Return of Organization Exempt From Income Tax

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

2017, and ending

OMB No 1545-0047

, 20

Inspection

Yes No

Form 990 (2017)

Department of the Treasury Internal Revenue Service

For the 2017 calendar year, or tax year beginning

▶ Do not enter social security numbers on this form as it may be made public ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

D Employer identification number C Name of organization Legal Aid Society of Birmingham Check if applicable Doing business as 63-0341366 Address change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change 205-251-3516 Initial return 2021 Second Avenue North City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Birmingham, AL 35203 G Gross receipts \$ Amended return H(a) Is this a group return for subordinates? Yes X No Application pending F Name and address of principal officer 2021 Second Avenue North Birmingham, H(b) Are all subordinates included? Yes No ALIf 'No,' attach a list (see instructions)) ◀ (insert no) ☐ 4947(a)(1) or X 501(c)(3) 501(c) (Tax-exempt status Website ▶ legalardbirmingham com H(c) Group exemption number ▶ Form of organization X Corporation Trust Association L Year of formation 1952 M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities Activities & Governance The Organization provides legal representation to indigent people through contracts with the judicial system 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 14 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 29 6 Total number of volunteers (estimate if necessary) 14 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 7b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) 2,201,503 2,256,560 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 338 487 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,201,841 2.257.047 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,943,148 2,045,238 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25). WAR LAND b 17 Other expenses (Part IX, column (A), lines 11a 11d, 11d (L) 205,896 188,646 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 18 2,149,044 2,233,884 Revenue less expenses Subtract line 18 from line 12 9 ?018 19 52,797 23,163 End of Year Beginning of Current Year 20 Total assets (Part X. line 16) 981,180 961,809 21 Total liabilities (Part X, line 26) 9,331 5,539 22 Net assets or fund balances Subtract line 21 from line 20 952,478 975,641 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge, and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Stonatu**le** of office Executive Director Here Type or frint name and title Date Print/Type preparer's name Rreparer's signature Paid Check I if self-employed P01309207 Tim Clark Preparer ▶ Tim Clark & Associates PC Suite Firm's EIN ▶ 63-1198934 Use Only Phone no 205-403-9935 Firm's address ▶ 2 Riverchase Office Plaza Birmingham, AL 35244

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions

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Part		•		
- 6	Check if Schedule O contains a respons	se or note to any line in this Part III		
1	Briefly describe the organization's mission			
	The Organization provides legal rep	resentation to indigent people	through contracts with	l
	the judicial system			
2	Did the company and other any age front	and the real back	ware not listed on the	
2	Did the organization undertake any significant prior Form 990 or 990-EZ?	· · · ·		⊠No
3	If "Yes," describe these new services on Sched Did the organization cease conducting, or mervices?		- · · · -	X No
	If "Yes," describe these changes on Schedule (_	_
4	Describe the organization's program service as expenses. Section 501(c)(3) and 501(c)(4) organ the total expenses, and revenue, if any, for each	inizations are required to report the amo		
4a	(Code) (Expenses \$ 2,087,88	5 including grants of \$) (Revenue \$)
	The Organization provides legal repthe judicial system			
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
				-
				• • • • • • • • • • • • • • • • • • •
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
				
		·····		
				
4d	Other program services (Describe in Schedule (
	(Expenses \$ including grants of Total program service expenses ▶	f\$) (Revenue \$)	087,885
			Ζ,	,,,,,,,,

Part IV	Checklis	st of Required So	hedules

No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 1 Х 2 2 Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? 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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Х 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 Х 9 Did the organization report an amount in Part X. line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Х Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 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 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI 11a Х b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Χ 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 X e 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 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII 12a Х b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14 a Did the organization maintain an office, employees, or agents outside of the United States? 14a X Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Χ Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 χ 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 Form 990 (2017)

