| Form | 990^ | 1 | • |
|------|------|---|---|
| • | | - | |

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 profic OMB No 1545-0047 2017

| Department of the Treasury | |
|----------------------------|--|
| Internal Revenue Service | |

| Inter | rnal Reven | tne Treasury ue Service | ▶ Go to www irs.gov/Form990 for instructions and the lates | t information | UU | Inspection : |
|--------------------------------|----------------|----------------------------|--|------------------|--------------|--|
| Α | For the | 2017 cale | ndar year, or tax year beginning Jul 1 , 2017, and end | ling Ju | n 30 | ,2018 |
| В | Check if | applicable | C Name of organization GA. APPELLATE PRACTICE RESOURCE CTI | R | D Employe | er identification number |
| | Address | change | Doing business as | | 58-17 | 720864 |
| \Box | Name ch | - | Number and street (or P O box if mail is not delivered to street address) Room/s | suite | E Telephor | |
| $\overline{\sqcap}$ | Initial reti | - | 303 ELIZABETH STREET NE | | (404) | 222-9202 |
| $\overline{\Box}$ | | n/terminated | City or town, state or province, country, and ZIP or foreign postal code | | (201/ | 200 3202 |
| \exists | Amended | | ATLANTA, GA 30307 | | G Gross ro | ceipts \$ 1,246,741. |
| 2 | | on pending | F Name and address of principal officer | | | subordinates? Yes No |
| _ | Applicati | on penaing | | Z X ' | • | |
| _ | | | BRIAN KAMMER, EXECUTIVE DIRECTOR, 303 ELIZABETH ST, ATLANTA, GA | | | included? LJ Yes LJ No list (see instructions) |
| <u>!</u> | | npt status | ∑ 501(c)(3) | | | |
| | Website | | /A | / | exemption | |
| | | | X Corporation Trust Association Other ► L Year of form | ation 198 | 7 M State | of legal domicile GA |
| =P | artil 4 | Summ | | | | |
| | 1 | Briefly de | scribe the organization's mission or most significant activities LIT | IGATION FO | OR DEAT | TH ROW INMATES |
| ce | 1 | | | | | |
| Jan | l | | | | | |
| Governance | 2 | Check th | is box $ ightharpoonup \square$ if the organization discontinued its operations or disposed | of more than | 25% of i | ts net assets |
| ő | 3 | Number o | of voting members of the governing body (Part VI, line 1a) | | 3 | 14 |
| • | 1 | | of independent voting members of the governing body (Part VI, line 1b | o) . | 4 | 14 |
| es | 1 | | nber of individuals employed in calendar year 2017 (Part V, line 2a) | | 5 | |
| Ĭ | | | nber of volunteers (estimate if necessary) | | 6 | 0 |
| Activities | . | T-4-1 | slated by a second of the De th VIII and the CO has to | | 7a | |
| • | ь | Nat unral | ated business taxable income from Form 609 To line 30 | | 7b | 0. |
| — | | ivet dille | ated business taxable income from Form Form 500 line 12 | Prior Ye | | Current Year |
| | ľ | | | | | |
| ne ne | 1 | | service revenue (Part VIII, line 1h) . | 1,230 | 0,814. | 1,246,291. |
| Revenue | | _ | | | | |
| Re | | | nt income (Part VIII, column (A), lines 3, 4, and 7d) | <u> </u> | 223. | 450. |
| | 11 | Other rev | enue (Part VIII, column (A), lines 5, bd, 8 (CDE ppd 1) nue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | <u> </u> | | |
| | | | | 1,231 | .,037. | 1,246,741. |
| | | | d similar amounts paid (Part IX, column (A), lines 1-3) | | | |
| | | | paid to or for members (Part IX, column (A), line 4) | | | |
| es | | | ther compensation, employee benefits (Part IX, column (A), lines 5-10) | 1,041 | ,725 | 957, 459. |
| Expenses | 16a | Professio | nal fundraising fees (Part IX, column (A), line 11e) | | | |
| Ϋ́ | b ⁻ | Total func | Iraising expenses (Part IX, column (D), line 25) ▷0. | Ĺ | | |
| ш (| 17 (| Other exp | enses (Part IX, column (A), lines 11a-11d, 11f-24e) | 212 | ,046. | 247,694. |
| | 18 | Total expe | enses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,253 | ,771 | 1,205,153 |
| } | 19 | Revenue I | ess expenses. Subtract line 18 from line 12 | -22 | ,734 | 41,588. |
| or es | | | | Beginning of Cur | rrent Year | End of Year |
| 등등 | 20 | Total asse | ets (Part X, line 16) | 333 | ,001. | 379,094. |
| Net Assets or Fund Balances | | | lities (Part X, line 26) | 44 | ,806. | 18,874. |
| 훒 | | | s or fund balances Subtract line 21 from line 20 | | ,195 | 360,220. |
| Pa | rt II | | ure Block | | , = = . | |
| | | <u> </u> | y, I declare that I have examined this return, including accompanying schedules and stat | ements and to th | ne best of m | ly knowledge and belief it is |
| | | | te Declaration of preparer (other than officer) is based on all information of which prepar | | | y monega and bellet, it is |
| | | 1 | RA | | 14/ | 20/18 |
| Sig | n | Signa | ture of officer | l_ Dat | 10/ | 25//0 |
| Her | 1 | , | | _ | | |
| 101 | | D) — | AN S. KAMMER, ESQ EXECUTIVE DIRECTOR, EXECUTIVE | E DIRECTO | <u> </u> | |
| | | y Type | or print name and title | | | Intibi |
| Pai | d | 1 | | Date | Check [|] if PTIN |
| | parer | OTIS | | 10/19/2018 | self-emp | loyed P00174398 |
| | e Only | | me ►O. H. PLUNKETT & CO P.C. | Firm | 's EIN ► 5 | 8-1864220 |
| | | Firm's ad | dress ► 1800 PEACHTREE ST NW STE 333, ATLANTA, GA 303 | 09-1848 Pho | ne no (40 | 04)351-6770 |
| May | the IRS | S discuss | this return with the preparer shown above? (see instructions) . | | | . XYes No |
| or | Paperwo | ork Reduc | tion Act Notice, see the separate instructions. BAA R | EV 09/12/18 PRO | | Form 990 (2017) |

For Paperwork Reduction Act Notice, see the separate instructions. BAA

| | 90 (2017) Page | 2 |
|----------------|---|----------|
| R | | _ |
| | Check if Schedule O contains a response or note to any line in this Part III | <u>]</u> |
| 1 | Briefly describe the organization's mission: | |
| | LITIGATION FOR DEATH ROW INMATES | |
| | | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | - |
| | prior Form 990 or 990-EZ? |) |
| | If "Yes," describe these new services on Schedule O | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program | |
| | services? |) |
| | If "Yes," describe these changes on Schedule O | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured to expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported. | |
| 4a | (Code) (Expenses \$ 1, 205, 153. including grants of \$ 918, 373.) (Revenue \$ 327, 918.) | |
| | LITIGATION, EDUCATION AND ASSISTANCE TO LAWYERS | |
| | APPOINTED TO REPRESENT INDIGENT CRIMINAL DEFENDANTS | |
| | SENTENCED TO DEATH IN CONNECTION WITH CAPITAL PROCEEDINGS | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4b | (Code.) (Expenses \$ including grants of \$) (Revenue \$ -) | _ |
| 40 | (Code) (Expenses \$) (Nevertible \$) | |
| _ | | |
| | | |
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| | | |
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| | | |
| | · | |
| | *************************************** | |
| _ _ | | _ |
| 4c | (Code) (Expenses \$including grants of \$) (Revenue \$) | |
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| | | |
| | | |
| 4d | Other program services (Describe in Schedule O) | _ |
| | (Expenses \$ including grants of \$) (Revenue \$) | _ |
| 4e | Total program service expenses ▷ 1,205,153. | _ |

| Checklist | of Rea | uired So | hedules |
|-----------|--------|----------|---------|

| | | | , | , ,,, |
|--------|--|------|-----|-------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | × | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | × |
| 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 | | × |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | × |
| 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 | | × |
| 6 | 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 | | × |
| 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 | | × |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | - | × |
| 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 | | × |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted 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, IX, or X as applicable. | 1 | , | - |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | × | |
| Ь | 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 | | × |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | × |
| 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 | | × |
| e f | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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 | 11e | | × |
| 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 | × | |
| 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 | | × |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | × |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | _ × |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | ļ | × |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | × |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | × |
| 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 | | × |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | × |
| 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 |

