2949311433400

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.

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

OMB No 1545-0047 2019

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Ā	For the	2019 calen	dar year, or tax year beginning , 2019, and endin	g		, 20			
В		applicable	C Name of organization Legal Aid Society of Birmingham		D Emple	oyer identification number			
\Box		change	Doing business as			41366			
Ħ	Name cl	•		oom/suite		none number			
ā	Initial ret	•	2021 Second Avenue North			51-3516			
$\overline{\Box}$		urn/terminated	City or town, state or province, country, and ZIP or foreign postal code						
\overline{a}	Amende		Birmingham, AL 35203		G Gross	receipts \$			
Ħ		ion pending	F Name and address of principal officer	H(a) Is this a no		r subordinates? Yes X No			
_	, ippiioai	on pending	2021 Second Avenue North Birmingham, AL 35203	I		es included? Yes No			
ī	Tax-exe	mpt status	X 501(c)(3)			st (see instructions)			
<u></u>			//legalaidbirmingham.com/	H(c) Group e					
			Corporation ☐ Trust ☐ Association ☐ Other ► L Year of forma			of legal domicile AL			
_	art l	Summa		1332	m otate	or legal donnelle Fair			
	1		cribe the organization's mission or most significant activities:	_ · _					
ø	'		nization is a nonprofit community defender providin	~ logol age		as through sourt			
Activities & Governance			ent to children and other indigent persons.	g regar ass	iscan	ce through court			
Ĕ	2		box ► ☐ if the organization discontinued its operations or disposed	of more than	25% of	ite not accote			
ĕ	3		voting members of the governing body (Part VI, line 1a).	Of more main	3				
. (C)	4.		independent voting members of the governing body (Part VI, line 1b)		4	16			
SS	5		er of individuals employed in calendar year 2019 (Part V, line 2a)	• • • •	5	<u>16</u> 			
Viti	6		er of volunteers (estimate if necessary)		6	16			
Ç	7a		ated business revenue from Part VIII, column (C), line 12		7a				
•	b		ed business taxable income from Form 990-T, line 39		7b				
		ivet uniterat	ed business taxable income nom Form 990-1, line 39	Prior Year		Current Year			
	8	Contributio	ns and grants (Part VIII, line 1h)						
ã				2,22	B,660	2,020,473			
Revenue	9	-	· · · · · · · · · · · · · · · · · · ·		410				
Se Se	10		income (Part VIII, column (A), lines 3, 4, and 7d)		410	435			
	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0			
	12		ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,22	9,070	2,020,908			
	13		similar amounts paid (Part IX, column (A), lines 1–3)						
	14		id to or for members (Part IX, column (A), line 4)		. 554	1 064 617			
Ş	15		ner compensation, employee benefits (Part IX, column (A), lines 5–10)	2,03.	1,754	1,864,617			
Expenses			al fundraising fees (Part IX, column (A), line 11e)	東京の高級が旧り始める 様	A Samuel				
ä			aising expenses (Part IX, column (D), line 25)						
_			nses (Part IX, column (A), lines 11a–11d, 11f–24e)		3,123	167,586			
			nses. Add lines 13–17 (must equal Part IX, column (A), line 25)		4,877	2,032,203			
		Revenue le	ss expenses. Subtract line 18 from line 12		4,193	(11,295)			
sets or llances		-	<u> </u>	Beginning of Curre		End of Year			
Sag	20		s (Part X, line 16)		3,244	971,745			
Net Ass Fund Bal	21		ies (Part X, line 26)		3,410	3,206			
			or fund balances. Subtract line 21 from line 20	97	9,834	968,539			
	rt III	Signatu							
Under penalties of perjuly, 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.									
1304, contect, and complete Decision of property forms, many contest has been of an any microscope									
Ci-		Sign adu	DIR A REC	EIVED_					
Sig		Signatu	re of officer	Date	ပ္စု				
He	re				<u> </u>				
			print name and title	5 2020	لأن	DTIN			
Pai	id	1		ate	Check [
Pre	pare	Tim Cla		EN, UT J		loyed P01309207			
	e Onl	I 1	e ►Tim Clark & Associates PC - Ste 202	Firm's	<u>-EIN ► 6</u>	3-1198934			
		Firm's addi	ess ▶1 Riverchase Office Plz Birmingham, AL 35244	Phone	no 205	-403-9935			
May	the IR	S discuss t	his return with the preparer shown above? (see instructions)	1 - 	\rightarrow (Yes No			
For	Paperw	ork Reducti	on Act Notice, see the separate instructions.	/		Form 990 (2019)			

The appropriate of the service of th	Check if Sche efly describe the e Organization pointment to I the organization or Form 990 or 9 Yes," describe th the organization vices? Yes," describe th scribe the organization total expenses, ode: 2019, the Or e State of Al efferson Count unty Drug Count of misdemeance	e organization's on is a nong children and undertake any 1990-EZ? These new service on cease condition's progration's progration's progration's progration and revenue, if (Expenses \$ rganization labama to rety. Also, where the municipator and traff	ins a responsimistant in the profit condition of the cond	mmunity deferindigent personal	es during the year to changes in Its of \$ sentation to delinquent to report to the delinquent to the d	ear which were not in three largest progratithe amount of grant the amount of grant children in three lattion service igent adults where the service is a service is a service is a service in the service in the service in the service is a service in the service i	listed on the Yes any program Yes ram services, as me ants and allocations ue \$ ients. We contr the Family Court that in the Jeff ces. Lastly, we the heave been ch	ourt s X No s X No asured b to others of erson arged
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) (Revenue \$

