			PUBLIC DISCLOSURE COP	Y		
	0	00	Return of Organization Exempt Fr	rom Ir	ncome Tax	OMB No. 1545-0047
Form 990 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (ex						s) 2017
Depr	rtmont	of the Treasury	Do not enter social security numbers on this form as	s it may be	e made public.	Open to Public
Inter	Inspection					
AI	For th	e 2017 calend	ar year, or tax year beginning $ m JUL1,2017$ and er	nding J	UN 30, 2018	
B	Check if applicab	le: C Name of	forganization		D Employer identified	cation number
	Addre		ICAN INNS OF COURT FOUNDATION			
			usiness as		52-1	405650
	Initial			loom/suite	E Telephone number	
	Final	225		70)684-3590
	termi	0_	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,656,479.
	Amer returr		ANDRIA, VA 22314		H(a) Is this a group re	
	Appli tion	^{ca-} F Name a	nd address of principal officer: MALINDA E. DUNN		for subordinates	
	pend		AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
1	Гax-e×	empt status:	X 501(c)(3) 501(c) () \checkmark (insert no.) 4947(a)(1) or	527	lf "No," attach a	list. (see instructions)
_			INNSOFCOURT.ORG	_	H(c) Group exemption	n number 🕨 3249
			X Corporation	L Year of	of formation: 1985	State of legal domicile: DC
Pa	art I	Summary				
•	1	Briefly describ	e the organization's mission or most significant activities: \underline{SEE}	CHEDU	LE O	
ŭ						
srna	2	Check this bo	x 🕨 🛄 if the organization discontinued its operations or disposed	d of more	than 25% of its net ass	
٥ ٨	3	Number of vot	ting members of the governing body (Part VI, line 1a)			31
ന് പ	4	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)				31
Activities & Governance	5					13
iviti	6		of volunteers (estimate if necessary)			103
Act	7a		d business revenue from Part VIII, column (C), line 12			500.
	b	Net unrelated	business taxable income from Form 990-T, line 34	<u></u>		0.
		• • • • •			Prior Year	Current Year
ne	8		and grants (Part VIII, line 1h)		129,870. 2,483,120.	<u>64,366.</u> 2,492,290.
Revenue	9		ce revenue (Part VIII, line 2g)		119,934.	
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d)		-10,296.	<u>258,649.</u> -3,310.
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,722,628.	2,811,995.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,000.	15,800.
	13 14		nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4)		0.	0.
	46	•	r compensation, employee benefits (Part IX, column (A), line 4)		1,513,254.	1,547,246.
Expenses	160				0.	0.
en er	h		undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) \blacktriangleright 113 , 268	8.		
Ă	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,194,064.	1,286,604.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,718,318.	2,849,650.
	19		expenses. Subtract line 18 from line 12		4,310.	-37,655.
or		10101000		Be	ginning of Current Year	End of Year
ets	20	Total assets (F	Part X, line 16)		3,431,367.	3,274,113.
Ass	21		(Part X, line 26)		704,740.	722,438.
Net Assets or	22		fund balances. Subtract line 21 from line 20		2,726,627.	2,551,675.
Pa	art II	Signature				
Und	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules a	and stateme	nts, and to the best of my	knowledge and belief, it is
true	, corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which	ch preparer	has any knowledge.	

Sign	Signature of officer		Date			
Here	MALINDA E. DUNN, EXECUT	IVE DIRECTOR				
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date Check PTIN			
Paid	JOHN HUSKINS		self-employed P01081531			
Preparer	Firm's name 🕒 JOHNSON LAMBERT L	LP	Firm's EIN 52-1446779			
Use Only	Firm's address 🖌 4242 SIX FORKS RO	AD				
	RALEIGH, NC 27609	Phone no. 919-719-6400				
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)					

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

	Exemp	t Organization Decla Electronic	ration and Signature	e for	1	OMB No 1445-1879
	For calendar year 2017, or t	ax year beginning JUL 1	-	30 "	18	2017
Department of the Treasury Internal Revenue Service	1	with Forms 990, 990-EZ, (<u> </u>	2017
Name of exempt organizat	lon					dentification number
	AMERICAN IN		OUNDATION		52-	1405650
Part I Type of R	eturn and Return I	Information (Whole Dolla	irs Only)			
line 1a, 2a, 3a, 4a, or 5a ba	olow and the amount on t	h Form 8453-EO and enter the the return being that line of the return being ou entered -0- on the return	filed with this form was bla	ank, then lea	ave line	1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here	► 🛣 b Total reve	enue, if any (Form 990, Part	VIII, column (A), line 12)		1b	2,811,995.
2a Form 990-EZ check he	are 🕨 🛄 b Totalı	revenue, if any (Form 990-E	Z, line 9)		2b	
3a Form 1120-POL check	there 🕨 🛄 b Tota	al tax (Form 1120-POL, line	22)		3b	· · · · · · · · · · · · · · · · · · ·
4a Form 990-PF check he	are 🏲 🛄 b Taxba	ased on investment incom	e (Form 990-PF, Part VI, lir	ne 5)	4b	
5a Form 8868 check here	▶ b Balance d	lue (Form 8868, line 3c)			. 5b	
Part II Declaratio	on of Officer					
(direct debit) entr taxes owed on th Treasury Financia Institutions involv	y to the financial instituti is return, and the financial Agent at 1-888-353-453	nated Financial Agent to in ion account indicated in the ial Institution to debit the en 37 no later than 2 business the electronic payment of ta t.	tax preparation software f try to this account. To revo days prior to the payment	or payment oke a payment (settlement	of the ent, I m date.	organization's federal ust contact the U.S. Laiso authorize the financis
	NUOLIIC DISCIOSRI A COUSAL	a state agency(les) regulating nt contained within this retu o the selected state agency	rn allowing disclosure by ti	IS Fed/Stat he IRS of th	e progr is Forn	am, I certify that I 1 990/990-EZ/990-PF
electronic return and accon further declare that the amo Intermediate service provide	panying schedules and punt in Part I above is the ar, transmitter, or electroi	icer of the above named org statements, and, to the bes e amount shown on the cop nic return originator (ERO) to action of the transmission, (b	at of my knowledge and be y of the organization's elect o send the organization's r b) the reason for any delay	illef, they an otronic retur eturn to the in processi	e true, o n. I cor IRS ar ng the	correct, and complete. I asent to allow my ad to receive from the IBS
		Date				
Here Signature of c	HICHL					
Here Signature of c	aucer					
		turn Originator (ERO)	and Paid Preparer	see instruct	ions)	
Part III Declaratio	n of Electronic Ret d the above organizatior llector, I am not responsi cer will have signed this f followed all other require also the Paid Preparer, nd statements, and, to th	n's return and that the entrie ible for reviewing the return form before I submit the retu- ements in Pub. 4163, Moder under penalties of perjury I ne best of my knowledge an	es on Form 8453-EO are co and only declare that this urn. I will give the officer a nized e-File (MeF) Informat declare that I have examin	omplete and form accurs copy of all f tion for Auth ed the abo	l correc ately re orms a norized ve orga	ilects the data on the nd information to be IRS <i>e-file</i> Providers nization's return and
Part III Declaratio	n of Electronic Ret d the above organizatior llector, I am not responsi cer will have signed this f followed all other require also the Paid Preparer, nd statements, and, to th	n's return and that the entrie ible for reviewing the return form before I submit the retu- ements in Pub. 4163, Moder under penalties of perjury I ne best of my knowledge an- re any knowledge.	es on Form 8453-EO are co and only declare that this urn. I will give the officer a nized e-File (MeF) Informat declare that I have examin d belief, they are true, corr	omplete and form accurs copy of all f tion for Auth ed the abo	l correc ately re- orms a norized ve orga mplete	flects the data on the nd information to be IRS <i>e-file</i> Providers nization's return and This Paid Preparer
Part III Declaratio declare that I have reviewe knowledge. If I am only a co return. The organization offic illed with the IRS, and have for Business Returns. If I am accompanying schedules ar declaration is based on all in ERO's ERO's signature Dse Firm's name (or	n of Electronic Ret d the above organization llector, I am not responsi cer will have signed this f followed all other require also the Paid Preparer, ad statements, and, to the formation of which I have LHcockhos	n's return and that the entrie ible for reviewing the return form before I submit the retu- ements in Pub. 4163, Moder under penalties of perjury I ne best of my knowledge an- re any knowledge.	es on Form 8453-EO are co and only declare that this urn. I will give the officer a nized e-File (MeF) Informat declare that I have examin d belief, they are true, corr	Check	I correct ately re- orms a norized ve orga mplete	flects the data on the nd information to be IRS <i>e-file</i> Providers nization's return and This Paid Preparer Of SSN or PTIN 01081531
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Part III Declaratio I declare that I have reviewe knowledge. If I am only a co return. The organization offic filed with the IRS, and have for Business Returns. If I am accompanying schedules ar declaration is based on all in ERO's Signature Firm's name (or yours if self-employed), address, and ZIP code	n of Electronic Ret d the above organization flector, I am not responsi cer will have signed this f followed all other require also the Paid Preparer, nd statements, and, to the formation of which I have <u>JOHNSON LAJ</u> <u>JOHNSON LAJ</u> <u>4242 SIX FO</u> RALEIGH, NO	n's return and that the entrie ible for reviewing the return form before I submit the return ements in Pub. 4163, Moder under penalties of perjury I the best of my knowledge an re any knowledge. Date 2/2 5 MBERT LLP ORKS RD, STE 1 C 27609	es on Form 8453-EO are co and only declare that this urn. I will give the officer a nized e-File (MeF) Informat declare that I have examin d belief, they are true, corr Check if also paid preparer X	Check Ch	I correct ately re- orms a horized ve orga mplete ERC P 52 one no. 219 -	flects the data on the nd information to be IRS <i>e-file</i> Providers nization's return and This Paid Preparer 0'E SSN or PTIN 01081531 ~1446779 719-6400
Part III Declaratio declare that I have reviewe knowledge. If I am only a co return. The organization offic illed with the IRS, and have for Business Returns. If I am accompanying schedules ar declaration is based on all in ERO's signature Dispersional for a signature Firm's name (or yours if self-employed), address, and ZIP code	n of Electronic Ret d the above organization flector, I am not responsi- cer will have signed this f followed all other require also the Paid Preparer, nd statements, and, to the formation of which I have UCLLS JOHNSON LAI 4242 SIX FO RALEIGH, No	n's return and that the entrie ible for reviewing the return form before I submit the retu- ements in Pub. 4163, Moder under penalties of perjury I the best of my knowledge an- re any knowledge. Date 2/2 S MBERT LLP ORKS RD, STE 1	es on Form 8453-EO are co and only declare that this urn. I will give the officer a nized e-File (MeF) Informat declare that I have examin d belief, they are true, corr Check if also paid preparer X	Check if self- employed [Check if self- employed [Ph Check if self- employed [Check if self- if se	I correct ately re- orms a horized ve orga mplete ERC P 52 one no. 519 ants, ar	flects the data on the nd information to be IRS <i>e-file</i> Providers nization's return and This Paid Preparer 01081531 -1446779 719-6400
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Part III Declaratio declare that I have reviewer declare that I have reviewer chowledge, If I am only a construction official declaration official iled with the IRS, and have for Business Returns. If I am accompanying schedules are declaration is based on all in declaration is based on all in ERO's ERO's signature for yours if self-employed), address, and ZIP code Declaration Under penalties of perjury, I edge and belief, they are true Print/Type prep Paid Firm's name Firm's name	n of Electronic Ret d the above organization llector, I am not responsi- cer will have signed this f followed all other require also the Paid Preparer, ad statements, and, to the formation of which I have <u>JOHNSON LAJ</u> <u>JOHNSON LAJ</u> <u>4242 SIX FO</u> <u>RALEIGH, NO</u> declare that I have example, correct, and complete marer's name	n's return and that the entrie ible for reviewing the return form before I submit the return ements in Pub. 4163, Moder under penalties of perjury I te best of my knowledge an re any knowledge. Date 2/2 5 MBERT LLP ORKS RD, STE 1 C 27609 hined the above return and a p. Declaration of preparer is	es on Form 8453-EO are co and only declare that this urn. I will give the officer a nized e-File (MeF) Informat declare that I have examin d belief, they are true, corr Check if also paid preparer X	Check orm accuration for Auth ed the abovect, and co ect, and co Check if self- employed E Ph Check if self Check if self	I correct ately re- orms a horized ye orga mplete P 52 che no. 019 prepare	flects the data on the nd information to be IRS <i>e-file</i> Providers nization's return and This Paid Preparer 2's SSN or PTIN 01081531 1446779 719-6400 Id, to the best of my know- or has any knowledge.
Part III Declaratio	n of Electronic Ret d the above organization llector, I am not responsi- cer will have signed this f followed all other require also the Paid Preparer, nd statements, and, to the formation of which I have <u>JOHNSON LAU</u> <u>JOHNSON LAU</u> <u>JOHNSON LAU</u> <u>4242 SIX FO</u> <u>RALEIGH</u> , No declare that I have exam- le, correct, and complete warer's name	n's return and that the entrie ible for reviewing the return form before I submit the return ements in Pub. 4163, Moder under penalties of perjury I te best of my knowledge an re any knowledge. Date 2/2 5 MBERT LLP ORKS RD, STE 1 C 27609 hined the above return and a p. Declaration of preparer is	es on Form 8453-EO are co and only declare that this urn. I will give the officer a nized e-File (MeF) Informat declare that I have examin d belief, they are true, corr Check if also paid preparer X	Check Market Kernel Copy of all f ion for Authed the above ect, and co Check if self- employed Check if se which the Check if se employed	I correct ately re- orms a horized ye orga mplete P 1 52 crite no. 0 19 prepare	flects the data on the nd information to be IRS <i>e-file</i> Providers nization's return and This Paid Preparer O's SSN or PTIN 01081531 1446779 719-6400 Id, to the best of my know- or has any knowledge.