Part	Checklist of Required Schedules (continued)			
•			Yes	No
20 a	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		,,
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	41		X
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		<u>x</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		<u>x</u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		<u>X</u>
_	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		<u>X</u>
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	3.4	2.4 m	
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	204		<u>X</u>
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_X_
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		X
30	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	- 55		
	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
33	complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	1	x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		.,
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	350		X
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			1
38	Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37	-	_X_
50	19? Note . All Form 990 filers are required to complete Schedule O	38	х	1
				(2017)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			· ·	uge (
	Check if Schedule O contains a response or note to any line in this Part V						
	The state of the s			Yes	No		
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	 1a 9	- W. T. S. F.	35 B.	1. June 20		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			10 mg 11 mg 12 mg		
С	Did the organization comply with backup withholding rules for reportable payments	to vendors and		252			
	reportable gaming (gambling) winnings to prize winners?		1c	X			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		***		er grafier i		
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 29			e contraction		
b	If at least one is reported on line 2a, did the organization file all required federal employment	tax returns?	2b	X			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Se		3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature of						
	over, a financial account in a foreign country (such as a bank account, securities account,	or other financial					
	account)?		4a	}¥.5- 34	X		
b	If "Yes," enter the name of the foreign country ▶		1. E.	3			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fi	nancial Accounts	200				
- -	(FBAR)		MAKE				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	•	5a		X		
b C	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter if "Yes" to line 5a or 5b, did the organization file Form 8886-T?	er transaction?	5b 5c		X		
6a	Does the organization have annual gross receipts that are normally greater than \$100,0	00 and did the	30				
ou.	organization solicit any contributions that were not tax deductible as charitable contributions		6a		Х		
b	If "Yes," did the organization include with every solicitation an express statement that such		- Oa				
-	gifts were not tax deductible?		6b				
7	Organizations that may receive deductible contributions under section 170(c).		94 EC	素線	grafia.		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and	partly for goods	The control				
	and services provided to the payor?		7a	ETATE AND	X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property						
	required to file Form 8282?		7c		Х		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		Williams	14 THE		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal be		7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit		7f		X		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file		7h	9, 51			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m	naintained by the	1				
•	sponsoring organization have excess business holdings at any time during the year?		8	a dec 1955.	81. " 7 . 7		
9	Sponsoring organizations maintaining donor advised funds		_	EZ.	3,30		
a b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make any taxable distributions under section 4966?	con?	9a 9b				
10	Section 501(c)(7) organizations Enter	5011	20 E	* ** JEA	£7.5\€.		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		200	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	作為	34.54	Ç Sin		
11	Section 501(c)(12) organizations Enter		変数な				
а	Gross income from members or shareholders	11a	\$74 B	7.5	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources				Tally and the second		
	against amounts due or received from them)	11b	1				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu	of Form 1041?	12a	Alba Million	ses un gr		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	Pril.	10 mg	100 CO. 100 CO.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers		明の流	7			
а	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 Schedul	e O	A THE		مرور المراجعة المراجعة مراجعة المراجعة المر		
b	Enter the amount of reserves the organization is required to maintain by the states in which	1 1			Appendix Security		
	the organization is licensed to issue qualified health plans	13b		5.2	S. Carlot		
C	Enter the amount of reserves on hand	13c	Carlotte By	第二篇	47		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X		

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O			
ь 2	Enter the number of voting members included in 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 officer, director, trustee, or key employee?	2	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint	5 6		X X X
b	one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7a 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			事.
а b 9	The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	8a 8b	X	x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	nue C	ode ,)
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates? 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?	10a 10b	Х	X
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	х_	
13 14 15	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	13	X	
a b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a 15b	X	1 27.5%
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Silver .	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	13.0 18.0 18.0 18.0 18.0 18.0 18.0 18.0 18	
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed Alabama Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply	n 501	(c)(3)s	only)
19	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year	terest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	•	

Part VII	Compensation of Officers, Directors, Trustees, Ke	ey 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 instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization	n nor any relate	d org	anız	atio	n c	ompe	nsa	ated any curren	t officer, directo	r, or trustee
(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos neck ss pe d a d	rson	e than o	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Chris Christie Jr	4									
President		x		x				0	0	0
(2) Rodney Barganier	4				 					
Vice President		х		X	1	1		0	0	0
(3) Charles Fry Jr	4	-					\Box			
Secretary-Treasurer		x		x				0	0	0
(4) Kevin Butler	2									
Director		x						0	0	0
(5) Audrey Channel	2									
Director		Х						0	0	0
(6) Pooja Chawla	2									
Director		Х						0	0	0
(7) Charles Tyler Clark	2									
Director		Х	_				<u> </u>	0	0	0
(8) Ashley Crank	2					ļ				
Director		Х					<u> </u>	0	0	0
(9) Anne Durward	2						İ			
Director		Х					L.	0	0	0
(10) Nick Gaede	2]		}						
Director		Х					_	0	0	0
(11) Dalsy Mae Holder	2									
Director		Х		<u></u>	L_		ļ	0	0	0
(12) JD Lloyd	2									
Director		Х					ļ	0	0	0
(13) Maxwell Pulliam Jr	2									
Director		Х		_				0	0	0
(14) Kerrı Pruitt	2									
Director		X		<u> </u>				0	0	0

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees			lighe	st C	ompensated E	mployees (continu	ied)	
٠	(A) Name and title	(B) Average	ge box, unless person is bo						(D) Reportable compensation	(E) Reportable compensation	- 1	(F) Estimated amount of	
		week (list any hours for related organizations below dotted line)	Individua or directo	a Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-N	ons	other compensation from the organization and related organizations	
	equett Edmonson	45											
(16)	xecutive Director			-	X	-			On request		0	On req	uest
(17)				_									
			<u> </u>	_				_					
(18)				<u> </u>									
(19)	·	 											
(20)													
(21)								-					
(22)													
(23)				_				_					
(24)						-		-					
(25)								-					
	Sub-total								0		0		
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio	n A					>	0		0		
2	Total number of individuals (including bu reportable compensation from the organ		to th	nose	e list	ed	above	e) w	ho received m	ore than \$1	00,000) of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, direc						emp	oloyee, or high	nest compe	nsated	Yes 3	No X
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of regreater th	portal an \$1	ble (150,	con 000	npei)? /	nsatic f "Ye	n a s,"	nd other comp complete Sct	ensation froncedule J fo	om the r such	4	TANK TANK X
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or ind	lıvıdua		X
Section	on B. Independent Contractors												<u>^</u>
1	Complete this table for your five highest compensation from the organization Repyear												x
	(A) Name and business add	Iress					_		(B) Description of s	ervices		(C) Compensation	
			_										
2	Total number of independent contractor received more than \$100,000 of compens							th	iose listed ab	ove) who			7