(Expenses \$ including grants of \$
4e Total program service expenses ▶



Part IV **Checklist of Required Schedules** No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . 2 х Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 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 98-197 If "Yes," complete Schedule C. Part III 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 х 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Х 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 Х Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more 11b X Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more 11c Х Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d Х Did the organization report an amount for other liabilities in Part X, line 25? if "Yes," complete Schedule D, Part X 11e Х Did the organization's separate or consolidated financial statements for the tax. year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? I. "Yes," complete Schedule D, Part X Х Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Schedule D. Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional -12b х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Х 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Х 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 14b foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. Х 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 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part (see instructions) 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Х Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Х 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

Part	Checklist of Required Schedules (continued)			
•			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		v
24a	Did the organization have a tax exempt bond issue with an outstanding principal amount of more than	23		<u>X</u>
27 0	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
þ	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			
ď	to defease any tax-exempt bonds?	24c 24d		X
25a		24u		
238	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		_ <u>x</u> _
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х_
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X.
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28.	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	i	х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
-	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Pat I	33		- X
34	Was the organization related to any tax-exempt or taxable entity? If "Ye3," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from c: engage in any transaction with a			
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complate Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an endity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	<u>x</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check it ochequie O contains a response of note to any line in this mart v	•••	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6		经总	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C				
	reportable gaming (gambling) winnings to prize winners? ,	1c	X	(2019)
	_	rorr	11 プラリ	(2019)

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Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
		Contraction	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal cf Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 23	A THE PARTY OF		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	ber EntreSit
3a	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	100 ME 3	
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		X
4a	At any time during the calendar year, did the organization have an interest in or a signature or other authority over,	- 55	ļ	
	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)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	ļ.—.	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit 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	CL		
7	gifts were not tax deductible?	6b	932, KB35	2500
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		<u> </u>
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 for which it was required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	ļ	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	1 Sec. 148	18/40-97
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.	200	验》	阿瑟
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	HERES	wan san
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Section 501(c)(12) organizations. Enter:		MATERIAL PROPERTY.	
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	100 C	1965 Steel N
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance Issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a	PARTER OF	PER MISTE
	Note: See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand		劉智	根關
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	<u> </u>	<u> </u>
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15	ľ	x
	excess parachute payment(s) during the year?			Y Y
	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.	物源		NAME:
		For	n 990	(2019)

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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 on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	tions.
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . 1a 16	(40)	No.	200
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?.	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Co	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
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	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		越越	
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	Х	
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	- X	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	-
ь	Other officers or key employees of the organization	15b	х	· ·
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	14 (8)		
16a	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		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	HEARUS	Marie Ca
Secti	on C. Disclosure			
17	List the states with which a convertible Form 000 is required to be filed by 31 shame			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	Γ (Sec	tion F	501(c)
.0	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.		-	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re See Organization name and address is on page 1.	cords	▶	

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

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

Check this box if neither the organization no	ed organization compensated any current officer, director, or trustee.									
(A) Name and title	(B) Average hours per week (Ilst any hours for related organizations	box, office Individual	unles er and	Pos neck ss pe	erson	than or Highest compensated employee	n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	below dotted line)	<u> </u>	trustee		yee	npensated	-			
(1) Pooja Chawla	4	ı			1					
President	 	X		x	├	ļ	-	0	0	0
(2) Ashley Crank	4						ļ			
Vice President		X	<u> </u>	Х	 _	 	├	0	0	
(3) Charles Fry Jr	4	1	ĺ	ĺ	ĺ		ĺ	1	4	_
Secretary / Treasurer	 	<u>_x</u>	<u> </u>	x	<u> </u>	<u> </u>	<u> </u>	0	0	0
(4) Kevin Butler	2	ļ	ĺ	1			1	1		
Director		<u> x</u>		L	ļ_		<u> </u>	0	0	0
(5) Anne Lamkin Durward	2	1						<u> </u>		
Director	ļ	X		_	╙	ļ	Ļ	0	0	0
(6) Daisy Mae Holder	2	1					İ			
Director	<u> </u>	x		L.	<u> </u>		<u> </u>	0	0	0
(7) Kerri Pruitt	2				1			F		
Director		X		<u>L</u>	<u> </u>	L	<u> </u>	0		0
(8) Rodney Barganier	2				İ					
Director	ļ <u>.</u>	X_			<u> </u>		<u> </u>	0	0	0
(9) Kimberly Perkins	2			ì	Ì	1	i	1		
Director	<u> </u>	х			<u>L</u>		L.	0	0	0
(10) Charles Tyler Clark	2			}	ļ		ĺ			
Director	<u> </u>	Х	L				<u> </u>	0	0	0
(11) Maxwell Pulliam Jr	2	1								
Director		х		L	L	<u> </u>	_	0	0	0
(12) John Richie	2						ļ			
Director		х						0	0	0
(13) William Thompson	2									
Director		x						0	0	0
(14) John Vowell	2									
Director		х			<u>L_</u>			0	0	0
					-					Form 990 (2019)