Product: Exempt Name: American Inns Of Court	Category:	IRS Center: Ogden e-Postmark: 2/25/2019 11:43 AM
Foundation FEIN: *****5650		Notification:
Fiscal Year Begin Date: 7/1/2017	Fiscal Year End Date: 6/30/2018	eSigned:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/ (Due)	Updated By	eSign Date
02/25/2019	17X:521405650:V1	Upload Started			Huskins,John	
02/25/2019		Released for Transmission - Validation in Progress			Huskins,John	
02/25/2019		Ready to transmit - Validation Complete				
02/25/2019		Transmitted to FD	56370820190560336e04			
02/25/2019		Transmitted to VA	56370820190560323f00			
02/25/2019		Accepted by FD on 2/25/2019				
02/25/2019		Accepted by VA - on 2/25/2019				

	AMERICAN INNS OF COURT FOUNDATION	52-1405650	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		-
	THE AMERICAN INNS OF COURT INSPIRE THE LEGAL COMMUNITY RULE OF LAW BY ACHIEVING THE HIGHEST LEVEL OF PROFESSI		
	EXAMPLE, EDUCATION, AND MENTORING.	UNALISM INKOUG	<u>n</u>
	immile, ibooniton, ind minionino.		
2	Did the organization undertake any significant program services during the year which were not listed on the	9	
	prior Form 990 or 990-EZ?		XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es? Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services,		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c	thers, the total expenses, ar	nd
40	revenue, if any, for each program service reported. (Code:) (Expenses \$1,533,727. including grants of \$) (F	Revenue \$ 2,328,	665 \
4a	(Code:) (Expenses \$1,533,727. including grants of \$) (F MEMBER SERVICES PROGRAM - THE FOUNDATION PROVIDED SERV		
	AND INNS TO SUPPORT EFFORTS TO PROMOTE PROFESSIONALISM		
	CIVILITY. SERVICES INCLUDED A BI-MONTHLY MAGAZINE, MO	· · ·	IC
	NEWSLETTER, ONLINE MEMBERSHIP DIRECTORY, ONLINE CHAPTE	R MANAGEMENT	
	SYSTEM, AND REGIONAL LEADERSHIP MEETINGS, AND PROGRAM	SERVICES.	
4b	(Code:) (Expenses \$204,965. including grants of \$10,800.) (F	Revenue \$)
	INTERNATIONAL PROGRAM - THE FOUNDATION PARTICIPATED IN	TWO	
	INTERNATIONAL INNS OF COURT PROGRAMS, WHICH INCLUDE CH		
	SENDING SCHOLARS TO STUDY THE LEGAL SYSTEM OF ENGLAND		
	BARRISTERS FROM ENGLAND TO STUDY THE LEGAL SYSTEM OF T	HE UNITED STAT	ES.
4c			<u>625.</u>)
	SPECIAL EVENTS PROGRAM - THE FOUNDATION HOSTED A RECEP		ĸ
	AT THE UNITED STATES SUPREME COURT. THE DINNER SERVES RECOGNIZE LEADERS WITHIN THE AMERICAN INNS OF COURT MO		
	PRESENT THE NATIONAL AWARDS.	VEMENT AND TO	
4d	Other program services (Describe in Schedule O.) (Expenses \$ 83,748. including grants of \$ 5,000.) (Revenue \$	١	
40	(Expenses \$ 83,748 · including grants of \$ 5,000 ·) (Revenue \$ Total program service expenses ► 1,941,988 ·)	
40		Low Q	90 (2017)

Form	990	(2017)

