Form 990
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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

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

2019 Open to Public Inspection

OMB No. 1545-0047

A	For th	ne 2019 calendar year, or tax year beginning 07/01/19 , and ending 06/30/	20		1
_		applicable: C Name of organization		D Employe	r identification number
	Address	change SOUTHEASTERN LEGAL FOUNDATION, INC.			
		Doing husiness as		58-1	247027
	Name ch	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephon	
	Initial retu			//0-	977-2131
	Final retu terminate	ed			
	Amended	ROSWELL GA 30075-7509		G Gross reci	eipts\$ 2,219,745
		r Martie and address of principal officer.	H(a) Is this a grou	n return for si	ubordinales? Yes X No
	Application	on pending TODD YOUNG			
			H(b) Are all subo		
_			If "No,"	attach a list	(see instructions)
1	Tax-exe	ampt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527			
J	Website		H(c) Group exem		
K	Form of	organization: X Corporation Trust Association Other ▶ L	Year of formation: 19	976	M State of legal domicile: GA
P	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities:			
ą.		SEE SCHEDULE O			
anc					
Governance		Name (1980) (1980) (1980) (1980) (1980) (1980) (1980) (1980) (1980) (1980) (1980) (1980) (1980) (1980) (1980)			
ð	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25	% of its net asset	S.	E 2001 1001 1001 1001 1001 1001 1001
ڻ مع		Number of voting members of the governing body (Part VI, line 1a)		P - 4	8
S		Number of independent voting members of the governing body (Part VI, line 1b)			8
ij	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	000000000000000000000000000000000000000	5	4
Activities &		Total number of volunteers (estimate if necessary)			0
V	ı	T (1) D (1) (1) (2) (2) (3) (4)		7.	0
		Net unrelated business revenue from Part VIII, column (C), line 12		7b	0
:		Net unrelated business taxable medine from 1 orin 330-1, line 33	Prior Year		Current Year
4	8	Contributions and grants (Part VIII, line 1h)	2,337	,554	1,747,182
nue		Program service revenue (Part VIII, line 2g)		'	0
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	177	,028	167,625
å		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0
	1	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,514	,582	1,914,807
· ·		Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0
	l	Benefits paid to or for members (Part IX, column (A), line 4)			0
40		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	451	,939	413,857
penses				,239	93,843
en	l			/200	30/013
EX	l	Other sympages (Part IV, column (A), lines 446, 446, 446, 246)	1,727	998	1,435,183
_		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,399		1,942,883
	l	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		,406	-28,076
_ s		Revenue less expenses. Subtract line 18 from line 12	Beginning of Curre		End of Year
Net Assets or Fund Balances	20 -	Total assets (Part X, line 16)	7,044		7,130,675
Asse	24 -	Tatal liabilities (Bort V. line 20)		,097	137,478
und det	21	Net assets or fund balances. Subtract line 21 from line 20	6,969		6,993,197
_	art II	Signature Block	0,505	7010	0,000,20.
		enalties of perjury, I declare that I have examined this return, including accompanying schedules and statemen	nto and to the boot	of my kno	uladas and boliof it is
tru	iaer pei	cat, and complete. Declaration of preparer (other than officer) is based on all information of which preparer h	nts, and to the best as anv knowledge.	OI MY KITO	wiedge and belief, it is
-		71/1/20	<u> </u>	11.	/16/2020
Ci-	-	Signature of officer		Date	10/2020
Sig			מדנים הדטי		
Hei	re		TIVE DIR	CTOR	
_		Type or print name and title	Dete	1.	if PTIN
D-:-	1	Print/Type preparer's name Preparer's signature	Date	Check	"
Paid		JAMES S. CRANE, CPA JAMES S. CRANE, CPA CPA		20 self-em	ployed
-	oarer	Firm's name	Fire	m's EIN	
Use	Only	201 CHURCH STREET			BOC 004 BOCS
		Firm's address LAGRANGE, GA 30240-2711	Ph	one no.	706-884-7331
May	the IR	RS discuss this return with the preparer shown above? (see instructions)			Yes No

Part IV

**Checklist of Required Schedules** 

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A 1 X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X 3 candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X 4 election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, X assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 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 X "Yes," complete Schedule D, Part I 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  $\mathbf{X}$ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 8 complete Schedule D, Part III 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 X debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments X 10 or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X 11a complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more X 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 X 11d reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  $\mathbf{X}$ Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If X "Yes." and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 X assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X 19 If "Yes," complete Schedule G, Part III X 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 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Form 990 (2019) SOUTHEASTERN LEGAL FOUNDATION, INC. 58-1247027

P	art IV Checklist of Required Schedules (continued)			
_	Terror Control		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			1
	employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	100000000000000000000000000000000000000	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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		X
b				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			37
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):		-	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			x
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		A
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		
30	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	- 01		
02	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
•	and 201 7701 2 and 201 7701 22 K Was " samplete School to D. Dort I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	1011		
•	or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	P 4 P		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	1000		
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance	.,		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			-
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		X

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 4 Statements, filed for the calendar year ending with or within the year covered by this return 2a X 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, X a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country b See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c С Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible as charitable contributions? 6a If "Yes." did the organization include with every solicitation an express statement that such contributions or 6b gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b 11 Section 501(c)(12) organizations. Enter: 11a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a а Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand C 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 X excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N. 16 X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O.

Part VI

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

Sec	ction A. Governing Body and Management					
		8	N.		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, trustees, or key employees to a management company or other person?		alialationera	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	10000000		4		X
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?	cencenne so	noncene execution	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?	nasara A	10.10.0000000000	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	following:			
а	The governing body?	nesasan.	Tatales role	8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	rnal R	evenue C	ode.)		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the forr	n?	11a	_X_	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	nomen kara	0.1000000000000000000000000000000000000	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to cont	flicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done	nnua		12c	X	
13	Did the organization have a written whistleblower policy?		andress reger	13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization		vice particular	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			- 2		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			- 3		
	with a taxable entity during the year?			16a		_X_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			10		
	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?	vivo.		16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, AZ, CA, CO, CT,	GA, F	L,IL,KS,	KY,L	A	411111
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Se	ction 50	01(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website X Another's website X Upon request Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interesting the conflict of interes	st polic	y, and			
	financial statements available to the public during the tax year.					