Direc		per week (list any hours for related	or di	I ≕		111000	or/trus		compensation from the	Reportable compensation from related	Estimated amount of other compensation
Direc		lorganizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
	Ritchey	2									
	anie Mayes	2	Х					-	0	0	0
Direc	tor	4.5	Х.					_	0	0	0
Execu	tive Director				х				On request	0	On request
(18)											
(19)											
(20)											
<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>											
(22)											
(23)											
(25)											
	total			•			•		0	0	0
	Il from continuation sheets to Part Il (add lines 1b and 1c)				•		-	▲	0	0	0
2 Tota	al (add lines 1b and 1c)	not limited	to th	ose	list	ed a	abov:	•) wl	ho received more	e than \$100,000	of
repo	rtable compensation from the organiz	zation >									Yes No
	the organization list any former of							mpl	oyee, or highes	t compensated	1 - 1
4 For a	loyee on line 1a? If "Yes," complete 5 any individual listed on line 1a, is the nization and related organizations	sum of rep	ortat	ole d	com	per	rsatio				
	ridual					 •					4 x
for s	any person listed on line 1a receive of ervices rendered to the organization?									·	5 X
	Independent Contractors plete this table for your five high	ost compo	neate	- d i	nde		dent		ntractors that re	eceived more	than \$100,000 of
	pensation from the organization. Repo										
	(A) Name and business addr	ess							(B) Description of serv	lces	(C) Compensation
				_							
	number of independent contractor yed more than \$100,000 of compensa							the	ose listed above	e) who	

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Hal	t VIII	Check if Schedule			espoi	nse or note to a	ny line in this Pa	art VIII		. , —
					<u> </u>	100 01 11010 10 0	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
st st	1a	Federated campaig	ns .		1a	25,000				
trbutions, Gifts, Grants Ctrer Similar Amounts	b	Membership dues			1b					
e i	C	Fundraising events			1c					
Gifts, illar An	d	Related organizatio			1d					
S, E	е	Government grants			1e	1,985,057				
<u>8</u> 20	f	All other contributio			1					
re E		and similar amounts n			1f	10,416				
팔	g	Noncash contribution lines 1a-1f	ons ir		1g	•				
Contrbutions, (h	Total. Add lines 1a					2,020,473			
	 "	Total. Add lines 18			<u>. </u>	Business Codo		T SHELL COMES TO SERVE		O COSTO OFFICE CONTROL
စ္ပ	2a					2000000000	CALL LANGUAGE AND AND AND AND	Allender Association areas	DOMESTICAL STREET, STR	Non-William Control of the Control o
ره کّ	b									
gram Ser Revenue	C							<u> </u>		
e a	d									
Program Service Revenue	е									
ď	f	All other program se								
	g	Total. Add lines 2a-					, 0			***************************************
	3	Investment income								
		other similar amoun					435			435
	5	Income from investr			•			· · · · · · · · · · · · · · · · · · ·		
		Royalties		(i) Rea		(ii) Personal				Y STANDARY COLOR
	6a	Gross rents .	6a	(7,100		(1)1 0/00/101				
	b	Loss: rental expenses		<u> </u>						
	C	Rental income or (loss)			0	0				
	d	Net rental income o		s)		▶	1, 0			
	7a	Gross amount from		(i) Securi	ties	(ii) Other				
		sales of assets	ĺ							
		other than inventory	7a							
īle	b	Less: cost or other basis								
Revenue		and sales expenses .	7b	ļ <u></u>						
Re	q d	Gain or (loss) Net gain or (loss)	7c	L	0		0	The State of the Late of the L		N DESCRIPTIONS
ЭĒ			· ·	ndrojojna	<u></u>				TOTAL SHEET THE	
<u>9</u>	8a	Gross income from events (not including		nutaising	1	'				
		of contributions re		d on line						
]	1c). See Part IV, line			8a	ł				
	b	Less: direct expens	es .		8b					过滤的
	С	Net income or (loss)) from	fundraisin	g eve	nts 🕨	, 0			
	9a	Gross income f								
		activities See Part I		e 19 .	9a					
	b	Less: direct expens		• •	9b	l			Harris Market Strategy	表示的数据的
	C	Net income or (loss)			ctivitie	es <u>></u>	O	transportation and the second	remanikasing dan ke	ONEM SPECIENTS SERVED
	10a	Gross sales of in returns and allowan			10.					
	b	Less. cost of goods			10a 10b					
	C	Net income or (loss)				nrv 🕨	O C	RETHRAP COSCESSIONS	Lanak tanhanasana kenis	LOUISE MANAGEMENT STEEL
<u></u>	<u> </u>	11001110 01 (1000)	,	Juico Or II		Businoss Code			TO THE TARE	THE STREET
ا ھ ق	11a						1 - Charles a Unit to Section 18 - Charles A Unit to Section 1	even's section of the besides and	South St. Propositional and the proposition, a	MANAGEMENT THE STREET, CHANGE
ane nu	b							, ,	-1	
scellaneo Revenue	С						,			
Miscellaneous Revenue	d	All other revenue	• •							
≥	е	Total. Add lines 11a				. , >	0	提到基础的	设作的图像和	學學學學
	12	Total revenue See	inatri	intions.		_	1 2 222 222	1	,	125

