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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

ΑI	For the	e 2023 calendar year, or tax year beginning and e	ending					
	Check if applicable	C Name of organization		D Employer identific	cation number			
	Addre	e LEGAL RIGHTS CENTER						
	Name chang	Doing business as		41-0961835				
	Initial return Final return	1611 DARK AVE	Room/suite	E Telephone number 612-337-0030				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,244,164.			
	Ameno			H(a) Is this a group return				
	Applic tion	F Name and address of principal officer: MALAIKA EBAN		for subordinates				
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
1	Гах-ех	empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) $4947(a)(1) = 60$	r 527	1	list. See instructions			
J١	Websit	te: HTTPS://WWW.LEGALRIGHTSCENTER.ORG/		H(c) Group exemption	n number			
K	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1970 N	State of legal domicile: MN			
Pa	art I	Summary						
4	1	Briefly describe the organization's mission or most significant activities: SEE S	CHEDU	LE O.				
Governance								
rna	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	ets.			
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	8			
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	8			
8	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5	47			
/itie	6	Total number of volunteers (estimate if necessary)		6	4			
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.			
				Prior Year	Current Year			
ø	8	Contributions and grants (Part VIII, line 1h)		1,847,702.	2,214,052.			
ğ	9	Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,669.	1,973.			
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,496.	28,139.			
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,858,867.	2,244,164.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,602,540.	2,059,582.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
be	. b	Total fundraising expenses (Part IX, column (D), line 25)139,59	0.					
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		223,551.	293,977.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,826,091.	2,353,559.			
	19	Revenue less expenses. Subtract line 18 from line 12		32,776.	-109,395.			
Net Assets or	3		Be	ginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		1,097,359.	1,032,923.			
t As	21	Total liabilities (Part X, line 26)		56,601.	101,560.			
<u></u>	22	Net assets or fund balances. Subtract line 21 from line 20		1,040,758.	931,363.			
	art II	Signature Block						
		Ities of perjury, I declare that I have examined this return, including accompanying schedules ${\sf I}$			knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ch preparer	has any knowledge.				
		PUBLIC DISCLOSURE COPY						
Sig		Signature of officer		Date				
Her	·e	MALAIKA EBAN, EXECUTIVE DIRECTOR						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Paid	i	MATT PILLSBURY MATT PILLSBURY		5/20/24 self-employ				
	parer	Firm's name CARPENTER, EVERT & ASSOCIATES, LT	D	Firm's EIN 4	1-1534805			
Use	Only	Firm's address 7760 FRANCE AVE S, SUITE 940						
		BLOOMINGTON, MN 55435		Phone no. (9	<u>52) 831-0085</u>			
May	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No			

Pai	Statement of Program Service Accomplishments	-
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	OUR MISSION IS TO WORK WITH OUR COMMUNITIES TO SEEK JUSTICE AND	
	PROMOTE RACIAL EQUITY FOR THOSE TO WHOM IT HAS BEEN HISTORICALI	<u>Υ</u>
	DENIED. WE DO THIS THROUGH CRIMINAL DEFENSE, RESTORATIVE JUSTIC	ΣE,
	ADVOCACY, AND COMMUNITY EDUCATION.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3		1 e5 _21_ NO
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(4) organization of the se	xpenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1,914,141. including grants of \$) (Revenue \$))
	SEE SCHEDULE O.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,914,141.	
70	Total program service expenses 1/214/144.	000

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

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
U	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,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_V
	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?			٠,,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 -		
ızu	, ,	12a	Х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
b		10h		\ x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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			x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			.
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			.,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
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? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	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,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
				_

