Form **990**

Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **2023** Open to Public Inspection

AF	or the	2023 calendar year, or tax year beginning and	d ending	he receipt the year be	A. For the 2023 calery
B C at	heck if oplicable:	C Name of organization		D Employer identifica	ation number
	Address change	AMARA LEGAL CENTER	4.97	WE LEGAL CRM	
	Name change	Doing business as		46-381939	4
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 1629 K STREET, NW	Room/suite 300	E Telephone number 240-257-6	492
0.1	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	brd vulnum	G Gross receipts \$	735,440.
	Amende	WASHINGTON, DC 20006	20046	H(a) Is this a group ret	um
120	Applica- tion pending	F Name and address of principal officer: CANOLINE ACKENTIAN	State . and	for subordinates?	Yes X No
2421		SAME AS C ABOVE		H(b) Are all subordinates inc	luded? Yes No
		npt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	,	st. See instructions
	Vebsite		C.A.C	H(c) Group exemption	
	the local division of the local division of the	organization: X Corporation Trust Association Other	L Year	of formation: 2013 M	State of legal domicile: DC
Fd		Summary Briefly describe the organization's mission or most significant activities: TO I	PROVIDE	FREE LEGAL	GERVICES
JCe	1 B	TO INDIVIDUALS WHOSE RIGHTS HAVE BEEN V	TOLATEL	WHILE INVOL	VED IN
Activities & Governance	-	Check this box if the organization discontinued its operations or disp			
Iover				3	7
Ğ		lumber of independent voting members of the governing body (Part VI, line 1b			7
es 8		otal number of individuals employed in calendar year 2023 (Part V, line 2a)			14
vitie		otal number of volunteers (estimate if necessary)			14
Acti	7a T	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
-	bN	let unrelated business taxable income from Form 990-T, Part I, line 11			0.
	LESY N			Prior Year	Current Year
P		Contributions ar d grants (Part VIII, line 1h)		738,046.	734,432.
Revenue		Program service revenue (Part VIII, line 2g)		1,460.	694.
Rev		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		14.	81.
		Other revenue (Fart VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	233.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,000.	735,440.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,000.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		572,735.	468,878.
Expenses	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10 Professional fundraising fees (Part IX, column (A), ine 11e) Fotal fundraising expenses (Part IX, column (D), line 25)36,	·/·····	0.	100,070.
ben	bl	fotal fundraising expenses (Part IX, column (D), line 25) 36,	483.		
Ě		Dther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		162,859.	113,840.
		fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		736,594.	582,718.
		Revenue less expenses. Subtract line 18 from line 12		2,926.	152,722.
or		Septralag al Curran Ta M		eginning of Current Year	End of Year
sets alan	20 1	Fotal assets (Part X, line 16)		188,514.	337,918.
Net Assets or Fund Balances	21 1	Fotal liabilities (F art X, line 26)		27,819.	24,501.
		Net assets or fund balances. Subtract line 21 from line 20		160,695.	313,417.
and the second second	art II	Signature Block		e Biock	a Grand Charles
		ties of perjury, I declare that I have examined this return, including accompanying schedu		•	knowledge and belief, it is
true	, correct	t, and complete. Declaration of preparer (other than office r) is based on all information of	which prepare		- 11
•		Signature of officer		Date	24
Sig		CAROLINE ACKERMAN, EXECUTIVE DIRECTOR		Duto	
Her	-	Type or print name and title			
-		Print/Type preparer's name Prepare	T	Date Check	PTIN
Pai	d	TINA PEACHER (No Veo	wher	11/13/24 if self-employe	P01608826
		Firm's name JM&M			2-1853933
	Only	Firm's address 10500 LITTLE PATUXENT PARKWAY,	SUITE '	770	Bar 0.8y Prints
	220	COLUMBIA, MD 21044	KD 2104	Phone no.41	0-884-0220
Ma	y the IF	S discuss this return with the preparer shown above? See instructions			X Yes No
LH/	A For	Paperwork Reduction Act Notice, see the separate instructions. 33200	1 12-2 -23		Form 990 (2023)

SEE SCHEDILE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2023) AMARA LEGAL CENTER	46-3819394	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission: THE AMARA LEGAL CENTER PROVIDES FREE TRAUMA-INFORMED L		
	REPRESENTATION, ACCESS TO SUPPORT SERVICES, AND ADVOCA EQUITABLE LEGAL SYSTEM FOR INDIVIDUALS IMPACTED BY SEX		
	INVOLVED IN SEX WORK IN THE DC-METRO AREA.	TRAFFICKING C	JR
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services If "Yes," describe these changes on Schedule O.	s?Yes [XNo
4	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 364,714 · including grants of \$) (Rev	venue \$ 6	594.)
	AMARA LEGAL CENTER PROVIDES LEGAL ADVICE AND REPRESENT.		
	SURVIVORS OF SEX TRAFFICKING AND SEX WORKERS FACING CI		JES,
	INCLUDING FAMILY LAW, NAME/GENDER MARKER CHANGES, CIVI		
	ORDERS, AS WELL AS CRIMINAL LEGAL ISSUES, INCLUDING CR		
	RELIEF, CRIMINAL DEFENSE, AND VICTIM-WITNESS ADVOCACY.		
	AMARA LEGAL CENTER ENGAGES IN OUTREACH, PROFESSIONAL T		
	EDUCATION EFFORTS TO INCREASE AWARENESS OF TRAFFICKING	IN THE	
	COMMUNITY.		
41			
4b	(Code:) (Expenses \$ including grants of \$) (Rev	/enue \$)
4c	(Code:) (Expenses \$) (Rev	venue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 364,714.		
		Form 99	0 (2023)
33200	2 12-21-23 2		

20261101 793927 17683 2023.05000 AMARA LEGAL CENTER 17683_1

Form 990 (2023)

Part IV Checklist of Required Schedules

AMARA LEGAL CENTER

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		х	
-	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </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 Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
0	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? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		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		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
ام	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	114		x
•	Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11d 11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Tie		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			v
	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	10		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> " <i>Yes</i> ," <i>complete Schedule G, Part I</i> . See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		<u> </u>
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u> </u>
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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		X
332003	12-21-23	Form	990	(2023)

20261101 793927 17683

Form 990 (2	2023)	AMARA	LEGAL	CENTER
Part IV	Checklist of	of Required S	chedules	(continued)