Paru	VIII	Check if Schedule C		a resi	nonse or note t	o any line in thi	s Part	VIII			
	, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	STREET IN SCHEDULE OF	Contains	100	Jones of Hotel	(A) Total revenue	R	(B) elated or exempt function revenue	(C) Unrelated business revenue	exclu	(D) Revenue ided from tax der sections 512-514
ts ts	1a	Federated campaigns	3	1a	3,403	n the	1875	1.62.85	2 mg 1 mg 2 mg 2 mg 2 mg 2 mg 2 mg 2 mg	- 57	C. C. C. C. C.
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b				1. 人名	· 一个	三班.	
S, E	С	Fundraising events		1c			ا الله الله الله الله الله الله الله ال				
ar /	d	Related organizations	3	1d		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 - 3			1 77	
S, E	е	Government grants (con		1e	2,252,657	7 2 3	3. U			7	
no S	f	All other contributions, g					1 5 mg		A THE COLD		
the th		and similar amounts not inc	luded above	1f	500				7 3 3 3 3 3 3	2.0	
들이	g	Noncash contributions include	ded in lines 1a	-1f \$		1			THE STATE OF THE S		
Contributions, Gifts, and Other Similar An	h	Total Add lines 1a-1	f		>	2,256,560	14.5			, ,	
					Business Code	1 100 11.	PS	200	7 100		4-11/3/2017
le l	2a					- t					
Re	b										
ည	С					-					
er.	d										
E	е										
Program Service Revenue	f	All other program ser									
P	g	Total. Add lines 2a-2			>	0	د ځولاړا. •	, (4 g , 2 %) -	- 1. The 2 2 2 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3	, 1	Land Maria
	3	Investment income		divid	ends, interest,						
		and other similar amo	unts)		>	487					487
	4	Income from investmen	t of tax-exe	mpt bo	ond proceeds ►						
	5	Royalties			•						
		•	(ı) Real		(ii) Personal	بنج ١٠٠ حن	بالسر بمذوم	- 1 × 1 × 1	37 7 37		19 July 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	6a	Gross rents				The fact of the second of the	a degle	1. 1. 1. 1. 1.		1	The Park
	b	Less rental expenses					- Care	1. 1	40 M	1. 18.	
	С	Rental income or (loss)		0	0		3,11				
	ď	Net rental income or i	(loss)		>	0					
	7a	Gross amount from sales of	(ı) Securit	es	(ii) Other	1	7,000	200	-3- To -5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	1 .	· 小数数数
		assets other than inventory						A Andrews	1 . A Think (& 1972 -		
	b	Less cost or other basis					X ALK	The state of the s			
		and sales expenses						7.00			
	C	Gain or (loss)		0	0	\$75 B	7.1. Sand			71	102
	d	Net gain or (loss)	<u></u>		>	0					
							ξ3	464			1.1
Jue	8a	Gross income from fu	ındraısıng				33	The state of the s	1. 1. 2. 1. 1.		
Vel		events (not including \$				图 "是是你这	A STATE OF			100	
Re		of contributions reporte	ed on line 1	c)			4				
Other Revenue		See Part IV, line 18		а			1 2 2		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, ,	
₹	b	Less direct expenses	6	b					1	<u></u>	14. 14. 15.
-	С	Net income or (loss) f			events >	0	* / Ja/				
	9a	Gross income from ga	aming activi	ties					The state of the s		
		See Part IV, line 19		а		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	The Kerning		**	小
	b	Less direct expenses		b		4					
	С	Net income or (loss) f			vities >	0	L.				
	10a	Gross sales of in	-	less			3.5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Take Section		
		returns and allowance		а					1 Em 30/1	A L	
	b	Less cost of goods s		þ	<u> </u>	E THE THE THE	Tea .	A Trans.	The state of the s	1 18	
	С	Net income or (loss) f		ot inve		0					2.18 1.58
		Miscellaneous R	Revenue		Business Code	3.77	FAK.	The state of the s	11.11.11.11.11.11	ļ:	1. 46 1. 64 1.
	11a						-				
	b						-			1	
	C	A 11			<u> </u>		ļ				
	ď	All other revenue	44.1				ξ _{1,1} € Σ	1 , 450, 1.1.	A CONTRACTOR	1	** 15 m 15 m 17 m 17 m 17 m 17 m
	е	Total. Add lines 11a-			•		Marie -	2 3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Tyre,	March Comments of
	12	Total revenue. See in	nstructions		•	2,257,047	1			l	487