MS. JOSALYN H. SPIVEY

560 W CROSSVILLE ROAD

State the name, address, and telephone number of the person who possesses the organization's books and records ▶

GA 30075-7509 770-977-2131

ROSWELL

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

K Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any	bo.	x, unl	Pos check ess pe	erson i	than one s both an r/trustee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) DENNY JONES								=	
	0.00								
TRUSTEE CHANCE	0.00	X			_		_ 0	0	0
(2) RONNIE CHANCE	0.00								
CHAIRMAN	0.00	x		x			o	0	0
(3) JOE ARNALL	0.00	1		^			0	0	0
(3) OOL AUVALL	0.00								
SECRETARY	0.00	x		x			ol	0	0
(4) KATHY BARCO-JOSS									
(-,	0.00								
TRUSTEE	0.00	x					o	0	0
(5) MICHAEL RILEY									
	0.00								
TREASURER	0.00	X		X			0	0	0
(6) EMERSON RUSSELL									
	0.00							1	
TRUSTEE	0.00	X					0	0	0
(7) E. GAY MAYFIELD		Ш							
******************************	0.00	Ш							
TRUSTEE	0.00	X					0	0	0
(8) AMY STARZYNSKI									
	0.00								
TRUSTEE	0.00	X					0	0	0
(9) TODD YOUNG	0 00								
	0.00			.,					
EXECUTIVE DIRECTOR	0.00			Х		$\dashv$	0	0	0
(10) JOSALYN SPIVEY	0.00								
FINANCE DIRECTOR	0.00			x			o	o	0
(11) KIM HERMANN	0.00			4	$\dashv$	-	0	0	
/ / / state transferrence	0.00								
SENIOR COUNSEL	0.00					$\mathbf{x}$	168,500	o	6,740
	0.00						200/000	<u> </u>	Form <b>990</b> (2019)

DAA

(A) Name and title	(B) Average hours per week (list any	box	x, unle	ess pe	ition more rson i	than o s both r/truste	an	from the organization	(E) Reportable compensation from related organizations	coi	of oth npens from l	amount er sation he	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)			on and nizatior	18
2 15 25 11 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1													
5. 414-014-014-014-014-014-014-014-014-014-													
								168,500				6.	740
1b Subtotal c Total from continuation she d Total (add lines 1b and 1c)	ets to Part VII, S	Secti	on A	MID	mone	1010	<b>&gt;</b> •	168,500					740
Total number of individuals (in reportable compensation from	cluding but not li	nited	d to t				oov		100,000 of				
3 Did the organization list any for employee on line 1a? If "Yes,"	complete Sched	ule J	for :	such	indi	vidua	a/ .				3	Yes	No X
For any individual listed on line organization and related organ individual	nizations greater	than	\$15	0,00	)? <i>If</i>	"Yes	s," (	complete Schedule J for such	1	*****	4	х	
5 Did any person listed on line 1 for services rendered to the or	ganization? If "Ye	ue c	omp comp	ensa olete	Sch	edule	ar e J	I for such person	laiviadai	-200	5		Х
Section B. Independent Contractor  Complete this table for your five compensation from the organization.	e highest compe	nsat	ed ir	dep	ende	ent co	ont	tractors that received more that	an \$100,000 of	r			
	(A) business address	inpe	iiaat	OII I	21 (1)	o Gan			(B) on of services		Со	(C) mpensa	ntion
DECISIONMAKERS, INC. ROSWELL		વ	00		250	WI	10	LOW SPRINGS DRIVE CONSULTING				190	0,956
DIAL STRATEGIC CONSU	LTING, INC		02	90			E	NOIA ROAD, SUITE A					4,500
FORTHRIGHT STRATEGY, WASHINGTON	INC DC	2	00		115	5 1		TH STREET, NW, SU: FRC	ITE 410			101	1,040
Total number of independent of received more than \$100,000	contractors (inclu of compensation	ding from	but i the	not li orga	mite iniza	d to t tion l	ho •	ose listed above) who	3		For	m 990	0 (2019)

Form 990 (2019) SOUTHEASTERN LEGAL FOUNDATION, INC. 58-1247027

Part VIII Statement of Revenue

Pa	irt V	Check if	ent o f Sch	<b>it Revenue</b> edule O cont	ains a	respon	se or note	e to any line in thi	s Part VIII		
_		<u> </u>	-					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from lax under sections 512-514
ts	1a	Federated camp	aigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership due	9S		1b			1.1.0			
s, G	С	Fundraising eve			1c						
Gift lar	d	Related organiza		Mattaleanesetteanes (	1d						
ini,	е	Government grants (co	ntributio	ns)	1e						
tior	f	All other contributions,									
gh		and similar amounts no			1f		747,182				
onti	g	Noncash contributions			1g			1 747 100		** TALE (***)	
<u>ت</u> ق	h	Total. Add lines	1a–1f					1,747,182			
							Business Code				
ice	2a	T. 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		*******	******	serensen S			F .		
Program Service Revenue	b	***************	0.000		51.515.15	OREACE EST					
am	4	Y = + ( ) = ( ) + ( ) = ( ) = ( )		10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4 (11) (11) (11)	319259256					
ogr Re	6	A 10 - 10 - 10   10   10   10   10   10	0.000		* ( * * * * * *						
ď	f	All other program		ice revenue							
		Total. Add lines									
	3	Investment incor									
		other similar am	ounts)				•	167,563			167,563
	4	Income from inve	estme	nt of tax-exempt	bond p	roceeds	•				
	5	Royalties		,	asaumn <sub>e</sub>		VATA ATA GALLAND				
				(i) Real		(ii) Pe	ersonal	C 4 3 -			
	6a	Gross rents	6a								
	b	Less: rental expenses	6b						4 - 3	and the state of	
	С	Rental inc. or (loss)	6c								
	d 72	Net rental incom Gross amount from	e or (l								
	ia	sales of assets		(i) Securities		(ii)	Other		ST - ST -	1 5	
		other than inventory	7a	305	,000						
nue	b	Less: cost or other		204	020						
) ve		basis and sales exps.	7b	304	, 938 62			DISTRIBUTED OF THE PARTY OF THE		- 1 - A - 1	
Ϋ́		Gain or (loss)	7c					62	62		
Other Revenue		Net gain or (loss Gross income from				*******	K+K+F+	02	02	0.01150	
0	oa	(not including \$	lullulai	ang eventa							
		of contributions rep	orted o	n line 1c)							
		See Part IV, line 18		11 1110 10).	8a						
	b	Less: direct expe	0.000		8b					A 1870	
									The XIVE		
		Gross income from						And the second			
		See Part IV, line 19	-		9a				11/2 2010		
	b	Less: direct expe	enses		9b						
	С	Net income or (lo	oss) fro	om gaming activ	ities	nvivi Anii					
- 1	10a	Gross sales of in	vento	ry, less							
		returns and allow	vances	5	10a					-A. TAV	
	b	Less: cost of goo	ds so	ld payment	10b						
	С	Net income or (lo	oss) fro	om sales of inve	ntory						
ns							Business Code	V III			
9 a	11a	************	01011000	. 64 64 65 65 64 6 67 67 65	eterrere	3133533					
scellaneous Revenue	b	*									
Rei	С			e a se a se							
Z	d	All other revenue				-C-10000000					
/		Total Add lines						1,914,807	62	0	167,563
	14	Total revenue.	JEE IN	อแนะแบบร	CONTRACTOR DE	***********	ERCHING)	±,2±=,00/	02	- 0	10.,000

Form 990 (2019)

Form 990 (2019)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (B) Program service Do not include amounts reported on lines 6b, Total expenses Management and general expenses expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments, See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 4,654 74,465 360.801 281,682 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 10,951 53,056 41,421 684 Other employee benefits 10 Payroll taxes Fees for services (nonemployees): Management 352,188 352,188 Accounting 93,843 93,843 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.) Advertising and promotion 12 Office expenses 13 Information technology 14 15 Royalties Occupancy 16 1,541 1,541 Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 8,028 446 8,920 446 Depreciation, depletion, and amortization 22 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 844,585 844,585 DIRECT MAIL PROGRAM 5,242 1,311 131,054 124,501 PROFESSIONAL SERVICES 781 14,064 781 15,626 OFFICE EXPENSE 14,281 14,281 INTERNET DEVELOPMENT 2,446 2,446 66,988 62,096 All other expenses 94,331 1,744,387 104,165 1,942,883 Total functional expenses. Add lines 1 through 24e 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 ▶