AMARA LEGAL CENTER

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00		x
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		- 22
248	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2-10		
•	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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 of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
h	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		- 23
C	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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		X
	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 controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		x
37	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		17
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 57		
	Note: All Form 990 filers are required to complete Schedule O	38	x	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
332004	12-21-23	Form	990 ((2023)
	Δ			

Form	990 (2023) AMARA LEGAL CENTER		381939	94	Pa	age 5
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
				,	Yes	No
2 a	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	14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3	a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial		4	a		Х
b	If "Yes," enter the name of the foreign country	,				
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. ,	5			х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa					X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			-		
0a						х
	any contributions that were not tax deductible as charitable contributions?		6	a		<u></u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribu-					
_	were not tax deductible?		6	b		
7	Organizations that may receive deductible contributions under section 170(c).					37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se					X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7	b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required				
	to file Form 8282?			c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?		e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?	7	f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8899 as requi	red? 7	g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation file a Form 10	098-C? 7	h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the				
		•	8	3		
9	Sponsoring organizations maintaining donor advised funds.					
а			9	a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?					
10	Section 501(c)(7) organizations. Enter:			-		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	100				
		44.				
	Gross income from members or shareholders	11a				
D	Gross income from other sources. (Do not net amounts due or paid to other sources against					
40	amounts due or received from them.)	10410				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	12	a		
	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?		13	la		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14	a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O	14	b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	eration or				
	excess parachute payment(s) during the year?			5		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmer	nt income?		6		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	ctivities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		1	7		
	If "Yes," complete Form 6069.					
332005	12-21-23		F	orm 🤅	990	(2023)

20261101 793927 17683 2023.05000 AMARA LEGAL CENTER

5

Form 990	(2023)
----------	--------

AMARA LEGAL CENTER

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

Check if Schedule O contains a response or note to any line in	n this Dart VI
Check if Schedule O contains a response of hote to any line if	II UNS FAIL VI

37
X

Sec	tion A. Governing Body and Management					
		Ι.	I	7	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		4		
	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.					
h	Enter the number of voting members included on line 1a, above, who are independent	1b		7		
b 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi			4		
2				2		х
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under th			-		
Ŭ	of officers, directors, trustees, or key employees to a management company or other person?			3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9					X
5	Did the organization become aware during the year of a significant diversion of the organization's as					X
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 a					
	more members of the governing body?			7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ached	at 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 R	evenu	e Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such c					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	ly befo	ore filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			10-	x	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	X	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise. Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y			12b	- 23	
C	on Schedule O how this was done			12c	x	
13	Did the organization have a written whistleblower policy?				X	
14	Did the organization have a written document retention and destruction policy?			14	X	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approve					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-				
а	The organization's CEO, Executive Director, or top management official			15a		Х
	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith 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	te its j	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatic	n's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 99	D-T (section 501(c)(3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	of interest policy, a	nd fina	ncial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo BOOKMINDERS - $412-323-2665$	oks a	nd records			
	101 S. 10TH STREET, PITTSBURGH, PA 15203					
332006	6 12-21-23			Form	990	(2023)
	6					

Part VII	Compensation of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated
	Employees, and Independe	ent Contrac	ctors				

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

Name and title Average hours per Position (do not check more than one box, unless person is both an Reportable Report		Estimated
hours per box, unless person is both an compensation compet	anation	
officer and a director/tructee)		amount of
		other
(list any 용 the organiz hours for 분 고 organization (W-2/109		compensation from the
related 8 8 8 (W-2/1099-MISC/ 1099-		organization
organizations	,	and related
(list any log hours for ho		organizations
(1) CAROLINE ACKERMAN 40.00		
EXECUTIVE DIRECTOR X 102,386.	0.	7,687.
(2) NATASHA THOMAS 40.00		
DEPUTY DIRECTOR X 72,737.	0.	9,272.
(3) SAKALA RUTHERFORD 1.00		
PRESIDENT UNTIL JAN. 2023 X X O.	0.	0.
(4) KATELYN CRAWFORD, DIRECTOR 1.00		
UNTIL JAN. 2023, THEN PRESIDENT X X 0.	0.	0.
(5) CYNTHIA FOX 1.00		
VICE PRESIDENT UNTIL JAN. 2023 X X O.	0.	0.
(6) MARY BETH JACOBY, DIRECTOR 1.00		
UNTIL JAN. 2023, THEN VICE PRESIDENT X X 0.	0.	0.
(7) BRITTANY MOBLEY 1.00		
SECRETARY X X 0.	0.	0.
(8) MATTHEW LANNAN 1.00		
TREASURER UNTIL AUG. 2023 X X O.	0.	0.
(9) GENETTA SMITH, DIRECTOR UNTIL 1.00		
AUG. 2023, THEN INTERIM TREASURER X X 0.	0.	0.
(10) RADHA MOHAN 1.00		
DIRECTOR X O.	0.	0.
(11) SARAH ZALONIS 1.00		
DIRECTOR X O.	0.	0.
(12) MEGAN RESPOL 1.00		
DIRECTOR AS OF OCT. 2023 X O.	0.	0.
(13) RACHEL MARTIN 1.00		
DIRECTOR UNTIL JAN. 2023 X O.	0.	0.
		ļ
220007 10 01 02		Eorm 990 (2023)

332007 12-21-23

7

	orm 990 (2023) AMARA LEGAL CENTER 46-3819394 Page 8										
Par	t VII Section A. Officers, Directors, Tru	1 1	oloy	ees,			ghes	t C		es (continued)	
	(A) Name and title	(B) Average hours per week	box,	not cl , unles	heck i ss pei	ition more f rson is	than o s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for 불 organization (W-2/1099							organizations (W-2/1099-MISC 1099-NEC)	compensation		
									175,123.		0. 16,959.
c d	Subtotal Total from continuation sheets to Part V Total (add lines 1b and 1c)	/II, Section A	· · · · · · · ·			· · · · · · · · · · · · · · · · · · ·			0. 175,123.		0. 0. 0. 16,959.
2	Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	ed at	ove	e) wh	o re	eceived more than \$100	1,000 of reportable	1 Yes No
3 4	Did the organization list any former office line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> For any individual listed on line 1a, is the s	such individual					, 				<u>3 X</u>
5	and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," <i>con</i>	accrue comper	nsati	ion f	rom	any	unre	elat	ed organization or indiv	idual for services	
	tion B. Independent Contractors										
1	Complete this table for your five highest c the organization. Report compensation for	•	•							•	sensation from
	(A) Name and busines	s address	NC	ONE	2				(B) Description of s	ervices	(C) Compensation
								┥			
2	Total number of independent contractors \$100,000 of compensation from the organ		ot lir	nite	d to	thos C		ted	l above) who received n	nore than	Form 990 (2023)