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Part IV Checklist of Required Schedules (continu	~d
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 Did the organization report more than \$5,000 of grants or other assistance to or for domestic indivipant IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the and former officers, directors, trustees, key employees, and highest compensated employees? If Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more the 	22		1
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the and former officers, directors, trustees, key employees, and highest compensated employees? If Schedule J	I		i
and former officers, directors, trustees, key employees, and highest compensated employees? If Schedule J	organization's current		X
Schedule J	organization o danone		
	"Yes," complete		
24.3 Did the organization have a tay-exempt bond issue with an outstanding principal amount of more the	23		X
	· · · · · · · · · · · · · · · · · · ·		
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 2	24d and complete		
Schedule K. If "No," go to line 25a	24a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception			<u> </u>
c Did the organization maintain an escrow account other than a refunding escrow at any time during	•		
any tax-exempt bonds?	240		<u> </u>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year			
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an exc	I		37
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified persor	•		
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	′ ′		37
Schedule L, Part I	25b		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to a	,		
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	1		v
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	I		X
Did the organization provide a grant or other assistance to any current or former officer, director, true			
creator or founder, substantial contributor or employee thereof, a grant selection committee memb	1		x
entity (including an employee thereof) or family member of any of these persons? If "Yes," complete	*		
Was the organization a party to a business transaction with one of the following parties? (See the S	Schedule L, Part IV,		
instructions for applicable filing thresholds, conditions, and exceptions):	the day 0		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contri			v
"Yes," complete Schedule L, Part IV			X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b			х
"Yes," complete Schedule L, Part IV			X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qua	Jaaro III		
			х
contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Sch</i>	hedule N. Part I. 31		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,			
	· '		x
Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Re			
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			х
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, F			
Part V. line 1			х
	35a		Х
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with			
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	1		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charite			
If "Yes," complete Schedule R, Part V, line 2			Х
37 Did the organization conduct more than 5% of its activities through an entity that is not a related or			
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule	•		х
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, line	,		
Note: All Form 990 filers are required to complete Schedule O		Х	
Part V Statements Regarding Other IRS Filings and Tax Compliance	•		
Check if Schedule O contains a response or note to any line in this Part V			
		Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 20		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and	d reportable gaming		
(gambling) winnings to prize winners?	1c	X	

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Form **990** (2023)

023) LEGAL RIGHTS CENTER

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 47						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			37			
_	any contributions that were not tax deductible as charitable contributions?	6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	a ı					
_	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).	7-		Х			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Λ			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b					
C	to file Form 8282?	7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f					
g							
h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	a Did the sponsoring organization make any taxable distributions under section 4966?						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter:						
a	Gross income from members or shareholders 11a						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.						
b							
	organization is licensed to issue qualified health plans						
С	Enter the amount of reserves on hand						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15		X			
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X			
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	If "Yes," complete Form 6069.						

LEGAL RIGHTS CENTER 41-0961835 Form 990 (2023) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 8 **1a** Enter the number of voting members of the governing body at the end of the tax year 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. 8 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х 15b Other officers or key employees of the organization

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed MN

exempt status with respect to such arrangements?

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website X Another's website X Upon request Other (explain on Schedule O)

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

taxable entity during the year?

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records MALAIKA EBAN -612-337-0030

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

1611 PARK AVE S, MINNEAPOLIS, MN 55404

Form **990** (2023)