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following SOP 98-2 (ASC 958-720)

Form 990 (2019) SOUTHEASTERN LEGAL FOUNDATION, INC. 58-1247027

Part X Balance Sheet

	Check if Schedule O contains a response or			(A) Beginning of year		<b>(B)</b> End of year
1	Cash—non-interest-bearing			1,333,458	1	820,204
2	Savings and temporary cash investments	urresonario vantr	alminoaszalmusaszassa (		2	
3	Pledges and grants receivable, net		(A 1-4) - 0.00 -	2,500	3	
4	Accounts receivable, net				4	
5	Loans and other receivables from any current or fo	rmer officer, direct	or,			
	trustee, key employee, creator or founder, substant					
	controlled entity or family member of any of these p		**************************************		5	
6	Loans and other receivables from other disqualified	d persons (as defir	ed			
3	under section 4958(f)(1)), and persons described in	n section 4958(c)(3	B)(B)		6	
7	Notes and loans receivable, net				7	
8	la contenia e ferendo en con				8	
9	Duranial community and defended above as		*****************	24,381	9	8,980
10a	a Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	354,709			
b	Less: accumulated depreciation	405	104,571	258,041	10c	250,138
11	les se et un entre control de la	10,720		5,377,257	11	5,983,715
12	Investments—other securities. See Part IV, line 11		20040000000000000000000000000000000000		12	
13	Investments—program-related, See Part IV, line 11	******************			13	
14	Intangible assets				14	
15	Office and the Ocean Part IV. Base 44		202121222222222	48,506	15	67,638
16	Total assets. Add lines 1 through 15 (must equal li			7,044,143	16	7,130,675
17	Accounts payable and accrued expenses		Jane 10 10 10 10 10 10 10 10 10 10 10 10 10		17	8,333
18	Grants payable				18	
19	Deferred revenue		19			
20	Tax-exempt bond liabilities		20			
21	Escrow or custodial account liability. Complete Part	66,699	21	66,699		
22	Loans and other payables to any current or former	officer, director,			ī	
22	trustee, key employee, creator or founder, substant					
	controlled entity or family member of any of these p				22	
23	Secured mortgages and notes payable to unrelated	I third parties	*******		23	
24	Unsecured notes and loans payable to unrelated th	1,5,5,5,5,5,5,5,5	PARAMAMANANANANANANANANANANANANANANANANAN		24	55,900
25	Other liabilities (including federal income tax, payab	oles to related third				
	parties, and other liabilities not included on lines 17	'-24). Complete Pa	ırt X			
	of Schedule D			8,398		6,546
26	Total liabilities. Add lines 17 through 25			75,097	26	137,478
	Organizations that follow FASB ASC 958, check	k here ▶ X		75.0		
	and complete lines 27, 28, 32, and 33.			6 060 046		C 000 107
27				6,969,046	27	6,993,197
28	Net assets with donor restrictions				28	
	Organizations that do not follow FASB ASC 958	3, check here ►				
	and complete lines 29 through 33.					
29	Capital stock or trust principal, or current funds				29	
30	Paid-in or capital surplus, or land, building, or equip				30	
31	Retained earnings, endowment, accumulated incon	ne, or other funds		6 060 046	31	6.002.107
27 28 29 30 31 32				6,969,046	32	6,993,197
33	Total liabilities and net assets/fund balances			7,044,143	33	7,130,675

Form **990** (2019)

orn	1990 (2019) SOUTHEASTERN LEGAL FOUNDATION, INC. 58-1247027			Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	.,			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,9		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,9		
3	Revenue less expenses. Subtract line 2 from line 1	3			076
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,9		
5	Net unrealized gains (losses) on investments	5		52,	227
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	6,9	93,	197
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			- 11	
	Schedule O.				N. T
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		100		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on			, S [	
	Schedule O.		1-4		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				

Form **990** (2019)

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

#### SCHEDULE A (Form 990 or 990-EZ)

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**Public Charity Status and Public Support** 

► Attach to Form 990 or Form 990-EZ.

2019

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

SOUTHEASTERN LEGAL FOUNDATION, INC.

Employer Identification number 58–1247027

P	art	l Reas	on for Public Charity	Status (All organizations	s must c	omplete	this part.) See instructio	ns.
Γhe	orga	nization is not	a private foundation becaus	e it is: (For lines 1 through 12,	check only	one box.)		
1		A church, co	nvention of churches, or ass	ociation of churches described	in section	170(b)(1)	(A)(i).	
2		A school des	cribed in section 170(b)(1)(	A)(ii). (Attach Schedule E (For	m 990 or 9	90-EZ).)		
3		A hospital or	a cooperative hospital servi	ce organization described in <b>se</b>	ction 170	(b)(1)(A)(ii	i).	
4		A medical re	search organization operated	d in conjunction with a hospital	described	in <b>section</b>	170(b)(1)(A)(iii). Enter the ho	ospital's name,
	-	city, and state	e:					
5		An organizat	ion operated for the benefit of	of a college or university owned	or operate	ed by a gov	vernmental unit described in	
		section 170	(b)(1)(A)(iv). (Complete Part	H.)				
6		A federal, sta	ate, or local government or g	overnmental unit described in s	section 17	0(b)(1)(A)(	v).	
7	X		ion that normally receives a section 170(b)(1)(A)(vi). (C	substantial part of its support fr omplete Part II.)	om a gove	rnmental u	nit or from the general public	
8		A community	trust described in section 1	70(b)(1)(A)(vi). (Complete Par	t II.)			
9				cribed in <b>section 170(b)(1)(A)</b> of agriculture (see instructions)				е
10		receipts from support from	activities related to its exem gross investment income an	) more than 33 1/3% of its sup pt functions—subject to certair d unrelated business taxable in 0, 1975. See section 509(a)(2)	exception come (les	s, and (2) s section 5	no more than 33 1/3% of its	S
11		An organizati	ion organized and operated	exclusively to test for public saf	ety. See <b>s</b>	ection 509	(a)(4).	
12				exclusively for the benefit of, to				
				ations described in section 50				
		1	-	at describes the type of suppo				
	а			erated, supervised, or controlle	-			g
				ver to regularly appoint or elect omplete Part IV, Sections A a		or the dire	ciois of trustees of the	
	b		• •	pervised or controlled in conne		ts supporte	ed organization(s) by having	
	D			ting organization vested in the				É
			- · · · · · · · · · · · · · · · · · · ·	Part IV, Sections A and C.	•		0 11	
	С	Type III f	functionally integrated. A sinted organization(s) (see insi	upporting organization operate tructions). You must complete	d in conne Part IV,	ction with, Sections A	and functionally integrated wit	th,
	d			I. A supporting organization op				n(s)
				organization generally must sa				SS
			,	nust complete Part IV, Section				
	е			eived a written determination fr			Type I, Type II, Type III	
	f		nber of supported organization	-functionally integrated suppor	ung organi	zation.		
	g		ollowing information about th	100000000000000000000000000000000000000	1010010010000		********************	
(i		e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
,-		ganizalion	, ,	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
				above (see instructions))		ment?	instructions)	instructions)
_					Yes	No		
(A)								
(B)								
(6)					-			
(C)								
(D)								
(E)								
ota	E							