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) org	anizations must com	plete all columns. A	III other organizations must	complete column (A).
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	Check if Schedule O contains a respons	e or note to any lin	e in this Part IX .		🗆
Do no	ot include amounts reported on lines 6b, 7b,	(A) . Total expenses	, (B)	(C)	(D) Fundralsing
8b, 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
_ 2.	.Grants and other_assistance_to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	86,000	80,272	5,728	
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	1,259,984	1,176,069	83,915	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	71,262	66,516	4,746	
9	Other employee benefits	344,622		22,952	
10	Payroll taxes	102,749		6,843	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	8,568	8,140	428	
d	Lobbying				,
е	Professional fundraising services See Part IV, line 17		No. of the second		
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column			. '	
_	(A) amount, list line 11g expenses on Schedule O.)	46,756	44,418	2,338	,
12	Advertising and promotion				
13	Office expenses	15,649	13,928	1,721	
14	Information technology			,	
15	Royalties				
16	Occupancy	29,784	26,880	2,904	
17	Travel	30,932	30,932		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,956	1,806	150	_
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	4,331	4,028	303	
23	Insurance	21,861	21,240	621	
24	Other expenses Itemize expenses not covered				
_~	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Agency services	1,854	1,854		
b	Dues and subscriptions	5,600	5,040	560	
С	Publications	295	295		
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,032,203	1,898,994	133,209	
26	Joint costs. Complete this line only if the		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,	***
	organization reported in column (B) joint costs	[
	from a combined educational campaign and				
	fundraising solicitation. Check here ► 🗵 if following SOP 98-2 (ASC 958-720)	No joint costs	No joint costs	No joint costs	No joint costs
	, , , , , , , , , , , , , , , , , , , ,	,			Form 990 (2019)

Form 990 (2019)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part.X · 🗆 (A) (B) Beginning of year End of year Cash—non-interest-bearing . . . 313,095 1 498,644 2 Savings and temporary cash investments . 2 112,111 112,223 3 Pledges and grants receivable, net . . . 3 532,211 339,382 4 Accounts receivable, net 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 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 Assets Inventories for sale or use . 8 Prepaid expenses and deferred charges . . 9 9 9,893 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . Less: accumulated depreciation 10b 10c 109,449 11,603 Investments—publicly traded securities 11 11 12 12 Investments—other securities. See Part IV, line 11 13 13 Investments—program-related. See Part IV, line 11. 14 14 15 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) . 16 983,244 971,745 17 Accounts payable and accrued expenses . . . 3,410 17 3,206 18 18 19 19 20 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 22 Loans and other payables to any current or former officer, director, -iabilities trustee, key employee, creator or founder, substantial contributor, or 25% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties . . . 23 23 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25 . 3.206 3.410 Organizations that follow FASB ASC 958, check here ▶ 🖾 **Assets or Fund Balances** and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions . 979.834 968,539 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 32 968,539 32 979,834 Net 971,745 983,244 33 Total liabilities and net assets/fund balances .

the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain on

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
 b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps-taken-to-undergo-such-audits...

Form 990 (2019)

Schedule O.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047 2019

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

Department of the Treasury Internal Revenue Service

Employer Identification number

Name of the organization Legal Aid Society of Birmingham 63-0341366 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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.) 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 university: An organization that normally receives: (1) more than 331/3% 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 331/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d 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 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). (i) Name of supported organization (ili) Type of organization (lv: is the organization (v) Amount of monetary (vi) Amount of support (see list⊷d in your governing other support (see (described on lines 1-10 document? instructions) instructions) above (see Instructions)) Yes / (A) ` (B) (C) (D)