Х

16a

16h

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization	nor any related	orga	niza	tion	con	nper	sate	ed any current officer, di	irector, or trustee.	.
(A)	(B)							(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more that				one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)			is bot	n an	compensation	compensation	amount of
	week	_	T an		10010	T	100)	from	from related	other
	(list any hours for	lirecto				L		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or (stee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		yee	nd mc		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	ъ	Key employee	Highest compensated employee	Je.			organizations
	line)	lhdi	Insti	Officer	Key	High	Former			
(1) MALAIKA EBAN	40.00	1							_	
EXECUTIVE DIRECTOR		<u> </u>		X				97,366.	0.	6,673.
(2) TERRENCE J FLEMING	2.00	1							_	_
DIRECTOR		Х				_		0.	0.	0.
(3) ANGELA HALL SLAUGHTER	2.00	1							_	_
PRESIDENT	 	Х		Х		_		0.	0.	0.
(4) TODD GUERRERO	2.00	ļ		l						
TREASURER		Х		Х		├		0.	0.	0.
(5) DANIEL R. SHULMAN	2.00									
SECRETARY	1 2 20	Х		Х		_		0.	0.	0.
(6) FORREST TAHDOOAHNIPPAH	2.00	٠,,								
DIRECTOR	1 2 00	Х	_			┢		0.	0.	0.
(7) SANDRA WHITE HAWK	2.00	х						0.	_	_
(8) DR. BRITTANY LEWIS	2.00	^				┢		0.	0.	0.
DIRECTOR	2.00	х						0.	0.	0.
(9) ALIA ABDI	2.00	^						0.	0.	0.
VICE PRESIDENT	2.00	Х		Х				0.	0.	0.
(10) KATIE BENNETT	2.00	25							0.	· ·
DIRECTOR	2.00	х						0.	0.	0.
211201011	+					\vdash		•	•	· •
		1								
		1								
		1								
		Ì								
		L	L	L	L					
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										000

Form **990** (2023)

(A) Name and title	(B) Average hours per	Average Ours per Position (do not check more than one box, unless person is both an					an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of		
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer Deficer		Highest compensated		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	ns compensati		ation ne tion ted
1b Subtotal c Total from continuation sheets to Part V								97,366.	0			73.
d Total (add lines 1b and 1c) Total number of individuals (including but r								97,366. ceived more than \$100,	000 of reportable		6,6	73.
compensation from the organization											Yes	0 No
3 Did the organization list any former officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>										3		Х
4 For any individual listed on line 1a, is the standard related organizations greater than \$15	um of reportabl	е со	mpe	ensa	tion	and	oth	er compensation from t	he organization	4		Х
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes." con	accrue comper	nsati	on fr	om	any	unre	elate	ed organization or individ	dual for services	5		Х
Section B. Independent Contractors 1 Complete this table for your five highest co										ation 1	from	
the organization. Report compensation for	•	•							•		10111	
(A) Name and business	address	NC	ONE	<u> </u>				(B) Description of s	ervices		(C) ensatio	on
Total number of independent contractors (i \$100,000 of compensation from the organi	ŭ	ot lin	nitec	to t	thos (ted	above) who received mo	ore than			
										Forn	n 990	(2023)

Form 990 (2023) LEGAL R
Part VIII Statement of Revenue

			Check if Schedule O contains a re	enonea (or note to any lin	e in this Part VIII			
			Official is a re	эропас (or note to any in	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under
									sections 512 - 514
ts ts	1	а	Federated campaigns1	la					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues	lb					
G,		С	Fundraising events	lc					
ifts ar A				ld					
nii Gil			_	e 1,	602,550.				
Sir			All other contributions, gifts, grants, and	,	,				
uti Je		•		lf	611,502.				
등 돌					597.				
on b		•	-	g \$		2 214 052			
<u>0</u> <u>a</u>		h	Total. Add lines 1a-1f			2,214,052.			
					Business Code				
ė	2	а							
Σ̈́		b							
Se		С							
E S		d							
gra		e							
Program Service Revenue			All other program service revenue						
_									
			Total. Add lines 2a-2f						
	3		Investment income (including dividend			1 072			1 072
						1,973.			1,973.
	4		Income from investment of tax-exempt	bond p	roceeds				
	5		Royalties						
			(i) F	Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			` '	urities	(ii) Other				
	′	а	Circle announcement of the circle of	unites	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
ne			and sales expenses						
Revenue		С	Gain or (loss) 7c						
Re			Net gain or (loss)						
her			Gross income from fundraising events (no						
윰			including \$						
			contributions reported on line 1c). See	- 1					
				I					
			Part IV, line 18						
			Less: direct expenses						
			Net income or (loss) from fundraising e		 I				
	9	а	Gross income from gaming activities.						
			Part IV, line 19	9a					
		b	Less: direct expenses	9b					
		С	Net income or (loss) from gaming activ	rities					
	10	а	Gross sales of inventory, less returns						
			and allowances	10a					
		h	Less: cost of goods sold						
		Ü	Net income or (loss) from sales of inve	поту	Business Code				
જ			OWNED DESCRIPTION			20 120	20 120		
eor Ie	11		OTHER REVENUE		900099	28,139.	28,139.		
lan		b							
Sell		С							
Miscellaneous Revenue		d	All other revenue						
_			Total. Add lines 11a-11d			28,139.			
	12		Total revenue. See instructions			2,244,164.	28,139.	0.	1,973.