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,438,694	3,376,450	3,174,965	2,337,554	1,747,182	14,074,845
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3  The portion of total contributions by each person (other than a	3,438,694	3,376,450	3,174,965	2,337,554	1,747,182	14,074,845
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount	7 - Sho				4	1,012,006
6	shown on line 11, column (f)  Public support. Subtract line 5 from line 4						13,062,839
_	tion B. Total Support						13,002,033
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	3,438,694	3,376,450	3,174,965	2,337,554	1,747,182	14,074,845
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	61,475	52,653	87,692	128,666	167,563	498,049
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						14,572,894
12	Gross receipts from related activities, etc. (		AL DESCRIPTION OF THE PARTY OF			12	
13	First five years. If the Form 990 is for the		second, third, fourt	h, or fifth tax year a	as a section 501(c	)(3)	3. 7
0	organization, check this box and stop here						
	tion C. Computation of Public Su			(0)		14	00 649/
14	Public support percentage for 2019 (line 6, Public support percentage from 2018 Sche			(T))		14	89.64 % 92.50 %
15	33 1/3% support test—2019. If the organi			3 and line 14 is 33	1/3% or more, che	a service a	92.50 70
Ioa	box and <b>stop here</b> . The organization quali				175 /6 01 111016, 0110		<b>▶</b> X
b	33 1/3% support test—2018. If the organi				is 33 1/3% or more	e check	**********
D	this box and <b>stop here</b> . The organization of			-ation			▶ □
17a	10%-facts-and-circumstances test—201						4 - 3 - 4 - 5 3 - 5 4 5 5
	10% or more, and if the organization meets	_					
	Part VI how the organization meets the "fac						
	organization		_				
b	10%-facts-and-circumstances test—201				, 16b, or 17a, and	line	
	15 is 10% or more, and if the organization	meets the "facts-and	d-circumstances" te	est, check this box	and stop here.		
	Explain in Part VI how the organization me						▶ □
18	supported organization  Private foundation. If the organization did	not check a hox on					
10	instructions	not official a box off	10, 100, 100,	4, 5, 115, 0,00	Jon and doc		

Page 3

#### Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6.	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)	3, (1)					
	tion B. Total Support				r'-	·	T -
Caler	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						-
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop here	•		-		(c)(3)	<b>▶</b> □
Sec	tion C. Computation of Public Su			2.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2			
15	Public support percentage for 2019 (line 8,			n (f))		15	%
16	Public support percentage from 2018 Sche						%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2019 (lin	ne 10c, column (f),	divided by line 13,	column (f))		17	%
18	Investment income percentage from 2018 S	Schedule A, Part II	II, line 17			18	%_
19a	33 1/3% support tests—2019. If the organ	ization did not che					
	17 is not more than 33 1/3%, check this box	k and <b>stop here.</b> T	The organization qu	ualifies as a public	y supported orgar	nization	
b	33 1/3% support tests—2018. If the organ	ization did not che	eck a box on line 1	4 or line 19a, and I	ine 16 is more tha	n 33 1/3%, and	
	line 18 is not more than 33 1/3%, check this						. [-]
20	Private foundation. If the organization did	not check a box o	n line 14, 19a, or 1	9b, check this box	and see instruction	ons	

#### Supporting Organizations Part IV

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

Section A. All Supporting Organizat	ions
-------------------------------------	------

- 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.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- 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.
- 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.
- 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.
- 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.
- 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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).
- 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.
- 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.
- 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.
- 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.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2	- 8	
3a		
3b	11	
36		
3с		
4a		
40	, = 1	
4b		
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9a		
9b		
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10a		
10b	or 990-	E7\ 204

1	Check the hox next to the m	ethod that the organiz	ation used to satisfy t	he Integral Part Test o	during the vear (see inst	ructi

The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). c

#### 2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described 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.
- Parent of Supported Organizations. Answer (a) and (b) below.
  - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
  - 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.

	Yes	No
	a siles	
2a		
	- 1	
2b		
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3a		
	A F	
3b		

Schedule A (Fo	orm 990 or 990-EZ) 2019 SOUTHEASTERN LEGAL FOUNDATIO	ON,	INC.	58-12470	27 Page 6
Part V	Type III Non-Functionally Integrated 509(a)(3) Supporting Organic				
	neck here if the organization satisfied the Integral Part Test as a qualifying trust on Nov				
ins	structions. All other Type III non-functionally integrated supporting organizations must	t comple	ete Section	s A through E.	
Section A -	Adjusted Net Income		(A) F	Prior Year	(B) Current Year (optional)
1 Net sl	hort-term capital gain	1			
2 Reco	veries of prior-year distributions	2			
3 Other	gross income (see instructions)	3			
4 Add li	ines 1 through 3.	4			
5 Depre	eciation and depletion	5			
6 Portio	on of operating expenses paid or incurred for production or				
collection	of gross income or for management, conservation, or				
maintenai	nce of property held for production of income (see instructions)	6			
7 Other	expenses (see instructions)	7			
8 Adjus	sted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Section B -	Minimum Asset Amount		(A) F	Prior Year	(B) Current Year (optional)
1 Aggre	gate fair market value of all non-exempt-use assets (see				
instruction	ns for short tax year or assets held for part of year):		1,04	(4 -1-4-1	1 - 5 × 224 × -
a A	verage monthly value of securities	1a			
b A	verage monthly cash balances	1b			
c F	air market value of other non-exempt-use assets	1c			
d T	otal (add lines 1a, 1b, and 1c)	1d			
e D	iscount claimed for blockage or other				
factor	s (explain in detail in Part VI):		A H		
2 Acqui	sition indebtedness applicable to non-exempt-use assets	2			
3 Subtra	act line 2 from line 1d.	3			
4 Cash	deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
see instru	ctions).	4			
5 Net va	alue of non-exempt-use assets (subtract line 4 from line 3)	5			
6 Multip	oly line 5 by .035.	6			
	veries of prior-year distributions	7			
8 Minin	num Asset Amount (add line 7 to line 6)	8			
Section C -	Distributable Amount				Current Year
1 Adjus	ted net income for prior year (from Section A, line 8, Column A)	1	1 2		
4.7747.67	85% of line 1.	2			
	num asset amount for prior year (from Section B, line 8, Column A)	3			
	greater of line 2 or line 3.	4	11-15		
	ne tax imposed in prior year	5			
	butable Amount. Subtract line 5 from line 4, unless subject to		15-06-	1 1 12	
	y temporary reduction (see instructions).	6			
	eck here if the current year is the organization's first as a non-functionally integrated T	ype III s	supporting	organization (see	
1					

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Section E - Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable Pre-2019 Amount for 2019 1 Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2019 a From 2014 b From 2015 c From 2016. d From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2019 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder, Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2020. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2015 b Excess from 2016 c Excess from 2017 d Excess from 2018. e Excess from 2019

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Fo	orm 990 or 990-EZ) 2019	SOUTHEASTER	RN LEGAL	FOUNDATION,	INC.	58-1247027	Page 8
Part VI	III, line 12; Part IV, B, lines 1 and 2; P 3a, and 3b; Part V	ormation. Provide to Section A, lines 1, 2 art IV, Section C, line , line 1; Part V, Sections Sections of the complete this parts.	2, 3b, 3c, 4b, e 1; Part IV, ion B, line 1e	, 4c, 5a, 6, 9a, 9b, 9 Section D, lines 2 a e; Part V, Section D	ec, 11a, 11l and 3; Part , lines 5, 6,	o, and 11c; Part IV, IV, Section E, lines and 8; and Part V,	Section 1c, 2a, 2b,
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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 2019 Open to Public Inspection