332008 12-21-23

	Check if Schedule O contains a response or note to any line in this Part VIII								
			· · · · ·		(A)	(B)	(C)	(D)	
					Total revenue	Related or exempt function revenue		Revenue excluded from tax under	
						Tunction revenue	business revenue	sections 512 - 514	
ts	1	а	Federated campaigns 1a						
ran	.		Membership dues 1b						
۵, G			Fundraising events						
ifts ar A			Related organizations						
, end			Government grants (contributions) 1e	251,714.					
Sir			All other contributions, gifts, grants, and	231/711					
her		'		482,718.					
6t G		~		102,710.					
Contributions, Gifts, Grants and Other Similar Amounts		-	Noncash contributions included in lines 1a-1f		734,432.				
0.0		n	Total. Add lines 1a-1f		754,4520				
•		_	EVENT SPONSORSHIPS	Business Code 900099	694.	694.			
/ice	2	а	EVENT SPONSORSHIPS	900099	094.	094.			
ue ue		b							
S u S		С							
Be		d							
Program Service Revenue		е							
Δ.			All other program service revenue		<u> </u>				
		g	Total. Add lines 2a-2f		694.				
	3		Investment income (including dividends, inter	est, and	0.1			0.1	
			other similar amounts)		81.			81.	
	4		Income from investment of tax-exempt bond	proceeds					
	5		Royalties						
			(i) Real	(ii) Personal					
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		с	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7		Gross amount from sales of (i) Securities	(ii) Other					
			assets other than inventory 7a						
		b	Less: cost or other basis						
Ine			and sales expenses 7b						
ven		с	Gain or (loss) 7c						
ther Revenue		d	Net gain or (loss)						
ler	8		Gross income from fundraising events (not						
₹			including \$ of						
			contributions reported on line 1c). See						
			Part IV, line 18 8a						
		b	Less: direct expenses 8b						
			Net income or (loss) from fundraising events						
			Gross income from gaming 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 10						
		b	Less: cost of goods sold 10						
			Net income or (loss) from sales of inventory						
		<u> </u>		Business Code					
sno	11	а	MISCELLANEOUS REVENUE	900099	233.			233.	
nu6		b							
Miscellaneous Revenue		c							
lis B			All other revenue						
Σ			Total. Add lines 11a-11d		233.				
	12	-	Total revenue. See instructions		735,440.	694.	0.	314.	

AMARA LEGAL CENTER

332009 12-21-23

Form 990 (2023)

Part VIII Statement of Revenue

20261101 793927 17683

9 2023.05000 AMARA LEGAL CENTER Form **990** (2023)

46-3819394 Page 9

AMARA LEGAL CENTER

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	[D]
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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				
3	individuals. See Part IV, line 22 Grants and other assistance to foreign				
3	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	192,083.	136,413.	41,073.	14,597.
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	229,156.	164,188.	48,036.	16,932.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1,443.	778.	463.	202.
9	Other employee benefits	14,074.	9,671.	3,262.	1,141.
10	Payroll taxes	32,122.	24,579.	5,072.	2,471.
11	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting	43,467.		43,467.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		25 006	7 2/1	10 555	
	column (A), amount, list line 11g expenses on Sch O.)	25,896. 1,198.	7,341. 420.	18,555.	
12	Advertising and promotion	24,600.	13,124.	11,286.	190.
13	Office expenses	24,000.	13,124.	11,200.	190.
14	Information technology				
15 16	Royalties	1,297.	1,064.	155.	78.
16 17		172.	97.	75.	70.
17 18	Travel Payments of travel or entertainment expenses	1/2•	57.	7.5.	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,733.		1,433.	300.
20	Interest	_,		_,	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	4,527.	3,712.	543.	272.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	DUES AND SUBSCRIPTIONS	6,283.	1,206.	5,077.	
b	PROFESSIONAL DEVELOPMEN	3,115.	1,571.	1,544.	
с	LICENSES AND FEES	1,552.	550.	702.	300.
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	582,718.	364,714.	181,521.	36,483.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2023

332010 12-21-23

20261101 793927 17683

Form 990 (2023)

11

	n 990 (;		IER		40-3019	594 Page 11
Pa	πх	Balance Sheet				
		Check if Schedule O contains a response or note t	to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		18,426.	1	208,459.
	2	Savings and temporary cash investments		53,963.	2	54,044.
	3	Pledges and grants receivable, net		30,000.	3	70,055.
	4	Accounts receivable, net		81,882.	4	1,369.
	5	Loans and other receivables from any current or fo				
		trustee, key employee, creator or founder, substan	ntial contributor, or 35%			
		controlled entity or family member of any of these	persons		5	
	6	Loans and other receivables from other disqualifie				
		under section 4958(f)(1)), and persons described ir	n section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ä	9	Prepaid expenses and deferred charges		2,162.	9	1,910.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 1	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		11		
	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		2,081.	15	2,081.
	16	Total assets. Add lines 1 through 15 (must equal I		188,514.	16	337,918.
	17	Accounts payable and accrued expenses		27,819.	17	23,752.
	18	Grants payable			18	
	19	Deferred revenue			19	749.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Pa	rt IV of Schedule D		21	
ies	22	Loans and other payables to any current or former	r officer, director,			
iliti		trustee, key employee, creator or founder, substan				
Liabilities		controlled entity or family member of any of these			22	
_	23	Secured mortgages and notes payable to unrelate			23	
	24	Unsecured notes and loans payable to unrelated t			24	
	25	Other liabilities (including federal income tax, paya				
		parties, and other liabilities not included on lines 1	7-24). Complete Part X			
		of Schedule D		27,819.	25	24 501
	26		. v	27,019.	26	24,501.
Se		Organizations that follow FASB ASC 958, check	here X			
nce	07	and complete lines 27, 28, 32, and 33.		160,695.	07	261 196
3ala	27	Net assets without donor restrictions		100,095.	27	264,196. 49,221.
Ыd Е	28	Net assets with donor restrictions			28	49,221.
Fur		Organizations that do not follow FASB ASC 958 and complete lines 29 through 33.				
or	200				20	
ets	29	Capital stock or trust principal, or current funds			29 30	
Ass	30 31	Paid-in or capital surplus, or land, building, or equip Retained earnings, endowment, accumulated inco			30	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inco Total net assets or fund balances		160,695.	31	313,417.
Z	33	Total liabilities and net assets/fund balances		188,514.	32	337,918.
						Form 990 (2023)