332009 12-21-23

Form **990** (2023)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 5,704. 85,773. 104,039. 12,562. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,683,466. 1,387,912. 203,260. 92,294. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 163,001. 129,501. 22,310. 11,190. Other employee benefits 9 109,076. 84,266. 16,541. 8,269. 10 Payroll taxes Fees for services (nonemployees): Management Legal 8,935. 8,935. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 44,907. 19,074. 14,245. 11,588. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 54,024. 47,555. 4,313. 2,156. Office expenses 13 19,034. 14,957. 2,718. 1,359. Information technology 14 15 Royalties 7,327. 53,389. 42,399. 3,663. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 29,291. 25,315. 2,651. 1,325. 22 Depreciation, depletion, and amortization 24,499. 20,467. 2,688. 344. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 36,571. 35,689. 882. PROGRAM EXPENSE PROFESSIONAL DEVELOPMEN 23,327. 21,233. 1,396. 698. С d All other expenses 2,353,559. 1,914,141. 299,828. 139,590. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2023)

if following SOP 98-2 (ASC 958-720)

Check here

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	141,039.	1	67,426
	2	Savings and temporary cash investments		2	441,956
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	213,915
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
υ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
۲	9	Prepaid expenses and deferred charges	1 10 615	9	28,364
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,047,369	<u>.</u>		
	b	Less: accumulated depreciation 10b 766,107	. 304,253.	10c	281,262
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	1,032,923
	17	Accounts payable and accrued expenses	56,601.	17	101,560
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons	•	22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	56,601.	25	101,560
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here	30,001.	26	101,300
ပ္ပ		,			
nce	07	and complete lines 27, 28, 32, and 33.	837,562.	27	819,785
ala	27	Net assets without donor restrictions		28	111,578
d B	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here	205,150.	20	111,570
<u>ا</u> ۾		and complete lines 29 through 33.			
P	20	•		29	
ets	29	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund		30	
1SS(30	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	31	•		32	931,363
Ž	32 33	Total net assets or fund balances Total liabilities and net assets/fund balances	4 000 000	33	1,032,923

Pa	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u>2,24</u>	4,1	<u>64.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,35			
3	Revenue less expenses. Subtract line 2 from line 1	3	-10			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,04	0,7	<u>58.</u>	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	93	1,3	<u>63.</u>	
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.					
2a	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 Both consolidated and separate basis					
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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.				
За	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					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
			Form	990	(2023)	

332012 12-21-23

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public
Inspection

OMB No. 1545-0047

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

| Inspection | Employer identification number |

LEGAL RIGHTS CENTER 41-0961835 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 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.")	1252767.	1652699.	1651894.	1847702.	2214052.	8619114.
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	1252767.	1652699.	1651894.	1847702.	2214052.	8619114.
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)						298,448.
6	Public support. Subtract line 5 from line 4.						8320666.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	1252767.	1652699.	1651894.	1847702.	2214052.	8619114.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	271.	2,746.	1,095.	601.	1,973.	6,686.
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.)	13,600.		7,082.	10,564.		31,246.
11	Total support. Add lines 7 through 10						31,246. 8657046.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	96.11 %
	Public support percentage from 2022					15	99.26 %
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	•	• •				
17a	10% -facts-and-circumstances test	- 2023. If the orga	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part '	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu		-				
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		
						Calaaduda A	(Form 990) 2023

