JAMES R. COLOMBO CPA PO BOX 9730 SANTA FE, NM 87504

> HUMAN RIGHTS ALLIANCE P.O. BOX 8640 SANTA FE, NM 87504-8640

Haldadddhadallalallalalladdladd

Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

JIM COLOMBO CPA PC 1424 PASEO DE PERALTA SANTA FE, NM 87501 (505) 983-9000

NOVEMBER 13, 2021

HUMAN RIGHTS ALLIANCE P.O. BOX 8640 SANTA FE, NM 87504-8640

HUMAN RIGHTS ALLIANCE:

ENCLOSED IS THE ORGANIZATION'S 2020 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990-EZ RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO MY OFFICE. I WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. I SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

JAMES R. COLOMBO, CPA

IRS e-file Signature Authorization for an Exempt Organization

	_	_
ar beginning		2020, and ending

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2020, or fiscal ye ▶ Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

Taxpayer identification number

85-0410708

HUMAN	RIGHTS	ALLIANCE
Name and tit	la of officer or n	arcan cubiact to tay

Name and title of officer or person subject to tax

KEVIN A BOWEN

PRESIDENT/TREASURER

Part I	Type	of F	Retu	rn and	Returr	Inf	orm	ation (Who	le D	ollars	On	ıly)			
<u> </u>							. –	00=0=0					 	 	

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	
2a Form 990-EZ check here X b Total revenue, if any (Form 990-EZ, line 9)	2b 16,770.
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here ▶ □ b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)	
Part II Declaration and Signature Authorization of Officer or Person Subject to Tax	
Under penalties of perjury, I declare that X I am an officer of the above organization or I am a person subject	to tax with respect to
(name of organization) , (EIN)	and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I múst contact the U.S. Treasury Financial Agent át 1-888-353-4537 no later than 2 business dáys prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

X	Lauthoriza	JAMES	R.	COLOMBO	CPA

to enter my PIN

ERO firm name

Enter five numbers but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

 \perp As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

number (EFIN) followed by your five-digit self-selected PIN.

85014432103

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date ightharpoonup 11/13/21

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

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

filing of t	nis form, visit www.irs.gov/e-file-providers/e-file-for-char	ities-and-r	non-profits.						
Autom	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).						
All corpo	rations required to file an income tax return other than F	orm 990-T	(including 1120-C filers), partnership	os, REMIC	S, and trusts				
must use	Form 7004 to request an extension of time to file incom	ne tax retu	rns.						
Type or	Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number								
print File by the	HUMAN RIGHTS ALLIANCE					85-0410708			
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s P.O. BOX 8640	ee instruc	tions.						
instructions	City, town or post office, state, and ZIP code. For a for SANTA FE, NM 87504-8640	oreign add	dress, see instructions.						
Enter the	Return Code for the return that this application is for (fil	e a separa	ate application for each return)			0 1			
Applicat	ion	Return	Application			Return			
Is For		Code	Is For			Code			
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 990		02	Form 1041-A			08			
	20 (individual)	03	Form 4720 (other than individual)			09			
Form 990		04	Form 5227			10			
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990	O-T (trust other than above) THE ORGANIZATION	06	Form 8870			12			
Telepl If the	ooks are in the care of ▶ P.O. BOX 8640 — none No. ▶ 505.919.9593 organization does not have an office or place of business is for a Group Return, enter the organization's four digit If it is for part of the group, check this box ▶	s in the Ur Group Exe	Fax No. ▶	f this is fo	r the whole group,				
the	equest an automatic 6-month extension of time until organization named above. The extension is for the organization named above. The extension is for the organization calendar year 2020 or tax year beginning	anization's	nd ending	the exen		urn for:			
	his application is for Forms 990-BL, 990-PF, 990-T, 4720 y nonrefundable credits. See instructions.	, or 6069,	enter the tentative tax, less	3a	\$	0.			
	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and						
	imated tax payments made. Include any prior year overp		•	3b	\$	0.			
c Ba	lance due. Subtract line 3b from line 3a. Include your pa	ayment wit	th this form, if required, by						
	ng EFTPS (Electronic Federal Tax Payment System). See			3с	\$	0.			
Caution:	If you are going to make an electronic funds withdrawal	(direct de	ebit) with this Form 8868, see Form 8	453-EO a	nd Form 8879-EO f	or payment			
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form 8868 (F	Rev. 1-2020)			