Vame	e of the organiz	zation		Employer	identification number
Q	антио:	ASTERN LEGAL FOUNDATION, INC.		58-1	247027
	art I	Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" on I	nds or Other Similar Funds or Form 990, Part IV, line 6.		
		,	(a) Donor advised funds	(	b) Funds and other accounts
1	Total num	nber at end of year			
2		e value of contributions to (during year)			
3		e value of grants from (during year)			
4		e value at end of year			
5	Did the or	rganization inform all donors and donor advisors in writing that	the assets held in donor advised		
		the organization's property, subject to the organization's exclu-			Yes No
6		rganization inform all grantees, donors, and donor advisors in			
	only for cl	haritable purposes and not for the benefit of the donor or dono	r advisor, or for any other purpose		
Tri territori		Complete and the control of the cont	<u></u>		Yes No
Pa	art II	Conservation Easements.  Complete if the organization answered "Yes" on I	Form 990. Part IV. line 7.		
1	Purpose	s) of conservation easements held by the organization (check			
•	411-14	ervation of land for public use (for example, recreation or educa-	7-7	/ important	land area
	100000	ction of natural habitat	Preservation of a certified h		
	(company)	ervation of open space	1		
2	Account to	lines 2a through 2d if the organization held a qualified conser	vation contribution in the form of a conse	rvation	
		t on the last day of the tax year.		- 34	Held at the End of the Tax Year
а	Total num	nber of conservation easements		2a	
b	Total acre	eage restricted by conservation easements		2b	
С	: Number o	of conservation easements on a certified historic structure inclu	ıded in (a)	2c	
d		of conservation easements included in (c) acquired after 7/25/0			
		ructure listed in the National Register	Sanaaran oo oo oo aa aa oo oo oo oo oo oo oo oo	2d	
3	Number o	of conservation easements modified, transferred, released, ext	inguished, or terminated by the organizat	tion during	the
	tax year				
4		of states where property subject to conservation easement is lo			
5		organization have a written policy regarding the periodic monit	toring, inspection, handling of		□ v □ N-
		, and enforcement of the conservation easements it holds?	atuvracoorosataranethtarethtikikitiki		Yes No
6	Staff and	volunteer hours devoted to monitoring, inspecting, handling of	violations, and enforcing conservation e	asements	during the year
_	(98) (10)	f expenses incurred in monitoring, inspecting, handling of viola	stices and enforcing consequation occor	aanta durin	a the year
7	•		ations, and emorcing conservation easen	nents dunin	g the year
Ω		h conservation easement reported on line 2(d) above satisfy the	ne requirements of section 170(h)(4)(B)(i	)	
O					Yes No
9		II, describe how the organization reports conservation easeme			reconstruct and and
		heet, and include, if applicable, the text of the footnote to the o			е
		on's accounting for conservation easements.			
Pa	art III	Organizations Maintaining Collections of Art,	Historical Treasures, or Other	Similar	Assets.
		Complete if the organization answered "Yes" on I			
1a		anization elected, as permitted under FASB ASC 958, not to re			rks
		torical treasures, or other similar assets held for public exhibition		of public	
		rovide in Part XIII the text of the footnote to its financial statem			- f
b		anization elected, as permitted under FASB ASC 958, to report			
		ical treasures, or other similar assets held for public exhibition,	education, or research in furtherance of	public ser	/ice,
	-	e following amounts relating to these items:			. <b>c</b>
		nue included on Form 990, Part VIII, line 1			\$
_	(ii) Asset	s included in Form 990, Part X	other similar assets for financial gain, pro	ess asset	\$
2		enization received or held works of art, historical treasures, or o		wide the	
_	-	amounts required to be reported under FASB ASC 958 relating			· \$
a		included on Form 990, Part VIII, line 1			s saturate announce announcement

250,138

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

	omi 990) 2019 SOOTHEASTERN DEGAL	roombinition, inc.	00 121/02/	rage
Part VII	Investments – Other Securities. Complete if the organization answered "Ye	s" on Form 990 Part IV line	11h See Form 990 Par	t X line 12
	(a) Description of security or category	(b) Book value	(c) Method of va	
	(including name of security)	(5) 555% 75.55	Cost or end-of-year n	
(1) Financial	derivatives			
	eld equity interests	114.50		
(3) Other	** ( * ) * * * * * * * * * * * * * * * *	1.7.7.0.00		
(A)		4.11-33		
(B)		1000000		
(C)		V2.17.53		
(D)		100000		
(E)		0.000		
(F)				
(G)		11 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18		
(H)		22.2.522		
	n (b) must equal Form 990, Part X, col. (B) line 12.)	<b>&gt;</b>	V V IIX I V V	
Part VIII	Investments – Program Related. Complete if the organization answered "Ye	s" on Form 990, Part IV, line	11c. See Form 990, Par	t X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of val	
			Cost or end-of-year m	narket value
(1)				
(2)				
(3)				
(4)				Y
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)	2030		
Part IX	Other Assets.  Complete if the organization answered "Ye	o" on Form 000 Part IV line	11d Soo Form 000 Par	+ Y line 15
	Complete if the organization answered Te		TIU. See I OIIII 990, Fai	(b) Book value
(4)	(a) Description	OII		(b) Book value
(1)				
(2)				
(3)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)		<b>&gt;</b>	
Part X	Other Liabilities.			
	Complete if the organization answered "Ye line 25.	s" on Form 990, Part IV, line	11e or 11f. See Form 99	90, Part X,
1.	(a) Description of liability			(b) Book value
-	income taxes			
(2) ACCRU	ED EXPENSES			6,540
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	- Maria			CEA
Total. (Columi	(b) must equal Form 990, Part X, col. (B) line 25.)			6,540