Form **990** (2023)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total expenses (must equal Part VIII, column (A), line 22) 2 582,718. 2 Total expenses (must equal Part X, column (A), line 25) 2 582,718. 3 152,722.4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 160,695. 5 Net unrealized gains (losses) on investments 6 6 7 6 0onated services and use of facilities 7 6 7 Investment expenses 7 6 9 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 8 9 0 0 0 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 X Yes No	Form	990 (2023) AMARA LEGAL CENTER	46-381	9394	Pag	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 735, 440. 2 Total expenses (must equal Part IX, column (A), line 25) 2 582, 7718. 3 Revenue less expenses. Subtract line 2 from line 1 3 152, 7722. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 160, 6955. 5 Net unrealized gains (losses) on investments 6 6 7 6 7 7 8 Prior period adjustments 6 7 9 Other changes in net assets or fund balances (explain on Schedule 0) 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)) 9 0. Part XII Financial Statements and Reporting X X X Check if Schedule O contains a response or note to any line in this Part XII X X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other X Yes<	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 582,718. 3 Revenue less expenses. Subtract line 2 from line 1 3 152,722. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 160,695. 5 Net unrealized gains (losses) on investments 5 6 7 6 7 6 7 6 7 8 6 7 7 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)) 313, 417. Part XII Financial Statements and Reporting X X Check if Schedule 0 contains a response or note to any line in this Part XII X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other, "explain on Schedule 0. 2a X Yes No X Yes No 1 Accounting method used to prepare the form 990: Cash X Accrual Other Za X Yes <td< th=""><th></th><th>Check if Schedule O contains a response or note to any line in this Part XI</th><th></th><th></th><th></th><th></th></td<>		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 582,718. 3 Revenue less expenses. Subtract line 2 from line 1 3 152,722. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 160,695. 5 Net unrealized gains (losses) on investments 5 6 7 6 7 6 7 6 7 8 6 7 7 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)) 313, 417. Part XII Financial Statements and Reporting X X Check if Schedule 0 contains a response or note to any line in this Part XII X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other, "explain on Schedule 0. 2a X Yes No X Yes No 1 Accounting method used to prepare the form 990: Cash X Accrual Other Za X Yes <td< th=""><th></th><th></th><th></th><th></th><th></th><th></th></td<>						
3 Revenue less expenses. Subtract line 2 from line 1 3 152,722. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 160,695. 5 Net unrealized gains (losses) on investments 6 7 6 0onated services and use of facilities 6 7 7 8 9 0. 9 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 3113, 417. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other," explain on Schedule O. 2a X 1 Accounting method used to prepare the form 990: Cash Acrual Other 2a X 1 Accounting method used to prepare the form 990: Cash Accrual	1	Total revenue (must equal Part VIII, column (A), line 12)				
4 160,695. 5 Net unrealized gains (losses) on investments 5 6 6 7 7 8 6 9 0ther changes in net assets or fund balances (explain on Schedule 0) 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)) 10 313, 417. Part XII Financial Statements and Reporting 10 313, 417. 7 2a X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 0. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: 2a X 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: Separate basis Consolidated basis Both consolidated and separate basis 2b X 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: Za X	2	Total expenses (must equal Part IX, column (A), line 25)				
5 Net unrealized gains (losses) on investments 6 7 8 9 9 10 Net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 11 11 12 12 13 14 15 15 16 16 17 17 18 19 10 11 10 11 11 12 13 14 15 15 16 17 18 19 10 11 10 11 12 14 15 15 16 17 17 18 19 11 10 11 12 13 14 14 15 15 15 16 16 17 17 18 19 111 111 1111 <td>3</td> <td></td> <td></td> <td></td> <td></td> <td></td>	3					
6 Donated services and use of facilities 7 8 7 7 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Accounting method used to prepare the Form 990: 11 Accounting method used to prepare the Form 990: 12 Cash 14 Accounting from a prior year or checked "Other," explain on Schedule O. 15 Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 16 Yes 17 Yes 18 Separate basis, consolidated basis, or both: 19 Separate basis 19 Consolidated basis, or both: 10 Separate basis 10 Consolidated basis 11 Separate basis 12 Consolidated basis 13 Both consolidated and separate basis, consolidated basis 14 Separate basis 15 Were the organization's financial statements and selection of the year were audited on a separate basis, consolidated basis, or both: 11 Separate basis 10 Separate basis	4		· ·	160),6	95.
7 Investment expenses 7 8 Prior period adjustments 9 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)). 10 313, 417. Part XII Financial Statements and Reporting 10 313, 417. Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. 2b X If "Yes," check a box below to indicate whether the financial statements for the year were a	5					
 a Prior period adjustments a Prior period adjustments b Other changes in net assets or fund balances (explain on Schedule O) b Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) column (B) column (B) column (B) check if Schedule O contains a response or note to any line in this Part XII check if Schedule O contains a response or note to any line in this Part XII check if Schedule O contains a response or note to any line in this Part XII check if Schedule O contains a response or note to any line in this Part XII check if Schedule O contains a response or note to any line in this Part XII a Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization's financial statements compiled or reviewed by an independent accountant? 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? 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 c 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? 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? If the organization did not undergo the r	6	Donated services and use of facilities	- -			
9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 313,417. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII T Accounting method used to prepare the Form 990: Cash Cash X Accrual Other, "explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Devere the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Devere the organization is financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Devere the organization is financial statements and separate basis Devere the organization is financial statements and separate basis Devere the organization is financial statements and separate basis Consolidated basis, or both: X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis Consolidated basis, or both: X 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 a	7	Investment expenses	7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 313,417. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X 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: 2b X 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: 2b X 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: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight pro	8					
column (B) 10 313,417. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X 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: 2b X 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: 2b X 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: 2b X If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If "Yes" to line 2a or 2b, does the organization required to undergo an audit or audits a set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? </th <td>9</td> <td>Other changes in net assets or fund balances (explain on Schedule O)</td> <td>9</td> <td></td> <td></td> <td>0.</td>	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 He organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 2a X X Separate basis, consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X b Were the organization's financial statements audited by an independent accountant? 2b X 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: 2b X 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: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X 2c	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 D Consolidated basis D Were the organization's financial statements audited by an independent accountant? 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: Separate basis D Consolidated basis B Both consolidated and separate basis Consolidated basis D If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Image: The Separate basis C 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? 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 a			10	31:	3,4	17.
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	Pa					
1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Cash in the organization of the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 2a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit Image: Cash integer or organization did not undergo the required audit Image: Cash integer or organization did not undergo the required audit		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 Definition of the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Definition of the organization's financial statements audited by an independent accountant? 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: 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: 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: 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? 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a b b </th <th></th> <th></th> <th></th> <th></th> <th>Yes</th> <th>No</th>					Yes	No
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X b Were the organization's financial statements audited by an independent accountant? 2b X 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: 2b X 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: 2b X 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: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	1					
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 Description: Separate basis Consolidated basis Both consolidated and separate basis Both consolidated and separate basis Separate basis Consolidated basis Both consolidated and separate basis Both consolidated and separate basis Separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis Consolidated basis Both consolidated and separate basis consolidated basis Consolidated basis Separate basis Consolidated basis Both consolidated and separate basis consolidated basis Consolidated basis Separate basis Consolidated basis Separate basis Consolidated basis Separate basis <td< th=""><td></td><td></td><td></td><td></td><td></td><td></td></td<>						
separate basis, consolidated basis, or both: Separate basis Dewide the organization's financial statements audited by an independent accountant? 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: 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: 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? 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	2a			2a		X
 Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 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 Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Consolidated basis Consolidated basis Consolidated basis Consolidated basis		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
b Were the organization's financial statements audited by an independent accountant? 2b X 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: 2b X X Separate basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. Image: Construction of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit Image: Construction of the required audit Image: Construction of the required audit						
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: Image: Consolidated basis Image:						
consolidated basis, or both: Image: Consolidated basis Both consolidated and separate basis Image: Consolidated basis	b			2b	Х	
X Separate basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis Consolidated basis Consolidated and separate basis Consolidated basis			e basis,			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 2c X 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit Image: Committee of the required audit Image: Committee of the required audit						
review, or compilation of its financial statements and selection of an independent accountant? 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X 3a X						
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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	с		,		37	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 3a X Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit Image: Comparization of the required audit or audits?				2c	х	
Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit Image: Comparized audit <td></td> <td></td> <td>nedule O.</td> <td></td> <td></td> <td></td>			nedule O.			
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	3a					
				3a		X
	b					
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		L