Form **8868** (Rev. 1-2020)

EXTENDED TO NOVEMBER 15, 2021

Form 990-F7

Short Form Return of Organization Exempt From Income Tax

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

2020

Open to Public

Department of the Treasury

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

Inspection ► Go to www.irs.gov/Form990EZ for instructions and the latest information. Internal Revenue Service For the 2020 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change 85-0410708 HUMAN RIGHTS ALLIANCE Name change E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return
Final return/
terminated P.O. BOX 8640 505.919.9593 City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return SANTA FE, NM 87504-8640 Number > Application pending Accrual X Cash Other (specify) **H** Check \triangleright X if the organization is Accounting Method: Website: ► HRASANTAFE.ORG not required to attach Schedule B Tax-exempt status (check only one) - \times 501(c)(3) 501(c) () **◄**(insert no.) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF). Form of organization: X Corporation Trust ____ Association ____ Other Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, 16,770. column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts 2 Membership dues and assessments 3 Investment income 4 **5a** Gross amount from sale of assets other than inventory **b** Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) Gaming and fundraising events: a Gross income from gaming (attach Schedule G if greater than Revenue 6a **b** Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances 7b **b** Less; cost of goods sold Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7с Other revenue (describe in Schedule 0) 8 16,770. **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Grants and similar amounts paid (list in Schedule 0) 10 10 Benefits paid to or for members 11 11 Salaries, other compensation, and employee benefits 12 12 1,318. 13 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 14 650. Printing, publications, postage, and shipping 15 15 SEE SCHEDULE O 10,963. 16 Other expenses (describe in Schedule 0) 16 17 12,931. Total expenses. Add lines 10 through 16 17 Excess or (deficit) for the year (subtract line 17 from line 9) 3,839**.** 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 5,518. (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule 0) 0. 20

For Paperwork Reduction Act Notice, see the separate instructions.

Net assets or fund balances at end of year. Combine lines 18 through 20

Form **990-EZ** (2020)