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and Do not include amounts reported on lines 6b, 7b, (B) Program service (D) Fundraising Total expenses 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals See Part IV, line 22 3 Grants and other assistance to foreign ijΞ. organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 79,806 85,500 5,694 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 1,404,573 1,311,028 93,545 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 67,550 63,051 4,499 9 Other employee benefits 24,856 373,210 348,354 10 Payroll taxes 114,405 106,786 7,619 Fees for services (non-employees) 11 Management Legal b Accounting 7,980 420 С 8,400 Lobbying 4 Professional fundraising services See Part IV, line 17 14.25 5,50 53 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column g (A) amount, list line 11g expenses on Schedule O) 71,518 67,942 3,576 12 Advertising and promotion Office expenses 13 12,117 1,498 13,615 14 Information technology 15 Royalties Occupancy 16 20,667 18,652 2,015 Travel 17 29,434 29,434 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 6,154 511 6,665 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 5,989 5,570 419 23 Insurance 21,052 598 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) Agency services 3,600 3,600 b 6,990 6,291 699 Dues and subscriptions Other 273 223 50 d Publications 443 443 All other expenses Total functional expenses. Add lines 1 through 24e 25 2,233,884 2,087,885 145,999 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► X following SOP 98-2 (ASC 958-720) No joint costs No joint costs No joint costs No joint costs Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
	•		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	566,132	1	200,461
	2	Savings and temporary cash investments	111,887	2	111,999
	3	Pledges and grants receivable, net	260,517	3	637,836
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,	4	3.5.	· 27 . 1 - 5次数
		trustees, key employees, and highest compensated employees	4	يوم الر موم الر	
		Complete Part II of Schedule L		5	
sts	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
۲	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	9,893	9	9,893
	10a	Land, buildings, and equipment cost or		-	
		other basis Complete Part VI of Schedule D 10a 121,052		, , ,	1
	b	Less accumulated depreciation 10b 100,061	13,380	10c	20,991
	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 34)	961,809	16	981,180
	17	Accounts payable and accrued expenses	9,331		5,539
	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 current and former officers, directors,		30° 95°	(1) 10 TO 1
H		trustees, key employees, highest compensated employees, and	The said the said of the	1.70 B	المتابعة الم
Liabilities		disqualified persons Complete Part II of Schedule L		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		25	
	26	Total liabilities. Add lines 17 through 25	9,331	26	5,539
Net Assets or Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔯 and complete lines 27 through 29, and lines 33 and 34.		- S.	
апс	27	Unrestricted net assets	952,478	27	975,641
3al	28	Temporarily restricted net assets		28	
힏	29	Permanently restricted net assets		29	
ַ בַּ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and		`- *	
-		complete lines 30 through 34.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
ts	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
۲	32	Retained earnings, endowment, accumulated income, or other funds		32	
let et	33	Total net assets or fund balances	952,478	33	975,641
	34	Total liabilities and net assets/fund balances	961,809	34	981,180

Page	1	2
raue	٠,	_

Part	XI Reconciliation of Net Assets				
5	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	2	,257	,047
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,233	,884
3	Revenue less expenses Subtract line 2 from line 1	3		23	,163
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		952	, 478
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 in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line	1 1			
_	33, column (B))	10		975	,641
Part	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 Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ın			1 Ton 2 To
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled or	33 a = 1 .	4.7	7
	reviewed on a separate basis, consolidated basis, or both		(a, 1)		
	Separate basis Consolidated basis Both consolidated and separate basis			سنفاله و	4411
b	Were the organization's financial statements audited by an independent accountant?		2b	X	. 3-1-1
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a	١ ،		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	separate basis, consolidated basis, or both		71, -		* * * * * * * * * * * * * * * * * * * *
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				لنست
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent account				
			2c	X	क्ट न्य
	If the organization changed either its oversight process or selection process during the tax year, exchedule O	tpiain in		' - '	
		forth in	<i>y</i> ,		أخشا
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	101111 111			
L	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rao tho	3a_		<u> </u>
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	ndits	3b		
	required addit of addits, explain why in schedule of and describe any steps taken to diddings such a			n 990	(2047)
			rom	11 J J J U	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

63-0341366

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Legal Aid Society of Birmingham

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust ► Attach to Form 990 or Form 990-EZ

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

Employer identification number

Par	Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art) See instructio	ns		
The c	rganization is not a private founda	ation because it	is (For lines 1 through	12, che	ck only or	ne box)	\sim 7		
1	A church, convention of church						() CE		
2	A school described in section						0 3		
3	A hospital or a cooperative ho								
4	A medical research organization hospital's name, city, and state	*	onjunction with a hos	pital desc	cribed in s	section 170(b)(1)(A)(iii). Enter the		
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	or operate	ed by a government	al unit described in		
6 7									
8	A community trust described in	n section 170(b)(1) A)(vi). (Complete	Part II)					
9	 An agricultural research organ or university or a non-land-gra university 	int college of agi	riculture (see instruction	ons) Ente	er the nan	ne, city, and state of	the college or		
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt fu t income and un	inctions—subject to c irelated business taxa	ertaın ex ble incon	ceptions, ne (less se	and (2) no more thar ection 511 tax) from	n 33¹/3% of its		
11	An organization organized and								
12	An organization organized and of one or more publicly support Check the box in lines 12a through the control of	orted organization	ons described in sect	ion 509(a	a)(1) or se	ection 509(a)(2) See	e section 509(a)(3).		
а	☐ Type I. A supporting organ	ū	• • • • • • • • • • • • • • • • • • • •		-	•	-		
Ī	the supported organization supporting organization Y	n(s) the power to	regularly appoint or e	elect a ma	ajority of t				
b	☐ Type II . A supporting orga	nization supervis	sed or controlled in co	nnection	with its s	supported organization	on(s), by having		
	control or management of organization(s) You must				e persons	that control or mana	age the supported		
С	Type III functionally integ its supported organization						ally integrated with,		
d	Type III non-functionally that is not functionally inte requirement (see instructional see instructions).	grated The orga	nization generally mu	st satisfy	a distribu	ution requirement and			
е	Check this box if the organ functionally integrated, or						e II, Type III		
f	Enter the number of supported	organizations							
g	Provide the following informatio	n about the supp	oorted organization(s)						
	(i) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1–10 above (see instructions))	listed in yo	organization ur governing iment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No				
(A)									
(B)									
(C)									
(D)									
(E)									
Total		16 (3),1 d	The state of the s	1.32	n E e diff				