Form **990** (2023)

332012 12-21-23

SCHEDULE A	1
------------	---

Department of the Treasury

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

OMB No. 1545-0047
2023
Open to Public Inspection

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection					Inspection						
Nam	e of t	the organizati								ployer identification number	
				A LEGAL CE						6-3819394	
Pa	rt I	Reason	for Public	Charity Status.	(All organizations must c	omplete tl	nis part.) S	ee instructio	ns.		
The o	organ	ization is not a	a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)				
1		A church, co	nvention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)(1	I)(A)(i).			
2		A school des	scribed in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	า 990).)					
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).			
4		A medical res	search organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,	
		city, and stat	te:								
5		An organizat	ion operated fo	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit descrik	ped in	
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, sta	ate, or local go	vernment or governn	nental unit described in s	section 17	70(b)(1)(A)	(v).			
7	Х				ntial part of its support f				the general	public described in	
				omplete Part II.)		0			5	I.	
8					(1)(A)(vi). (Complete Par						
9					in section 170(b)(1)(A)(ed in coniu	inction with a	land-grant	college	
Ŭ					ulture (see instructions).						
		university:	or a normana g	graine contogo or agrio		Linton the	name, eng	, and otato c	i the coneg		
10			ion that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributic	ns members	hin fees a	nd aross receipts from	
10					t to certain exceptions;						
					(less section 511 tax) fro						
					(less section of r tax) in		sses acqu	lifed by the o	ryanization	alter Julie 30, 1975.	
11				mplete Part III.)	ively to test for public or	foty Soo	nantion E(O(a)(4)			
12		-	-	-	ively to test for public sa ively for the benefit of, to	•			orn out the	purpass of one or	
12											
				•	ed in section 509(a)(1) o					neck the box on	
_		-			of supporting organizatio						
а					upervised, or controlled						
					gularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	upporting	
		7		complete Part IV, Se							
b				-	l or controlled in connec			-		-	
			0		anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported	
		7 Ŭ	.,	t complete Part IV,							
с			-		g organization operated				ally integrate	ed with,	
			-		s). You must complete I						
d		Type III no	on-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	orted organi	zation(s)	
			•		zation generally must sat	•		-	d an attent	iveness	
		requiremer	nt (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.			
е		Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	а Туре I, Туре	e II, Type III		
				•••	nally integrated support	ing organi:	zation.				
f											
g			-	n about the supporte		() I					
	(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount o		(vi) Amount of other	
		organizatior	n		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)	
Total											

Schedule A (Form 990) 2023

AMARA LEGAL CENTER

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	614,057.	595,165.	577,416.	738,046.	734,432.	3259116.
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	614,057.	595,165.	577,416.	738,046.	734,432.	3259116.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						3259116.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total 3259116.
7	Amounts from line 4	614,057.	595,165.	577,416.	738,046.	734,432.	3259116.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	686.	84.	5.	14.	81.	870.
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.)	392.	1,528.	724.		233.	2,877. 3262863.
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	2,154.
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop						L
	tion C. Computation of Publ		-				
	Public support percentage for 2023 (I					14	99.89 %
	Public support percentage from 2022					15	99.87 %
16a	33 1/3% support test - 2023. If the c				14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	-		• • • •	•		
b	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets the						
	organization meets the facts-and-circl						
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		S

