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Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

► Information about Form 990 and its instructions is at www.irs.gov/form990.

tax year beginning APR 1, 2014 and ending MAR 31,

A For the 2014 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change ALABAMA LAW FOUNDATION, INC. Name change 63-0951482 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 334-387-1600 415 DEXTER AVENUE termin-ated 933,327. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code MONTGOMERY, AL Amended return 36104 H(a) Is this a group return Applica-F Name and address of principal officer: TRACY A. DANIEL for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3)) ◀ (insert no.) L 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► ALFINC.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Trust Association Other > L Year of formation: 1987 M State of legal domicile: AL Part I Summary Briefly describe the organization's mission or most significant activities: PROMOTING ACCESS TO JUSTICE AND Activities & Governance RESPECT FOR AND UNDERSTANDING OF THE LAW. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 16 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 16 4 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 820,939 790,729. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 119,129. 107,838. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 47,286. 34,760. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 933,327. 987,354. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 543,855 516,183. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 249,968. 225,320. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 274,585. 258,050. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,068,408. 999,553. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -66,226. -81,054. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5,073,198. 4,941,276. 20 Total assets (Part X, line 16) 298,971. 215,881. 21 Total liabilities (Part X, line 26) 725,395. 4,774,227. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign TRACY A. DANIEL, EXECUTIVE DIRECTOR Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature if self-employed CHAPPELLE 08/06/15 LUCINDA S. CHAPPELLE LUCINDA S. P00187613 Paid 63-1035228 Preparer Firm's EIN ▶ Firm's address P. O. BOX 96 Use Only Phone no. (334) 834-7660 MONTGOMERY, AL 36101-0096 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

Other program services (Describe in Schedule O.)

including grants of \$

Total program service expenses ▶ 4e

642,804.

Form 990 (2014) ALABAMA LAW Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|--------|-----|------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | Х |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | Х | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | X | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | 37 | |
| | Part VI | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | х |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | |
| a | 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 | 444 | | х |
| _ | Part X, line 16? If "Yes," complete Schedule D, Part IX Did the exemplete schedule D, Part X, line 353 If "Yes," complete Schedule D, Part X | 11d | | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | - 22 |
| ' | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | Х |
| 19a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | - ' '' | | |
| 124 | Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | izu | | |
| ~ | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

Form 990 (2014) ALABAMA LAW FOUNDA Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|----------|--|-----|---------|-----------|
| 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 | Х | |
| 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 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | 37 |
| | Schedule K. If "No", go to line 25a | 24a | | <u> X</u> |
| | 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 | | |
| | 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 | 05- | | х |
| L | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| D | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5, 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, | | | 37 |
| | 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 | | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | Х |
| 0.4 | contributions? If "Yes," complete Schedule M | 30 | | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | х |
| 20 | If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | 31 | | |
| 32 | Och and to N. Poch III | 32 | | х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 32 | | |
| 33 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | 00 | | |
| ٠. | Part V, line 1 | 34 | | Х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | <u></u> | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | X | |

Form 990 (2014) ALABAMA LAW FOUNDATION, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

| | Check it Scriedule O contains a response of note to any line in this Part v | | | <u></u> | |
|----------------|---|------------------------------|-----|------------------------|----|
| | | | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a U | | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 10 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and re | | 4. | | |
| 0- | (gambling) winnings to prize winners? | I | 1c | | |
| Za | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | 2a 4 | | | |
| h | filed for the calendar year ending with or within the year covered by this return | | 2b | | Х |
| D | If at least one is reported on line 2a, did the organization file all required federal employment tax return. | | 20 | | |
| 32 | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions Did the organization have unrelated business gross income of \$1,000 or more during the year? | | За | | Х |
| | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule | | 3b | \vdash | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other a | | SD | | |
| - a | financial account in a foreign country (such as a bank account, securities account, or other financial | | 4a | l | Х |
| h | If "Yes," enter the name of the foreign country: | 2000um;: | ти | | |
| ~ | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A | ccounts (FBAR) | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | Х |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa | | 5b | | Х |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | | |
| | any contributions that were not tax deductible as charitable contributions? | | 6a | l | Х |
| 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). | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | vices provided to the payor? | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | as required | | 1 | |
| | to file Form 8282? | | 7с | Ш | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of | ontract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control | act? | 7f | $\sqcup \sqcup$ | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | | 7g | igsquare | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | by the | | | |
| | | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| _ | Did the sponsoring organization make any taxable distributions under section 4966? | | 9a | $\vdash \vdash \vdash$ | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | 9b | | |
| | Section 501(c)(7) organizations. Enter: | 40- | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| р 11 | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: | 10b | | | |
| | Gross income from members or shareholders | 11a | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against | 110 | | | |
| | 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 | | 12a | | |
| | | 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| | 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 | | | | |
| | organization is licensed to issue qualified health plans | 13b | | | |
| С | Enter the amount of reserves on hand | 13c | | | |
| | Did the second still a second | | 14a | | Х |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule | | 14b | | |
| | | | | | |