Schedule A (Form 990 or 990-EZ) 2017 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 **(b)** 2014 (d) 2016 (c) 2015 (e) 2017 (f) Total contributions. 1 Gifts grants. membership fees received (Do not include any "unusual grants") 2,057,734 2,136,257 2,151,972 2,201,503 2,256,560 10,804,026 2 revenues levied organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 2,151,972 2,201,503 057,734 2,136,257 2,256,560 5 The portion of total contributions by person (other than governmental unit publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 10,804,026 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 2,057,734 2,136,257 2,151,972 2,201,503 2,256,560 10,804,026 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 487 704 590 338 2,962 843 Net income from unrelated business 1

	activities, whether or not the business is regularly carried on					ļ		
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
11 12	Total support Add lines 7 through 10 Gross receipts from related activities, etc. (see inst	ructions)	· 一个		12	HAR. TON	10,80	5,988
13	First five years. If the Form 990 is for the organization, check this box and stop here		nd, third, four	h, or fifth tax y	ear as	a sectio	n 501(c))(3) > []
Secti	on C. Computation of Public Support Percer	ntage			,			
14	Public support percentage for 2017 (line 6, column	(f) divided by line	11, column (f))	14			97 % _
15	Public support percentage from 2016 Schedule A,				15			97 %
16a b	331/3% support test—2017 If the organization did box and stop here. The organization qualifies as a 331/3% support test—2016. If the organization did	publicly supported	d organization					▶ [X]
b	this box and stop here . The organization qualifies				13 33	1370 OI III	ore, erre	▶ □
17a	10%-facts-and-circumstances test—2017. If the 10% or more, and if the organization meets the "facts-and organization	acts-and-circums	tances" test, d	check this box	and st	op here.	. Explain	ıın
b	b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.							
18	Private foundation. If the organization did not che instructions	ck a box on line 13	3, 16a, 16b, 17	a, or 17b, ched	ck this	box and	see	<u> </u>
				Sc	hedule /	A (Form 99	0 or 990-E	.Z) 2017

Part							/
ē	(Complete only if you checked the						nder Part II
	If the organization fails to qualify	under the te	ests listed beli	ow, please co	omplete Part I	1)	
	on A. Public Support	() 0040	# N 0044	(-) 2045	(-1) 2046	(-) 2047	/ Tatal
Jalen 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	/(f) Total
2	received (Do not include any "unusual grants") Gross receipts from admissions, merchandise					_/_	
-	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	/					
8							
Secti	on B. Total Support	1					
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	re		id, third, fourth	n, or fifth tax ye	ear as a section	on 501(c)(3) ▶ □
	on C. Computation of Public Suppor			101: (0)		45	0/
15	Public support percentage for 2017 (line 8			13, column (f))		15	<u>%</u> %
16 / Secti	Public support percentage from 2016 Sci on D. Computation of Investment In					1 10	70
17/	Investment income percentage for 2017 (y line 13. colu	mn (f))	17	%
18 18	Investment income percentage from 2016			-	\ //	18	%
19a	33 ¹ / ₃ % support tests—2017. If the organ 17 is not more than 33 ¹ / ₃ %, check this box	iization did no	t check the bo	x on line 14, a			
Ь	33 ¹ / ₃ % support tests—2016. If the organization 18 is not more than 33 ¹ / ₃ %, check this	zation did not o	check a box on	line 14 or line	19a, and line 16	is more than	33¹/₃% , and
20	Private foundation. If the organization di						_

Part IV Supporting Organizations

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

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

Part	IV Supporting Organizations (continued)			
	capporating organizations (softaniaed)		Yes	No
11 .	Has the organization accepted a gift or contribution from any of the following persons?		1 45	13.5
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		_
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		_
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1	* 3 To 4	2
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	ř .		- NA.
	controlled the organization's activities if the organization had more than one supported organization,	25	1 2 3	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	١.,٠	1,34	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		1.182.22
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1,		
	supervised, or controlled the supporting organization	2	أستثنب	The Late
Secti	on C. Type II Supporting Organizations	1 2	L	L
	Jrs sapporting organization		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		13	1 1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		1	
	or management of the supporting organization was vested in the same persons that controlled or managed	1,1,1		
	the supported organization(s)	1	L	<u> </u>
Secti	on D. All Type III Supporting Organizations		V	NI o
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1 2 6 3	Yes	No
'	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	P. P.	ا در ا	3
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		و معقالات است
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			1. W. T.
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	,, ,,	~	22
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		a100 pr. 104
3	By reason of the relationship described in (2), did the organization's supported organizations have a	4.5		
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1.		3
	supported organizations played in this regard	3		1 Porce 1
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inctru	ction	
		iisti u	CHOIL	3)
a b	☐ The organization satisfied the Activities Test Complete line 2 below ☐ The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	'see in	struct	ions)
				·
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		2 % 3	38
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,	49', 7	1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	how the organization was responsive to those supported organizations, and how the organization determined	F. 5		
	that these activities constituted substantially all of its activities	2a	fc	التفاشفا
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			200
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		1	1
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	-		13.20
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	-1	عنصد	Electrical
	trustees of each of the supported organizations? Provide details in Part VI.	3a	200	: 7° k. 4
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	كنسفنا	المرابعة المرابعة
	or its supported organizations. If Tes, describe in Fait VI the fole played by the organization in this regald	1 30	L	