1 Is the organization described in section 501(c)(3) or 4947(p)(1) (other than a private foundation)? I I X I X				Yes	No
2 Is the organization required to complete Schedule 2, Schedule of Contributors? 2 X 3 Did the organization required to complete Schedule 2, Part 1 3 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(b) election in effect during the taxy arg? 11 **es, "complete Schedule C, Part 1 3 5 Inter organization activities Checkule C, Part 1 5 5 6 Inter organization activities Checkule C, Part 1 5 5 7 Did the organization maintain any donor advised funds or any similar funds or accounts? 11 *Yes, "complete Schedule D, Part 11 6 7 Did the organization maintain any donor advised funds or any similar funds or accounts? 11 *Yes, "complete Schedule D, Part 11 7 8 Did the organization menorities of the Attribution or investment of amounts in such funds or accounts? 11 *Yes, "complete Schedule D, Part 11 7 9 Did the organization menorities attribution or advised funds or accounts? 11 *Yes, "complete Schedule D, Part 11 7 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? #1 ****, "complete Schedule D, Part 12 10 10 Did the organization report an amount for laws the equorganization report an amount for investments - orbors eschedule	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
2 Is the organization required to complete Schedule B, Schedule O Contributors? 2 X 3 Did the organization angage in direct or indicate political campaign activities, or have a section 501(b) election in effect 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(b) election in effect 4 5 Inter organization a section 501(c)(b) 501(c)(b) or 501(c)(b) organization that receives membership dues, assessment, or 5 6 Did the organization maintain any donor advised funds or any similar funds or account's for which donors have the fight to provide advise on the dist biotion or investment of annount in such funds or account's for which donors have the fight to provide advised in land so, arbitoric structures? If 'rse,' complete Schedule D, Part II 5 10 Did the organization maintain collections of vorks of at, historical treasures, or other similar assets? If 'rse,' complete Schedule D, Part II 7 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'rse,' complete Schedule D, Part II 7 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'rse,' complete Schedule D, Part V 11 12 Did		If "Yes," complete Schedule A	1	Х	
 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officers <i>Schedule D</i>, <i>Part I</i>. 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>II 'Yes</i>, <i>'complete Schedule D</i>, <i>Part II</i>. 5 Is the organization and school to 10(c)(a). 501(c)(b) or 501(c)(b) organization that receives membership dues, assessments, or similar announts as defined in Reverue Procedure 98:197 <i>II 'Yes</i>, <i>'complete Schedule D</i>, <i>Part II</i>. 6 Did the organization maintain any door advised funds or any similar funds or accounts for White doors have the right to 5 7 Did the organization maintain any door advised funds or any similar funds or accounts for White doors have the right to 6 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>II 'Yes</i>, <i>'complete Schedule D</i>, <i>Part II</i>. 7 Did the organization function of works of art, historical treasures, or other similar assets? <i>II 'Yes</i>, <i>'complete Schedule D</i>, <i>Part II</i>. 9 Did the organization (alcetly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quade redowments <i>II</i>. <i>Yes</i>, <i>'complete Schedule D</i>, <i>Part V</i>. 10 Did the organization report an amount for investments - other socurites in Part X, line 10? <i>H 'Yes</i>, <i>'complete Schedule D</i>, <i>Part V</i>. 11 Did the organization report an amount for investments - other socurites in Part X, line 12? that is 5% or more of its total assets reported in Part X, line 16? <i>H 'Yes</i>, <i>'complete Schedule D</i>, <i>Part X</i>. 11 Did the organization report an amount for investments - other socurites in Part X, line 13? that is 5% or more of its total assets reported in Part X, line 16? <i>H 'Yes</i>, <i>'complete Schedule D</i>, <i>Part X</i>.<!--</th--><td>2</td><td></td><td>2</td><td>Х</td><td></td>	2		2	Х	
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 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>II</i> 'Yes, 'complete Schedule D, Part II. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>II</i> 'Yes, 'complete Schedule D, Part III. 9 Did the organization report an amount in Part X, line 11, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 11, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 12, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 12, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 12, for escrow or custodial account liability, serve as a custodian for amounts on any of the following questions is 'Yes,' then complete Schedule D, Part V 10 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>II</i> 'Yes,' complete Schedule D, Part VI 11 Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>II</i> 'Yes,' complete Schedule D, Part VI 11 Did the organization report an amount for investments - part VIII. 11 Did the organization report an amount for investments - part VIII. 11 Did the organization report an amount for investments - part VIII. 11 Did the organization organization report an amount for inter assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>II</i> 'Yes,' complete Schedule D, Part X 11 Did the organization organization compared consonolidated financial statements for the tax year includes activates assets the organi	6				
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11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VII, VII, VIII, VII, VI	10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
 as applicable. a) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>II</i> *Yes,* <i>complete Schedule D</i>, <i>Part VI</i>. b) Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>II</i> *Yes,* <i>complete Schedule D</i>, <i>Part VII</i>. c) Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>II</i> *Yes,* <i>complete Schedule D</i>, <i>Part VII</i>. d) Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>II</i> *Yes,* <i>complete Schedule D</i>, <i>Part VII</i>. d) Did the organization report an amount for other labilities in Part X, line 15? <i>II</i> *Yes,* <i>complete Schedule D</i>, <i>Part X</i>. f) Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization included in consolidated, independent audited financial statements for the tax year? <i>II</i> *Yes,* and <i>II</i> the organization answerd *No* to line 12a, then completing Schedule D, Part X and XII is optional 13 Is the organization maintain an office, employees, or agents outside of the United States? b) Did the organization maintain an office, employees, or agents outside of the United States? b) Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or other assistance to or for any foreign organization? <i>II</i> *Yes,* <i>complete Schedule E</i>, <i>Parts II and IV</i>. f) Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or other assistance to or for any foreign individuals? <i>II</i> *Yes,* <i>c</i>		endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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1c and 8a? If "Yes," complete Schedule G, Part II 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18	18				
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			18		х
	19				
		complete Schedule G. Part III	19		х

19 X Form **990** (2017)

Form 990 (2017)					FOUNDATION
Part IV Checklist o	f Required Scheo	lules _{(co}	ontinue	ed)	

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	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</i> "Yes," <i>complete</i>			x
~~	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
250	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
U		35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330		
00		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			<u> </u>
	Note. All Form 990 filers are required to complete Schedule O	38	х	

Form 990 (2017)

Pa	Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V			<u></u>		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	15		Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and r		ble gaming	1		
•	(gambling) winnings to prize winners?			1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial	accour	it)?	4a		X
b	If "Yes," enter the name of the foreign country: ►					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut		-			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			7a		
а						X
b						
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			_		
	to file Form 8282?		Ι	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			7.		x
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of Did the organization during the user pay premiume directly or indirectly on a personal benefit east			7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont If the organization received a contribution of qualified intellectual property, did the organization file F		00 as required?	7g		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			79 7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine					
•	sponsoring organization have excess business holdings at any time during the year?	a by th		8		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	י <mark>1041'</mark>	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1	I			
	organization is licensed to issue qualified health plans	13b		-		
	Enter the amount of reserves on hand	13c				
				<u>14a</u>	—	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedu	le O		14b	1	

AMERICAN INNS OF COURT FOUNDATION

Form	990	(2017)
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Form 990 (2017)

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 AMERICAN INNS OF COURT FOUNDATION
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 Part VI
 Governance, Management, and Disclosure
 For each "Yes" response to lines 2 through 7b below, and for a "No" response
 Pag

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

						X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	31			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	31			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with any other				
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		Х
6	Did the organization have members or stockholders?			6	Х	
	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			74		
	persons other than the governing body?			7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye			15		
	The governing body?			8a	х	
a b				8b	X	
9				00	- 23	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			9		х
Sec	organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>			9		21
000	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)			Vaa	Na
10-	Did the exception have least charters, branches, or efficience?			10-	Yes X	No
	Did the organization have local chapters, branches, or affiliates?			10a	- 23	
D	If "Yes," did the organization have written policies and procedures governing the activities of such cl	• • •		10b	х	
44-	· · · · · · · · · · · · · · · · · · ·	h h h h h h h h h h h h h h h h h h h			X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filling the	form?	11a	~	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			10-	х	
				12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	~	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	,		10	х	
	in Schedule O how this was done			12c		
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approve					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange					
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participation	ר			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	Γ (Section 501(c)(3	3)s only) av	ailable	e	
	for public inspection. Indicate how you made these available. Check all that apply.					
		n in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of interest p	olicy, and	financ	ial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records:	▶			
	DAVID W. AKRIDGE - 703-684-3590					
	225 REINEKERS LANE, SUITE 770, ALEXANDRIA, VA 223	14				

Part VII	Со	mpensation of Officers, Directors, Trustees, Key Employees, Highest Compe	ensated
	Em	ployees, and Independent Contractors	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and Title Average hours per vex Descense met and below Descense met and below Reportable compensation from organization (W2/1099-MISC) Estimated compensation from organization (W2/1099-MISC) Estimated compensation from the organization (W2/1099-MISC) Estimated compensation from the organization organization (W2/1099-MISC) Estimated compensation from the organization and related organization (1) MARY ANN ALELLO, ESQ. 1.00 X 0. 0. 0. (2) JAMES F. BENNTT, ESQ. 1.00 X 0. 0. 0. (3) MARY KATE COLENAN, ESQ. 1.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. (3) MARY KATE COLENAN, ESQ. 1.000 X 0. 0. 0. (4) RYA ACTCOREFORD, JR., ESQ 1.000 X 0. 0. 0. (5) MARY KATE COLENAN, ESQ. 1.000 X 0. 0. 0. (6) WARY KATE COLENAN, ESQ. 1.000 X 0. 0. 0. (3) MARY KATE COLENAN, ESQ. 1.000 X 0. 0. 0. <th></th> <th></th> <th>l</th> <th>mea</th> <th></th> <th></th> <th>iper</th> <th>louit</th> <th></th> <th></th> <th>(E)</th>			l	mea			iper	louit			(E)
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TRUSTEE X 0. 0. 0.			Х						0.	0.	0.
	(17) WILLIAM R. PETERSON, ESQ.	1.00									
	TRUSTEE		Х						0.	0.	0. Form 990 (2017)