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

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

Sec	ction 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	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-	ļ					
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
<u>8</u>	Public support. (Subtract line 7c from line 6.)						<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2019	(h) 2020	(a) 2021	(4) 2022	(a) 2022	(f) Total
	Amounts from line 6	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
h	Unrelated business taxable income						
_	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	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 th	ne organization's fil	rst, second, third, 1	ourth, or fifth tax y	year as a section 5	01(c)(3) organizatio	on,
	ction C. Computation of Publi						
	Public support percentage for 2023 (I			olumn (f))		15	%
	Public support percentage from 2022					16	%
	ction D. Computation of Inves					I I	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	<u>%</u>
19a	33 1/3% support tests - 2023. If the						/ is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the						
20	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	an did not check a	DUX UH III IC 14, 198	a, or 190, crieck th	no dua anu see ins		

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.)

_		Yes	No
	1		
	2		
	3a		
	2h		
•	3b		
-	3c		
	_		
-	4a		
	4b		
	4c		
	5a		
	Ja		
	5b		
	5c		
	5 C		
	6		
	7		
	8		
	9a		
	9b		
9	9с		
4	0a		
	Ju		
	Λh		
1	0b		

332024 12-21-23

rai	LIV	Supporting Organizations (continued)			
		·		Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion I	B. Type I Supporting Organizations			
				Yes	No
1	Did th	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		he organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rvised, or controlled the supporting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		istees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		eason of the relationship described on line 2, above, did the organization's supported organizations have a			
	•	ficant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1	Chec	ok the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
а	Did s	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the si	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		these activities constituted substantially all of its activities.	2a		
b		the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		e activities but for the organization's involvement.	2b		
3		nt of Supported Organizations. Answer lines 3a and 3b below.			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b		he organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2023

instructions).

Schedule A (Form 990) 2023

e Excess from 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2023

Employer identification number

41-0961835 LEGAL RIGHTS CENTER Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules 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 \$

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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

LEGAL	RIGHTS	CENTER
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41-0961835

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>100,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Nume, address, and Zii + +	\$60,221.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

LEGAL RIGHTS CENTER

41-0961835

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
323/53 12-26	00		Schedule B (Form 990) (2023)

Page 4

Name of organization **Employer identification number** LEGAL RIGHTS CENTER 41-0961835 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Inspection

Name of the organization

LEGAL RIGHTS CENTER

Employer identification number 41-0961835

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor advised funds	(b) Funds and other accounts
	Takel assessed as and of season	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2 3	Aggregate value of contributions to (during year) Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	eed funds
J	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
Par			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		I I
	Number of conservation easements on a certified historic stru	***************************************	2c
d	Number of conservation easements included on line 2c acqu		
•	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
4	year Number of states where property subject to conservation eas	coment is located	
5	Does the organization have a written policy regarding the per		
Ŭ	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
			,
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statem	ents that describes the
Dos	organization's accounting for conservation easements.	i Aut Historiaal Trassures or Of	thay Cimilay Assats
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
па	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pub	, ,	'
h	service, provide in Part XIII the text of the footnote to its finar		
D	If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items.	exhibition, education, or research in full	lerance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical trea		
_	the following amounts required to be reported under FASB A		J , F
а	Revenue included on Form 990, Part VIII, line 1	· ·	\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2023