instructions)

			-
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	gan	izations	
1 . Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	,		
instructions for short tax year or assets held for part of year)	,5	SAN SAN	Line Line
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	•		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	4 4	
2 Enter 85% of line 1	2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	· · · · · · · · · · · · · · · · · · ·	
4 Enter greater of line 2 or line 3	4	"阿拉克"的现在。"拉克克"	
5 Income tax imposed in prior year	5	· 1000000000000000000000000000000000000	
6 Distributable Amount Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	ly in	tegrated Type III supporting	organization (see

Part		3) Supp	orting	g Organ	izations	(continued)	·	
Secți	on D - Distributions						Curr	ent Year
1	Amounts paid to supported organizations to accomplish	exempt	purpos	ses				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purp	oses of	suppo	orted orga	nızatıons			
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI) See instructions							
7	Total annual distributions. Add lines 1 through 6	-	-					
8	Distributions to attentive supported organizations to which	h the or	ganiza	tion is res	ponsive			
	(provide details in Part VI) See instructions		J					
9	Distributable amount for 2017 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
Se	ection E - Distribution Allocations (see instructions)		지 (i)	ibutions	Underd	(ii) istributions	Distr	(iii) ibutable
		EXCES	ו אוסנו	ibulions	Pro	e-2017	Amour	nt for 2017
1	Distributable amount for 2017 from Section C, line 6	A.	``.	p ^m as	*****	Partition of		
2	Underdistributions, if any, for years prior to 2017	7.	ورام سائله				. ~	, gen,
_	(reasonable cause required—explain in Part VI) See	4.7		1			, '	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	instructions	1 3 mm m	٠, ١	, 5 j			, , , , ,	
3	Excess distributions carryover, if any, to 2017	Sec. 1	(3) de		, a	A STATE OF THE STA	~ , ; ;	The state of the s
а	The final state of the state of	表記事的		م المراد	, a	10000000000	* *	
b	From 2013	1 1 1 1	Car had	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7. 65%		1 ME	
	From 2014	,	The state of the s	in the salitant	***************************************	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	72 , AF .	
d	From 2015	SALE TO SE	No.	44,74	103 3	3 20 Ex 1	. 2	7 7 7 7 7 7
e e	From 2016	A	(1 <u>2.</u> i	1 8 4 7	The state of the state of	The second second		2 / 10 F 3
f	Total of lines 3a through e	432		150 Dec 2	****	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
g	Applied to underdistributions of prior years	19.47 E	; ,			a strag at to -		
<u>_</u> 9_	Applied to 2017 distributable amount	WELL ST		125 - V		- B. M.	· · · · · ·	
::	Carryover from 2012 not applied (see instructions)		- 165	100	- 1.	1450 K	- · · -	2.00
 _	Remainder Subtract lines 3g, 3h, and 3i from 3f	7,7		- 4		A SA	,	1 22
4	Distributions for 2017 from	Prof. E. C.	<u> </u>	, - 4 - 6 ·	3 1 1 1	7 (2,3) 3 x	1	- (
•	Section D, line 7 \$				1		*	ا این در
a	Applied to underdistributions of prior years	· ·	. E	1 3 3 3 4 5 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6	* 37 * 3	1 - 1 × 10 18 24 14 1	Y	5. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.
<u>u</u> b	Applied to 2017 distributable amount	2 m	3 F2 - 1	- 40° 13° 13°	1 4 8 8 1 1 4 2	St. 11 4 5 1 1	, ~	, K. 34, 50, 10
.	Remainder Subtract lines 4a and 4b from 4	12 V (W. 45.1	1910 Liber	• ****** >	1.424 2.534	1 3 5 3 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>}</u> , - } _[, ,]	
	Remaining underdistributions for years prior to 2017, if	\$ ()	J 2 . 3 . 1	10 K 25 25 -	7 F21 =	TAIL	χ,	**************************************
5	any Subtract lines 3g and 4a from line 2. For result	1 th	10 m	C . e36.			, ·	
	greater than zero, explain in Part VI See instructions	27 完章).	4 4		0	· 18.1	
6	Remaining underdistributions for 2017 Subtract lines 3h	3926 21 A	,,,	21 14 1 15 41	11.0	2 22 24	'	
O	and 4b from line 1 For result greater than zero, explain in			\$\display \text{?} \text{?}	, ,,	A. 1872		
	Part VI. See instructions		,		<i>"</i> /-			0
7	Excess distributions carryover to 2018 Add lines 3	70%		***	, ',	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,	1 - 5 - 5 - 5
•	and 4c	1		0		A STATE OF THE STA	5 5 5	
8	Breakdown of line 7		¥ - , .;	3,400		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12/1	
a	Excess from 2013	17 30 30		-31 - 35 - 14 	J. 155.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 8 3	
b	Excess from 2014	A C . C . A	1 75	4.A., 34.	L 28 - 30	1.77 % A 42 4	ξ · Σ · · · · · · · · · · · · · · · · ·	1, 31, 52, 38
	Excess from 2015	7 - 190 200 200 200 200 200 200 200 200 200 2	Mark 1 1 to	de Taring.	14 1 1 1 1 1	34 6 44	# 5 m	THE STATE OF STATE OF
d	Excess from 2016	A PARTY OF	· · · · · · · · · · · · · · · · · · ·	Carlow March	27.9 27.9 11.5 H.,	The same of the same of the	3,44	
e	Excess from 2017	A. A.		TOTAL MARK	La Same		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4 4 1 12 MES
	ENGOGG HOTH ZOTT	l.*. , ; ;	- 47 È	- 1 2 G 4 1 2	- 187	" - 154 , 12, 1 - 1 " L	<u> </u>	