21

	Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to resp					
		(4	A) Beginning of year		(B) E	nd of year
22	Cash, savings, and investments		5,518	• 22		9,357.
23	Land and buildings			23		
24	Other assets (describe in Schedule 0)			24		
25	Total assets		5,518	• 25		9,357.
26	Total liabilities (describe in Schedule 0)		0	• 26		0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		5,518	• 27		9,357.
Pa	art III Statement of Program Service Accomplishmen	nts (see the instruction	ons for Part III)		Ex	kpenses
	Check if the organization used Schedule O to resp	,	,	X	(Required	for section
What	t is the organization's primary exempt purpose?COMMUNITY EDUC	ATION				and 501(c)(4) ons; optional for
	ribe the organization's program service accomplishments for each of its three largest program		o In a clear and conside		others.)	ons, optional for
	er, describe the services provided, the number of persons benefited, and other relevant inform		s. III a clear and concise		,	
28	SEE SCHEDULE O					
20						
	(Cyanta C	wanta alaasi bawa		<u> </u>	28a	8,000.
	(Grants \$) If this amount includes foreign g	grants, check here	······	<u> </u>	20a	0,000.
29	BEE SCHEDOLE O					
-						
				-	_	2 0 4 2
	(Grants \$) If this amount includes foreign g	grants, check here			29a	3,843.
	HRA STARTED "THE SHOULDERS WE STAND					
	WHICH WILL BEGIN TRACING THE LGBTRQ	+ COMMUNITY I	N SANTA F	<u> </u>		
	AND NM FROM 1970-2020.					
((Grants \$) If this amount includes foreign g	rants, check here	>		30a	438.
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount includes foreign g				31a	
	T	······		▶	32	12,281.
	art IV List of Officers, Directors, Trustees, and Key E	mplovees (list each one ex	ven if not compensated - 9	see the	instructions f	for Part IV/
			von in not compensated t	300 1110	mondettons i	orraitiv)
		• •			mod dedono	OIT alt IV)
	Check if the organization used Schedule O to resp	ond to any question	in this Part IV	 (d) _{He}	alth benefits,	
	Check if the organization used Schedule O to resp	• •	in this Part IV (c) Reportable compensation (Forms	(d) He	alth benefits,	(e) Estimated amount of other
		oond to any question (b) Average hours	in this Part IV	(d) He contremple plans,	alth benefits, ributions to byee benefit and deferred	(e) Estimated
KE:	Check if the organization used Schedule O to resp	oond to any question (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contremple plans,	alth benefits, ibutions to byee benefit	(e) Estimated amount of other
	Check if the organization used Schedule O to responsible (a) Name and title VIN A. BOWEN	(b) Average hours per week devoted to position	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contremple plans,	ealth benefits, ributions to byee benefit and deferred ipensation	(e) Estimated amount of other compensation
PR	Check if the organization used Schedule O to responsible (a) Name and title VIN A. BOWEN ESIDENT/TREASURER	oond to any question (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contremple plans,	alth benefits, ributions to byee benefit and deferred	(e) Estimated amount of other
PR TH	Check if the organization used Schedule O to responsible (a) Name and title VIN A. BOWEN ESIDENT/TREASURER ERESA STONE	(b) Average hours per week devoted to position 4.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contremple plans,	halth benefits, ributions to yoge benefit and deferred appensation	(e) Estimated amount of other compensation
PR TH VI	Check if the organization used Schedule O to responsible (a) Name and title VIN A. BOWEN ESIDENT/TREASURER ERESA STONE CE PRESIDENT	(b) Average hours per week devoted to position	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contremple plans,	ealth benefits, ributions to byee benefit and deferred ipensation	(e) Estimated amount of other compensation
PR TH VI CA	Check if the organization used Schedule O to responsive (a) Name and title VIN A. BOWEN ESIDENT/TREASURER ERESA STONE CE PRESIDENT LVIN FIELDS	(b) Average hours per week devoted to position 4.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) He contremple plans,	halth benefits, ibutions to byee benefit and deferred apensation	(e) Estimated amount of other compensation 0 •
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TH VI CA SE SH DI MA	Check if the organization used Schedule O to responsible VIN A. BOWEN ESIDENT/TREASURER ERESA STONE CE PRESIDENT LVIN FIELDS CRETARY ONTEZ MORRIS RECTOR RK WESTBURG	(b) Average hours per week devoted to position 4.00 2.00 2.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) He contremple plans,	alth benefits, ibutions to byee benefit and deferred ipensation 0. 0.	(e) Estimated amount of other compensation 0. 0.
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PR TH VI CA SE SH DI MA	Check if the organization used Schedule O to responsible VIN A. BOWEN ESIDENT/TREASURER ERESA STONE CE PRESIDENT LVIN FIELDS CRETARY ONTEZ MORRIS RECTOR RK WESTBURG	(b) Average hours per week devoted to position 4.00 2.00 2.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) He contremple plans,	alth benefits, ibutions to byee benefit and deferred ipensation 0. 0.	(e) Estimated amount of other compensation 0. 0.