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply). a Public exhibition					
a Public exhibition b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? 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. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its				
b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? 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. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes					
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? 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. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? 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. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?					
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? 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. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes					
to be sold to raise funds rather than to be maintained as part of the organization's collection? 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. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes					
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. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes					
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. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?	☐ No				
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes					
on Form 990, Part X?					
	No				
Amount					
c Beginning balance 1c					
d Additions during the year 1d					
e Distributions during the year 1e					
f Ending balance 1f					
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	No				
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII					
Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.					
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year	s back				
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities					
and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:					
Board designated or quasi-endowment					
b Permanent endowment %					
c Term endowment %					
The percentages on lines 2a, 2b, and 2c should equal 100%.					
3a Are there endowment funds not in the possession of the organization that are held and administered for the					
organization by:	No				
(i) Unrelated organizations?	+				
(ii) Related organizations?	_				
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b	_				
Describe in Part XIII the intended uses of the organization's endowment funds.					
Part VI Land, Buildings, and Equipment					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.					
Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book val					
basis (investment) basis (other) depreciation	ue				
FF 000	000.				
T04 400 T50 466 450 450					
	, <u>u</u> - I •				
	53				
e Other					

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 LEGAL RIGHT Part VII Investments - Other Securities	S CENTER	41	0961835 Page 3
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D) (E)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
<u>(1)</u>			
(2)			
(3)			
<u>(5)</u> (6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	T
· · · · · · · · · · · · · · · · · · ·	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co.	<i>I. (B)</i>)		
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	1
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, co.	I. (B))		

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Pa		onciliation of Revenue per Audited Financial S		Revenue per Re	turn	
		lete if the organization answered "Yes" on Form 990, Part IV				
1	Total revenue	e, gains, and other support per audited financial statements			1	2,404,366.
2		uded on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а		d gains (losses) on investments		1.50.000		
b		rices and use of facilities		160,202.		
С	Recoveries of	f prior year grants				
d	•	be in Part XIII.)	2d			160 000
е					2e	160,202.
3		2e from line 1			3	2,244,164.
4		uded on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а		xpenses not included on Form 990, Part VIII, line 7b				
b		be in Part XIII.)	4b			^
С		***************************************			4c	0.
<u>5</u>	Total revenu	e. Add lines 3 and 4c. (This must equal Form 990, Part I. line onciliation of Expenses per Audited Financial	12.)	n Evnancea nor E	5	2,244,164.
Pa				n Expenses per F	eturi	
		lete if the organization answered "Yes" on Form 990, Part IV				0 510 561
1		es and losses per audited financial statements			1	2,513,761.
2		uded on line 1 but not on Form 990, Part IX, line 25:	1 - 1	160 202		
а		rices and use of facilities		160,202.		
b		ustments				
С						
d	•	be in Part XIII.)	•			160 202
	Add lines 2a	• • • • • • • • • • • • • • • • • • • •			2e	160,202. 2,353,559.
3		2e from line 1			3	4,333,339.
4		uded on Form 990, Part IX, line 25, but not on line 1:	1.1			
a		xpenses not included on Form 990, Part VIII, line 7b				
b		be in Part XIII.)			4.	0
	Add lines 4a				4c 5	2,353,559.
5 Pa		es. Add lines 3 and 4c. (<u>This must equal Form 990, Part I, lir.</u> Diemental Information	<u>ne 18.)</u>		5	4,333,339.
			nd 4. Dort IV lines de	and Oh. Dart V. line. 4	. Dart V	/ line Or Dort VI
	-	tions required for Part II, lines 3, 5, and 9; Part III, lines 1a a			; Part X	, line 2; Part XI,
ines	20 and 4b; ar	d Part XII, lines 2d and 4b. Also complete this part to provid	e any additional infor	mation.		