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ▶ Go to www.irs gov/Form990 for instructions and the latest information.

	it the organization		Employer identification number
Legal	Aid Society of Birmingham		63-0341366
Par	Organizations Maintaining Donor Adv	ised Funds or Other Similar Fun	ds or Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets hi	eld in donor advised
	funds are the organization's property, subject to the		
_		_	
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene conferring impermissible private benefit?	fit of the donor of donor advisor, of to	
Dar			Yes _ No
Par			
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the	organization (check all that apply)	
	Preservation of land for public use (e.g., recrea	tion or education) 🔲 Preservation of	a historically important land area
	☐ Protection of natural habitat	☐ Preservation of	a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contributio	on in the form of a conservation
	easement on the last day of the tax year		িই ্ Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	rs.	2b
c	Number of conservation easements on a certified l		2c
d	Number of conservation easements included in		
ŭ	historic structure listed in the National Register	(b) abdanca and 7720700, and not	2d
3	Number of conservation easements modified, tran	eforred released extinguished or tern	
J	tax year ►	sterred, released, extinguished, or term	minated by the organization during the
4		nuntion agrament is located	
4	Number of states where property subject to conse		nootion bonding of
5	Does the organization have a written policy re	-	
_	violations, and enforcement of the conservation ea		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing o	conservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting	ig, handling of violations, and enforcing i	conservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	
	and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	and expense statement, and
	balance sheet, and include, if applicable, the text of	of the footnote to the organization's fin	ancial statements that describes the
	organization's accounting for conservation easeme	ents	
Part	III Organizations Maintaining Collection	s of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered	'Yes" on Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under SF	AS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the f	ootnote to its financial statements that	t describes these items
b	If the organization elected, as permitted under S	FAS 116 (ASC 958) to report in its	revenue statement and balance sheet
~	works of art, historical treasures, or other similar		
	public service, provide the following amounts relat		
	(i) Revenue included on Form 990, Part VIII, line 1	Ŭ	> \$
			Ψ
2	(ii) Assets included in Form 990, Part X	historical transuras, or other similar	assets for financial dain provide the
4	If the organization received or held works of art following amounts required to be reported under S		
		in AS TTO (ASC 930) relating to these it	CIII3
a	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		<u> </u>

	III Organizations Maintaining							
3 .	 Using the organization's acquisition, a collection items (check all that apply) 	ccession, and o	ther reco	rds, chec	k any of th	e follov	ving that are a sig	gnificant use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	ge prog	rams	
b	☐ Scholarly research		е	☐ Othe	r		**************************************	
С	☐ Preservation for future generations							
4	Provide a description of the organizati XIII	on's collections	and expl	ain how t	hey further	the org	anızatıon's exem	pt purpose in Par
5	During the year, did the organization sassets to be sold to raise funds rather							☐ Yes ☐ No
Par	Complete if the organization 990, Part X, line 21		s" on Foi	m 990, I	Part IV, line	e 9, or	reported an am	
1a	Is the organization an agent, trustee, included on Form 990, Part X?	custodian or otl	ner intern	nediary fo	or contribut	tions or	other assets no	Yes 🗌 No
b	If "Yes," explain the arrangement in Pa	rt XIII and compl	ete the fo	ollowing to	able			
							An	nount
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f	_ <u></u>	· · · · · · · · · · · · · · · · · · ·
2a	Did the organization include an amoun	t on Form 990, F	art X, line	21, for e	scrow or c	ustodial	account liability?	' 🗌 Yes 🗌 No
	If "Yes," explain the arrangement in Pa	rt XIII Check hei	re if the e	xplanatio	n has been	provide	ed on Part XIII	
<u>P</u> ar	t V Endowment Funds.							
	Complete if the organization	answered "Yes						
		(a) Current year	(b) Pr	or year	(c) Two yea	rs back	(d) Three years back	(e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							<u></u>
2	Provide the estimated percentage of the	ne current year ei	nd baland	ce (line 1g	, column (a	ı)) held a	as	
а	Board designated or quasi-endowmen	t >	%					
b	Permanent endowment >	%						
С	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2	•						
3a	Are there endowment funds not in the	possession of t	he organi	zation the	at are held	and ad	ministered for the	
	organization by							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ıi)
b	If "Yes" on line 3a(ii), are the related or	•						3b
4	Describe in Part XIII the intended uses		on's ende	owment for	unds			
Par								
	Complete if the organization	answered "Yes	on For	m 990, F	Part IV, line	e 11a	See Form 990, I	Part X, line 10
	Description of property	(a) Cost or o		1 ' '	or other basis ther)	d€	Accumulated epreciation	(d) Book value
1a	Land					1	""	
b	Buildings							
С	Leasehold improvements							
d	Equipment				99,290		82,642	16,648
е	Other				21,762	_	17,419	4,343
Total	Add lines 1a through 1e. (Column (d) m	ust equal Form 9	90 Part	X column		20.1	—	20.991