So Did the organization engage in any significant activity not previously reported to the IRS? If Yes, 'provide a detailed description of each activity in Schedule 0 44 Were any significant charges made to the organization's name. Otherwise, explain the change on Schedule 0. See instructions 45 Were any significant charges made to the organization's name. Otherwise, explain the change on Schedule 0. See instructions 46 Defended the organization have unrelated business gross income of \$1,000 or more oduring the year from business activities (such as those reported on lines 2, 6a, and 7a, among orthor). 56 Defended the organization have a center of \$1,000 or more oduring the year from business activities (such as those reported on lines 2, 6a, and 7a, among orthor). 57 Defended the organization section of \$1,000 or more oduring the year from business activities (such as those reported on lines 2, 6a, and 7a, among orthor). 58 Defended the organization activities of \$1,000 or more oduring the year from the soles of the organization and protal patients of \$1,000 or more oduring the year from the soles of \$1,000 or more oduring the year from the soles of \$1,000 or more oduring the year from the soles of \$1,000 or more oduring the year from the soles of \$1,000 or more oduring the year from the soles of \$1,000 or more oduring the year from the soles of \$1,000 or more oduring the year from \$1,00		instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	s Part	V	X			
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d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 1 List the states with which a copy of this return is filed ▶ NM 1 NM 1 List the states with which a copy of this return is filed ▶ NM 1 List the states with which a copy of this return is filed ▶ NM 2 The organization's books are in care of ▶ THE ORGANIZATION Telephone no. ▶ 505.919.9593 2 IP + 4 ▶ 8750.4 − 86.4 (f. at any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 1 If "Yes," enter the name of the foreign country ▶ 3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 1 Ves," Form 990 must be completed instead of Form 990-EZ 2 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 3 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 4 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0	C							
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e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e X 41 List the states with which a copy of this return is filled MM 42a The organization's books are in care of THE ORGANIZATION Telephone no. \$505.919.9593 Located at P.O. BOX 8640, SANTA FE, NM ZIP+4 \$87504-8640 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States? 42c X If "Yes," enter the name of the foreign country At 20 N/A 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here N/A and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A 44a N/A 44a N/A 44b N/A 44b N/A 44c N/A 44d N/A	d							
transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed NM 12a The organization's books are in care of YTHE ORGANIZATION Located at YPO. BOX 8640, SANTA FE, NM 12P+4 \$7504-8640 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 16 "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 17 C At any time during the calendar year, did the organization maintain an office outside the United States? 18 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the xyear 19 A Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 10 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 20 Did the organization receive any payments for indoor tanning services during the year? 21 A 44a X 22 A 44b X 23 A 44c X 24 B If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O								
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b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0 44d	44 a	5 000 57	440		v			
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c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0	D		446		v			
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0 44d	_	Did the organization receive any payments for indeer tenning convices during the year?						
in Schedule O 44d 44d			44C		_^			
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X	a		444					
40a Did the organization have a conditioned entity within the inealing of section 312(b)(13)?	AF ~	Did the organization have a controlled entity within the magning of section 519/6\/12\/2			У			
h Did the organization receive any payment from or engage in any transaction with a controlled entity within the magning of eastion			40a		Λ			
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions 45b	U		454					
5 12(b)(13)? If Yes, Form 990 and Scriedule R may need to be completed instead of Form 990-E2. See instructions	_			90-F7 /	(2020)			

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

						=	Ye	s No
	rganization engage, directly or indirectly, in policomplete Schedule C, Part I						46	X
Part VI	Section 501(c)(3) Organizations	Only						
	All section 501(c)(3) organizations must a	nswer questions 47-4	19b and 52, and	d complete t	he tables for line	es 50 and 51.		
	Check if the organization used Schedule	O to respond to any	question in this	Part VI				
							Ye	
	rganization engage in lobbying activities or hav						47	X
	panization a school as described in section 1700 panization make any transfers to an exempt no						48 49a	X
	vas the related organization a section 527 organ	0					49a 49b	12
	e this table for the organization's five highest co				rustees, and kev e	· · · · · · · · · · · · · · · · · · ·		d more
-	0,000 of compensation from the organization. I			, , -	,			
	(a) Name and title of each employee		(b) Average		(C) Reportable	(d) Health benefits, contributions to	(e) Esti	
			per week dev	טוטע וט	ompensation (Forms W-2/1099-MISC)	employee benefit plans, and deferred	amount	
	NON	E	positio	II		compensation	comper	15411011
2 Did the or	nber of other independent contractors each rec rganization complete Schedule A? Note: All sec	ction 501(c)(3) organiza		 ı a	-	, Fee		
	d Schedule As of perjury, I declare that I have examined this			00 and at-t	anto and to the L	et of my knowlede		of it io
•	s of perjury, I declare that I have examined this nd complete. Declaration of preparer (other tha	. •			•		je anu Deli	ei, ií is
ao, correct, al	na compiete. Deciaration of preparer (other tha	ii oiiioei j is daseu uii ali	mnormation of W	mon preparet	nas any knowieug	·.		
ign lere	Signature of officer KEVIN A. BOWEN, PRE Type or print name and title	SIDENT/TREA	ASURER			Date		
	Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN		
aid	JAMES R. COLOMBO,				self- emplo			
aid reparer	CPA			11/13/	21	P007	1111	1
reparer Ise Only		OMBO CPA		•	Firm's EIN			
oe Only	Firm's address ▶ PO BOX 9730				Phone no	<u> </u>		0
	SANTA FE, N	M 87504						
ay the IRS di	scuss this return with the preparer shown abov	re? See instructions				> X	Yes	N
						Fo	rm 990-E	Z (202