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

LEGAL RIGHTS CENTER

Employer identification number 41-0961835

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

OUR MISSION IS TO WORK WITH OUR COMMUNITIES TO SEEK JUSTICE AND PROMOTE

RACIAL EQUITY FOR THOSE TO WHOM IT HAS BEEN HISTORICALLY DENIED. WE DO

THIS THROUGH CRIMINAL DEFENSE, RESTORATIVE JUSTICE, ADVOCACY, AND

COMMUNITY EDUCATION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: THROUGH OUR COMMUNITY DEFENSE PROGRAM WE PROVIDE FREE CRIMINAL DEFENSE TO CHILDREN AND ADULTS UTILIZING A MODEL OF PROVIDING HOLISTIC CLIENT-CENTERED AND COMMUNITY-DRIVEN REPRESENTATION TO CLIENTS WHO OTHERWISE COULD NOT AFFORD AN ATTORNEY. WE PRIORITIZE CLIENTS AND CASES INVOLVING INJUSTICES, FOCUSED ON CHALLENGING HARMFUL SYSTEMIC PROCESSES OR PRACTICES, OR IN WHICH THE CLIENT MAY BENEFIT FROM SUPPORTIVE WE ALSO UTILIZE A TEAM REPRESENTATION MODEL, COMMUNITY RESOURCES. WITH EACH CLIENT WORKING WITH BOTH AN ATTORNEY AND A COMMUNITY ADVOCATE. OUR COMMUNITY ADVOCATES ARE FROM THE AFRICAN AMERICAN, NATIVE AMERICAN AND LATINX COMMUNITIES, PROVIDING CULTURALLY SPECIFIC SUPPORTS AND RESOURCE IN 2023, LRC PROVIDED CRIMINAL DEFENSE REPRESENTATION ON 182 JUVENILE AND ADULT CASES, ALTHOUGH OUR WEIGHTED DEFENSE CASELOAD ON SERIOUSNESS OF THE CASES HANDLED) WAS 273. 44% OF CASES WITH REPRESENTATION BY LRC ATTORNEYS WERE ACQUITTED, DISMISSED, DIVERTED OR DISCHARGED. AN ADDITIONAL 5% OF CASES WITH LRC REPRESENTATION RESULTED IN A STAY OF ADJUDICATION, FOR A TOTAL OF 49% OF LRC CASES WITH NO CONVICTIONS IN 2023. OUR LEGAL TEAM ALSO SUPPORTED 159 PEOPLE THROUGH THE EXPUNGEMENT PROCESS. ADDITIONALLY, OUR COMMUNITY ADVOCATES SERVE AS

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

Name of the organization LEGAL RIGHTS CENTER Employer identification number 41-0961835

A RESOURCE FOR INDIVIDUALS FOR WHOM WE ARE NOT ABLE TO PROVIDE FULL

REPRESENTATION. IN 2023, OUR COMMUNITY ADVOCATES SERVED AS A RESOURCE

FOR 1366 INDIVIDUALS, REFERRING TO OTHER PRO BONO LEGAL SERVICES,

GOVERNMENT AGENCIES FOR LEGAL PROBLEM SOLVING, AND TO COMMUNITY

PROGRAMS.

OUR RESTORATIVE JUSTICE PROGRAM INCLUDES THREE CORE AREAS OF WORK:

SCHOOL-BASED RESTORATIVE SERVICES FACILITATION (I.E. FAMILY GROUP

CONFERENCES, CIRCLES TO REPAIR HARM, RESTORATIVE DIALOGUE, ETC.),

COHORT-BASED RESTORATIVE PRACTICES TRAINING, COACHING, AND MENTORING

WITH EDUCATORS AND SCHOOL COMMUNITIES, AND EXPANDING ACCESS TO

RESTORATIVE AT DECISION POINTS LEADING TO AND WITHIN THE JUVENILE

JUSTICE SYSTEM, INCLUDING SCHOOLS, POLICE, PROSECUTORS AND COURTS. IN

2023, OUR RESTORATIVE JUSTICE PROGRAM FACILITATED 79 SCHOOL-BASED

RESTORATIVE INTERVENTIONS, EACH WITH INDIVIDUALLY DETERMINED BENCHMARKS

FOR SUCCESS. OF THE CASES SUPPORTED BY OUR TEAM, 87% MET BENCHMARKS FOR

SUCCESS. WE DELIVERED 279 HOURS TRAINING, COACHING, AND MENTORING

SESSIONS, AND WORKED IN A COMBINED 85 SCHOOLS IN THE TWIN CITIES METRO

AREA.