(E) Total

Par	II Support Schedule for Organiz	ations Desci	ribed in Sect	ions 170(b)(1	I)(A)(iv) and	170(b)(1)(A)(v	i)
	(Complete only if you checked t	he box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III)	
	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and		-				
	membership fees received. (Do not			1	1	1	
-	include any "unusual grants.")	2,151,972	2,201,503	_2,256,560	2,228,660	2,020,473	10,859,168
2	Tax revenues levied for the			{	}	1	
	organization's benefit and either paid to or expended on its behalf			,	ł		İ
-	-	·		ļ -			<u> </u>
3	The value of services or facilities furnished by a governmental unit to the						
	organization without charge	-				ļ	
4	Total. Add lines 1 through 3	2 151 972	2,201,503	2: 256 560	2 228 660	2 020 473	10,859,168
-	-						10,035,100
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)				建设建设		
6	Public support. Subtract line 5 from line 4			消耗等数据30 00	DEPARTMENT OF THE PARTY OF THE	《新聞》	10,859,168
	on B. Total Support			<u></u>			
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	2,151,972	2,201,503	2,256,560	2,228,660	2,020,473	10,859,168
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from				ĺ		
	similar sources	590	338	487	40	435	1,890
9	Net income from unrelated business	590	336	407	40	433	1,890
·	activities; whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11				在3000年		1,000	10,861,058
12	Gross receipts from related activities, etc					12	504()(0)
13	First five years. If the Form 990 is for the	-					on 501(c)(3)
0 - 4	organization, check this box and stop he				· · · · ·	<u> </u>	
	on C. Computation of Public Suppor			1 column (f)		14	99.98%
14 15	Public support percentage for 2019 (line 6) Public support percentage from 2018 Sci					15	99.98 %
16a	331/3% support test—2019. If the organi				nd line 14 is 33		
	box and stop here. The organization qua						> 🗓
b	331/3% support test—2018. If the organi					is 331/3% or m	
	this box and stop here. The organization						. · . > 🗀
17a	10%-facts-and-circumstances test—20	019. If the oras	anization did n	ot check a bo	x on line 13, 1	6a, or 16b, an	d line 14 is
	10% or more, and if the organization me	eets the "facts-	-and-circumísta	ances" fest, ch	neck this box a	and stop here.	. Explain in
	Part VI how the organization meets the "	facts-and-circ	umstances" te	st. The organi	zation qualifies	s as a publicly	supported
	organization						🕨 📋
b	10%-facts-and-circumstances test-26	018. If the orga	anization did n	ot check a bo	x on line 13, 1	6a, 16b, or 17	'a, and line
	15 is 10% or more, and if the organiza	ation meets the	e "facts-and-o	circumstances'	' test, check t	this box and	stop here.
	Explain in Part VI how the organization in	neets the "fact			The organizati	on qualifies as	
	supported organization						🕨 📋
18	Private foundation. If the organization di	d not check a l	box on line 13	, 169, 16b, 17a	a, or 1/b, chec	k this box and	see

Part							
	(Complete only if you checked the						der Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow; please co	omplete Part	II.) /	
	ion A. Public Support		<u> </u>				
	ndar year (or fiscal year beginning in)	(a) 2015	\(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	l	\				
_	received. (Do not include any "unusual grants.")				ļ 		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the		1 \ .]	
	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		1				
	organization's benefit and either paid to		\ \			[
	or expended on its behalf		l \	/	ľ	1	
5	The value of services or facilities		· · · · · · · · · · · · · · · · · · ·				
•	furnished by a governmental unit to the		١ ١				
	organization without charge	ł		\ /		1	
6	Total. Add lines 1 through 5			_/			
	Amounts included on lines 1, 2, and 3			\			
, .	received from disqualified persons .			/\			
	` '	Γ					
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			\			
	•		/		<u> </u>		
	Add lines 7a and 7b	Na Franchis C. Pulper in Building and	75367 91, 24, 40, 29,	D STANDS STREET, OF THE STAND	ile ruspes Dage Lyderey	Brusser - San District St	
8	Public support. (Subtract line 7c from		7 0.74				
	line 6.)		Carlotte in	(外)。	國際學院為當	1000年11月	
	on B. Total Support				\\		
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	\(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6				 		
10a	Gross income from interest, dividends,				\	ì	
	payments received on securities loans, rents,						
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less			ı			
	section 511 taxes) from businesses				\		
	acquired after June 30, 1975						
C	Add lines 10a and 10b/.						
11	Net income from unrelated business			'	V	[
	activities not included in line 10b, whether					\	
	or not the business is regularly parried on	_					
12	Other income. Do not include gain or						
	loss from the sale of capital assets	}		I		· \	
	(Explain in Part VI.) /						
13	Total support. (Add lines 9, 10c, 11,						
	and 12) /					\	
14	First five years. If the Form 990 is for th	e organization	's first, second	d, third, fourth	, or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop her	=				\	. ▶ □
Secti	on C. Computation of Public Suppor						=
15	Public support percentage for 2019 (line 8			3. column (f))		15	%
16	Public support percentage from 2018 Sch		•			16	%
	on D. Computation of Investment Inc			 			\
17	Investment income percentage for 2019 (v line 13. colu	mn (fl)	17	%
18	Investment income percentage from 2018					18	\ %
19a	33 ¹ / ₁₃ % support tests—2019. If the organic						
	17 is not more than 33½%, check this box a						
	33 ¹ / ₃ % support tests—2018. If the organize					*** ** * *	
. 0	line 18 is not more than 331/3%, check this b						
20							\
20	Private foundation. If the organization did	THOUGH CHECK 9	DOX OH HILE 14,	ַנַשׁמּ, טוַ ושט, נ	HECK THIS DOX	and see monde	IIII P

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	A. All	Supporting	Organiza	tions
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- Are all of the organization's supported organizations listed by name in the organization's governi documents? If "No," describe in Part VI how the supported organizations are designated. If designated class or purpose, describe the designation. If historic and continuing relationship, explain,
- Did the organization have any supported organization that does not have an IRS determination of stat under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the support 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," answ (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) a satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how t organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2): purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- 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 discreti 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 us to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2), purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Year answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and E 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 acti 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 alrea designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefit by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contribution (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled ent with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or mo disqualified persons as defined in section 4946 (other than foundation managers and organizations describ in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in whi the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal bene 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 "ype_III_non-functionally_integrat supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings.)