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization HUMAN RIGHTS ALLIANCE 85-0410708 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

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

000	Stion A. Public Support						
Cale	ndar 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.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						_
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	_
	organization, check this box and stop						>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2020 (14	%
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	١			▶∟
b	33 1/3% support test - 2019. If the o	•		•		•	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			▶∟
17a	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not o	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	s box and stop he	re. Explain in Part	VI how the organiz	ration
	meets the facts-and-circumstances to	st. The organization	on qualifies as a p	ublicly supported	organization		▶□
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	eck this box and st	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicl	y supported organ	ization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instruction	s ▶∟

Schedule A (Form 990 or 990-EZ) 2020

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

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

Calendar year (or fiscal year beginning in) ► (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 11,695. 7,989. 13,414. 38,642. 16,770. 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 12,386. 13,656. 22,928. 41,402. 12,930. 3 Gross receipts from activities that are not an unrelated trade or business under section 513	(f) Total 88,510.
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 bus-	88,510.
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 bus-	88,510.
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 bus-	88,510.
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 bus-	
are not an unrelated trade or bus-	103,302.
11055 GIAGO 56001011 010	
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 24,081. 21,645. 36,342. 80,044. 29,700.	191,812.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons 5,000.	5,000.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0.
c Add lines 7a and 7b 5,000.	5,000.
	186,812.
Section B. Total Support	
Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 9 Amounts from line 6 24,081. 21,645. 36,342. 80,044. 29,700.	(f) Total
9 Amounts from line 6 24,081. 21,645. 36,342. 80,044. 29,700. 1 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	191,812.
b Unrelated business taxable income	
(less section 511 taxes) from businesses acquired after June 30, 1975	
c Add lines 10a and 10b	
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.) 24,081. 21,645. 36,342. 80,044. 29,700.	191,812.
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization	١,
check this box and stop here	<u></u> ▶∟⊥
Section C. Computation of Public Support Percentage	07 20
	97.39 % 96.69 %
	96.69 <u>%</u>
Section D. Computation of Investment Income Percentage	.00 %
17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17	
49. Investment income percentage from 0040 Coleratula A. Dart III. line 47	<u>%</u>
18 Investment income percentage from 2019 Schedule A, Part III, line 17	
19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17	
	► X

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
- Ou		
3b		
3c		
4a		
4b		
4c		
5a		
5b 5c		
30		
6		
6		
7		
C		
8		
9a		
01-		
9b		
9с		
40-		
10a		
10b		

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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 organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		T	
			Yes	No
1	Were a majority 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(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). etion D. All Type III Supporting Organizations	1		
360	tion b. All Type III Supporting Organizations		V	
_	Did the constitution was ide to each of the companied associations by the leat day of the fifth wearth of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a	igsquare	
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.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.		
Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting org	anization (see	
	instructions)				