Form 990 (2017) AMERICAN	INNS OF	' C	OU	RТ	' F	'OU	NE	DATION	52-140	<u>5650</u>	P	age 8
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average				ition			Reportable	Reportable	E	stimate	ed
	hours per					than o s both		compensation	compensation		nount	
	week					or/trus		from	from related		other	
	(list any	ctor						the	organizations	com	ipensa	ation
	hours for	r dire				ed		organization	(W-2/1099-MISC)	fr	om th	e
	related	tee o	ustee			ensat		(W-2/1099-MISC)		org	anizat	tion
	organizations	trus	nal tr		oyee	duo				an	d relat	ted
	below	Individual trustee or director	Institutional trustee	cer	Key employee	nest c	ner			orga	anizati	ions
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former					
(18) HON. JULIE ANN ROBINSON	1.00											
TRUSTEE		Х						0.	0	•		0.
(19) HON. BARBARA SAVITT-PEARSON	1.00											
TRUSTEE		х						0.	0	•		Ο.
(20) PROF. STEVEN J. SCHMIDT	1.00									-		
TRUSTEE		х						0.	0			0.
(21) KANNON K. SHANMUGAM, ESQ.	1.00	23						```	U	·		<u> </u>
TRUSTEE	1.00	х						0.	0			0.
	1.00	~						0.	0	•		0.
(22) MARY BETH L. SWEENEY, ESQ	1.00											•
TRUSTEE		Х				 		0.	0	•		0.
(23) MATTHEW J. SWEENEY III, ESQ.	1.00											
TRUSTEE		Х						0.	0	•		0.
(24) BEN J. WEAVER, ESQ.	1.00											
TRUSTEE		Х						0.	0	•		0.
(25) HON. LEE YEAKEL	1.00											
TRUSTEE		Х						0.	0	•		Ο.
(26) STEPHANIE J. ZANE, ESQ.	1.00									-		
TRUSTEE		х						0.	0			0.
						-		0.	0			0.
1b Sub-total								582,321.	0		5 9	54.
c Total from continuation sheets to Part VII								582,321.	0		5,8	
d Total (add lines 1b and 1c)									-	• /	5,0	54.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization												4
											Yes	No
3 Did the organization list any former officer,	director, or tru	istee	e, ke	y en	nplo	yee,	or	highest compensated er	nployee on			
line 1a? If "Yes," complete Schedule J for su	ıch individual									3		X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	,000? If "Yes.	" со	mple	ete S	Sche	edule	Jf	for such individual		4	Х	
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." com										5		X
Section B. Independent Contractors	olete ochedule	<u>, </u>	<u> </u>	<u>en ș</u>	00/3	<u>on</u> .						<u> </u>
1 Complete this table for your five highest cor	mpensated ind	ono	ndor	nt cc	ontra	actor	e th	hat received more than \$	100 000 of company	ation fr		
the organization. Report compensation for t	•	•							•	Sation	,,,,,	
	ne calendar ye	are	nuin	ig w								
(A) Name and business	address							(B) Description of s	envices	(C Compe		'n
			NTT.7				_	•		Compe	13410	
MCKINLEY ADVISORS, 1227 2		'	NW	'				MARKETING,		1 0	~ ~	7 0
SUITE 201, WASHINGTON, DC	20037						_	COMMUNICATIO	NS, AND	10	9,0	12.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 1

Form 990 AMERICAN										5650
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe		
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	app	ly)	compensation	compensation	amount of
	per						-	from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				nplo		organization	(W-2/1099-MISC)	from the
	hours for	r dire				ted el		(W-2/1099-MISC)		organization
	related	tee o	ustee			ensa				and related
	organizations	l trus	nal tr		oyee	dmo				organizations
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	Former			
	line)	Indi	Inst	Officer	Key	High	Forr			
(27) HON. GARY ELIS HICKS	1.00								_	
EX OFFICIO		Х						0.	0.	0.
(28) HON. CARL STEWART	1.00									
PRESIDENT		X		X				0.	0.	0.
(29) HON. WILLIAM KOCH	1.00									
VICE PRESIDENT		x		x				0.	0.	0.
	1 00	<u> </u>	-					0.	0.	0.
(30) HON. KENT JORDAN	1.00								0	
SECRETARY		Х		X				0.	0.	0.
(31) JOHN CARROLL	1.00									
TREASURER		Х		Х				0.	0.	0.
(32) MALINDA DUNN	40.00									
EXECUTIVE DIRECTOR/CEO				x				205,202.	0.	13,669.
(33) DAVID AKRIDGE	40.00							20072020		
DEPUTY EXECUTIVE DIRECTOR					x			161 700	0.	20 000
	40.00		<u> </u>		<u> </u>			164,799.	0.	28,880.
(34) PAMELA WITTMANN	40.00								•	
DIRECTOR OF CHAPTER RELATI						X		109,585.	0.	13,283.
(35) CARYN WORCESTER	40.00									
DIRECTOR OF CHAPTER RELATI						X		102,735.	0.	20,022.
		-								
		_								
		1								
		1								
		1								
			-	-						
		-								
		<u> </u>								
		L								
Total to Part VII, Section A, line 1c								582,321.		75,854.
TOTAL TO L ALL VII, OCCUOITA, IIIC TO								552,521•		,5,0540

Form	1 990) (2	2017) AMERI	CAN INNS	OF COURT	FOUNDATIC	ON	52-1405	650 Page 9
Pa	rt V	ΊÌ							
			Check if Schedule O contained	ains a response o	or note to any line	in this Part VIII			
				i		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts S	1	а	Federated campaigns	1a					
ran			Membership dues						
<u> </u>			Fundraising events						
, Gifts, Grants nilar Amounts			Related organizations						
s, G milå			Government grants (contributi						
ion: Sij			All other contributions, gifts, gran						
but			similar amounts not included abov		64,366.				
Contributions, Gift and Other Similar		g	Noncash contributions included in lines						
Col		h	Total. Add lines 1a-1f			64,366.			
					Business Code				
e	2	а	MEMBERSHIP DUES		900099	2,324,625.	2,324,625.		
e vic		b	CONFERENCES/EVENTS		900099	163,625.	163,625.		
Se		с	PUBLICATION		900099	3,800.	3,300.	500.	
am eve		d	LIBRARY		900099	240.	240.		
Program Service Revenue		е							
Pr		f	All other program service reve	nue					
		g	Total. Add lines 2a-2f		►	2,492,290.			
	3		Investment income (including	dividends, intere	st, and				
			other similar amounts)			64,475.			64,475.
	4		Income from investment of tax	k-exempt bond p	roceeds 🕨 📘				
	5		Royalties		····· •				
				(i) Real	(ii) Personal				
			Gross rents						
			Less: rental expenses						
			Rental income or (loss)						
				. <u></u>					
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory	2,024,824.	I				
		b	Less: cost or other basis	1 000 004					
			and sales expenses	1,829,984.					
			Gain or (loss)	194,840.	-666.	104 174			104 174
			Net gain or (loss)		····· •	194,174.			194,174.
ne	8	а	Gross income from fundraising	•					
Other Revenue			including \$						
Re			contributions reported on line	,					
Jer		L	Part IV, line 18						
đ			Less: direct expenses Net income or (loss) from fund						
			Gross income from gaming ac						
	3	a	Part IV, line 19						
		h	Less: direct expenses						
			Net income or (loss) from gam						
			Gross sales of inventory, less						
		-	and allowances		10,518.				
		b	Less: cost of goods sold						
			Net income or (loss) from sales		· · · · · · · · · · · · · · · · · · ·	-3,316.	-3,316.		
		-	Miscellaneous Revenue		Business Code	,	,		
	11	а							
		b							
		с							
			All other revenue		900999	6.			6.
			Total. Add lines 11a-11d		►	б.			
	12		Total revenue. See instructions.			2,811,995.	2,488,474.	500.	258,655.