Form **990** (2017)

| Pari | Checklist of Required Schedules (continued) | | | |
|-------------|--|-----------------|-----|----------------|
| | | | Yes | Nο |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . | 20a | | × |
| 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 | | | |
| | Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III | 22 | | × |
| 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 | | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | 23 | | × |
| 24 a | \$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 | 04- | | |
| | · · · · · · · · · · · · · · · · · · · | 24a | | × |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | ļ |
| C | 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 | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 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 | | | |
| | 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 | | × |
| 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, | | | |
| | 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 | ĺ | × |
| 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, or key employee? If "Yes," complete Schedule L, Part IV . | 28a | | × |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| | Schedule L, Part IV | 28b | | × |
| 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 | 1 | × |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | × |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | × |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | | - | |
| | Part I | 31 | | × |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | Ŭ. | | _^ |
| | complete Schedule N, Part II | 32 | | × |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | UE | | _^ |
| | sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | × |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | 33 | | _^_ |
| UT | or IV, and Part V, line 1 | 34 | i | U |
| 250 | | - | | _ <u>×</u> _ |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | × |
| 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 | | _ <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 | | _× |
| 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, | | | |
| | Part VI | 37 | | × |
| 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 | × | |

| ملتخرا | | | | _ |
|--------|--|----------|------------------|--------------|
| | Check if Schedule O contains a response or note to any line in this Part V | | \ \rac{1}{2} | |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . 1a 0 | | Yes | No |
| b | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0 | } - | | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and | -} | | 1 |
| • | reportable gaming (gambling) winnings to prize winners? | 1c | × | - |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | 10 | ^ - | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a | | - | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | × | { |
| _ | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | 1 | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. | 3b | _ | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | - | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | } | ł | 1 |
| | account)? | 4a | Į | × |
| 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 | | . | ļ |
| | (FBAR) | - : | :: | - |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | × |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | × |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5с | | |
| 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 | | × |
| Ь | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| _ | gifts were not tax deductible? | 6b | | ļ |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | _ | | |
| L | and services provided to the payor? | 7a | ļ <u>.</u> | × |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | 7b | | - |
| C | required to file Form 8282? | 7c | | |
| ď | If "Yes," indicate the number of Forms 8282 filed during the year | 10 | | × |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | × |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. | 7f | | × |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | <u> </u> |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | - | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | <u> </u> | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | ' | × |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | ' | × |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | × |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 . 10a |] | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b |] | | |
| 11 | Section 501(c)(12) organizations. Enter | | | |
| a | 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.) | | ا ا | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | . | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 15 | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | - | |
| L | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| ь | 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 | | | |
| _ | | ļ ļ | | |
| | Enter the amount of reserves on hand | 1 | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | × |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | ! |

| Pari | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, | and | for a | "No" |
|-------------|--|---------|------------------|---------------|
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. | ee ins | tructi | ons |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | \times |
| 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 14 | | | |
| | 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. | | | ; |
| b | Enter the number of voting members included in line 1a, above, who are independent . 1b 14 | | | i |
| 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 | | _×_ |
| 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 | | × |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | × |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | x |
| 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 | | × |
| 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 | | × |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | . |
| | the year by the following | | | i |
| а | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | _X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | X |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Reven | ue Co | | |
| 40 | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | <u>X</u> |
| Ь | 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? | 401 | | |
| 11- | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 10b | | |
| 11a | | 11a | _× | - |
| b 12a | 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 | 12a | | ı |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | × | |
| | | 120 | × | - |
| 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 | × | |
| 13 | Did the organization have a written whistleblower policy? | 13 | × | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | × | |
| 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? | | | į |
| а | The organization's CEO, Executive Director, or top management official | 15a | × | , |
| b | Other officers or key employees of the organization | 15b | × | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | ; |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | 1 |
| | with a taxable entity during the year? | 16a | | × |
| 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 | 1 | | |
| | organization's exempt status with respect to such arrangements? | 16b | | |
| Section | on C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▷ GA | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section | 501(| c)(3)s | only) |
| | available for public inspection. Indicate how you made these available. Check all that apply | · | - | |
| | ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interesting the second of the secon | erest p | oolicy | , and |
| | financial statements available to the public during the tax year | | , | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and rec | ords | \triangleright | |
| | MARY SHELLMAN, 303 ELIZABETH STREET NE , ATLANTA, GA 30307 (404)222-9203 | 2 | | |

Form 990 (2017)

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

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

X

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 nor any related organization compensated any current officer, director, or trustee

| | |] | | (| C) | | | | | |
|---|--|----------------|-----------------------|------------------------|---------------|---------------------------------|-----------|--|---|--|
| (A) Name and Title | (B) Average hours per week (list any | box, office | unles | neck ss pe d a d | rson Irect | e than o is both or/trust | an ee) | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
| | hours for related organizations below dotted line) | | 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) BRIAN KAMMER, ESQ | 55.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR | | | } | | × | | | 110,325. | 0. | 0. |
| (2) MARY SHELLMAN ADM ASSISTANT | 55.00 | | | | × | | | 76,124. | 0. | 0. |
| (3) ANNE WARE LEWIS, ESQ PRESIDENT | 1.00 | × | | | | | | 0. | 0. | 0. |
| (4) AMELIA TOY RUDOLPH, ESQ VICE PRESIDENT | 1.00 | × | | | | | | 0. | 0. | 0. |
| (5) LAURIE WEBB DANIEL, ESQ SECRETARY | 1.00 | × | | | | | | 0. | 0. | 0. |
| (6) JOHN P. BATSON, ESQ BOARD MEMBER | 1.00 | × | | | | | | 0. | 0. | 0 |
| (7) EMMET J BONDURANT, ESQ BOARD MEMBER | 1.00 | × | | | | | | 0 | 0. | 0 |
| (8) WILLIAM A. ERWIN, ESQ BOARD MEMBER | 1.00 | × | | | | - | | 0 | 0. | 0. |
| (9) JOHN B. LONG, ESQ BOARD MEMBER | 1.00 | × | | | | | | 0. | 0. | 0. |
| (10) STEPHEN BEAUVIS, ESQ BOARD MEMBER | 1.00 | × | | | | | | 0. | 0. | 0. |
| (11) MARY F RADFORD, ESQ BOARD MEMBER | 1.00 | × | | | | | | 0. | 0. | 0. |
| (12) MICHAEL C RUSS, ESQ BOARD MEMBER | 1.00 | × | | | | | | 0 | 0. | 0. |
| (13) ROBERT B. REMAR, ESQ BOARD MEMBER | 1.00 | × | | | | | | 0. | 0 | 0. |
| (14) TOM BOLLER BOARD MEMBER | 1.00 | × | | | | | | 0. | 0. | 0 |