Part VII	Investments—Other Securit Complete if the organization		m 990 Part IV Ju	ne 11h See Form	990 Part X line 12
<u>.</u>	(a) Description of security or cat		(b) Book value	1	nod of valuation
	(including name of security		(2) 200% (2.00	, ,	of-year market value
(1) Financial	derivatives				
(2) Closely-h	neld equity interests				
(3) Other	·				
(A)					
(B)					
(C)			<u> </u>		<u> </u>
(D)					
(E)					
(F)			· · · · · · · · · · · · · · · · · · ·		
(G)					
(H)				2.33	. 157 7
	b) must equal Form 990, Part X, col (B) line 12			15 The state of th	
Part VIII	Investments—Program Rela		000 D+ IV I	- 44 - O F	000 Dark V Ivaa 40
-	Complete if the organization			T	
	(a) Description of investmen	at	(b) Book value		nod of valuation of-year market value
(1)					
(2)					
(3)	· · · · · · · · · · · · · · · · · · ·			<u> </u>	
(4)					
(5)					
(6)					
(7)					
(8)					
	b) must equal Form 990, Part X, col (B) line 13	1 ▶		*v.25 */45*2 ***	
Part IX	Other Assets.			1 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2125 WE 2 . 1 1 WE EVE
	Complete if the organization	answered "Yes" on For	m 990. Part IV. lir	ne 11d See Form	990. Part X. line 15
		(a) Description	<u> </u>		(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part	X, col (B) line 15)		•	
Part X	Other Liabilities.				
	Complete if the organization	answered "Yes" on For	m 990, Part IV, Iır	ne 11e or 11f See	Form 990, Part X,
	line 25				
1.	(a) Description of liability	(b) Book value			
(1) Federal in	ncome taxes				
(2)			7 , 1 , 2		-134
(3)					
(4)					
(5)					
(6)	<u> </u>				
(7)					
(8)			10000		
(9)	hi must sound Feet 2000 De 197 1 7011 1 25	1 1			
	b) must equal Form 990, Part X, col (B) line 25	·	to to the ergenization	n'a financial statemen	ata that roports the
∠. ∟auiiity ior	uncertain tax positions. In Part XIII, p	provide the text of the looth	ne to the organizatio	ni o imanciai stateme	ins man repons me

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part			•	
<u>``</u>	Complete if the organization answered "Yes" on Form 99 Total revenue, gains, and other support per audited financial statemer		1	2 257 047
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	11.5	7 17	2,257,047
a	Net unrealized gains (losses) on investments	2a		
a b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	2,257,047
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		5.	<u> </u>
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	 ^ , `	
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b	<u> </u>	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, I	ıne 12)	5	2,257,047
Part	XII Reconciliation of Expenses per Audited Financial Stat	ements With Ex	penses per Return	
	Complete if the organization answered "Yes" on Form 99			
1	Total expenses and losses per audited financial statements		1	2,233,884
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		,	
а	Donated services and use of facilities	2a	(A)	
b	Prior year adjustments	2b	,	
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d	\$	
е	Add lines 2a through 2d	<u> </u>	2e	0
3	Subtract line 2e from line 1		3	2,233,884
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		4	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I,	, line 18)	5	2,233,884
	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this p			
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·				
			·	
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Schedule D (Fo	rm 990) 2017	Page 5
art XIII	Supplemental Information (continued)	
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SCHEDULE O (Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization	Employer identification number			
Legal Aid Society of Birmingham	63-0341366			
Form 990 Part VI Line 11b - Form 990 is provided to Board members for/at	a regularly			
scheduled meeting				
Form 990 Part VI Section B Line 12c - Member required to remove conflict or resign position				
101 770 I WILL VI DOCUTOR D DIRECTION TO TORREST TO TORREST TO THE TORREST TO				
Form 990 Part VI Section B Line 15a&b - Board evaluates and approves com	pensation for the			
executive director and general oversight of all others				
Form 000 Part VI Cookson C Line 10 Province are made available by ann	are the			
Form 990 Part VI Section C Line 19 - Documents are made available by app	official at the			
Organization's administrative offices during regular business hours				
organización o daminiociacivo oriroco dering rogarar sabinoso nouro				
'				