AMERICAN INNS OF COURT FOUNDATION Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	(A)	(B) Program service	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	15,800.	15,800.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	410 100		410 100	
_	trustees, and key employees	419,180.		419,180.	
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	865,952.		865,952.	
7	Other salaries and wages	005,952.		005,554.	
8	Pension plan accruals and contributions (include	25,996.		25,996.	
0	section 401(k) and 403(b) employer contributions)	145,265.		145,265.	
9 10	Other employee benefits	90,853.		90,853.	
0 1	Payroll taxes Fees for services (non-employees):				
	Legal Accounting	66,214.		66,214.	
	Lobbying	0072110			
۵ ۵	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	25,963.		25,963.	
	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A) amount, list line 11g expenses on Sch O.)	118,108.	10,872.	77,236.	30,000
2	Advertising and promotion	9,045.	9,045.	,	
3	Office expenses	170,320.	80,286.	89,902.	132
4	Information technology	164,068.	367.	163,701.	
15	Royalties				
16	Occupancy	153,120.		153,120.	
17	Travel	206,202.	157,347.	48,437.	418
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	156,598.	124,095.	32,431.	72
20	Interest	6,123.		6,123.	
21	Payments to affiliates	1,708.	1,708.		
22	Depreciation, depletion, and amortization	98,056.		98,056.	
3	Insurance	38,915.		38,915.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)	15 605	50.	45,645.	
a	UNCOLLECTED REVENUE STATE REGISTRATION FILI	45,695. 13,719.	50.	45,645.	13,639
b	NON-CASH REWARD	10,552.	8,329.	2,223.	13,039
C	TAXES & LICENSES	2,198.	0,349.	2,223.	
d		4,190.	1,534,089.	-1,603,096.	69,007
	All other expenses	2,849,650.	1,941,988.	794,394.	113,268
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	2,019,030.	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	113,200
.0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Check here from the following SOP 98-2 (ASC 958-720)				

AMERICAN	INNS	OF	COURT	FOUNDATION
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52-1405650 Page 11

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	198,609.	1	121,304.
	2	Savings and temporary cash investments	192,946.	2	179,275.
	3	Pledges and grants receivable, net	19,654.	3	27,644.
	4	Accounts receivable, net	62,369.	4	60,384.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
s		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use	11,233.	8	9,472.
	9	Prepaid expenses and deferred charges	47,582.	9	9,472. 48,179.
	10a	Land, buildings, and equipment: cost or other			
	b	basis. Complete Part VI of Schedule D10a913,356.Less: accumulated depreciation10b818,986.	183,389.	10c	94,370.
	11	Investments - publicly traded securities	2,667,587.	11	94,370. 2,685,487.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	47,998.	15	47,998.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,431,367.	16	3,274,113.
	17	Accounts payable and accrued expenses	164,182.	17	166,751.
	18	Grants payable		18	
	19	Deferred revenue	31,007.	19	49,158.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
s	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
abil		Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	400,000.	24	401,335.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	109,551.	25	<u>105,194.</u> 722,438.
	26	Total liabilities. Add lines 17 through 25	704,740.	26	722,438.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 and			
Ś		complete lines 27 through 29, and lines 33 and 34.			
ЭС	27	Unrestricted net assets	1,898,984.	27	1,714,653. 837,022.
alaı	28	Temporarily restricted net assets	827,643.	28	837,022.
d B	29	Permanently restricted net assets		29	
ň		Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 📃			
٦		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
SSG	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
зtА	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	2,726,627.	33	2,551,675.
	34	Total liabilities and net assets/fund balances	3,431,367.	34	3,274,113.

Form **990** (2017)

Part X Balance Sheet

Form	000	(2017)
FUIII	990	2017

	1990 (2017) AMERICAN INNS OF COURT FOUNDATION	52-14	05650	Pag	_{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	2,811		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,849	-	
3	Revenue less expenses. Subtract line 2 from line 1	3		7,6!	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,726		
5	Net unrealized gains (losses) on investments	5	-137	7,29	<u>97.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,551	L,6'	75.
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 Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e 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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		. 3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				L
			-	aan /	

Form **990** (2017)

SCHEDULE A	١
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(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047
2017
Open to Public

		of the Treasury nue Service			Attach to Form 990 or F //Form990 for instructio			formation		Inspection
Nam	e of	the organizati					e latest li		Employer	identification number
		and of gamzati		TCAN TNNS	OF COURT FOUR	דידמת	N			2-1405650
Pa	art I Reason for Public Charity Status (All organizations must complete this part.) See instructions.									
		hization is not a A church, co A school des A hospital or	a private found nvention of chu cribed in secti a cooperative search organiza	ation because it is: (I urches, or associatio on 170(b)(1)(A)(ii). (hospital service orga	For lines 1 through 12, cl n of churches described Attach Schedule E (Form Inization described in se njunction with a hospital	neck only in sectio 990 or 99 ection 170	one box.) n 170(b)(1 90-EZ).) (b)(1)(A)(ii	I)(A)(i). i).		the hospital's name,
5		-		or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in
		section 170	(b)(1)(A)(iv). (C	omplete Part II.)						
6		A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7	X	An organizati	on that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	e general p	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community	r trust describe	d in section 170(b)	1)(A)(vi). (Complete Par	t II.)				
9		An agricultur	al research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university	or a non-land-g	rant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
		university:								
10					than 33 1/3% of its supp					
					t to certain exceptions,					-
					(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	ifter June 30, 1975.
				nplete Part III.)						
11		•	0	•	vely to test for public sat	•				
12		-	-	-	vely for the benefit of, to				•	
					d in section 509(a)(1) o					check the box in
	_	-	•	• •	f supporting organizatior				-	
а					upervised, or controlled	• • • •	-			
			-		gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	ipporting
		¬ -		omplete Part IV, Se						
b				-	or controlled in connect			-		-
			-		anization vested in the sa	ame perso	ns that coi	ntrol or manag	le the supp	oorted
_		¬ -		t complete Part IV,						-1 11-
с			-		g organization operated				y integrate	d with,
		¬ ··	0		. You must complete I			-		
d			-		orting organization oper				-	
					ation generally must sat				an attentiv	/eness
		_			nplete Part IV, Sections				. Ture e III	
е			•		vritten determination from			Type I, Type I	і, туре ш	
4	Ent				nally integrated supportin	ig organiz	ation.			
			of supported o	about the supporte	d organization(a)					
<u> </u>		(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other
		organizatior	ı		(described on lines 1-10 above (see instructions))	in your governi Yes	ng aocument?	support (see in	•	support (see instructions)
					above (see instructions))					

Schedule A (Form 990 or 990 EZ) 2017 AMERICAN INNS OF COURT FOUNDATION Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv)

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

fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	51,179.	66,277.	99,738.	129,870.	64,366.	411,430.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	51,179.	66,277.	99,738.	129,870.	64,366.	411,430.
5	The portion of total contributions				-	-	
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						133,665.
6	Public support. Subtract line 5 from line 4.						277,765.
	ction B. Total Support	L				L	<u>, , , , , , , , , , , , , , , , , , , </u>
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	51,179.	66,277.	99,738.	129,870.	64,366.	411,430.
	Gross income from interest.			-	-	-	
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	78,543.	132,294.	33,520.	123,565.	64,475.	432,397.
9	Net income from unrelated business				-		
	activities, whether or not the						
	business is regularly carried on				500.		500.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	589.		113.		6.	708.
11	Total support. Add lines 7 through 10						845,035.
12		etc. (see instructio	uns)			12 11	,336,019.
	First five years. If the Form 990 is for	,	,				<u>, ,</u>
	organization, check this box and stor	•					
See	ction C. Computation of Publi	- A I B					
14	Public support percentage for 2017 (I	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	32.87 %
15	Public support percentage from 2016					15	35.77 %
16a	33 1/3% support test - 2017. If the o					ore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2016. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			=	-	-	
b	10% -facts-and-circumstances test						
~	more, and if the organization meets th	e e					
	organization meets the "facts-and-circ				• •		
18	Private foundation. If the organizatio		•		<i>,</i> ,		
			,			edule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2017 AMERICAN INNS OF COURT FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 201	7 (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 per- formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
6							
	Total. Add lines 1 through 5						
78	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		I	I	1	1	I
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 201	7 (f) Total
	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						
	Add lines 10a and 10b 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'	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) or	ganization,
	check this box and stop here						
Sec	ction C. Computation of Public	c Support Per	rcentage				
15	Public support percentage for 2017 (li	ne 8, column (f) d	ivided by line 13, c	olumn (f))		15	%
16	Public support percentage from 2016	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20)17 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2					18	%
	33 1/3% support tests - 2017. If the						
	more than 33 1/3%, check this box an						
b	33 1/3% support tests - 2016. If the						
~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						
				, ,			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 AMERICAN INNS OF COURT FOUNDATION

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined 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.**
- c 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.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

732024 10-06-17

Yes

No

Schedule A (Form 990 or 990 EZ) 2017 AMERICAN INNS OF COURT FOUNDATION Part IV Supporting Organizations (continued) Continued) Continued Contincer

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

Schedule A (Form 990 or 990-EZ) 2017

Part V	Type III Non-Function	nally Integrat	ed 509(a)(3) Supportii	ng Organizations	
Schedule A	(Form 990 or 990-EZ) 2017	AMERICAN	INNS OF	r COURT	FOUNDATION	

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part V	.) See instructions. All
other Type III non-functionally integrated supporting organizations must complete Sections A through E.	

Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

1

Schedule A (Form 990 or 990-EZ) 2017 AMERICAN INNS OF COURT FOUNDATION

1 0	Type in Non-Functionally integrated 509	(a)(a) Supporting Orga	inizations (continued)	1
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	I	1	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
с	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
-	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-EZ) 2017	AMERICAN	INNS O	F COURT	FOUNDATIC	N 52-1405650	Page 8
Part VI	Part IV, Section A, lines 1, line 1; Part IV, Section D, I	2, 3b, 3c, 4b, 4c, ines 2 and 3; Part	5a, 6, 9a, 9b, IV, Section E,	9c, 11a, 11b, lines 1c, 2a, 2	and 11c; Part IV, S b, 3a, and 3b; Parl	art II, line 17a or 17b; Part III, line 12; ection B, lines 1 and 2; Part IV, Section V, line 1; Part V, Section B, line 1e; Par for any additional information.	C, t V,

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

** PUBLIC DISCLOSURE COPY *

Schedule of Contributors

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

OMB No. 1545-0047

2017

Employer identification number

52-1405650

Name of the organization	ation				
	AMERICA	N INNS	OF	COURT	FOUNDATION
Organization type (ch	neck one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501	(c)(3)(e	enter n	umber) orga	nization

[4947(a)(1) nonexempt charitable trust not treated as a private foundation
[527 political organization
[501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

Form 990-PF

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year exclusively religious is received exclusively religious, charitable, etc., exclusively religious, exclusively religi

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Employer identification number

52-1405650

AMERICAN INNS OF COURT FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>12,705.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u> </u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

52-1405650

AMERICAN INNS OF COURT FOUNDATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Noncash Property (see instructions). Use duplicate copies of Part II	n adalional opaco lo necaca.	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_	
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_	
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_	
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_	
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_	
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	-	
	_	
	Image: Description of noncash property given (b) Description of noncash property given	Los FWV (or estimate) (See instructions.)

lame of organ	ization		Employer identification number
AMERICA	N INNS OF COURT FOUNDA	TION	52-1405650
Part III	Exclusively religious, charitable, etc., contr the year from any one contributor. Complete c completing Part III, enter the total of exclusively religious. Use duplicate copies of Part III if additional	ibutions to organizations described columns (a) through (e) and the follo , charitable, etc., contributions of \$1,000 or	in section 501(c)(7), (8), or (10) that total more than \$1,000 from the section section (10) that total more than \$1,000 from the section section (10) that total more than \$1,000 from the section
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	
-	Transferee's name, address, ar	Ind ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, ar	(e) Transfer of git	ft Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- 		(e) Transfer of git	
-	Transferee's name, address, ar	INCLUE HEAD INCLUDE AND A CONTRACT ANT A CONTRACT ANT A CONTRACT ANT A CONTRACT ANT A CONTRACT A	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	
-	Transferee's name, address, ar	Id ZIP + 4	Relationship of transferor to transferee

SCHEDULE D)
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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.



Name of the organization

AMERICAN INNS OF COURT FOUNDATION

Employer identification number 52-1405650

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
	2	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a hist	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year ►		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the year
-	► \$		
8	Does each conservation easement reported on line 2(d) abov		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes t	he organization's accounting for
Pa	conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or Ot	her Similar Assets
I a	Complete if the organization answered "Yes" on Form		ner omniar Assets.
10			ant and balance about works of ort
Id	If the organization elected, as permitted under SFAS 116 (AS historical treasures, or other similar assets held for public exh		
	· · ·		ice of public service, provide, in Part XIII,
h	the text of the footnote to its financial statements that descril		and balance about works of art biotorical
b	If the organization elected, as permitted under SFAS 116 (AS treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	ducation, or research in furtherance of put	sic service, provide the following amounts
			► ¢
	 (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 		
2	If the organization received or held works of art, historical treat		
2	the following amounts required to be reported under SFAS 1		gan, provide
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

		N INNS OF C					52-14			age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tr	easures, or	Other	r Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that	are a sig	gnificant u	ise of its c	ollection	items	
	(check all that apply):									
а	Public exhibition	d		change progra						
b	Scholarly research	е	X Other A	ESTHETIC	C APE	PRECIA	ATION			
С	X Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further t	he organizatio	n's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations o	f art, historical trea	sures, or othe	r similar	assets		_		-
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		te if the organizati	on answered "	Yes" on	Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia							-		-
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:							
								Amount		
	Beginning balance									
	Additions during the year									
e	Distributions during the year									
t	Ending balance					. 1 f				1
	Did the organization include an amount on Fo					ity?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete in					10				
		(a) Current year	(b) Prior year	(c) Two year		(d) Three y	voare back	(e) Four	voare	back
10	Beginning of year balance	827,643.	776,342		,660.	· · · · · · · · · · · · · · · · · · ·	39,909.	(e) Four	770,	
1a 5			425		470.		593.		,	
0	Contributions Net investment earnings, gains, and losses	34,297.	78,157	-	,820.		3,733.		93	600.
с А	Grants or scholarships	5,000.	5,000		,000.		5,000.			000.
	Other expenditures for facilities	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,					
C		19,918.	22,281	. 25	,968.		16,575.		18	764.
f	Administrative expenses				/					
g	End of year balance	837,022.	827,643	776	,342.	8	22,660.		839,	909.
2	Provide the estimated percentage of the curr	· · ·	,		, .		, -		,	
- a	Board designated or quasi-endowment		%							
b	Permanent endowment	%	_/*							
	Temporarily restricted endowment ▶ 100									
-	The percentages on lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posses		tion that are held a	nd administer	ed for th	e organiza	ation			
	by:	0				U		ſ	Yes	No
	(i) unrelated organizations							3a(i)		Х
	(ii) related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	"Yes" on Form 990,	, Part IV, line 11a.	See Form 990,	Part X,	line 10.				
	Description of property	(a) Cost or ot basis (investm	• • •	t or other (other)	• • •	ccumulate preciation		(d) Bool	k value	e
1a	Land									
	Buildings									
	Leasehold improvements			7,658.		7,0				38.
	Equipment			94,049.		169,7		24	1,32	21.
	Other		71	L1,649.	6	642,2	38.	69),41	11.
	. Add lines 1a through 1e. (Column (d) must ed		K. column (B), line	10c.)				94	1,3'	70.
							<u> </u>	- /-		

Schedule D (Form 990) 2017

Complete if the organization answered "Yes"	on Form 990, Part IV, lir	ne 11b. See Form 990, Part X,	line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
			к. 40
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of Valuation	n: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lir	ne 11d. See Form 990, Part X,	line 15.
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	o 15)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e /5.)		
Complete if the organization answered "Yes"	on Form 000 Part IV lir	a 11a ar 11f Saa Farm 990 F	Part X line 25
	OITFOITT 990, Fait IV, III	(b) Book value	
(1) Federal income taxes		105 104	
(2) DEFERRED RENT		105,194.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.) 🕨	105,194.	

AMERICAN INNS OF COURT FOUNDATION

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

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Schedule D (Form 990) 2017

Part VII Investments - Other Securities.

	dule D (Form 990) 2017 AMERICAN INNS OF COURT FC				1405650 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stater	nents With R	evenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	l2a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,693,745.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-137,297.		
b	Donated services and use of facilities	2b	4,547.		
с	Recoveries of prior year grants				
d			13,834.		
е	Add lines 2a through 2d			2e	-118,916.
3	Subtract line 2e from line 1			3	2,812,661.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-666.		
с	Add lines 4a and 4b			4c	-666.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,811,995.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With I	Expenses per R	eturi	n.
Pa	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1	ements With B	Expenses per R	eturi	
Pa 1	rt XII Reconciliation of Expenses per Audited Financial State	ements With I 12a.	Expenses per R	eturi	n. 2,868,697.
_	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1	ements With I 12a.	Expenses per R		
1	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements	Prents With I	Expenses per R		
1 2	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a.	Expenses per R		
1 2 a	TXII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 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	Prements With I 12a. 2a 2a 2b	Expenses per R		
1 2 a	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 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	2a	Expenses per R		
1 2 a	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 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.)	2a 2b 2c 2d	Expenses per R 4,547. 14,500.		2,868,697.
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 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	2a 2b 2c 2d	Expenses per R 4,547. 14,500.	1	
1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 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.)	2a 2b 2c 2d	Expenses per R 4,547. 14,500.	1 2e	2,868,697.
1 2 b c d 3	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 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	2a 2b 2c 2d	Expenses per R 4,547. 14,500.	1 2e	2,868,697.
1 2 3 4	TXII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 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	2a 2b 2c 2d 2d	Expenses per R 4,547. 14,500.	1 2e	2,868,697.
1 2 3 4 3	TXII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 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	2a 2b 2b 2c 2d 4a 4b	Expenses per R	1 2e	2,868,697. 19,047. 2,849,650. 0.
1 2 d e 3 4 b c 5	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 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.)	2a 2b 2b 2c 2d 4a 4b	Expenses per R	1 2e 3	2,868,697.

Provide 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 X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 4:

THE AMERICAN INNS OF COURT FOUNDATION RETAINS A NUMBER OF PIECES OF ART

FOR THE AESTHETIC APPRECIATION AND TO PRESERVE FOR FUTURE GENERATIONS.