REV 09/12/18 PRO

| | | | | | | | | | | | | | | -3- |
|-------|---|-------------------------------|-----------------------------|---------------|----------|---------------|---------------------------------|-------------|-----------------------|-------------------------|----------------|----------------|---------------------|------------|
| Par | Section A. Officers, Directors, Trus | tees, Key E | mplo | yees | s, aı | nd F | lighe | st C | ompensated E | mployees (| continu | ued) | | |
| | | } | | | | C) | | | ĺ | | | | | |
| | (A) | (B) | (do n | ot ch | | more | e than o | one | (D) | (E) | İ | | (F) | |
| | Name and title | Average | 1 ' | | | | is both | | Reportable | Reportab | | | mated | |
| | | hours per week (list any | | er and | | irect | or/trus | <u> </u> | compensation | compensation related | | | ount of ther | |
| | | hours for | Individual I or director | ins | Officer | Σeg. | a 뜻 | Former | the | organizatio | | | uie: ensatio | n |
| | | related | 를 | Institutional | Cer | y en | ploy |) me | organization | (W-2/1099-N | AISC) | | m the | |
| | | organizations below dotted | 당교 | ğ | ` | 夏 | /ee | | (W-2/1099-MISC) | Į | ļ | _ | nization related | |
| | | line) | trustee | al tr | | Key employee | i j | ł | } | | | | nzations | s |
| | | | tee | truster | |] "] | Highest compensated employee | | | | | | | |
| | | |] | 60 | | | ted | | | | | | | |
| | AURA D. HOGUE, ESQ | 1.00 |] | | | | | | | | | | | |
| | OARD MEMBER | | × | | <u>L</u> | | | | 0. | | 0. | | | 0. |
| | USSELL GABRIEL, ESQ | 1.00 | ١ | | ł | | | | | | | | | |
| | OARD MEMBER | <u> </u> | × | | ļ | | | <u> </u> | 0. | | 0. | | | 0. |
| (17) | | ļ | | | | | | | ļ | | | | | |
| (4.0) | | - | | - | | | | | | | | | | |
| (18) | | ļ | ł | | | | | | | | i | | | |
| (19) | | | | | <u> </u> | | | _ | | | | | | |
| 1131 | | | } | | | | | | | | | | | |
| (20) | | | | | | \vdash | | - | | | | | | |
| 3==1 | | | } | | | | | | | | 1 | | | |
| (21) | | | | | | | | | | | $\neg \dagger$ | | | |
| | | | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| (23) | ~ | | | | | | | | | | ļ | | | |
| | | ļ | | | | | | | | | | | | |
| (24) | ······································ | | | | | | | | | | ļ | | | |
| (05) | | | | | | \rightarrow | | | | | | | | |
| (25) | | | | | | ì | | | | | | | | |
| 1b | Sub-total | | <u>_</u> | | | | | <u> </u> | 186,449 | | 0. | | | 0. |
| c. | Total from continuation sheets to Part | VII. Sectio | | • | | • | | > | 100,113 | | | | | |
| d | | | | | • | | | D | 186,449. | | 0. | | | 0. |
| | Total number of individuals (including but | | | | | | above |) w | | ore than \$10 | 00.000 | of | | |
| | reportable compensation from the organi | | | | | 1 | 1 | , | | • | , - , | | | |
| | | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former of | | | | | | | mp | loyee, or high | est compe | nsated | 4 | | |
| | employee on line 1a? If "Yes," complete 5 | | | | | | | | | | | 3 | | × |
| 4 | For any individual listed on line 1a, is the | | | | | | | | | | | | | |
| | organization and related organizations | greater tha | an \$1 | 50,0 | 000 | ን If | "Yes | 5, " | complete Sch | edule J fo | r such | 7 | | |
| | ındıvıdual , , , , | • | | | | | | | • | • | | 4 | | X |
| 5 | Did any person listed on line 1a receive o | | | | | | | | | ation or ind | fividua | | | |
| | for services rendered to the organization? | ' If "Yes," c | omple | ete S | Sch | edu_ | ie J to | or s | uch person | | | 5 | | _ <u>×</u> |
| | on B. Independent Contractors | | | | | | | | | <u> </u> | | | | |
| 1 | Complete this table for your five highest of | | | | | | | | | | | | | |
| | compensation from the organization Rep year. | ort comper | isalio | ח וס | or un | e ca | aienai | ar y | ear ending with | n or within i | ine org | ganizatio | n's ta | Х |
| - | | | | | | | | | | | | | | |
| | (A) Name and business addi | ess | | | | | | | (B) Description of se | ervices | | (C) Compens | ation | |
| | | - | | | | | | | <u>-</u> | —— — | | | | |
| | | | _ | - | | | | _ | | | | | | |
| | | | | | | | - | | | | | | | |
| | | · | | | | | | | | | | | | |
| | | | | | - | | | | | | | | | |
| 2 | Total number of independent contractor | rs (ıncludın | g bu | t no | ot li | mite | ed to | th | ose listed abo | ve) who | | | | |
| | received more than \$100,000 of compensations | | | | | | | | | · (| | | | |

Statement of Revenue

| | | Check if Schedule O contains a respo | nse or note t | o any line in this | s Part VIII . | | |
|--|-----|--|---------------|----------------------|--|---|--|
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| ts ts | 1a | Federated campaigns . 1a | | | | | |
| Tan L | Ь | Membership dues 1b | | 1 | - | | |
| عَ كِ | C | Fundraising events 1c | | - | | | _ |
| Contributions, Gifts, Grants and Other Similar Amounts | | | | 1 - | 1 | | |
| | d | Related organizations 1d | | } | | = | } |
| Sign. | е | Government grants (contributions) 1e | 800,000. | l ' '. ' | , | | - |
| er S | f | All other contributions, gifts, grants, | | | | • • | |
| 혈호 | 1 | and similar amounts not included above 1f | 446,291. | : | _ | | |
| 달 | g | Noncash contributions included in lines 1a-1f \$ | |] | | | ٠ - |
| a Co | h | Total. Add lines 1a-1f | | 1,246,291. | | | |
| | | | Business Code | , | | - " | |
| Program Service Revenue | 2a | <u></u> | | | | | |
| ٩ | Ь | | | | | | |
| e. | _ | | | | | | |
| Ž. | C | | | | | | |
| Se | d | | | | | <u> </u> | |
| am | e | | | | | | |
| bā | f | All other program service revenue. | | | | | |
| <u> </u> | g | Total. Add lines 2a-2f | ⊳ | | , | | |
| | 3 | Investment income (including divident | ds, interest, | | | | |
| | 1 | and other similar amounts) | > | 450. | 0. | 0. | 450. |
| | 4 | Income from investment of tax-exempt bond | 1 proceeds D | 100. | | | |
| | 5 | Royalties | > processor > | | | | |
| | " | (i) Real | (ii) Personal | | | | |
| | | Gross rents . | (4) | | | | |
| | 6a | | | | | ' | <u>.</u> |
| | ь | Less. rental expenses | | | | | |
| | C | Rental income or (loss) | | | | | |
| | d | Net rental income or (loss) . | . ⊳ | | | | |
| | 7a | Gross amount from sales of (i) Securities | (ii) Other | | | | • |
| | [| assets other than inventory | | *, - | | | - |
| | ь | Less' cost or other basis | | | | | |
| | | and sales expenses | | , | - 1 | 1 | |
| | С | Gain or (loss) . | | ٠, | ı | . ' | · - |
| • | d | Net gain or (loss) | . Þ | | | | |
| | - | (455) | | , | | | |
| nue | 8a | Gross income from fundraising | | | | | - |
| | | events (not including \$ | | | | | |
| ě | | of contributions reported on line 1c) | | | | | , |
| Œ | | Con Dark III Sine 10 | | | į | * | , |
| Other Reve | | | | | | · · | |
| ō | b | Less direct expenses b | | | | | |
| | С | Net income or (loss) from fundraising even | ents ⊳ | | | | |
| | 9a | Gross income from gaming activities | | | | | |
| | | See Part IV, line 19 a | | } | | | |
| | ь | Less. direct expenses b | | | | | |
| | С | Net income or (loss) from gaming activiti | es . ⊳ | | | | · · |
| | 1 | Gross sales of inventory, less | | | | | |
| | | returns and allowances a | | i l | | | |
| | L | <u>"</u> | | | ļ | (| |
| | | | orv Þ | | | | |
| | С | Net income or (loss) from sales of invention | | | | | |
| | | Miscellaneous Revenue B | Business Code | l | Į | | |
| | 11a | | | | | | |
| | b | | | | | | |
| | С | | | | | | |
| | d | All other revenue | | | | | |
| | е | Total. Add lines 11a-11d | ⊳ | | | | |
| | 12 | Total revenue. See instructions . | · | 1,246,741 | 0 | 0 | 450 |
| | | | | 1 | 1 | - 1 | |

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 respon | ise or note to any li | ne in this Part IX | | |
|---------------|--|-----------------------|------------------------------|---|--------------------------------|
| | ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | - | |
| 2 | Grants and other assistance to domestic 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 | 186,449. | 106,905. | 79,544. | 0. |
| 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 8 | Other salaries and wages | 502,510. | 502,510. | 0. | 0. |
| 9 | section 401(k) and 403(b) employer contributions) Other employee benefits | 27,875. 189,434. | 17,930. | 9,945. | 0. |
| 10 | Payroll taxes | 51,191. | 170,491. 45,299. | 18,943. 5,892. | 0. |
| 11 a b | Fees for services (non-employees). Management Legal | 31,131. | 43,233. | 3,032. | 0. |
| c d | Accounting | 11,277. | 10,149. | 1,128. | 0 |
| e f g | Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | | | , | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 13,355. | 12,020. | 1,335 | 0 |
| 14 | Information technology | 19,267. | 17,340. | 1,927. | 0. |
| 15 | Royalties | | | | |
| 16 | Occupancy | 75,581. | 68,023. | 7,558. | 0 |
| 17 18 | Travel | 48,220. | 43,398. | 4,822. | 0 |
| 19 20 | Conferences, conventions, and meetings | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 624. | 0. | 624. | 0. |
| 23 | Insurance | 7,725. | 6,952. | 773 | 0. |
| 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) | | E 300 | | |
| a | STAFF DEVELOPMENT | 5,677. | 5,109. | 568 | 0 |
| b b | POSTAGE & SHIPPING LITIGATION SUPPORT SVCS | 4,382. 45,229. | 3,944. 45,229 | 438. | 0 |
| d | EQUIPMENT RENTAL | 6,026 | 5,423 | 603. | 0. |
| e | All other expenses | 10,331. | 9,298. | 1,033. | 0. |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,205,153. | 1,070,020. | 135,133 | |
| 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) | . 5,255 | | | |