OUR COMMUNITY STRATEGY TEAM INTEGRATES THE WORK OF THE ORGANIZATION

RELATED TO COMMUNITY EDUCATION AND ADVOCACY. COMPRISED OF COMMUNITY

ADVOCATES, ORGANIZERS, AND EDUCATORS, THIS TEAM'S WORK INCLUDES POLICY

ADVOCACY AT THE CITY, STATE AND COUNTY LEVEL, COMMUNITY LEGAL

EDUCATION, AND OUTREACH/ENGAGEMENT SO THAT COMMUNITY MEMBERS ARE AWARE

OF LRC'S SERVICES. IN 2023, LRC ENGAGED IN 43 COMMUNITY LEGAL EDUCATION

PRESENTATIONS, REACHING 2002 COMMUNITY MEMBERS. WE EMPLOYED 5 YOUTH AS

COMMUNITY LEGAL EDUCATORS WHO HELPED CREATE VIDEOS AND A WEBSITE

Schedule O (Form 990) 2023 Page 2

Name of the organization Employer identification number

(KNOWYOURRIGHTSMN.ORG) WITH INFORMATION ON A NUMBER OF COMMUNITY

EDUCATION TOPICS. WE ALSO HOSTED A TWO-WEEK ART EXHIBIT WITH OUR END

YOUTH PRISONS MN CAMPAIGN WHICH ORGANIZES WITH YOUNG PEOPLE AND USES

STORYTELLING & THE ARTS TO ADVOCATE FOR A MINNESOTA WITHOUT YOUTH

INCARCERATION. WE EMPLOYED 15 YOUTH AS CAMPAIGN FELLOWS OVER THE COURSE

OF THE YEAR WHO PARTICIPATED IN CAMPAIGN EFFORTS AND THE MN COALITION

FOR YOUTH JUSTICE.

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

LEGAL RIGHTS CENTER

THE AUDITORS PRESENT THE DRAFT FORM 990 TO THE FULL BOARD OF DIRECTORS.

ALL BOARD MEMBERS WILL REVIEW AND APPROVE THE FORM 990 BEFORE IT IS FILED.

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

THE EXECUTIVE DIRECTOR AND EACH BOARD MEMBER ARE REQUIRED ANNUALLY TO

VOLUNTARILY DISCLOSE ANY POSSIBLE CONFLICTS DURING THE YEAR AND

AFFIRMATIVELY ATTEST AT THE BEGINNING OF THE FISCAL YEAR THAT THERE WERE NO

CONFLICT OF INTEREST IN THE PRIOR TWELVE MONTH PERIOD.

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

THE BOARD OF DIRECTORS REVIEWS THE EXECUTIVE DIRECTOR'S PERFORMANCE AND THE CHAIR TAKES THE LEAD ON MAKING A RECOMMENDATION TO THE REST OF THE BOARD.

THE RECOMMENDATION OF THE EXECUTIVE DIRECTOR'S COMPENSATION AND/OR BONUS IS

THEN APPROVED TO REFLECT PERFORMANCE METRICS AND ACCOMPLISHMENTS. THE BOARD USES COMPARABLE ORGANIZATION'S 990'S FROM GUIDESTAR AND LOCAL PUBLIC CENSUS REPORTS FOR BENCHMARKING.

41-0961835

Name of the organization LEGAL RIGHTS CENTER	Employer identification number 41-0961835
FORM 990, PART VI, SECTION C, LINE 19:	11 0301000
INFORMATION IS PROVIDED UPON REQUEST.	
INFORMATION IS PROVIDED OFON REQUEST:	