PART V, LINE 4:

THE PURPOSE OF THE A. SHERMAN CHRISTENSEN AWARD FUND IS TO PROVIDE

LONG-TERM FUNDING FOR THE A. SHERMAN CHRISTENSEN AWARD. A PORTION OF THIS

FUND IS TEMPORARILY RESTRICTED BY THE DONOR, MEAD DATA/LEXIS-NEXIS. THE

RESTRICTION ENDS AT THE END OF FISCAL YEAR 2043. UNTIL SUCH RESTRICTION

ENDS, THAT PORTION OF THE PRINCIPAL PROVIDED BY MEAD DATA/LEXIS-NEXIS MAY

ONLY BE EXPENDED FOR ACTIVITIES DIRECTLY RELATED TO THE ANNUAL

PRESENTATION OF THE A. SHERMAN CHRISTENSEN AWARD. EARNINGS AND OTHER

 Schedule D (Form 990) 2017
 AMERICAN INNS OF COURT FOUNDATION
 52-1405650
 Page 5

 Part XIII
 Supplemental Information (continued)
 CONTRIBUTIONS TOWARD THE FUND ARE NOT SIMILARLY RESTRICTED. THE

 RESTRICTION NOTWITHSTANDING, A MAXIMUM OF 4% OF THE 36-MONTH AVERAGE

 MARKET VALUE OF THE FUND MAY BE WITHDRAWN ANNUALLY TO COVER APPROVED

 EXPENSES.

THE PURPOSE OF THE LEWIS F. POWELL, JR. AWARD FUND IS TO PROVIDE LONG-TERM FUNDING FOR THE LEWIS F. POWELL, JR. AWARD FOR PROFESSIONALISM AND ETHICS. THIS FUND IS DESIGNATED FOR ACTIVITIES DIRECTLY RELATED TO THE ANNUAL PRESENTATION OF THE LEWIS F. POWELL, JR. AWARD FOR PROFESSIONALISM AND ETHICS. A MAXIMUM OF 4% OF THE 36-MONTH AVERAGE MARKET VALUE OF THE FUND MAY BE WITHDRAWN ANNUALLY TO COVER APPROVED EXPENSES.

THE PURPOSE OF THE SANDRA DAY O'CONNOR AWARD FUND IS TO PROVIDE LONG-TERM FUNDING FOR THE SANDRA DAY O'CONNOR AWARD FOR PROFESSIONAL SERVICE. THIS FUND IS DESIGNATED FOR ACTIVITIES DIRECTLY RELATED TO THE ANNUAL PRESENTATION OF THE SANDRA DAY O'CONNOR AWARD FOR PROFESSIONAL SERVICE. A MAXIMUM OF 4% OF THE 36-MONTH AVERAGE MARKET VALUE OF THE FUND MAY BE WITHDRAWN ANNUALLY TO COVER APPROVED EXPENSES.

THE PURPOSE OF THE WARREN E. BURGER PRIZE FUND IS TO PROVIDE LONG-TERM FUNDING FOR THE WARREN E. BURGER PRIZE. THIS FUND IS DESIGNATED FOR ACTIVITIES DIRECTLY RELATED TO THE ANNUAL PRESENTATION OF THE WARREN E. BURGER PRIZE. A MAXIMUM OF 4% OF THE 36-MONTH AVERAGE MARKET VALUE OF THE FUND MAY BE WITHDRAWN ANNUALLY TO COVER APPROVED EXPENSES.

THE PURPOSE OF THE AMERICAN INNS OF COURT PROFESSIONALISM AWARDS FUND IS TO PROVIDE LONG-TERM FUNDING FOR THE AMERICAN INNS OF COURT PROFESSIONALISM AWARDS. THIS FUND IS DESIGNATED FOR ACTIVITIES DIRECTLY

	(Form 990) 2017			F COURT	FOUNDATION	52-1405650 Page 5
Part XIII	Supplement	al Information (contin	ued)			
			,			
RELATE	D TO THE	PRESENTATION	OF THE A	MERICAN	I INNS OF CO	OURT PROFESSIONALISM
AWARDS	. ACCOUNT	ING FOR CONTR	IBUTIONS	, EARNI	NGS, INCOME	E AND EXPENSES SHALL
BE ON	A FEDERAL	CIRCUIT BASI	S. A MAX	IMUM OF	4% OF THE	36-MONTH AVERAGE
MARKET	VALUE OF	' THE FUND ATI	RIBUTABL	ΕΤΟΑ	PARTICULAR	CIRCUIT MAY BE
WITHDR	AWN ANNUA	LLY TO COVER	APPROVED	EXPENS	SES.	

THE PURPOSE OF THE UNRESTRICTED HOWARD T MARKEY FUND IS TO PROVIDE LONG-TERM FUNDING FOR BOARD DESIGNATED PURPOSES. A MAXIMUM OF 4% OF THE 36-MONTH AVERAGE MARKET VALUE OF THE FUND MAY BE WITHDRAWN ANNUALLY TO COVER APPROVED EXPENSES.

PART X, LINE 2:

MANAGEMENT HAS CONCLUDED THAT THERE ARE NO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2018.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD

13,834.

-666.

13,834.

666.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON SALE OF FIXED ASSETS

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD

TOTAL TO SCHEDULE D, PART XII, LINE 2D

14,500.

SCHEDULE F (Form 990)					ivities Outside the Ur			OMB No. 1545-0047
(F0	rm 990)		Complete if t	the organizatio	n answered "Yes" on Form 990, Part ▶ Attach to Form 990.	IV, line 14b, 1	5, or 16.	201/
	rtment of the Treasury al Revenue Service		Go to v	www.irs.gov/Fo	rm990 for instructions and the latest	information.		Open to Public Inspection
Nam	ne of the organization	on					Employer ic	lentification number
AM	ERICAN INN						52-140	
Pa				ctivities Out	side the United States. Comple	ete if the organ	ization answei	red "Yes" on
_	Form 990,							
1	-		-		ds to substantiate the amount of its gra the selection criteria used to award the			Yes No
2	For grantmakers United States.	s. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance	outside the
3	Activities per Reg	gion. (Tł	ne following Part	I, line 3 table ca	an be duplicated if additional space is n	eeded.)		
	(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d gram service, e specific type (s) in the regio	expenditures for and investments
EUR	OPE		0	0	PROGRAM SERVICES	INTERNATION	AL DROCRAM	36,320.
EUK	OFE		0	0	FROMAN SERVICES	INTERNATION	AL FROGRAM	50,520.
3 a	Sub-total		0	0				36,320.
	Total from contin sheets to Part I	uation	0	0				0.
с	Totals (add lines		0	0				36 320.

Statement of Activities Outside the United States

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2017

OMB No. 1545-0047

Schedule F (Form 990) 2017

AMERICAN INNS OF COURT FOUNDATION

52-1405650

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
by the IRS, or for whic	ch the grantee or cou	nsel has provided a sect	ecognized as charities by the t ion 501(c)(3) equivalency letter					

Schedule F (Form 990) 2017

52-1405650

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017	AMERICAN	INNS	OF	COURT	FOUNDATION
Part IV Foreign Form	s				

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990</i>)	Yes	X No

Schedule F (Form 990) 2017

(Form 990) 2017	AMERICAN	INNS	OF	COURT	FOUNDATION	52-1405650	Page 5
Supplementa	I Information						
Provide the inform	nation required by I	Part I, line	2 (mo	nitoring of fu	unds); Part I, line 3, col	umn (f) (accounting method; amounts of	
investments vs. ex	xpenditures per reg	gion); Part	II, line	e 1 (accounti	ng method); Part III (ac	counting method); and Part III, column (c)	
(estimated numbe	er of recipients), as	applicable	e. Also	complete th	nis part to provide any	additional information. See instructions.	

(estimated nu	mber of recipients), as applicable	e. Also complete this part to	provide any additional inform	ation. See instructions.	

Schedule F (Form 990) 2017

Part V Supplemental Information

SCHEDULE I (Form 990)		Go	rants and Oth vernments, an ete if the organization	d Individua	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			-	Attach to For				Open to Public Inspection
Name of the organization		INNS OF CO	OURT FOUNDAT	FION				Employer identification number 52-1405650
	formation on Grants a							
	ation maintain records t ward the grants or assis							
	V the organization's pro							
	d Other Assistance to	-				anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
	hat received more than S					(f) Method of		
.,	dress of organization rernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	er of section 501(c)(3) and the section solution of other organizations and the section of the s			e line 1 table				·
	Reduction Act Notice,							Schedule I (Form 990) (2017

Schedule I (Form 990) (2017) AMERICAN INNS OF COURT FOUNDATION

52-1405650

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EMPLE BAR SCHOLARSHIPS	4	6,000.	0.		
WARREN E. BURGER PRIZE	1	5,000.	0.		
EGASUS SCHOLARSHIPS	2	4,800.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

AMERICAN INNS OF COURT FOUNDATION DOES NOT REQUEST ANY SORT OF ACCOUNTING

OF THE STIPENDS AWARDED FROM THE RECIPIENTS.