rt XI Reconciliation of Revenue per Audited Financial St		•	turn.	
	990, Part IV, line	12a,	1	1,967,034
		K+(1+1+1+3+3++1+1+1+1+1+1+1+1+1+1+1+1+1+1		1,507,054
	2a	52,227		
		<i>'</i>		
Recoveries of prior year grants	2c			
Other (Describe in Part XIII.)	2d			
Add lines 2a through 2d	********		2e	52,227
			3	1,914,807
Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
Other (Describe in Part XIII.)	4b			
Add lines 4a and 4b	ane vetticare estimatere e	TOTOTOTOTOTOTOTOTO	4c	
			1577	1,914,807
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			. 1	1 042 002
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	#10 (Free 2010)		:11	
Add lines 2a through 2d	400 4 00 E + C #		20	
Subtract line 2e from line 1	****************	SESSECTE CONTROL CONTROL		1,942,883
	e entra en el expelsa en el entre sa ene	FE 60-63 AND RESERVED FOR RE-	<u> </u>	1,312,003
	4a			
	2012020 1-1-1		4c	
			5	1,942,883
rt XIII Supplemental Information.				* *
RT IV, LINE 2B - ESCROW LIABILITY ARRAN	IGEMENT EXP	LANATION	EGAL	CASE.
			1010101010	
	Complete if the organization answered "Yes" on Form Stotal revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:  Net unrealized gains (losses) on investments Donated services and use of facilities Recoveries of prior year grants Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  IT XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 90.  Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  It XIII Supplemental Information.  Be the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; It XIII Supplemental Information.  Be the descriptions required for Part III, lines 2d and 4b. Also complete this part to prough.	Complete if the organization answered "Yes" on Form 990, Part IV, line Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:  Net unrealized gains (losses) on investments  2a  Donated services and use of facilities  Recoveries of prior year grants  2b  Recoveries of prior year grants  2c  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  2c  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  2b  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part IV, line 7b  4a  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  TX XIII Supplemental Information.  Be the descriptions required for Part III, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2l tXI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional in IRT IV, LINE 2B — ESCROW LIABILITY ARRANGEMENT EXP	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Total revenue, gains, and other support per audited financial statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12:  Net unrealized gains (losses) on investments  2 a 52,227  Donated services and use of facilities  2 b  Recoveries of prior year grants  2 c  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  4 a  Unter (Describe in Part XIII.)  Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Total expenses and losses per audited financial statements With Expenses per F  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Total expenses and use of facilities  Total expenses and use of facilities  2 a  Prior year adjustments  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25:  Donated services and use of facilities  2 a  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25:  Dotal expenses not included on Form 990, Part IX, line 25:  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  4a  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  **TXIII Supplemental Information.  Be the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  RT IV, LINE 2B = ESCROW LIABILITY ARRANGEMENT EXPLANATION	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:  Net unrealized gains (losses) on investments  Donated services and use of facilities  Recoveries of prior year grants  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part II, line 12)  Total expenses and losses per audited financial statements With Expenses per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities  Prior year adjustments  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25: Donated services and use of facilities  2a  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25: Donated services and use of facilities  2b  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 7b  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 7b  Add lines 3a and 4c. (This must equal Form 990, Part III, line 7b  Add lines 4a and 4b  Total expenses not included on Form 990, Part VIII, line 7b  At XIII Supplemental Information.  It XIII Supplemental Information.

Schedule D (F	orm 990) 2019	SOUTHE	ASTERN	LEGAL	FOUNDAT1	ON, I	NC.	58-124702	7 Page <b>5</b>
Part XIII	Suppleme	ental Informa	ation (conti	nued)					
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7) 4 14 4 15 4 14 4 15 4 15 4 15 4 15							F-1 T/T/T/T/T/T/T		

#### SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

2019

Open to Public

Employer identification number

Department of the Treasury
Internal Revenue Service
Name of the organization

58-1247027 SOUTHEASTERN LEGAL FOUNDATION, INC. Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations Solicitation of non-government grants |X | Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events |X | In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity organization fundraiser listed in control of contributions? col. (I) Yes No 8 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from

ALABAMA, ALASKA, ARKANSAS, ARIZONA, CALIFORNIA, COLORADO, CONNECTICUT,

NEW JERSEY, NEW MEXICO, NEW YORK, NORTH CAROLINA, NORTH DAKOTA, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE,

FLORIDA, GEORGIA, ILLINOIS, KANSAS, KENTUCKY, LOUISIANA, MAINE, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSOURI, MISSISSIPPI, NEW HAMPSHIRE,

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

Schedule G (Form 990 or 990-EZ) 2019

registration or licensing.

Schedule G (Form 990 or 990-EZ) 2019 SOUTHEASTERN LEGAL FOUNDATION, INC. Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Part II than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (event type) (total number) (event type) Revenue 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Rent/facility costs Direct Expenses 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (c) Other gaming (a) Bingo col. (a) through col. (c)) bingo/progressive bingo 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

Sche	edule G (Form 990 or 990-EZ) 2019	SOUTHEASTE	RN LEGAL	FOUNDATION,	INC. 58-1	247027	Page 3
11	Does the organization conduct gaming	activities with nonmerr	bers?				Yes No
12	Is the organization a grantor, beneficial					F-9	4=4
	formed to administer charitable gaming						Yes No
13	Indicate the percentage of gaming activ	-				1 1	67
a	The organization's facility					13a	%
b 14	An outside facility  Enter the name and address of the per-	on who propers the	ragnization's an	ning/special events book	re and	13b	%_
14	records:	son who prepares the c	organization s gai	ming/special events book	s and		
	Name •				EE (		
	Address •	To a 10 a 10 0 0 0 10 10 10 10 10 10 10 10 10 10	Francis alam SFI a stata al FREST	aan an Station of Station (1967)		(-1)	
15a	Does the organization have a contract v		_				Van 🗀 Na
h	revenue?  If "Yes," enter the amount of gaming rev	venue received by the	organization	¢	and the	4 4 5 4 5 5 5	Yes No
D	amount of gaming revenue retained by				And the		
С	If "Yes," enter name and address of the			XXXX 800 1 XXX			
	Name ►					ou politica and the state of	
	Address •	***********		(1,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0			
16	Gaming manager information:						
	Name ►		reis-bijreis-bijre		74000000000000000000000000000000000000	100000 8000 H	
	Gaming manager compensation ▶ \$						
	Description of services provided	578 POR DECEMBER SERVICE A SOUR		29-000-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	. 4 (5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	4 (c = 4) 4 - 0, 4	
	Director/officer Emp	oloyee	Independent con	tractor			
17	Mandatory distributions:						
а	Is the organization required under state	law to make charitable	distributions fror	n the gaming proceeds to	o		
							Yes No
b	Enter the amount of distributions require			her exempt organization	s or		
De	spent in the organization's own exempt			required by Bort L liv	as 2h. salumna /iii	) and (v): an	4
Pa	rt IV Supplemental Informa Part III, lines 9, 9b, 10b						u
	See instructions.	, 100, 100, 10, and	i irb, as appi	cable. Also provide	arry additional line	madon.	
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#### SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SOUTHEASTERN LEGAL FOUNDATION, INC.

Employer identification number 58–1247027

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			11 .
	990, Part VII, Section A, line 1a, Complete Part III to provide any relevant information regarding these items.	777	- 1	- 4
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence		10 mm	-
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees	8.7	6.5	1.7
	Discretionary spending account Personal services (such as maid, chauffeur, chef)		A. I	- S 1
				-
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
	// 4 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2			
3	Indicate which, if any, of the following the organization used to establish the compensation of the		- 3	
-	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			-11 4
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			THE S
	X       Compensation committee       X       Written employment contract		1	
	Independent compensation consultant  X Compensation survey or study			1
	Form 990 of other organizations  X Approval by the board or compensation committee			
	1. Application of the state of			100
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	11,5	M. I.	
,	organization or a related organization:		1	
а	Pageira a gaverance mayment or about a of control payment?	4a		х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
		4c		X
·	Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	10		
	11 Tes to any of fines 4a e, list the persons and provide the applicable affecting for easificing for the first arctin.		III NAX	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.	1111		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			4-8
5	compensation contingent on the revenues of:		-17	
_		5a		х
	The organization?	5b		X
D	Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.	36		
	II TES OFFINE SA OF SU, DESCRIBE III FAIT III.	350	0 11 1	
c	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
6				
_	compensation contingent on the net earnings of:	60		х
	The organization?	6a 6b		X
D	Any related organization?	OD.		
	If "Yes" on line 6a or 6b, describe in Part III.		- 3	
7	For narrana listed an Earm 000 Part VIII. Section A line to did the arganization provide any partition			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	,		х
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53,4958-4(a)(3)? If "Yes," describe			х
	in Part III	8		
	If IIV all and line O did the appropriation also follows the religible laws are added to the district in			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	1 9 1		