		Yes	No
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Part	IV Supporting Organizations (continued)	
44		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	
u	below, the governing body of a supported organization?	11a
b		11b
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to e, b, or c, provide detail in Part VI.	11c
Sect	ion B. Type I Supporting Organizations	
		Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	
	controlled the organization's activities. If the organization had more than one supported organization,	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
_		1
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	
	supervised, or controlled the supporting organization.	2
Sect	ion 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	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s).	
Sect	ion D. All Type III Supporting Organizations	
-		Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a	
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	
	supported organizations played in this regard.	3
Sect	ion 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	instructions).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.	
þ	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.	(ana instructions)
Ç	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity Activities Test. Answer (a) and (b) below.	Yes No
2 a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	
a	the supported organization(s) to which the organization was responsive? !f "Yes," then in Part VI identify	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	
	how the organization was responsive to those supported organizations, and how the organization determined	
_	that these activities constituted substantially all of its activities.	2a
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If ."Yes," explain in Part VI the	
	reasons for the organization's position that its supported organization(s) would have engaged in these	
	activities but for the organization's involvement.	2b
3	Parent of Supported Organizations. Answer (a) and (b) below.	
а	Did the organization have the power to regularly appoint or elect a majorily of the officers, directors, or	
	trustees of each of the supported organizations? Provide details in Part VI.	3a
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

Type III Non-Functionally Integrated 509(a)(3) Supporting Organia	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 organ			
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):			
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			TANADAR ARMIN
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		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4	"国际"和"国际"的	
5 Income tax imposed in prior year	5	明可於清潔學家與於於	
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	y in	tegrated Type III supporting	organization (see
instructions)			

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	
Sect	tion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
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 whic (provide details in Part VI). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	Ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributlons Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6	阿拉姆斯斯斯斯斯斯		
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2010	是開始的自治理性事情		
a	From 2014		高大和6個 的一个	
b	From 2015	特於無視為透過解於原義	公寓企業的學術	同然。他将写过的主题的
C	From 2016	新品牌的		
d	From 2017			
e	From 2018			
f	Total of lines 3a through e	bel Sug at compil - related distribution of the second of		
g	Applied to underdistributions of prior years		REPORT OF THE PURPLE AND THE ABOUT THE STREET WORLD	
<u>h</u> _	Applied to 2019 distributable amount			12 bb. fr - narhayi hadrofelan ku 200-bb sabakan da
	Carryover from 2014 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	lessah (120) 123 delikker falmasi i elafatik anti shiri		
4	Distributions for 2019 from			
	Section D, line 7.			Particle of the second
a_	Applied to underdistributions of prior years		THE REPORT OF THE PERSON OF TH	
<u>b</u> _	Applied to 2019 distributable amount Remainder, Subtract lines 4a and 4b from 4.	CONTRACTOR OF THE PERSON		
_ <u>_c</u>			MAPLY CONTRACTION CHIMANAL CONTRACT	
5	Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:	心理		
а	Excess from 2015			
b	Excess from 2016	H. E. M. T. H. T. M. T.		recommend
С	Excess from 2017			
d	Excess from 2018	重新和加州的	是治理。到了可以	是是作物的問題,不可以
е	Excess from 2019		是一种的	HE STATE OF STREET

•	•				
Schedule A	(Form	990	or 990-	·EZ)	2019

Part VI	Supplementa III, line 12; Pa B, lines 1 and 3a, and 3b; Pa lines 2, 5, and	rt IV, Section / 2; Part IV, Seart V, line 1; Pa	A, lines 1, 2, 3 ction C, line art V, Sectior	3b, 3c, 4b, 40 1; Part IV, Se 1 B, line 1e; F	c, 5a, 6, 9a, 9 ction D, lines Part V, Section	b, 9c, 11a, 11 2 and 3; Par n D, lines 5, 6	1b, and 11c; P t IV, Section E s, and 8, and P	17a or 17b; art IV, Sect lines 1c, 2 art V, Sect	Part tion ta, 2b, tion E,
					ot.		-		-
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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