Balance Sheet

| Cash—non-interest-bearing | | | Check if Schedule O contains a response or note to any line in this Pa | rt X . | | . 0 |
|---|---|----|--|-------------|--------------|-------------|
| 2 Savings and temporary cash investments 127,777. 2 95,476 | | | | (A) | | , , , |
| 3 Pledges and grants receivable, net 3 0 4 83,833 | | 1 | Cash—non-interest-bearing | 166,319. | 1 | 161,632 |
| A Accounts receivable, net Complete Part II of Schedule L S S S S S S S S S | | 2 | | 127,777. | 2 | 95,476 |
| 1 | | 3 | Pledges and grants receivable, net | | 3 | |
| trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958((II)), persons described in section 4958((3)8), and contributing employers and sponsoring organizations of section 501((c)8) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation 10b 37, 152. 936. 10c 312. 11 Investments—publicly traded securities 1 Linkestments—publicly traded securities 1 Linkestments—publicly traded securities 1 Investments—program-related See Part IV, line 11 13 Investments—program-related See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 333, 001. 16 379, 094. 17 Accounts payable and accrued expenses 44, 806 17, 18, 874. 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 24 Unsecured mortgages and notes payable to unrelated third parties 25 Other liabilities. Add lines 17 through 25 26 Total Ilabilities. Add lines 17 through 25 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▷ and complete lines 30 through 34. 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▷ and complete lines 30 through 34. 21 Experimentary restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▷ and complete lines 30 thr | | 4 | · | 0. | 4 | 83,833. |
| Complete Part II of Schedule L 5 | | 5 | | `- ` · · | - | - |
| 4958(f)(1), persons described in section 4958(p)(3)(8) and combibuting employers and sponsoring organizations of section 501(p)(9) voluntary employees beneficiary organizations (see instructions) Complete Part II of Schedule L | | | | - - | 5 | |
| 7 Notes and loans receivable, net 7 8 Inventiories for sale or use 9 Preparal expenses and deferred charges 36,855 9 | | 6 | 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 | | | |
| 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 37, 464. b Less: accumulated depreciation 10b 37, 152. 936 10c 312. 11 Investments – publicly traded securities 12 Investments – publicly traded securities 13 Investments – program-related See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 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 29, and lines 33 and 34. 27 Unrestricted net assets 28 Total liabilities. Add lines 17 through 29, and lines 33 and 34. 28 Total liabilities. Add lines 17 through 29, and lines 33 and 34. 29 Permanently restricted net assets 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances | ets | , | · · · | | | |
| 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 37, 464. b Less: accumulated depreciation 10b 37, 152. 936 10c 312. 11 Investments – publicly traded securities 12 Investments – publicly traded securities 13 Investments – program-related See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 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 29, and lines 33 and 34. 27 Unrestricted net assets 28 Total liabilities. Add lines 17 through 29, and lines 33 and 34. 28 Total liabilities. Add lines 17 through 29, and lines 33 and 34. 29 Permanently restricted net assets 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances | lss. | 1 | | | - | |
| 10a | • | 1 | · · · · · · · · · · · · · · · · · · · | 26 055 | - | 26.055 |
| ther basis. Complete Part VI of Schedule D b Less: accumulated depreciation b Less: accumulated depreciation 10b 37,152 936. 10c 312. 11t Investments—publicly traded securities 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 1 13 14 Intangible assets 15 Other assets See Part IV, line 11 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 333,001. 16 379,094. 17 Accounts payable and accrued expenses 44,806 17 18,874. 18 Grants payable . 18 18 19 Deferred revenue 20 Tax-exempt bond liabilities . 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 25 Total liabilities. Add lines 17 through 25 44, 806. 28 18, 874. 27 Unrestricted net assets . 208, 195. 27 280, 220. 220. 220. 220. 220. 220. 220. 22 | | _ | · ' ' | 36,833. | 9 | 30,833 |
| b Less: accumulated depreciation 10b 37, 152 936 10c 312. 11 Investments — publicly traded securities 1, 114 11 986 12 Investments — publicly traded securities 1, 114 11 986 12 Investments — other securities See Part IV, line 11 12 13 Investments — other securities See Part IV, line 11 13 14 Intangible assets 14 15 15 15 15 15 15 16 16 | | | | | | |
| 11 Investments — publicly traded securities 1, 114 11 986. 12 Investments — other securities See Part IV, line 11 12 13 Investments — other securities See Part IV, line 11 13 Intangible assets 14 14 15 Other assets See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 333,001 16 379,094. 17 Accounts payable and accrued expenses 44,806 17 18,874. 18 Grants payable 19 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liabilities 21 Escrow or custodial account liabilities 21 Escrow or custodial account liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 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 25 Total liabilities and included on lines 17-24) Complete Part X of Schedule D 25 Unrestricted net assets 25 Unrestricted net assets 26 Total liabilities and there is a set 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 20 Organizations that follow SFAS 117 (ASC 958), check here ▷ and complete lines 27 through 29, and lines 33 and 34. 28 Temporarily restricted net assets 20 Organizations that do not follow SFAS 117 (ASC 958), check here ▷ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 288, 195 33 360, 220. | | h | 31/101. | 036 | 100 | ' - 312 |
| 12 Investments – other securities See Part IV, line 11 13 Investments – program-related See Part IV, line 11 13 Intangible assets 14 15 Other assets See Part IV, line 11 15 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 333,001, 16 379,094. 17 Accounts payable and accrued expenses 44,806 17 18,874. 18 Grants payable 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D. 21 22 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 25 26 27 260,220. 27 280,220. 28 29 29 29 29 29 29 29 | | ĺ | · · · · · · · · · · · · · · · · · · · | | | |
| 13 | | l | | 1,114. | | |
| 14 | | | | | <u> </u> | |
| 15 Other assets See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) 333,001 16 379,094. | | ļ | Taken a bila assault | | | |
| 16 | | | | | | |
| 17 | | | | 333,001. | | 379.094. |
| 18 Grants payable 18 Deferred revenue 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to included on lines 17-24) Complete Part X of Schedule D 25 25 25 25 25 25 25 | | 17 | | | | |
| 20 Tax-exempt bond liabilities | | 18 | · · · · · · · · · · · · · · · · · · · | <u>,</u> | 18 | |
| 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 23 Secured mortgages and notes payable to unrelated third parties 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. 25 Organizations that follow SFAS 117 (ASC 958), check here Importantly restricted net assets | | 19 | Deferred revenue | | 19 | |
| Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 20 | Tax-exempt bond liabilities | | 20 | |
| trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 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 25 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 30 Total net assets or fund balances 31 Total net assets or fund balances 32 Total incomplete lines 20 fund balances 32 Total net assets or fund balances 33 Total net assets or fund balances | | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D. | | 21 | |
| Unsecured notes and loans payable to unrelated third parties 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 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▷ ☑ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets | Sa | 22 | Loans and other payables to current and former officers, directors, | | | ,, - |
| Unsecured notes and loans payable to unrelated third parties 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 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▷ ☑ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets | ∄ | | | | | , į |
| Unsecured notes and loans payable to unrelated third parties 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 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▷ ☑ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets | ap | | disqualified persons. Complete Part II of Schedule L | | 22 | |
| 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 | ا تــــــــــــــــــــــــــــــــــــ | 23 | | | 23 | |
| parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | | 24 | | | 24 | |
| Total liabilities. Add lines 17 through 25 | | 25 | parties, and other liabilities not included on lines 17-24) Complete Part X | | 0.5 | |
| Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets | | 26 | | 11 906 | | 10 074 |
| Complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets | - | | | 14,000. | 20 | 10,074. |
| 27 Unrestricted net assets | es | | | | | , , |
| 28 Temporarily restricted net assets | anc | 27 | Unrestricted net assets | 208,195. | 27 | 280,220. |
| Permanently restricted net assets | Bal | 28 | Temporarily restricted net assets | 80,000 | 28 | 80,000. |
| Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds | 힏 | 29 | • | | 29 | |
| 30 Capital stock or trust principal, or current funds | or Fur | | | | | · |
| Paid-in or capital surplus, or land, building, or equipment fund | ts (| 30 | Capital stock or trust principal, or current funds | | 30 | |
| 32 Retained earnings, endowment, accumulated income, or other funds . 33 Total net assets or fund balances | Se | 31 | - · · · · · · · · · · · · · · · · · · · | | 31 | |
| 33 Total net assets or fund balances | As | 32 | Retained earnings, endowment, accumulated income, or other funds . | | 32 | |
| 24 Total liabilities and not assets/fund belongs | l et | 33 | Total net assets or fund balances | 288,195 | 33 | 360,220. |
| 34 Total habilities and fiel assets/fullic balances | | 34 | Total liabilities and net assets/fund balances | 333,001. | 34 | 379,094 |