Schedule A (Form 990) 2023

332022 12-21-23

17683__1

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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	3 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge \dots						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	3 (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						
· · · · · · · · · · · · · · · · · · ·						
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 						
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	he organization's fi	rst, second, third,	fourth, or fifth tax	x year as a section	501(c)(3) org	anization,
check this box and stop here						
Section C. Computation of Pub	lic Support Pe	rcentage				
15 Public support percentage for 2023 ((line 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 2022	2 Schedule A, Part	III, line 15			16	%
Section D. Computation of Inve	stment Incom	e Percentage				
17 Investment income percentage for 20	0 23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))	17	%
18 Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2023. If the					33 1/3%, and	l line 17 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2022. If the						/3%, and
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organization						
332023 12-21-23						dule A (Form 990) 2023
			15			. ,

20261101 793927 17683

AMARA LEGAL CENTER

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

332024 12-21-23

	(Form 990) 2023			CENTER
Part IV	Supporting Organ	izations (co	ntinued)	

2

			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction 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? <i>If "No," describe in</i> Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported</i> 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.

Section C.	Type II Supporting Organizations	

 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 the supported organization(s).
 1
 1
 1

 Section D. All Type III Supporting Organizations
 1
 1
 1

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** _____ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c ____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

332025 12-21-23

20261101 793927 17683 2023.0500

3b | | Schedule A (Form 990) 2023

2a

2b

3a

Yes No

Schedule A (Form 990) 2023 AMARA LEGAL CENTER Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifyi			Part VI). See instructio
All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	·
		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
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		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
on C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
nicenne tax impered in prior year			
Distributable Amount. Subtract line 5 from line 4, unless subject to			
* · · · · · · · · · · · · · · · · · · ·	6		
	Check here if the organization satisfied the Integral Part Test as a qualify	Check here if the organization satisfied the Integral Part Test as a qualifying trust on I All other Type III non-functionally integrated supporting organizations must complete on A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Q ther gross income (see instructions) Add lines 1 through 3. Depreciation and depletion Fortion 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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) B on B - Minimum Asset Amount Algregge fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities 1a Average monthly value of other non-exempt-use assets 1c Total (add lines 1a, 1b, and 1c) 1d Discount claimed for blockage or other factors (explain in detail in Part V): 4 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Net value of n	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in All other Type III non-functionally integrated supporting organizations must complete Sections A through E. on A - Adjusted Net Income (A) Prior Year Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 on B - Minimum Asset Amount (A) Prior Year Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a Average monthly ualue of securities 1a 1d Discount claimed for blockage or other factors 2 2 Subtract line 2, not land 1d 1d 1d Discount claimed for blockage or other factors 2 2 2 Subtract line 2 from line 1d. 3 2 3 2

instructions).

Schedule A (Form 990) 2023

332026 12-21-23

332027 12-21-23

Schedule A (Form 990) 2023

Section D - Distributions

1 2

3

4

5

6

7 8

9

10

1 2

3	Excess distributions carryover, if any, to 2023		
а	From 2018		
b	From 2019		
С	From 2020		
d	From 2021		
е	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D,		
	line 7: \$		
	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
С	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if		
	any. Subtract lines 3g and 4a from line 2. For result greater		
	than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h		
	and 4b from line 1. For result greater than zero, explain in		
	Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j		
	and 4c.		
8	Breakdown of line 7:		
	Excess from 2019		
	Excess from 2020		
	Excess from 2021		
	Excess from 2022		
е	Excess from 2023		
		Sc	hedule A (Form 990) 2023

(i)

Excess Distributions

AMARA LEGAL CENTER Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6.

Distributable amount for 2023 from Section C, line 6

Distributable amount for 2023 from Section C, line 6

Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.

Amounts paid to acquire exempt-use assets

(provide details in Part VI). See instructions.

Section E - Distribution Allocations (see instructions)

Line 8 amount divided by line 9 amount

Amounts paid to perform activity that directly furthers exempt purposes of supported

Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

Distributions to attentive supported organizations to which the organization is responsive

1

2 3

4 5

6

7

8

9

10

(ii)

Underdistributions

Pre-2023

Current Year

(iii)

Distributable

Amount for 2023

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

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

2020	AMOUNT:	\$ 1,528.			
	AMOUNT:	724.			
	AMOUNT:	233.			

Schedule B

(Form 990)

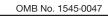
Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

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



2023

Employer identification number

46-3819394

AMARA	LEGAL	CENTER
-------	-------	--------

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

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

General Rule

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

Special Rules

- X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
 - For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

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

Schedule B	(Form	990)	(2023)
------------	-------	------	--------

Name of organization

Page 2
Employer identification number

AMARA LEGAL CENTER

46-3819394

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$30,000.	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
2		\$31,590.	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
3		\$220,124.	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
4		\$284,648.	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		\$35,000.	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>6</u> 323452 12-26	-23	\$30,000.	Person X Payroll (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

22 2023.05000 AMARA LEGAL CENTER

20261101 793927 17683

Schedule B	(Form	990)	(2023)
------------	-------	------	--------

Name of organization

Employer identification number

AMARA LEGAL CENTER

46 - 3819394

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$30,000.	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
8		\$25,000.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 12-26		\$	Person Payroll Occupied Payroll Payroll Occupied Part II for noncash contributions.)

23 2023.05000 AMARA LEGAL CENTER

20261101 793927 17683

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
3453 12-26-23	24 927 17683 2023.05000 AMA		Schedule B (Form 990

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Schedule B (Form 990) (2023)

AMARA LEGAL CENTER

Name of organization

Part II

Page 3 Employer identification number

46 - 3819394

17683__1

Name of o	rganization			Employer identification number
AMARA	LEGAL CENTER			46-3819394
Part III		through (e) and the following line ent charitable, etc., contributions of \$1,000 or	try For organizations	that total more than \$1,000 for the yea
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
Fatti				
		(e) Transfer of gif	t	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) Na				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-		(e) Transfer of gif	it l	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-		l (e) Transfer of gif	it	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gif	<u> </u>	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
323454 12-26	<u> </u>			Schedule B (Form 990) (2023
		25		

20261101 793927 17683

2023.05000 AMARA LEGAL CENTER

17683__1

SCHEDULE C	
(Form 990)	