Open to Public Inspection

Name o	f the organization		Employer Identification number
	Aid Society of Birmingham		63-0341366
Par	Organizations Maintaining Donor Adv		ds or Accounts.
	Complete if the organization answered '		T
		(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 4	Aggregate value of grants from (during year) . Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets he	L L L L L L L L L L L L L L L L L L L
	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 beneficonferring impermissible private benefit?	and donor advisors in writing that gran fit of the donor or donor advisor, or fo	nt funds can be used or any other purpose
Part			
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (for example, recre		
	Protection of natural habitat	☐ Preservation of	a certified historic structure
2	☐ Preservation of open space Complete lines 2a through 2d if the organization he	old a qualified consequation contribution	n in the form of a consequation
_	easement on the last day of the tax year.	a qualified conservation contributio	Held at the End of the Tax Yes
а	Total number of conservation easements		T- 11
b	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified h		
d	Number of conservation easements included in	(c) acquired after 7/25/06, and not of	on a
	historic structure listed in the National Register .		2d
3	Number of conservation easements modified, trans	sferred, released, extinguished, or term	ninated by the organization during the
	tax year ►	rustian assument in landted	
4 5	Number of states where property subject to conservation between Does the organization have a written policy reg		pection handling of
•	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing	g conservation easements during the yea
	-		
	Amount of expenses incurred in monitoring, inspectin ▶ \$	-	,
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of	
9	In Part XIII, describe how the organization reports of		
	balance sheet, and include, if applicable, the text o organization's accounting for conservation easeme		anciai statements that describes the
art			Other Similar Assets
art	Complete if the organization answered "		Chief Chimai Addets.
1a	If the organization elected, as permitted under FAS		ue statement and balance sheet work
	of art, historical treasures, or other similar assets	held for public exhibition, education	, or research in furtherance of publ
	service, provide in Part XIII the text of the footnote		
b	If the organization elected, as permitted under FAt art, historical treasures, or other similar assets held	for public exhibition, education, or re-	statement and balance sheet works search in furtherance of public servic
	provide the following amounts relating to these iten		
	(i) Revenue included on Form 990, Part VIII, line 1		<i>.</i> . > \$
_	(ii) Assets included in Form 990, Part X		• \$
2	If the organization received or held works of art, following amounts required to be reported under Fi	nistorical treasures, or other similar ASB ASC 958 relating to these items:	
	Revenue included on Form 990, Part VIII, line 1 .		> \$
h	Assota included in Earns OOO Dest V		•

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	ule D (Form 990) 2019		A 4 11'-4 - 1 - 1 - 1			Page 2
3	Using the organization's acquisition,	accession and of	Art, Historical	reasures, or O	ther Similar Ass	ets (continued)
•	collection items (check all that apply)		ner records, chec	A arry of the follow	wing that make sig	grinicant use or its
а	☐ Public exhibition		d 🗌 Loan	or exchange prog	ıram	
b	☐ Scholarly research			r		
С	☐ Preservation for future generation	ıs				
4	Provide a description of the organiza XIII.	ation's collections a	and explain how t	hey further the org	ganization's exem	ot purpose in Part
5	During the year, did the organization					•
	assets to be sold to raise funds rathe		ined as part of th	e organization's co	ollection?	☐ Yes ☐ No
Par	t IV Escrow and Custodial Arr			·		
	Complete if the organization 990, Part X, line 21.	n answered "Yes'	" on Form 990, I	Part IV, line 9, or	reported an amo	ount on Form
1a	Is the organization an agent, trustee included on Form 990, Part X?					☐ Yes ☐ No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the following to	able:		
					Arr	ount
С	Beginning balance			10	;	
d	Additions during the year				1	
е	Distributions during the year				•	
f	Ending balance	, , ,		11		
2a	Did the organization include an amou	nt on Form 990, Pa	art X, line 21, for e	scrow or custodia	I account liability?	☐ Yes ☐ No
b	If "Yes," explain the arrangement in P	art XIII. Check here	e if the explanatio	n has been provid	ed_on Part XIII .	🗆
Par	t V Endowment Funds.					
	Complete if the organization	n answered "Yes"				
		(a) Current year	(b) Prior year	(c) Two years 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]				

b	Permanent endowment ▶ %			
С	Term endowment ▶ %			
3a	The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the			
	organization by		Yes	Ī
	(i) Unrelated organizations	3a(i)		
	(ii) Related organizations	3a(ii)		
h	If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

f Administrative expenses g End of year balance

a Board designated or quasi-endowment ▶ _____%

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 basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1a	Land					
b	Buildings					
	Leasehold improvements					
d	Equipment		99,290	90,691	8,599	
е	Other		21,762	18,758	3,004	
Cotal	Add lines 1a through 1e. (Column (d) must	equal Form 000 Part	Y column (R) line 1	20.1	11.603	