| Form 9 | 90 (2017) | | | | Pa | ge 12 |
|--------|--|----------|-------|-----------------|------|-------|
| Par | Reconciliation of Net Assets | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI . | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1 | , 24 | 16,7 | 41 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1 | <u>, 20</u> |)5,1 | 53. |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | 4 | 11,5 | 88. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 28 | 8,1 | 95. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | 1 | 28. |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | 3 | 30,5 | 65. |
| 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 | | | | | |
| | 33, column (B)) | 10 | | 36 | 50,2 | 20. |
| Pi | Financial Statements and Reporting | - 1 | | | | |
| | 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 | | | 1, | - | |
| | If the organization changed its method of accounting from a prior year or checked "Other," ex | olain i | n | - | ١ | -] |
| | Schedule O. | | İ | . 1 | . | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | × |
| | If "Yes," check a box below to indicate whether the financial statements for the year were comp | | or 🗀 | | - | |
| | reviewed on a separate basis, consolidated basis, or both. | | 1 | 1 | ٠ } | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | ļ | | .] | - 1 |
| ь | Were the organization's financial statements audited by an independent accountant? | | 1 2 | 2b | × | - |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audite | d on | a | \neg | - / | |
| | separate basis, consolidated basis, or both | | | ĺ | Ì | : |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | - 1 | } | i |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov | ersigh | it - | | , j | |
| | of the audit, review, or compilation of its financial statements and selection of an independent accou | ntant? | ' 2 | 2c | × | |
| | If the organization changed either its oversight process or selection process during the tax year, ex | plain ii | n | \neg | | |
| | Schedule O. | | Į | ٠ [. | . { | Į. |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set | forth i | n | | | |
| | the Single Audit Act and OMB Circular A-133? | . , | | 3a | | × |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not unde | rgo th | e 🗂 | $\neg \uparrow$ | | |
| _ | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such at | | | зь | { | |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

| Name | of the organization | | | | | | teamper | |
|-------------|---|--|---|--|---------------------------------------|--|---|--|
| | Name of the organization Employer identification number GA.APPELLATE PRACTICE RESOURCE CTR 58-1720864 | | | | | | | |
| 170 | | | organizations mus | t comple | te this p | | ons. | |
| | organization is not a private found | | | | <u> </u> | _ <u></u> | | |
| 1 | ☐ A church, convention of church | | | | | | 1 | |
| 2 | A school described in section | 170(b)(1)(A)(ii). | (Attach Schedule E (F | orm 990 | or 990-E | Z)) () | | |
| 3 | A hospital or a cooperative ho | | | | | | 1 | |
| 4 | A medical research organizati | | onjunction with a hos | pital desc | ribed in s | section 170 (b)(1)(A) | (iii). Enter the | |
| 5 | hospital's name, city, and star An organization operated for | | college or university | owned o | or operate | ed by a governmen | tal unit described in | |
| 6 | section 170(b)(1)(A)(iv). (Com | • | amental unit describer | d in santi | on 170/h | M4MAMA | | |
| 7 | ☒ An organization that normally described in section 170(b)(1) | receives a subs (A)(vi). (Comple | stantial part of its sup te Part II.) | port fron | | | n the general public | |
| 8 | A community trust described | | | | | | | |
| 9 | An agricultural research organ or university or a non-land-gra university. | ant college of agr | riculture (see instruction | ons). Ente | er the nan | ne, city, and state of | f the college or | |
| | An organization that normally receipts from activities related support from gross investment acquired by the organization a | to its exempt fu t income and un after June 30, 19 | nctions—subject to c related business taxa 75. See section 509(a | ertain exc ble incon a)(2). (Coi | ceptions, ne (less si mplete Pa | and (2) no more tha ection 511 tax) from art III.) | n 331/3% of its | |
| | An organization organized and | - | | - | | | | |
| 12 | An organization organized and | | | | | | | |
| | of one or more publicly support Check the box in lines 12a through | | | | | | | |
| а | Type I. A supporting organization the supported organization supporting organization. Y | n(s) the power to | regularly appoint or e | elect a ma | yority of t | | | |
| Ь | Type II. A supporting orga control or management of organization(s) You must | the supporting o | rganization vested in | the same | | | | |
| С | Type III functionally integ | | | | | | ally integrated with, | |
| d | Type III non-functionally that is not functionally inte requirement (see instructional see instructional see instructional see instructions). | grated The orga | nızatıon generally mu | st satisfy | a distribu | ition requirement an | | |
| е | Check this box if the organ functionally integrated, or | | | | | | e II, Type III | |
| f | Enter the number of supported | | | | | | | |
| g | Provide the following information | n about the supp | orted organization(s) | | | | | |
| | (i) Name of supported organization | (II) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | listed in you | irganization ur governing ment? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) | |
| | | | | Yes | No | 1 | | |
| (A) | | | | | | | | |
| (B) | | | | | | | | |
| (C) | | | | | - | | | |
| (D) | | | | - | | | | |
| (E) | | | | | | | | |
| | | | | | | | | |

| Par | | | | | | | |
|-------|---|------------------|------------------|---------------------------------------|-------------------|----------------|-------------------|
| • | (Complete only if you checked t | | | | | | alıfy under |
| | Part III. If the organization fails to | o qualify unde | er the tests lis | sted below, p | lease comple | te Part III) | |
| | ion A. Public Support | () 0040 | | 1 () 2045 | () 0040 | 1 1 0047 | (0 T : 1 |
| | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not | İ | 1 | J | | | |
| | | 1 105 760 | 1,213,767. | 1 175 260 | 1 220 014 | 1 246 201 | 6 062 010 |
| 2 | Tax revenues levied for the | 1,193,709. | 1,213,767. | 1,175,369. | 1,230,014 | 1,240,291. | 0,002,010. |
| _ | organization's benefit and either paid | | } | | ĺ | | |
| | to or expended on its behalf | 0. | 0. | 0. | 0. |) o. | 0. |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | } | | | } | | |
| | organization without charge | 0 | 0. | 0. | 0. | 0 | 0. |
| 4 | Total. Add lines 1 through 3 | 1,195,769 | 1,213,767. | 1,175,369. | 1,230,814. | 1,246,291 | 6,062,010 |
| 5 | The portion of total contributions by | 3 | | | - 4 1 | 2 | |
| | each person (other than a | | . ` | - | . , | | |
| | governmental unit or publicly | , , , , | | | }ı • | | |
| | supported organization) included on | } | , | | | ; | |
| | line 1 that exceeds 2% of the amount shown on line 11, column (f) | , | ļ · | <u>'</u> | [|] | |
| 6 | Public support. Subtract line 5 from line 4 | · | | · · · · · · · · · · · · · · · · · · · | · · · | | 6,062,010. |
| | on B. Total Support | <u> </u> | <u></u> | l | | L | 0,002,010. |
| | dar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 7 | Amounts from line 4 | | 1,213,767. | | | 1,246,291. | 6,062,010. |
| 8 | Gross income from interest, dividends, | | | _,, | | | <u> </u> |
| | payments received on securities loans, | | | | | | |
| | rents, royalties, and income from | | | | | | |
| | sımılar sources | 391. | 152. | 268. | 223 | 450. | 1,484 |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the business | | _ | _ | _ | _ | _ |
| 40 | is regularly carried on | 0. | 0. | 0. | 0. | 0. | 0 |
| 10 | Other income. Do not include gain or loss from the sale of capital assets | : | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | L | 6,063,494 |
| 12 | Gross receipts from related activities, etc | (see instruction | ons) | | | 12 | 0,003,131 |
| 13 | First five years. If the Form 990 is for th | | | d, third, fourth | , or fifth tax ye | | n 501(c)(3) |
| | organization, check this box and stop he | | | | | | ▶ □ |
| Secti | on C. Computation of Public Suppor | t Percentag | e | | | | |
| 14 | Public support percentage for 2017 (line 6 | | • | 1, column (f)) | | 14 | 99.98% |
| 15 | Public support percentage from 2016 Sch | | | | | 15 | 99.98 % |
| 16a | 331/3% support test—2017. If the organi | | | | | | |
| _ | box and stop here. The organization qual | • | | - | | | > ⊠ |
| ь | 331/3% support test—2016. If the organithis box and stop here. The organization | | | | • | 15 33 /3% or m | |
| 47- | , | | | _ | | Ca a 10h a - | |
| 17a | 10%-facts-and-circumstances test—20 10% or more, and if the organization me | | | | | | |
| | Part VI how the organization meets the " | | | | | • | |
| | organization | ,4010 4.70 0.70 | | | | | ▶ □ |
| b | 10%-facts-and-circumstances test—20 | 116 if the oras | anization did n | ot check a bo | v on line 13 1 | 6a 16b or 17 | a and line |
| | 15 is 10% or more, and if the organiza | | | | | | |
| | Explain in Part VI how the organization in | | | | | | |
| | supported organization | • | | | | | ▶ 🗆 |
| 18 | Private foundation. If the organization die | d not check a l | box on line 13, | 16a, 16b, 17a | , or 17b, chec | k this box and | see |
| | instructions | | | | <u> </u> | | <u> </u> |
| | | | · | | C-L | - dul- A (F DD | 0 oz 000 EZ\ 2017 |