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

• Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nan	ne of orga					Emplo	oyer identification number
			EGAL CENTER			_	46-3819394
Pa	art I-A	Complete if the org	anization is exempt unde	er section 501(c)	or is a section 5	27 oi	rganization.
2	Political	campaign activity expendit	ation's direct and indirect politica ures gn activities				
Pa	art I-B	Complete if the org	anization is exempt unde	er section 501(c)(3).		
1	Enter the		incurred by the organization unde			\$	
			incurred by organization manager				
			n 4955 tax, did it file Form 4720 fo				
4 a	Was a c	orrection made?					Yes No
		describe in Part IV.					
			anization is exempt unde	()/			<i>/// /</i>
			d by the filing organization for sec			\$	
2			ization's funds contributed to othe	0		•	
~						\$	
3			. Add lines 1 and 2. Enter here an	,		¢	
4			1120-POL for this year?				Yes No
5			mployer identification number (EIN				
Ū	made pa contribu	ayments. For each organiza tions received that were pr	tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, provid	from the filing organization separate political orga	ation's funds. Also er inization, such as a s	nter th	e amount of political
		(a) Name	(b) Address	(c) EIN	(d) Amount paid fi filing organization funds. If none, ente	n's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2023

LHA 332041 11-06-23

	dule C (Form 990) 2023 AMARA		819394 Page 2					
Pa	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).							
	Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). Check if the filing organization checked box A and "limited control" provisions apply.							
	Limits on Lobi (The term "expenditures" m	(a) Filing organization's totals	(b) Affiliated group totals					
1a	Total lobbying expenditures to influence pub	lic opinion (grassroots lobbying)						
b	Total lobbying expenditures to influence a leg	gislative body (direct lobbying)						
С	Total lobbying expenditures (add lines 1a and	d 1b)						
d	Other exempt purpose expenditures		546,235.					
е	Total exempt purpose expenditures (add line	s 1c and 1d)	546,235.					
f	Lobbying nontaxable amount. Enter the amo		106,935.					
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:						
	not over \$500,000,	20% of the amount on line 1e.						
	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.						
	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.						
	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.						
	over \$17,000,000,	\$1,000,000.						
g	Grassroots nontaxable amount (enter 25% o	f line 1f)	26,734.					
h	Subtract line 1g from line 1a. If zero or less, e	enter -0-	0.					
i	Subtract line 1f from line 1c. If zero or less, e	nter -0-	0.					

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	separate	msuucio	5 Za un	ougn zi.,

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total				
2a Lobbying nontaxable amount	109,356.	108,498.	129,889.	106,935.	454,678.				
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					682,017.				
c Total lobbying expenditures									
d Grassroots nontaxable amount	27,339.	27,125.	32,472.	26,734.	113,670.				
e Grassroots ceiling amount (150% of line 2d, column (e))					170,505.				
f Grassroots lobbying expenditures									

Schedule C (Form 990) 2023

___ Yes

___ No

332042 11-06-23

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description			(b)		
of the	e lobbying activity.	Yes	No	Amo	ount	
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities?					
	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(5), or se	ction		
	501(0)(0).			Yes	No	
				165	NO	
1	Were substantially all (90% or more) dues received nondeductible by members?					
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			otion		
Fai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				e 3, is	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political					
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
	Carryover from last year					
	Total					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		··· – – – – – – – – – – – – – – – – – –			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p					
	expenditures next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions		5			
Par	t IV Supplemental Information					
	the second se			10/		

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2023

332043 11-06-23

Department of the Treasury

Internal Revenue Service

90)

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

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



Name of the organization

AMARA LEGAL CENTER

Employer identification number 46 - 3819394

Pa			imilar Funds or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line			
		(a) Donor advised	funds (b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wr	iting that the assets hel	d in donor advised fun	ds
	are the organization's property, subject to the organization's ex	clusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grai	nt funds can be used o	only
	for charitable purposes and not for the benefit of the donor or o	donor advisor, or for any	other purpose confer	ring
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the organ	nization answered "Yes"	' on Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreation	on or education)	Preservation of a histo	rically important land area
	Protection of natural habitat		Preservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribu	tion in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
с	Number of conservation easements on a certified historic struct	ture included on line 2a		2c
d	Number of conservation easements included on line 2c acquire	ed after July 25, 2006, a	nd not	
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, release			ization during the tax
	year			
4	Number of states where property subject to conservation ease	ment is located		
5	Does the organization have a written policy regarding the perio	dic monitoring, inspecti	on, handling of	
	violations, and enforcement of the conservation easements it h	olds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha			
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and enfo	orcing conservation ea	sements during the year
8	Does each conservation easement reported on line 2d above s			
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its reven	ue and expense stater	nent and
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's	financial statements th	at describes the
	organization's accounting for conservation easements.	<u> </u>		
Pa	t III Organizations Maintaining Collections of A		asures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 9			
1a	If the organization elected, as permitted under FASB ASC 958,	•		
	of art, historical treasures, or other similar assets held for public	c exhibition, education,	or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958,			
	art, historical treasures, or other similar assets held for public e	exhibition, education, or	research in furtherance	e of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treas			provide
	the following amounts required to be reported under FASB AS	•		
а	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions f	or Form 990.		Schedule D (Form 990) 2023
33205	09-28-23			

Sche		EGAL CENTE					46-38			age 2
Par	t III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures, or Ot	ther S	imilar Asse	ts (conti	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the	following that mak	e signif	icant use of its			
	collection items (check all that apply).									
а	Public exhibition	c			hange program					
b	Scholarly research	e		Other						
с	Preservation for future generations									
4	Provide a description of the organization's c							t XIII.		
5	During the year, did the organization solicit o		,		,			7		٦
Da	to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Fai	Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
10			diantfor	oontributio		not incl	udad			
Ia	Is the organization an agent, trustee, custod							Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII						······ └─-			
D		and complete the lo	nowing to	abie.		Г		Amoun	t	
c	Beginning balance					F	1c			
	Additions during the year						1d			
	Distributions during the year						1e			
	Ending balance						1f			
	Did the organization include an amount on F							Yes		No
	If "Yes," explain the arrangement in Part XIII]
Par										
		(a) Current year	(b) Pr	ior year	(c) Two years back	(d) ⊺	hree years back	(e) Fou	r years	back
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	•	ce (line 1g	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
с		%								
•	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	t are held a	nd administered fo	or the			Yes	No
	organization by:							20(1)	103	
	(i) Unrelated organizations?							3a(i)		
h	(ii) Related organizations? If "Yes" on line 3a(ii), are the related organization of the related organization organization of the related organization of the related organization of the related organization organization organization organization or	ations listed as requi	rod on Sc					3a(ii) 3b		
4	Describe in Part XIII the intended uses of the							50		L
	t VI Land, Buildings, and Equipn									
	Complete if the organization answere		0, Part IV,	, line 11a. S	See Form 990, Part	X, line	10.			
	Description of property	(a) Cost or c	î	(b) Cost		Accun		(d) Boo	k valu	
		basis (investr		basis		depreci		,,200		
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, line 10)c, column	(B))					0.
							0.1	D (E	0001	