SC	HEDULE J	Compensation Information	I	OMB No. 1	545-004	47		
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	17	,		
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20				
Denar	Artment of the Treasury Artment of the Treasury							
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe				
Nam	e of the organizatior			identificatio		nber		
		AMERICAN INNS OF COURT FOUNDATION	52-1	L40565	0			
Ра	rt I Question	s Regarding Compensation						
	a				Yes	No		
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
		line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c							
		ation and gross-up payments Health or social club dues or initiation fee						
		pending account Personal services (such as, maid, chauffe						
			ur, onory					
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or						
	•	rovision of all of the expenses described above? If "No," complete Part III to explain		1b				
2		require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	-	s, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
3	Indicate which, if ar	y, of the following the filing organization used to establish the compensation of the organiza	tion's					
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to					
	establish compensa	tion of the CEO/Executive Director, but explain in Part III.						
	X Compensation	committee X Written employment contract						
	Independent c	ompensation consultant <u>X</u> Compensation survey or study						
	Form 990 of o	her organizations	ommittee					
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a re	-				v		
a L		e payment or change-of-control payment?				X X		
b		ceive payment from, a supplemental nonqualified retirement plan?				X		
C		eive payment from, an equity-based compensation arrangement? es 4a-c, list the persons and provide the applicable amounts for each item in Part III.		4c				
	In res to any or in	es 4a°c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n					
	contingent on the re							
а	-			5a		x		
		ation?				Х		
		r 5b, describe in Part III.						
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	n					
	contingent on the n	et earnings of:						
а	The organization?			6a		X		
		ation?				X		
		r 6b, describe in Part III.						
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments						
		es 5 and 6? If "Yes," describe in Part III		7		X		
8	-	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ie			37		
				8		X		
9		d the organization also follow the rebuttable presumption procedure described in						
	Regulations section							
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.	Sched	dule J (Forn	n 990)	2017		

Schedule J (Form 990) 2017

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

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-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) MALINDA DUNN	(i)	205,202.	0.	0.	8,208.	5,461.	218,871.	0.
EXECUTIVE DIRECTOR/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DAVID AKRIDGE	(i)	164,799.	0.	0.	6,669.	22,211.	193,679.	0.
DEPUTY EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2017 AMERICAN INNS OF COURT FOUNDATION

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2017

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Name of the organization

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. 2017 Open to Public Inspection Employer identification number

OMB No. 1545-0047

AMERICAN INNS OF COURT FOUNDATION

52-1405650

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

THE MISSION OF THE AMERICAN INNS OF COURT IS TO FOSTER EXCELLENCE IN

PROFESSIONALISM, ETHICS, CIVILITY, AND LEGAL SKILLS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

AWARDS PROGRAM - THE FOUNDATION RECOGNIZED INDIVIDUALS FOR SERVICE AND

LEADERSHIP IN THE AMERICAN INNS OF COURT MOVEMENT BY CHOOSING NATIONAL

AND PROFESSIONAL AWARD WINNERS.

EXPENSES \$ 83,748. INCLUDING GRANTS OF \$ 5,000. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

THE MEMBERSHIP OF THE AMERICAN INNS OF COURT FOUNDATION SHALL CONSIST OF

ALL ACTIVE MEMBERS OF DULY CHARTERED AMERICAN INNS OF COURT, TOGETHER WITH

HONORARY, EMERITUS, AND NATIONAL MEMBERS.

THERE SHALL BE FOUR CLASSIFICATIONS OF ACTIVE MEMBERS:

MASTERS OF THE BENCH - CONSISTING OF EXPERIENCED JUDGES, LAWYERS, AND LAW PROFESSORS;

BARRISTERS - CONSISTING OF LAWYERS WITH SOME EXPERIENCE BUT NOT YET

MASTERS;

ASSOCIATES - CONSISTING OF LAWYERS WHO ARE LAW SCHOOL GRADUATES BUT WHO DO

NOT MEET THE AMERICAN INNS OF COURT'S MINIMUM EXPERIENCE REQUIREMENT FOR

BARRISTERS; AND

PUPILS - CONSISTING OF LAW STUDENTS.

THERE SHALL BE THREE ADDITIONAL CLASSES OF MEMBERS:

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization AMERICAN INNS OF COURT FOUNDATION	Employer identification number $52 - 1405650$
NATIONAL MEMBERS - INDIVIDUALS IN GOOD STANDING WHO HAVE B	EEN MEMBERS OF A
LOCAL AMERICAN INN OF COURT BUT NO LONGER ARE;	
EMERITUS MEMBERS - DESIGNATED BY AMERICAN INNS OF COURT FR	OM AMONG ACTIVE
MASTERS OF THE BENCH ON THE BASIS OF LONG AND DISTINGUISHE	D SERVICE TO
THEIR INNS; AND	
HONORARY MEMBERS - DESIGNATED BY LOCAL AMERICAN INNS OF CO	URT OR BY THE
AMERICAN INNS OF COURT FOUNDATION ON THE BASIS OF DISTINGU	ISHED SERVICE TO
THE BENCH OR BAR, FURTHERANCE OF AMERICAN INNS OF COURT OB	JECTIVES OR OTHER
NOTEWORTHY ACHIEVEMENTS.	
FORM 990, PART VI, SECTION A, LINE 7A:	
THE MEMBERS OF THE FOUNDATION IN GOOD STANDING SHALL ELECT	TRUSTEES TO THE

BOARD OF TRUSTEES.

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

THE COMPLETED 990 IS DISTRIBUTED TO THE ENTIRE BOARD PRIOR TO FILING. THE BOARD MEMBERS ARE GIVEN 7 DAYS TO REVIEW THE FORM AND PROVIDE COMMENT. ADDITIONALLY, THE FORM IS SENT TO THE TREASURER AND DEPUTY EXECUTIVE DIRECTOR FOR THEIR REVIEW AND COMMENT.

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

ANNUALLY, ALL DIRECTORS AND OFFICERS ARE PROVIDED WITH A COPY OF THE

CONFLICT OF INTEREST POLICY AND ASKED TO SIGN AN ACKNOWLEDGMENT FORM.

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

PERIODICALLY (EVERY TWO TO THREE YEARS), WE EXAMINE CURRENT NON-PROFIT

COMPENSATION SURVEYS (PRIMARILY THE ASAE EXECUTIVE COMPENSATION SURVEY). WE

CONSIDER BUDGET SIZE, STAFF SIZE, SCOPE, GEOGRAPHIC LOCATION, AND TYPE OF 732212 09-07-17 Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization AMERICAN INNS OF COURT FOUNDATION	Employer identification number 52-1405650
ORGANIZATION IN CALCULATING THE MEDIAN SALARY. THE BOARD S	ETS THE EXECUTIVE
DIRECTOR'S SALARY AT APPROXIMATELY 2% ABOVE MEDIAN. THERE	IS AN EXECUTIVE
EVALUATION & COMPENSATION COMMITTEE CHARGED WITH CONDUCTIN	G AN ANNUAL
PERFORMANCE EVALUATION AND REVIEWING SALARY SURVEY FINDING	S. THE LAST
REVIEW OF THE EXECUTIVE DIRECTOR'S COMPENSATION WAS CONDUC	TED JUNE 2018.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AK,AL,AR,CA,CO,CT,FL,HI,IL,KS,KY,MA,MD,ME,MI,MN,MS,NC,ND,NH,NJ,NM,NV,NY,OH OK,OR,PA,RI,SC,TN,UT,VA,WA,WI,WV

FORM 990, PART VI, SECTION C, LINE 19:

FOUNDATION BYLAWS, CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY AND THE LAST THREE 990S ARE AVAILABLE ON THE FOUNDATION'S PUBLIC WEB SITE UNDER FORMS AND LINKS/FOUNDATION FORMS. THE FOUNDATION ALSO MAKES ITS AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. (Rev. January 2017)

Department of the Treasury

Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Enter filer's identifying number

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions.			Employer identification number (EIN) or		
print						
File by the	AMERICAN INNS OF COURT FOUNDATION				52-1405650	
due date for filing your return. See instructions.	225 REINEKERS LANE NO. 770			Social se	ocial security number (SSN)	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALEXANDRIA, VA 22314					
Enter the Return Code for the return that this application is for (file a separate application for each return)						01
Application		Return	Application			Return
Is For		Code	Is For			Code
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07
Form 990-BL		02	Form 1041-A			08
Form 4720 (individual)		03	Form 4720 (other than individual)			09
Form 990-PF		04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11
Form 990-T (trust other than above) DAVID W. AKRIDO			Form 8870			12
 If this box ▶ 1 I re for 	quest an automatic 6-month extension of time until	Group Exe and atta MA organizatio	emption Number (GEN) I uch a list with the names and EINs o Y 15, 2019 , to file on's return for:	f this is fo f all memb the exen	r the whole g	nsion is for.
	\mathbf{X} tax year beginning JUL 1, 2017 , and ending JUN 30, 2018 .					
2 If th	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period					
3a lfth	nis application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any			
nor	nrefundable credits. See instructions.			3a	\$	0.
b If th	this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					_
est	estimated tax payments made. Include any prior year overpayment allowed as a credit.			3b	\$	0.
c Ba	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,					•
by using EFTPS (Electronic Federal Tax Payment System). See ins				3c	\$	0.
instructio				3453-EO a		-
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	, see instr	uctions.		Form 8	868 (Rev. 1-2017)