| Sched | ule A (Form 990 or 990-EZ) 2017 | | | |) | | Page 3 |
|---------|--|-----------------|------------------|--|--|-----------------|----------------|
| Pari | Support Schedule for Organization | ations Desci | ribed in Sect | ion 509(a)(2) | 1 | | |
| | (Complete only if you checked the | | | | | | nder Part II. |
| | If the olganization fails to qualify | under the te | sts listed bel | ow, please co | ornplete Part | 11) | |
| | ion A. Public Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | / | | 1 | |
| 2 | received (Do not include any "unusual grants") Gross receipts from admissions, merchandise | | ļ | ļ <i>I</i> . | | | |
| _ | sold or services performed, or facilities | | 1 | / | |) | |
| | furnished in any activity that is related to the | | Ì | / | | | |
| • | organization's tax-exempt purpose | <u></u> | <u> </u> | ļ <i> </i> | | | |
| 3 | Gross receipts from activities that are not an | } | | / | Ì | | |
| | unrelated trade or business under section 513 | <u> </u> | | | <u> </u> | <u> </u> | |
| 4 | Tax revenues levied for the | ļ |] | / | ļ | ł | |
| | organization's benefit and either paid to | | | / | | | |
| _ | or expended on its behalf | | ļ | ļ <i></i> | | | <u> </u> |
| 5 | The value of services or facilities | { | | 1 / | (| 1 | |
| | furnished by a governmental unit to the | | | / | | } | |
| _ | organization without charge | <u> </u> | <u> </u> | <u> </u> | | | |
| 6 | Total. Add lines 1 through 5 | <u> </u> | | <u> </u> | <u> </u> | | |
| /a | Amounts included on lines 1, 2, and 3 received from disqualified persons | \ | / | 1 | | | |
| | | \vdash | /- | | | | |
| ь | Amounts included on lines 2 and 3 | | / | | | | |
| | received from other than disqualified persons that exceed the greater of \$5,000 | | / | | | 1 | |
| | or 1% of the amount on line 13 for the year | | / | ļ | ļ | | |
| _ | • | | | | | | <u> </u> |
| с 8 | Add lines 7a and 7b | | | | | | |
| 0 | Public support. (Subtract line 7c from line 6.) | · \ | / | 1 | | | |
| Sacti | on B. Total Support | L | <u> </u> | <u> </u> | <u>.</u> | | <u> </u> |
| | dar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (-) 2015 | (4) 2016 | (a) 2017 | (A Total |
| 9 | Amounts from line 6 | (a) 2013 | (0) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| _ | | | / \ | | | | |
| iva | Gross income from interest, dividends, payments received on securities loans, rents, | | / \ | | | | |
| | royalties, and income from similar sources. | | / \ | | | | |
| ь | Unrelated business taxable income (less | | ' \ \ | | | | |
| U | section 511 taxes) from businesses | / | \ | | ļ | į į | |
| | 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 | ' | <u> </u> | | | \ | |
| 124 | loss from the sale of capital assets | / / | | | | | |
| | (Explain in Part VI) | / / | | \ | | ĺ | |
| 13 | Total support. (Add lines 9, 10c, 11, | -/ - | - , | | \ | | |
| | and 12.) | / / | | | | | |
| 14 | First five years. If the Form 990 is for th | ne organization | n's first secon | d third fourth | or in the tax ve | ear as a sectio | n 501(c)(3) |
| • • | organization, check this box and stop her | | | | , 5, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | > 🗀 |
| Section | on C. Computation of Public Suppor | <u> </u> | | | | | |
| 15 | Public support percentage for 2017 (line 8 | : | | 3 column (fl) | | 15 | % |
| 16 | Public support percentage from 2016 Sch | | • | o, colaitiii (i)) | . / | 16 | |
| | on D. Computation of Investment Inc | | | <u> </u> | · - - - | <u> </u> | |
| 17 | Investment income percentage for 2017 (I | | | v line 13 colu | mp (fl) | 17 | % |
| 18 | Investment income percentage from 2016 | | • • | - | (1)/ | 18 | / 0 |
| | 33 ¹ /3% support tests—2017. If the organi | | | | nd line 15 ie m | . 4 | |
| 19a | 17 is not more than 331/3%, check this box a | | | | | | |
| L_ | 33 ¹ / ₃ % support tests – 2016. If the organiz | | _ | | | | _ |
| Ь | line 18 is not more than 331/3%, check this b | | | | | | |
| 20 | , | | _ | | | - 1 | . — |
| 20 | Private foundation. If the organization did | i not oneck a l | oux on line 14, | , iga, or igo, c | PHECK THIS DOX | and see mstru | CHOIS P |

Partiv

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.)

| | ections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.) | |
|------------|---|--|
| Section A. | All Supporting Organizations | |

Yes No 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. 1 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. За b Did the organization confirm that each supported organization gualified 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 c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Зс 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 c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes." explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 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 c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5с 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 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 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 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. 9с 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 business holdings)

| Pari | Supporting Organizations (continued) | | | |
|----------|---|-------------|----------|----------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | } |) | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a | | 1 |
| ь | A family member of a person described in (a) above? | 11b | - | ├ |
| | 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 | - | |
| | 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 | | 1 | } |
| | controlled the organization's activities. If the organization had more than one supported organization, | | 1 | [|
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | ł |
| | 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 | | | 1 |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | ļ | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization | | | |
| <u> </u> | | _ 2 | <u> </u> | |
| Secu | ion C. Type II Supporting Organizations | | V | l NI = |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | 7 | Yes | No |
| • | 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 | | | |
| | the supported organization(s). | 1 | | <u>.</u> |
| Secti | on 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 | 1 | | |
| | 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 | 1 | ļ . |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | - |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | _ | |
| _ | the organization maintained a close and continuous working relationship with the supported organization(s) | 2 | <u> </u> | |
| 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 | | |
| 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 i | nstru | ction | s). |
| а | ☐ The organization satisfied the Activities Test. Complete line 2 below | | | • |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below | | | |
| С | ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (| see ın | 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 | | l – | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | |] | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities | | \ | |
| | · · · · · · · · · · · · · · · · · · · | 2a | | |
| b | Did the activities described in (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 majority 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 | | |

instructions).

| P主成V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization | 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) |
| 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 factors (explain in detail in Part VI) | 1 | | |
| 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 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | · - | |
| 7 Check here if the current year is the organization's first as a non-functional | v int | egrated Type III supporting | organization (see |