Schedule A (Form 990 or 990-EZ) 2020

Dai	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizatione / /		5 0410700 Page 7
	ion D - Distributions	(a)(b) Supporting Orga	amzations (continu	ied)	Current Year
1	Amounts paid to supported organizations to accomplish exe		1	Ourrent real	
	Amounts paid to supported organizations to accomplish exemples and to perform activity that directly furthers exemple to the control of the c			'	
2	organizations, in excess of income from activity	or purposes or supported		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ne .	3	
4	Amounts paid to acquire exempt-use assets	es of supported organization	13	4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI \		5	
6	Other distributions (describe in Part VI). See instructions.	ovide details in Fait VI)		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	7		
Ū	(provide details in Part VI). See instructions.	ne organization to responsive		8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	and an area of me o another	(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution	าร	Distributable
	,		Pre-2020		Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	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				
b	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				

Schedule A (Form 990 or 990-EZ) 2020

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:

a Excess from 2016

b Excess from 2017

c Excess from 2018

d Excess from 2019

e Excess from 2020

7 Excess distributions carryover to 2021. Add lines 3j

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV. Section A. lines 1.2. 3b. 3c. 4b. 4c. 5a. 6. 9a. 9b. 9c. 11a. 11b. and 11c. Part IV. Section B. lines 1 and 2: Part IV. Section C.
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2020

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2016 Amount	2017 Amount	2018 Amount	2019 Amount	2020 Amount
SANTA FE NATURAL TOBACCO	5,000.	0.	0.	0.	0.
TODRICCO	3,000.	•	•	•	•
Total to Schedule A,					
Part III, Line 7a	5,000.				

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

HUMAN RIGHTS ALLIANCE

Employer identification number 85-0410708

HUMAN KIGHIS ADDIANCE	03-0410700
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
CONFERENCE, CONVENTION, MEETINGS	228.
OTHER PROGRAM EXPENSES	5,598.
OFFICE EXPENSES	596.
WEB BASED SERVICES	3,843.
INSURANCE	698.
TOTAL TO FORM 990-EZ, LINE 16	10,963.
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLIST. "SANTA FE PRIDE"	SHMENTS:
THE PRIDE EVENT WAS MOVED TO A VIRTUAL EVENT AND BROADCAS	ST
LIVE FROM SANTA FE ACROSS THE STATE AND NATIONALLY FOR 5	
HOURS OF MUSIC AND FUN. HRA SPONSORS THE COMMUNITY PRIDE	PARADE, HELD
VIRTUALLY IN 2020, AS WELL AS A BUSINESS AND ORGANIZATION	N TRADE SHOW OF
LGBTQ+ BUSINESSES AND ORGANIZATIONS WHICH SUPPORT THE COM	MUNITY. HRA
PROVIDES A CLEAR RESOURCE FOR EDUCATION, INFORMATION AND	COMMUNITY
SUPPORT. IN 2020 HRA WAS PART OF THE "CAN'T CANCEL PRIDE	NATIONAL
CAMPAIGN" TO SUPPORT THE LGBTQ+ COMMUNITY IN THE US DURIN	IG THE
PANDEMIC.	
FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLIS	SHMENTS:
"LGBTQ+ COMMUNITY WEBSITE"	
COMMUNITY WEBSITE WITH REFERRALS AND FREE RESOURCES AND	
ASSISTANCE FOR THE COMMUNITY. INFORMATION ON COMMUNITY	
EVENTS AND POLITICAL CHANGES THAT ARE RELEVANT TO THE LGT LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	TBQ+ COMMUNITY. edule O (Form 990 or 990-EZ) 2020

Name of the organization HUMAN RIGHTS ALLIANCE	Employer identification number 85-0410708
HRA ADDED A SPECIAL SECTION AND LINK TO Q-CHAT, A WEEKLY	HOSTED AND
SUPERVISED MEETING FOR LBGTQ+ YOUTH TO PROVIDE SUPPORT DU	JRING THE
PANDEMIC.	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEF	FIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FU	JNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT	TRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI	UMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	