to Public		
Internal Revenue Service	Þœ	Go to www.irs.gov/Fo	orm990 for ins	structions and	I the latest informatio	n.		Inspection		
Name of the organization							Employer ide	entification number		
The Advocates For	Human Righ	ts				F	36-32	92374		
	-	required to com	-		wered "Yes" on	Form 99	u, Part IV,	line 17.		
1 Indicate whether the	organization rais	ed funds through a	ny of the follo	wing activitie	es. Check all that ap	ply.				
a 🗌 Mail solicitations										
b 🗌 Internet and emai	solicitations		f 🗌 S	Solicitation of	government grants					
c 🗌 Phone solicitation	s		g 🗌 S	Special fundr	aising events					
d 🗌 In-person solicitat	ions									
2a Did the organization	have a written or	oral agreement wit	h any individ	ual (including	g officers, directors,	trustees,				
or key employees list	ed in Form 990,	Part VII) or entity in	connection	with professi	onal fundraising ser	vices?	🗌 Y	es 🗌 No		
b If "Yes," list the 10 hig	ghest paid individ	luals or entities (fur	ndraisers) pu	rsuant to agr	eements under whic	h the fundr	aiser is to be			
compensated at leas	t \$5,000 by the o	rganization.								
(i) Name and address	ofindividual		(iii) Did fund	Iraiser have	(iv) Gross receipts		ount paid to	(vi) Amount paid to		
or entity (fundra		(ii) Activity	custody or control of		from activity		tained by) ser listed in	(or retained by)		
	•		contrib	utions?	-		ol. (i)	organization		
			Yes	No						
1										
2										
3										
4										
5										
6										
0										
7										
,										
8										
·										
9										
•										
10										
								1		
Total				►						
3 List all states in which	the organization	is registered or lice	ensed to solid	it contributio	ns or has been notif	ied it is exe	empt from	·		
registration or licensin	g.	-								

Page **2** 36-3292374

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

		gross receipts greater than	φ0,000.			
			(a) Event #1 HRAD	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
an						
Revenue	1	Gross receipts	19,801			19,801
Re						
	2	Less: Contributions				
	3	Gross income (line 1 minus	10.001			10.001
		line 2)	19,801			19,801
	4	Cash prizes				
		•				
	5	Noncash prizes				
ses	6	Rent/facility costs				
ben	-	E. I.				
t Ex	7	Food and beverages				
Direct Expenses	8	Entertainment				
Δ	Ũ					
	9	Other direct expenses	39,270			39,270
				•		
	10	Direct expense summary. Add lines	39,270			
D	11	Net income summary. Subtract line	10 from line 3, column (d)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	(19,469)
Pa	π	Gaming. Complete if the c \$15,000 on Form 990-EZ,		Yes" on Form 990, Part	IV, line 19, or reported n	nore than
		\$15,000 OII FOIIII 990-EZ,				
anr			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
Ř	1	Gross revenue				
s	2	Cash prizes				
Direct Expenses	•					
Expe	3	Noncash prizes				
ect E	4	Rent/facility costs				
Dire	-					
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	🗌 No	🗌 No	
	7	Direct expense summary. Add lines	2 through 5 in column (d)			
	8	Net gaming income summary. Subtr	act line 7 from line 1 colum	n (d)	•	
	0	Net gaming income summary. Subt		iii (u) •••••••		
9	En	ter the state(s) in which the organizat	ion conducts gaming activit	ies:		
а		the organization licensed to conduct g				🗌 Yes 🗌 No
b	lf "	No," explain:				
				al an farmale of the distribution of the		
10a		ere any of the organization's gaming li Ves " explain:	censes revoked, suspende	a, or terminated during the t	ax year?	Yes 📙 No
0	П	Yes," explain:				

SCHEDULE M (Form 990)

Noncash Contributions

×	Complete if the organizations	answered "Yes"	on Form 990,	Part IV, lines 29 or 30.
	complete if the organizations	answered tes	on Form 990,	Part IV, lines 29 or 3

Attach to Form 990.

h

2020 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 36-3292374

	e Advocates For Human Rights 36-3292374							
Par	t I Types of Property		I	1 (-)				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash con			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts				ļ			
25	Other (Supplies and Ev)	x		58,467	fair mark	ket v	ralue	
26	Other ▶()							
27	Other ► ()							
28	Other ►()							
29	Number of Forms 8283 received by the o which the organization completed Form 8	0	v ,		20			
	which the organization completed Form of	5205, Fait V,	Donee Acknowledgement		29		Yes	No
30a	During the year, did the organization rece	aive by contri	bution any property reported in	Part Llines 1 through			Tes	NU
504	28, that it must hold for at least three yea	-		-				
	to be used for exempt purposes for the el					30a		x
b	If "Yes," describe the arrangement in Par	-				oou		
31	Does the organization have a gift accepta		nat requires the review of any n	onstandard				
	• • •					31		x
32a	Does the organization hire or use third pa					—		22
						32a		х
b	If "Yes," describe in Part II.	-						
33	If the organization didn't report an amoun	it in column (c) for a type of property for whic	ch column (a) is checked,				
	describe in Part II.	- (

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

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 2020 Open to Public Inspection

Employer identification number

36-3292374

The Advocates For Human Rights

01. Form 990 governing body review (Part VI, line 11)

Reviewed by finance committee and Board of Directors prior to filing.

02. Conflict of interest policy compliance (Part VI, line 12c)

The Board of Directors members each sign a conflict of interest statement annually. At

each meeting the Board reviews and addresses potential conflicts.

03. CEO, executive director, top management comp (Part VI, line 15a)

The executive director's salary was initially set by, and is regularly reviewed by the

Board of Director's Executive Committee and is based upon industry standards,

04. Other officer or key employee compensation (Part VI, line 15b

Salaries are reviewed with the Executive Committee when positions are filled and are based

on industry standards. Any changes in compensation are reviewed by the finance committee,

Executive Committee, and full Board of Directors as part of the annual budgeting process.

05. Governing documents, etc, available to public (Part VI, line 19)

Available upon request.

Statement of Program Service Accomplishments

Name(s) as shown on return

2020 PG01 Your Social Security Number

36-3292374

Statement #4

The Advocates For Human Rights

Form 990-Part III(a) Statement of Service Accomplishment

Program Service Code	
Program Service Expenses	\$338896
Grants and allocations included in above expense	\$0
Program Services Revenue	\$0

Explanation

International Justice: The Advocates develops innovative, sustainable strategies to hold governments accountable for human rights abuses and to strengthen institutions in the international justice system. The Advocates helps diaspora and international partners monitor and document human rights conditions in countries around the world, and use local, regional, international, and transitional justice mechanisms to improve human rights worldwide. With the assistance of pro bono volunteers, The Advocates has partnered with human rights defenders in more than 50 countries on 5 continents to build their capacity to end genderbased violence against women, the use of the death penalty, and violence and discrimination based on race, religion, ethnicity, national origin, gender identity and sexual orientation.

Statement of Program Service Accomplishments

Name(s) as shown on return

The Advocates For Human Rights

2020 PG01 Your Social Security Number

36-3292374

Statement #4

Form 990-Part III(b) Statement of Service Accomplishment

Program Service Code	
Program Service Expenses	\$113703
Grants and allocations included in above expense	\$0
Program Services Revenue	\$0

Explanation

Nepal School Project: Since 1999, The Advocates has partnered with the Sankhu-Palubari community in Nepal to provide the most at-risk children in the area with education as a genuine alternative to child labor and a pathway to academic success and economic opportunity. The school currently provides education to more than 375 students enrolled in pre-K through grade 10; 53% are girls.