Schedule A (Form 990 or 990-EZ) 2017

| Lr-Ein | [控制 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) | | | | | | |
|----------------|---|---|--------------------|---|--|--|--|
| Sect | ection D - Distributions Current Year | | | | | | |
| 1 | Amounts paid to supported organizations to accomplish | exempt purposes | | | | | |
| 2 | Amounts paid to perform activity that directly furthers ex- | empt purposes of suppo | orted | | | | |
| | organizations, in excess of income from activity | | | | | | |
| 3 | Administrative expenses paid to accomplish exempt purp | poses of supported orga | inizations | | | | |
| 4 | Amounts paid to acquire exempt-use assets | <u> </u> | | | | | |
| 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 erganization is re- | | | | | |
| J | (provide details in Part VI) See instructions. | in the organization is les | sporisive | | | | |
| | Distributable amount for 2017 from Section C, line 6 | | | | | | |
| 10 | Line 8 amount divided by line 9 amount | | | | | | |
| | Line o amount divided by line 9 attount | ··· | (ii) | (iii) | | | |
| S | ection E - Distribution Allocations (see instructions) | (i) | Underdistributions | Distributable | | | |
| Ū | out of E blattbatton Anocations (acc mandettons) | Excess Distributions | Pre-2017 | Amount for 2017 | | | |
| | Distributable amount for 2017 from Section C. Line C. | - , !] | | 711100111111111111111111111111111111111 | | | |
| | Distributable amount for 2017 from Section C, line 6 | <u> </u> | | | | | |
| 2 | Underdistributions, if any, for years prior to 2017 | | | | | | |
| | (reasonable cause required—explain in Part VI) See | : | | - | | | |
| | instructions. | | | <u>'</u> | | | |
| 3 | Excess distributions carryover, if any, to 2017 | , | | | | | |
| a | <u></u> | | _ · · · | | | | |
| <u>b</u> | From 2013 | - 1 | - | | | | |
| c | From 2014 . | , | | | | | |
| <u>d</u> | From 2015 | | | | | | |
| ее | From 2016 | - ' | · | | | | |
| f | Total of lines 3a through e | | | | | | |
| g | Applied to underdistributions of prior years | | | | | | |
| h | Applied to 2017 distributable amount | | · | | | | |
| 1 | Carryover from 2012 not applied (see instructions) | - | | | | | |
| j | Remainder Subtract lines 3g, 3h, and 3i from 3f. | | | | | | |
| 4 | Distributions for 2017 from | | . * | | | | |
| | Section D, line 7 \$ | | | | | | |
| а | Applied to underdistributions of prior years | | | | | | |
| b | Applied to 2017 distributable amount | | | | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | | | | |
| 5 | Remaining underdistributions for years prior to 2017, 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 2017 Subtract lines 3h | | | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | | | |
| | Part VI. See instructions | , | | | | | |
| 7 | Excess distributions carryover to 2018. Add lines 3 | | | | | | |
| | and 4c | | | | | | |
| 8 | Breakdown of line 7 | | | · | | | |
| a | Excess from 2013 | | | | | | |
| b | Excess from 2014 | | | | | | |
| | Excess from 2015 | | | | | | |
| - d | Excess from 2016 | | | | | | |
| | | | | | | | |
| e | Excess from 2017 | | | | | | |

| <u>िदंगत २२०।</u> | 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.) |
|-------------------|--|
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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

| Name | of the organization | | Employer identification number |
|---------|---|--|---|
| GA. | APPELLATE PRACTICE RESOURCE CTR | | 58-1720864 |
| E PO | 心匠 Organizations Maintaining Donor Adv | ised Funds or Other Similar Fun | ds or Accounts. |
| | Complete if the organization answered ' | | |
| | Complete it the organization and world | (a) Donor advised funds | (b) Funds and other accounts |
| | _ , , , , , , , , | (a) Donor advised funds | (b) Fullus and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | <u> </u> | |
| 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 he | ald in donor advised |
| • | funds are the organization's property, subject to th | | ·• — — |
| _ | | _ | |
| 6 | Did the organization inform all grantees, donors, a | | |
| | only for charitable purposes and not for the benef | it of the donor or donor advisor, or fo | or any other purpose |
| | conferring impermissible private benefit? | | · · · □ Yes □ No |
| Pai | Conservation Easements. | | |
| - 1; | 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 (e.g., recreat | | - • |
| | Protection of natural habitat | | a certified historic structure |
| | ☐ Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization he | ld a qualified conservation contributio | n in the form of a conservation |
| | easement on the last day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| | Total acreage restricted by conservation easements | | |
| р | - | | 2b |
| C | Number of conservation easements on a certified h | | . 2c |
| d | Number of conservation easements included in | (c) acquired after 7/25/06, and not c | ona |
| | historic structure listed in the National Register . | | · 2d |
| 3 | Number of conservation easements modified, trans | ferred, released, extinguished, or term | inated by the organization during the |
| | tax year ▶ | | |
| 4 | Number of states where property subject to conser | vation easement is located ▶ | |
| 5 | Does the organization have a written policy reg | | pection handling of |
| - | violations, and enforcement of the conservation eas | | · · · · · · · · Yes · No |
| • | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecti | ng, nandling of violations, and enforcing c | onservation easements during the year |
| _ | <u> </u> | | |
| 7 | Amount of expenses incurred in monitoring, inspecting | g, handling of violations, and enforcing o | conservation easements during the year |
| | ▶ \$ | | |
| 8 | Does each conservation easement reported on line | 2(d) above satisfy the requirements of | section 170(h)(4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | | · · · Tyes No |
| 9 | In Part XIII, describe how the organization reports c | onseniation eacoments in its revenue | |
| J | balance sheet, and include, if applicable, the text of | | |
| | organization's accounting for conservation easeme | | ancial statements that describes the |
| 7 6.627 | | | |
| 12-16 | | | Other Similar Assets. |
| | Complete if the organization answered " | Yes" on Form 990, Part IV, line 8 | |
| 1a | If the organization elected, as permitted under SFA | S 116 (ASC 958), not to report in its | revenue statement and balance sheet |
| | works of art, historical treasures, or other similar | assets held for public exhibition, edi | ucation, or research in furtherance of |
| | public service, provide, in Part XIII, the text of the fo | otnote to its financial statements that | describes these items |
| b | If the organization elected, as permitted under SF | | |
| b | | | |
| | works of art, historical treasures, or other similar | | dication, or research in furtherance of |
| | public service, provide the following amounts relating | _ | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| | (ii) Assets included in Form 990, Part X | | . Þ \$ |
| 2 | If the organization received or held works of art, | historical treasures, or other similar | assets for financial gain, provide the |
| _ | following amounts required to be reported under SF | | • |
| _ | - | the state of the s | ~ ···- |
| а | Revenue included on Form 990, Part VIII, line 1 | • | , b |
| b | Assets included in Form 990, Part X . | <u></u> | <u> </u> |

| Schedule | D i | (Form | 990 | 2017 |
|----------|-----|-------|-----|------|
| | | | | |

| المنابرات | <u>ишы</u> Organizations iviaintaining | Collections of | Art, His | storical | i reasures, | or U | mer Similar | Asse | ets (con | tinued) - |
|-----------|---|---------------------------|------------|--------------------------|---------------------------------|-------------------|----------------------------|-------------------|-------------|--------------|
| 3 | Using the organization's acquisition, collection items (check all that apply) | | her reco | ords, ched | ck any of the | e follov | wing that are | a sigi | nificant u | ise of its |
| а | ☐ Public exhibition | | d | ☐ Loan | or exchang | e prog | rams | | | |
| b | ☐ Scholarly research | | е | ☐ Othe | _ | | | | | |
| С | Preservation for future generation | S | | | | | | | | |
| 4 | Provide a description of the organiza XIII. | tion's collections a | and exp | lain how t | hey further t | the org | ganization's ex | kemp | t purpos | e in Part |
| 5 | During the year, did the organization assets to be sold to raise funds rathe | r than to be mainta | donatio | ns of art, part of th | historical tre e organizatio | easure on's co | s, or other sin | nılar ——— | ☐ Yes | □ No |
| | 記忆 Escrow and Custodial Arra | - | _ | | | | | | | |
| | Complete if the organization 990, Part X, line 21. | | | | | | | | unt on F | orm |
| 1a | Is the organization an agent, trustee included on Form 990, Part X? | | | mediary fo | | | other assets | not | ☐ Yes | ☐ No |
| Ь | If "Yes," explain the arrangement in P | art XIII and comple | ete the fo | ollowing t | able | [| | Am | ount | |
| С | Beginning balance | | | | , , , . | 10 | : | | | |
| d | Additions during the year | | | | | 10 | 1 | | | |
| е | Distributions during the year | | | | | 1e | | | | |
| f | Ending balance | | | | | 1f | | | | |
| 2a | Did the organization include an amou | | | | | | | | ☐ Yes | ☐ No |
| b | | art XIII. Check here | of the e | xplanatio | n has been p | orovide | ed on Part XIII | | | |
| | | | | | | | | | | |
| | Complete if the organization | | | | | | | | | |
| | | (a) Current year | (b) Pr | or year | (c) Two years | back | (d) Three years b | ack | (e) Four ye | ars back |
| 1a | | | | | | | | \rightarrow | | |
| Ь | Contributions | | | | | | | | | |
| С | Net investment earnings, gains, and | | | | | | | Ĭ | | |
| | losses | | | | | | | \longrightarrow | | |
| d | Grants or scholarships | | | | | | | \rightarrow | | |
| е | Other expenditures for facilities and | | | | | | | | • | |
| | programs | | | | | | | | | |
| f | Administrative expenses | | | | | | · | | | |
| 9 | End of year balance . | <u> </u> | | | L.,, | | | | | |
| 2 | Provide the estimated percentage of t | <u>-</u> | d baland | e (line 1g | , column (a) | held a | as | | | |
| а | Board designated or quasi-endowmer | | _% | | | | | | | |
| ь | Permanent endowment ▶ | % | | | | | | | | |
| С | Temporarily restricted endowment ▷ | % | | | | | | | | |
| 0- | The percentages on lines 2a, 2b, and | | | | 1 .1.1. | | | 41- | | |
| 3a | Are there endowment funds not in the | e possession of the | e organi | zation tha | at are neio a | ina aa | ministered for | tne | <u></u> | |
| | organization by | | | | | | | | | es No |
| | (i) unrelated organizations | | | • | • | | • | • | 3a(i) | |
| | (ii) related organizations | | | | | • | • • | | 3a(ii) | |
| b | If "Yes" on line 3a(ii), are the related of | | | | | • | | | 3b | Ш |
| 4 | Describe in Part XIII the intended uses | | n's endo | wment it | unas | | | | | |
| 120 | , C , | | an F- | OOO F | Down 1\/ 1 = | 11- | Caa Earm 00 | יט ה | aut V 1 | - 10 |
| | Complete if the organization | | | | | | | 1 | | |
| | Description of property | (a) Cost or oth (investme | | 1 | r other basis ther) | | Accumulated epreciation | | (d) Book v | alue |
| 1a | Land | | | | | | | | | |
| ь | Buildings | | | | | | | | | |
| c | Leasehold improvements | | | | | | | | | |
| d | Equipment | . 37 | ,464. | | | | 37,152. | | | 312. |
| е | Other | | | | | | | | | |
| Total. | Add lines 1a through 1e (Column (d) m | nust equal Form 99 | 0. Part | X. column | (B), line 10d | :) | <u></u> | | | 312. |