Schedule D (Form 990) 2023

332052 09-28-23

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
) Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n Form 990 Part IV lin	a 11 c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	and of year market value
	(b) BOOK value	(c) Method of Valdation. Cost of C	end-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
	n Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
Part IX Other Assets Complete if the organization answered "Yes" of	n Form 990, Part IV, line escription	e 11d. See Form 990, Part X, line 15.	(b) Book value
Other Assets Complete if the organization answered "Yes" or		e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets Complete if the organization answered "Yes" o (a) D		e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets Complete if the organization answered "Yes" of (a) D (1) (2)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets Complete if the organization answered "Yes" of (a) D (1) (2) (3)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Other Assets Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Other Assets Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Other Assets Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Other Assets Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9)	escription	e 11d. See Form 990, Part X, line 15.	(b) Book value
Other Assets Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col.	escription	e 11d. See Form 990, Part X, line 15.	(b) Book value
Other Assets Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities	escription (B))		
Other Assets Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) other Liabilities Complete if the organization answered "Yes" of Complete if the organization a	escription (B))		25.
Other Assets Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) other Liabilities Complete if the organization answered "Yes" of (a) Description of liability	escription (B))		
Part IX Other Assets Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	escription (B))		25.
Other Assets Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) other Liabilities Complete if the organization answered "Yes" of (a) Description of liability	escription (B))		25.
Other Assets Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) (2) (3) (4) (5) (6) (7) (8) (9) other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	escription (B))		25.
Other Assets Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2)	escription (B))		25.
Other Assets Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) (2) (3)	escription (B))		25.
Other Assets Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4)	escription (B))		25.
Other Assets Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	escription (B))		25.
Part IX Other Assets Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	escription (B))		25.
Other Assets Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (6)	escription (B))		25.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... 🗴

Schedule D (Form 990) 2023

332053 09-28-23

Sche	dule D (Form 990) 2023 AMARA LEGAL CENTER			46-381	9394	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
1	Total revenue, gains, and other support per audited financial statements			1	765,	,440.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a				
b	Donated services and use of facilities	2b	30,000.			
с	Recoveries of prior year grants	. 2c				
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e		,000.
3	Subtract line 2e from line 1			3	735,	,440.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	4b				_
с	Add lines 4a and 4b	4c		0.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	735	,440.		
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		n Expenses per	Return		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					- 1 0
1	Total expenses and losses per audited financial statements			1	612	,718.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	. 2a	30,000.			
b	Prior year adjustments	. 2b				
С	Other losses	. 2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		,000.
3	Subtract line 2e from line 1			3	582	,718.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	4b				-
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	582	,718.		
	t 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.

PART X, LINE 2:

AMARA	LEGAL	CEN'	TER I	RECOG	NIZES	THE	EFF	ECT	OF	INCC	ME '	TAX	POSIT	IONS	ON	LΥ	IF
THOSE	POSIT	IONS	ARE	MORE	LIKE	LY T	HAN	NOT	OF	BEIN	IG S	USTA	INED.	AMA	RA	LEG	AL
CENTER	R BELI	EVES	THAT	r IT 1	HAS A	PPRO	PRIA	TE S	SUPP	ORT	FOR	ANY	TAX	POSI	TIO	NS	
TAKEN,	AND 2	AS SI	UCH,	DOES	NOT	HAVE	ANY	UNC	CERI	AIN	TAX	POS	ITION	IS TH	AT	ARE	
MATERIAL TO THE FINANCIAL STATEMENTS.																	

332054 09-28-23

20261101 793927 17683

SCHEDULE O (Form 990)

Name of the organization

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

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. **2023** Open to Public Inspection

OMB No 1545-0047

AMARA LEGAL CENTER

Employer identification number 46 - 3819394

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

COMMERCIAL SEX, WHETHER THAT INVOLVEMENT WAS BY CHOICE, COERCION, OR

CIRCUMSTANCE.

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

FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR, DEPUTY DIRECTOR AND

TREASURER. THE 990 IS THEN PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO

FILING WITH THE IRS.

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

ANNUALLY, AT OUR FIRST QUARTER MEETING, EACH BOARD MEMBER IS REQUESTED TO

SIGN THE CONFLICTS OF INTEREST AND WHISTLEBLOWER POLICIES. NEW BOARD

MEMBERS ARE ASKED TO SIGN THESE POLICIES WHEN ONBOARDED.

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

THE HIRING COMMITTEE OF THE BOARD OF DIRECTORS, IN COMPLIANCE WITH THE

AMARA LEGAL CENTER'S COMPENSATION POLICY, REVIEWED COMPARABLE SALARY

INFORMATION FROM THE 990'S OF SIMILAR ORGANIZATIONS. USING THIS

INFORMATION, THE COMMITTEE RECOMMENDED A SALARY FOR THE EXECUTIVE DIRECTOR

TO THE FULL BOARD, WHICH VOTED TO ADOPT THE SALARY. THE LAST COMPENSATION

REVIEW OCCURRED IN JULY 2022.

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

GOVERNING DOCUMENTS AND THE CONFLICTS OF INTEREST POLICY ARE NOT MADE

AVAILABLE TO THE PUBLIC. HOWEVER, FINANCIAL INFORMATION IS MADE AVAILABLE

ON THE AMARA LEGAL CENTER WEBSITE.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23 Name of the organization

AMARA LEGAL CENTER

FORM 990, PART XII, LINE 2C

THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT OR SELECTION PROCESS

DURING THE TAX YEAR.

332212 11-14-23

20261101 793927 17683