*	(a) Description of security or category (including name of security)	(b) Book value		hod of valuation: -of-year market value
I) Financia	derivatives			
	neld equity interests			
				· · · · · · · · · · · · · · · · · · ·
(A)				• • •
(B)			<u> </u>	
(C)				
(D)		· · · · · · · · · · · · · · · · · · ·		
(E)		-		
(F)				
(G)				
(H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12). 🕨		可是地域的	可以
art VIII	Investments—Program Related. Complete if the organization answered "Yes" on For	m 000 Part IV li	ne 11c. See Form	000 Part Y line 13
	(a) Description of investment	(b) Book value	(c) Met	hod of valuation
			Cost or end	of-year market value
1)				
2)				···
3)				··
4)				
5)			ļ	
3)	· · · · · · · · · · · · · · · · · · ·		 	
7)			ļ	
B)			<u> </u>	
9)			CAN THENTS IN CHEST BALL	CONTRACTOR CONTRACTOR CONTRACTOR
	mn (b) must equal Form 990, Part X, col. (B) line 13.) . 🕨		10亿米据"国际政治	
Part IX	Other Assets.	m 000 Port IV li	ne 11d. See Form	000 Part Y line 15
Part IX	Complete if the organization answered "Yes" on For	n 990, Part IV, li	ne 11d. See Form	
		n 990, Part IV, lii	ne 11d. See Form	990, Part X, line 15 (b) Book value
1)	Complete if the organization answered "Yes" on For	n 990, Part IV, lii	ne 11d. See Form	
1)	Complete if the organization answered "Yes" on For	n 990, Part IV, lii	ne 11d. See Form	
1) 2) 3)	Complete if the organization answered "Yes" on For	n 990, Part IV, lii	ne 11d. See Form	
1) 2) 3)	Complete if the organization answered "Yes" on For	m 990, Part IV, lii	ne 11d. See Form	
1) 2) 3) 1)	Complete if the organization answered "Yes" on For	m 990, Part IV, lii	ne 11d. See Form	
1) 2) 3) 4) 5)	Complete if the organization answered "Yes" on For	m 990, Part IV, lii	ne 11d. See Form	
(i) (i) (i) (i) (i) (i)	Complete if the organization answered "Yes" on For	n 990, Part IV, li	ne 11d. See Form	
1) 2) 3) 4) 5) 7)	Complete if the organization answered "Yes" on For	m 990, Part IV, lii	ne 11d. See Form	
1) 2) 3) 4) 5) 6) 7) 8) 9)	Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.)	m 990, Part IV, lii	ne 11d. See Form	
1) 2) 3) 4) 5) 6) 7)	Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form			(b) Book value
1) 2) 3) 4) 5) 5) 7) 3) 9)	Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.			(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Colui	Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Formula 15.			(b) Book value
i) 3) 5) 5) 7) 8) 9) otal. (Columnation (Col	Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Formula 195. (a) Description of liability			(b) Book value
) Federal in	Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Formula 195. (a) Description of liability			(b) Book value
() (2) (3) (4) (5) (5) (5) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Formula 195. (a) Description of liability			(b) Book value
) (1) (2) (3) (3) (4) (5) (5) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Formula 195. (a) Description of liability			(b) Book value
) (1) (2) (3) (3) (4) (5) (5) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Formula 195. (a) Description of liability			(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X 1) Federal in (2) 8) 9) 1) 1) 1) 1) 1) 1) 1) 1) 1) 1) 1) 1) 1)	Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Formula 195. (a) Description of liability			(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X 1) Federal in (2) 8) 9) 1) 1) 1) 1) 1) 1) 1) 1) 1) 1) 1) 1) 1)	Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Formula 195. (a) Description of liability			(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) 9tal. (Column Part X	Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Formula 195. (a) Description of liability			(b) Book value

Schedule	D	(Èorm	990)	201	٤

Page 4

Part XI	Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, f		Return.	
1 To	tal revenue, gains, and other support per audited financial statements	artiv, iiile 12a.	141	2 222 222
	nounts included on line 1 but not on Form 990, Part VIII, line 12:		BANKARA BANKARA	2,020,908
	et unrealized gains (losses) on investments	2a		
	nated services and use of facilities			
		2b		
	coveries of prior year grants	2c	-	
d Otl	her (Describe in Part XIII.)	2d		.
	d lines 2a through 2d		2e	0
	btract line 2e from line 1		3	2,020,908
	nounts included on Form 990, Part VIII, line 12, but not on line 1:			
	restment expenses not included on Form 990, Part VIII, line 7b			
b Oth	her (Describe in Part XIII)	4b		
	d lines 4a and 4b		4c	0
	tal revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5	2,020,908
Part XII	Reconciliation of Expenses per Audited Financial Statem	ents With Expenses p	er Return.	
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.		
1 Tot			1	2,032,203
	nounts included on line 1 but not on Form 990, Part IX, line 25:		2024	
	nated services and use of facilities	2a		
	or year adjustments	2b		
	ner losses	2c		
	ner (Describe in Part XIII.)			
	d lines 2a through 2d		2e	0
	btract line 2e from line 1		3	0 020 203
			21089:	2,032,203
	nounts included on Form 990, Part IX, line 25, but not on line 1:	4.		
	estment expenses not included on Form 990, Part VIII, line 7b	4a		
	ner (Describe in Part XIII.)	4b	TEE:330	_
	d lines 4a and 4b		4c	0
	al expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.) 18.)	5	2,032,203
	lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part 1		· · · · · · · · · · · · · · · · · · ·	
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Schedule D (Form 990) 2019 Page 5						
Part XIII	Supplemental Information (continued)					
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization Employer identification number Legal Aid Society of Birmingham 63-0341366 Form 990 Part VI Section B 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. Form 990 Part VI Section B Line 15a & 15b - Board evaluates and approves compensation for the executive director and general oversight of all others. Form 990 Part VI Section C Line 19 - Documents are made available by appointment at the Organization's administrative offices during regular business hours.