| Part VIII | Investments—Other Securit Complete if the organization a | | orm 000 Part IV line | 11h San Form | 900 Part V line 12 |
|-----------------------|--|---|-----------------------------|---------------------|--|
| | (a) Description of security or cate | | (b) Book value | | od of valuation |
| | (including name of security) | | (b) Book value | | of-year market value |
| (1) Financia | l derivatives | | | | |
| | held equity interests | • | | | |
| (3) Other | | | | | |
| (A) | | | | | |
| (B) | | | | | |
| (C) | | | | | |
| (D) | | | | | |
| (E) | | | | | |
| (F) | | | | | |
| (G) | | | | | |
| (H) | | | | | |
| | b) must equal Form 990, Part X, col (B) line 12) | | - | | |
| | Investments-Program Rela | | | | |
| | Complete if the organization a | nswered "Yes" on Fo | rm 990, Part IV, line | 11c See Form | 990, Part X, line 13. |
| | (a) Description of investment | | (b) Book value | | ood of valuation of-year market value |
| (1) | | | | | |
| (2) | | | <u> </u> | | |
| (3) | | · | | | _ _ |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| | | | ļ | | |
| (B) | | | | | |
| (9) | b) must equal Form 990, Part X, col (B) line 13) | | | | |
| PEREPE | Other Assets. | | L | . ' | |
| ALCOHOLYS. | Complete if the organization a | newardd "Voe" on Fo | rm 000 Part IV line | 11d Son Form | 000 Part V line 15 |
| | Complete if the organization a | (a) Description | nin 990, Fait IV, line | Tiu. See i oiiii | (b) Book value |
| (1) | | (-) 2 3 3 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | | - , | (5) 5551 72.55 |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | · | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | - | | | |
| (9) | | | | | |
| | nn (b) must equal Form 990, Part X | col (B) line 15) | | D | |
| Pier | Other Liabilities. | | | | |
| Mathematica de Maria. | Complete if the organization as | nswered "Yes" on Fo | rm 990, Part IV, line | 11e or 11f. See | Form 990, Part X, |
| 1. | line 25. (a) Description of liability | (b) Book value | | | |
| (1) Federal in | | (D) BOOK Value | | | • |
| (2) | Come taxes | | | | |
| | | - | | | |
| (3) | | - | | | |
| (5) | | - | | | |
| (6) | | | | | |
| | | | | | |
| (7) | | _ | | | |
| (8) | | + | | | |
| (9) | American Con Dad V and John Con | | | | |
| | must equal Form 990, Part X, col (B) line 25) | | | francial states | |
| | uncertain tax positions. In Part XIII, pr | | | | |
| organization's | liability for uncertain tax positions und | Jer FIN 46 (ASC 740). Che | ECK nere it the text of the | : loothote has been | provided in Part XIII 📙 |

| ليپ دي | Reconciliation of Revenue per Audited Financial Statements | | | |
|--------------|--|--|---------|-------------|
| | Complete if the organization answered "Yes" on Form 990, Part | t IV, line 12a. | , , | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 1,246,741. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | · | | |
| а | Net unrealized gains (losses) on investments 2a | 3 |]] | |
| ь | Donated services and use of facilities |) | - | |
| С | Recoveries of prior year grants | |] | |
| d | Other (Describe in Part XIII.) | <u> </u> | | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | 1,246,741. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1. | | i i | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . 4a | 1 |] | |
| b | Other (Describe in Part XIII) |) | | |
| _c | Add lines 4a and 4b | | 4c | |
| 5 1750-18 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | | 5 | 1,246,741. |
| Rei | | | er Retu | rn. |
| | Complete if the organization answered "Yes" on Form 990, Part | : IV, line 12a. | | |
| 1 | Total expenses and losses per audited financial statements | | 1 | 1,205,153. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | 1 | | |
| a | Donated services and use of facilities | | | |
| р | Prior year adjustments | | ' | |
| С | Other losses | | | |
| d | Other (Describe in Part XIII) | <u> </u> | l | |
| e | Add lines 2a through 2d | | 2e | · |
| 3 | Subtract line 2e from line 1 | | 3 | 1.,205,153. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | } | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | | | |
| b | Other (Describe in Part XIII.) | | | |
| с 5 | Add lines 4a and 4b | | 4c | 1,205,153. |
| | Supplemental Information. | <i>'</i> | 3 | 1,203,133. |
| | de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Fit XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pr | | | |
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| ochedale o (For | m 990) 2017 | Page 3 |
|-----------------|---|---|
| 357777111 | 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.

2017

OMB No 1545-0047

Fire sequences

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

| GA APPELLATE PRACTICE RESOURCE CTR | 58-1720864 |
|---|---|
| Pt VII, Col (E). EMPLOYEES SANCTIONED BY THE GOVERNING BODY REVIE | WS THE |
| Pt VI, Line 11b. 990 AND CONSENTS TO FINAL APPROVAL FOR SUBMISSIO | N . |
| Pt VI, Line 12c: ENFORCEMENT OF POLICIES ARE REVIEWED AND ASSESSE | D BY THE |
| Pt VI, Line 12c. GOVERNING BODY THROUGH ITS CHARGE TO MANAGEMENT. | |
| Pt VI, Line 15a. COMPENSATION FOR KEY EMPLOYEES ARE APPROVED BY T | HE BOARD |
| Pt VI, Line 15b: ANNUALLY AS AN INTEGRAL PART OF THE BUDGETARY PR | OCESS. |
| Pt VI, Line 19: DECISIONS OF THE GOVERNING BODY, FINANCIAL INFORM | ATION AND ENTITY |
| OPERATIONS ARE PROVIDED TO THE STATE LEGISLATIVE OVERSIGHT COMMIT | TEES PROVIDING |
| FUNDING. OPERATIONAL AND OTHER DISCLOSURE MATTERS REQUESTED FROM | THE GENERAL |
| PUBLIC ARE MADE AVAILABLE AT TIME OF REQUEST. | ····· |
| Pt IX, Line 24e: | |
| Description COMMUNICATIONS | |
| Total: \$8,432 | |
| Program services: \$7,589 | |
| Management and general: \$843 | |
| Fundraisıng: \$0 | · |
| Description: CONTRACTURAL SERVICES | ······ |
| Total: \$1,899 | |
| Program services: \$1,709 | ••••••••••••••••••••••••••••••••••••••• |
| Management and general: \$190 | |
| Fundraising \$0 | |
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