Part II

instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII,

SOUTHEASTERN LEGAL FOUNDATION, INC. 58-1247027

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-M	ISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B) reported as deferred on prior Form 990
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	
KIM HERMANN	(i)	168,500	0	0	6,740	0	175,240	0
1 SENIOR COUNSEL	(ii)	0	0	0	0	0	0	0
2	(i) (ii)	CONTRACTOR CONTRACTOR	CHEROSOCOCIERANS COGER		1.6 - ( * * * * * * * * * * * * * * * * * *	*******		4 88-74 (400-489-70) 4 400-479-40
3	(i) (ii)			0.		ana ana-Sila di ana ala-Sila di di didididi		
4	(i) (ii)							
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6	(i) (ii)			100000000000000000000000000000000000000		*****************	641+54+56+56354+54+56+56231+54+	
7	(i) (ii)							
8	(i) (ii)				17.50.00.00.00.00.00.00.00.00.00.00.00.00.	*****************		0.41536-0.4-0.416-0.556-0.406-0.406-0
9	(i)			PARTICIPATION OF INTERPRETARI	PROCESSOR AND			NA KAMENINA KAMENINA
10	(i) (ii)		• 3 • 4 5 Cal 12 4 Cal 12 • 4 Cal 12 • 4 Cal 12 • 5 Cal	er die die Per Australie der Bestehnte.			C-X++++++++++++++++++++++++++++++++++++	
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15	(i) (ii)	##G#G#G#G#G###########################		. avaasta asaa asaa sa			*************	.,
16	(i) (ii)	Language de la companya de la compa			STITUTE OF THE COLUMN	*,		

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

UNITED STATES.

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

SOUTHEASTERN LEGAL FOUNDATION, INC.

SOCIAL AND ECONOMIC INSTITUTIONS OF THE PEOPLE OF THE

Employer identification number 58-1247027

FORM 990 - ORGANIZATION'S MISSION

AS A PUBLIC INTEREST LAW FIRM, THE ORGANIZATION'S PRIMARY

PURPOSE IS TO PROVIDE LEGAL REPRESENTATION FOR PLAINTIFFS

IN FEDERAL AND STATE COURTS IN CASES INVOLVING ISSUES OF

CONSTITUTIONAL LAW OR SIGNIFICANT PUBLIC INTEREST ON A

NON-FEE BASIS, AND TO MAKE GRANTS FOR SUCH PURPOSES; THE

ORGANIZATION ALSO CONDUCTS NONPARTISAN STUDIES AND RESEARCH

AND COLLECTS, COMPILES AND PUBLISHES FULL AND FAIR

PRESENTATIONS OF FACTS, INFORMATION, AND STATISTICS

CONCERNING THE EFFECTS OF GOVERNMENT ACTIVITIES UPON THE

PLEASE SEE ATTACHMENT FOR LIST OF LEGAL CASES.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

ORGANIZATION'S PROCESS TO REVIEW FORM 990 WAS APPROVED BY THE EXECUTIVE

COMMITTEE AND PRESENTED TO THE BOARD OF TRUSTEES ALONG WITH THE AUDITED

FINANCIAL STATEMENTS PRIOR TO FILING. THE DIRECTOR OF FINANCE COMPILES

NECESSARY INFORMATION TO COMPLETE THE FORM 990 THAT IS PREPARED BY

INDEPENDENT TAX PREPARERS. DRAFTS OF FORM 990 ARE REVIEWED BY THE

FOUNDATION'S EXECUTIVE DIRECTOR, DIRECTOR OF FINANCE AND EXEXCUTIVE

COMMITTEE AND CORRECTIONS ARE MADE. THE COMPLETED 990 IS THEN REVIEWED AND

APPROVED BY THE EXECUTIVE COMMITTEE BEFORE FILING, AND PRESENTED TO THE

BOARD OF TRUSTEES PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

SOUTHEASTERN LEGAL FOUNDATION, INC.	58-1247027		
SLF'S BOARD MEMBERS, ENPLOYEES AND CONTRACTORS ARE	1. Each # 41 (2 a + 4 4 1 5 a + 4 1 5 a + 4 1 5 a + 4 1 5 a + 4 1 5 a + 4 1 5 a + 4 1 5 a + 4 1 4 1 5 a + 4 1 4 1 5 a + 4 1 4 1 5 a + 4 1 4 1 5 a + 4 1 4 1 5 a + 4 1 4 1 5 a + 4 1 4 1 5 a + 4 1 5		
REGULARLY AND/OR ASKED TO COMMUNICATE IF AND WHEN A	ANTICIPATED CONFLICT		
ARISES.			
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL			
AN EXECUTIVE COMMITTEE MADE UP OF THE CHAIRMAN, SEC	CRETARY AND TREASURER		
DELIBERATE, RESEARCH, AND COMPARE SIMILAR POSITION COMPENSATION LEVELS			
BEFORE APPROVING THE COMPENSATION PACKAGE FOR THE E	XECUTIVE DIRECTOR.		
	000000-4000000-40000000000000000000000		
FORM 990, PART VI, LINE 17 - OTHER STATES WHERE COP	Y OF RETURN IS FILED		
MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSOURI, MISSISSIPPI,  NEW HAMPSHIRE, NEW JERSEY, NEW MEXICO, NEW YORK, NORTH CAROLINA,  NORTH DAKOTA, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, RHODE ISLAND,			
		SOUTH CAROLINA, TENNESSEE, TEXAS, VIRGINIA, WASHING	
		WISCONSIN	
**************************************			
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DI	SCLOSURE EXPLANATION		
THE FOUNDATION PROVIDES COPIES OF ITS FORM 990 AND ANNUAL AUDIT ON ITS			
		WEBSITE, ANOTHER'S WEBSITE AND UPON REQUEST.	
	CANTON HE MINISTER CONTRACTOR ASSESSMENT ASS		
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	PAGE 1 OF 1		

### SOUTHEASTERN LEGAL FOUNDATION, INC.

FYE June 30, 2020

#### Mission Statement of the Organization:

The primary purpose of the Southeastern Legal Foundation, Inc. (SLF) is as a public interest law firm and policy center. SLF provides legal representation for plaintiffs in federal and state courts in cases involving issues of constitutional law or significant public interest on a non-fee basis, and to make grants for such purposes; SLF also conducts nonpartisan studies and research and collects, compiles, and publishes full and fair presentations of facts, information, and statistics concerning the effects of government activities upon the social and economic institutions of the people of the United States.

#### Southeastern Legal Foundation, Inc. Cases, Briefs and Issues of Interest – FY 2019:

*In re. Motion for Publication* (Foreign Intelligence Surveillance Court; Misc. 19-1). SLF represents itself and John Solomon in an action seeking publication of certain records related to potential attorney misconduct before the Foreign Intelligence Surveillance Court. This matter was resolved in FY20.

Solomon v. Department of State (District Court for the District of Columbia; Case 1:19-cv-02019-TNM). SLF represents John Solomon in an action against the Department of State for failure to respond to a Freedom of Information Act request. This case is pending.

Woody v. Cumming Home Ministries (HUD administrative case). SLF represents Cumming Home Ministries (a transitional program for homeless men) as it defends itself against an administrative complaint. This case was resolved in FY20.

Southeastern Legal Foundation v. Department of Justice (Northern District of Georgia; Case 1:19-cv-03038-LNM). SLF sued the Department of Justice for failure to respond to a Freedom of Information Act request. This case was resolved.

Southeastern Legal Foundation v. Department of Justice (Northern District of Georgia; Case 1:19-cv-03215-JPB). SLF sued the Department of Justice for failure to respond to a Freedom of Information Act request. This case is pending.

**Southeastern Legal Foundation v. Department of Justice (Northern District of Georgia; Case 1:19-cv-03429-MHC).** SLF sued the Department of Justice for failure to respond to a Freedom of Information Act request. This case is pending.

Southeastern Legal Foundation v. CIA (Northern District of Georgia; Case 1:19-cv-03054-SCJ). SLF sued the CIA for failure to respond to a Freedom of Information Act request. This case was resolved in FY20.

Southeastern Legal Foundation v. Office of the Director of National Intelligence (Northern District of Georgia; 1:19-cv-03144-JPB). SLF sued the ODNI for failure to respond to a Freedom of Information Act request. This case is pending.

Solomon v. St. Louis Circuit Attorney (St. Louis Circuit Court; Case 2022-CC80). SLF represents John Solomon in an action against the St. Louis Circuit Attorneys' office alleging violations of the Missouri Sunshine Act. We obtained a favorable ruling, but the defendants' appeal is pending.

#### SOUTHEASTERN LEGAL FOUNDATION, INC.

FYE June 30, 2020

Southeastern Legal Foundation v. Department of Justice (Northern District of Georgia; Case 19-cv-05567-JPB). SLF sued the Department of Justice for failure to respond to a Freedom of Information Act request. This case is pending.

Solomon v. Department of State (District Court for the District of Columbia; Case 1:20-cv-00132). SLF represents John Solomon in an action against the Department of State for failure to respond to a Freedom of Information Act request. This case is pending.

Waters of the United States Challenge (multiple cases). SLF represents a variety of companies and professional associations challenging the new definition of "Waters of the United States" (WOTUS), promulgated by the EPA and Army Corps of Engineers, as a violation of both the Administrative Procedure Act and the U.S. Constitution. The cases are listed below:

National Association of Manufacturers v. U.S. Department of Defense (U.S. Supreme Court; Case No.16-299)

Southeastern Legal Foundation et al. v. EPA et al. (Court of Appeals for the Sixth Circuit; Case 15-3885)

Southeastern Legal Foundation et al. v. EPA et al. (Northern District of Georgia; Case 1:15-cv-02488)

SLF won a favorable ruling before the U.S. Supreme Court and accordingly, the Sixth Circuit case was dismissed for lack of jurisdiction (in SLF's favor). SLF continues to litigate in the district court, file amicus briefs throughout the country in related actions, and file public comments with EPA and Army Corps regarding adoption of a new definition of WOTUS.

**Fleming v. The FDRLST Media (NLRB 2-CA-243109).** SLF represents employees at The Federalist who are witnesses in the NLRB action against The FDRLST Media. The case is pending before the full NLRB.

Cherk v. Marin County. SLF filed a petition stage amicus brief with the U.S. Supreme Court.

American Stewards v. DOI. SLF filed an amicus brief with the Fifth Circuit.

Caquelin v. U.S. SLF filed an amicus brief with the Federal Circuit.

**Smyth v. Conservation Comm'n of Falmouth.** SLF filed a petition stage amicus brief with the U.S. Supreme Court.

Hardy v. U.S. SLF filed an amicus brief with the Federal Circuit.

**Woodcrest Homes v. Carousel Farms Metropolitan District.** SLF filed a petition stage amicus brief with the U.S. Supreme Court.

Violet Dock Port v. St. Bernard Parish. SLF filed an amicus brief with the Fifth Circuit.

Pakdel v. San Francisco. SLF filed an amicus brief with the Ninth Circuit.

**Seila Law v. CFPB.** SLF filed both a petition stage and a merits stage amicus brief with the U.S. Supreme Court.

Valent v. Saul. SLF filed a petition stage amicus brief with the U.S. Supreme Court.

## SOUTHEASTERN LEGAL FOUNDATION, INC.

FYE June 30, 2020

**DHS v. Regents of University of California.** SLF filed a merits stage amicus brief with the U.S. Supreme Court.

Trump v. NAACP. SLF filed a merits stage amicus brief with the U.S. Supreme Court.

**Department of Homeland Security v. Batalla.** SLF filed a merits stage amicus brief with the U.S. Supreme Court.

United States v. California. SLF filed a petition stage amicus brief with the U.S. Supreme Court.

Speech First v. Fenves. SLF filed an amicus brief with the Fifth Circuit.

Speech First v. Kileen. SLF filed an amicus brief with the Seventh Circuit.

*Hunt v. Board of Regents of New Mexico*. SLF filed a petition state amicus brief with the U.S. Supreme Court.

**Environmental Justice Project.** SLF continued its work on a policy project to address concerns with actions taken by the federal government in the name of environmental justice. This includes legal research, policy papers, public comments, and potential litigation.

**1A Project.** SLF continued its work on its 1A Project (formerly the Student Freedom and Safety Project) to provide legal counsel and advocacy on behalf of students and organizations being discriminated against on college campuses and being deprived their First Amendment rights. SLF represents students across the nation. SLF testified to committees in the Georgia Legislature on the constitutionality of two campus free speech bills.

Freedom of Information Act Requests. SLF has Freedom of Information Act (FOIA) Requests pending with federal government agencies, including the Environmental Protection Agency, National Science Foundation, Department of Energy, National Aeronautics and Space Administration, Office of Management and Budget, EPA's Office of Inspector General, Civil Rights Commission and Department of Commerce, Bureau of the Census, on several topics of interest to the public.

**Voter Protection Project.** Development of policy and legislative blueprints for states regarding electioneering laws; policy papers to support the same, including extensive legal research on same.

**Affordable Housing Mandate Project.** Development of policy and legal advocacy regarding affordable housing mandates imposed by local governments and related regulations promulgated by the U.S. Department of Housing and Urban Development; including extensive legal research and public education on the same.

**Stop Sanctuary Cities Project.** SLF launched this project to address the constitutional crisis caused by sanctuary jurisdictions. SLF submitted open records requests to local, state, and federal government entities. SLF also provided legal opinion to administrative boards on the legality of policies regarding sanctuary for illegal aliens.

Form 4562

**Depreciation and Amortization** 

(Including Information on Listed Property)

Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172 **2019** 

ichment

Department of the Treasury Internal Revenue Service Name(s) shown on return

SOUTHEASTERN LEGAL FOUNDATION, INC.

Identifying number 58-1247027

Business or activity to which this form relates INDIRECT DEPRECIATION **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I 1,020,000 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,550,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year, Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (b) Cost (business use only) (c) Elected cost (a) Description of property 7 Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property, Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction, Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 12 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year. See instructions 14 15 15 Property subject to section 168(f)(1) election 8,895 Other depreciation (including ACRS) 16 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) 0 MACRS deductions for assets placed in service in tax years beginning before 2019 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (a) Depreciation deduction period service only-see instructions) 19a 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property 25 yrs. S/L 27.5 yrs. MM S/L Residential rental property MM S/L 27.5 yrs. 1,018 07/15/19 25 39 yrs. MM S/L Nonresidential real property MM S/L Section C-Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System Class life S/L 12-year S/L 12 yrs: 30-year 30 yrs. MM S/L d 40-year S/L 40 yrs. MM Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 8,920 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.