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

| | Check if Schedule O contains a response or note to any line in this Part VI | | | | 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 | 16 | | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | | | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 16 | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | | | | | | | | | |
| _ | officer, director, trustee, or key employee? | | 2 | | Х | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | | ·· - | | | | | | | |
| Ū | 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 9 | | | | X | | | | | |
| 5 | | | — | 1 | X | | | | | |
| 6 | Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? | | | | | | | | | |
| | | | 6 | | Х | | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or ap | • | | | X | | | | | |
| | more members of the governing body? | | 7a | | <u> </u> | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | | l | | x | | | | | |
| _ | persons other than the governing body? | | 7b | | _ ^ | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the yea | - | | - V | | | | | | |
| а | The governing body? | | 8a | X | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | | 8b | X | <u> </u> | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | | | | | | | | | |
| _ | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | 9 | | <u> </u> | | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | venue Code.) | | | | | | | | |
| | | | | Yes | No | | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | | 10a | | X | | | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such ch | apters, affiliates, | | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? \dots | | 10b | | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body | before filing the form? | ? 11a | X | | | | | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | 12a | | | | | | | |
| b | $Were \ officers, \ directors, \ or \ trustees, \ and \ key \ employees \ required \ to \ disclose \ annually \ interests \ that \ could \ give \ rise$ | to conflicts? | 12b | X | | | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes | es," describe | | | | | | | | |
| | in Schedule O how this was done | | 12c | X | | | | | | |
| 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 approva | l by independent | | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | . 15a | X | | | | | | |
| b | Other officers or key employees of the organization | | 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 arrangen | nent with a | | | | | | | | |
| | taxable entity during the year? | | 16a | | Х | | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat | | | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | | | | | | | | | |
| | 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 NONE | | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T | (Section 501(c)(3)s on | v) availa | hle | | | | | | |
| 10 | for public inspection. Indicate how you made these available. Check all that apply. | (23011011 00 1(0)(0)3 011 | ,, avana | J.0 | | | | | | |
| | X Own website Another's website X Upon request Other (explain | in Schedule (1) | | | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor | | and fina | ncial | | | | | | |
| 13 | statements available to the public during the tax year. | must of interest policy, | and illidi | iciai | | | | | | |
| 20 | · · · · · · · · · · · · · · · · · · · | oko and ragarda. | | | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's both TRACY A. DANIEL $-334-387-1600$ | ons and records: | | | | | | | | |
| | 415 DEXTER AVENUE, MONTGOMERY, AL 36104 | | | | | | | | | |
| | IIO DEMILIE MANAGE, MONTOUMENT, ALL SULVI | | | | | | | | | |

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

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

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

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

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

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

| (A) | (B) | l | 111120 | (0 | | про | iout | (D) | (E) | (F) |
|---------------------------------|-------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------|-------------------------------|--------------------|
| Name and Title | Average | (do | | Posi | ition | than | one | Reportable | Reportable | Estimated |
| | hours per | box | , unle | ss pe | rson i | is bot or/trus | h an | compensation | compensation | amount of |
| | week (list anv | <u> </u> | | | | | | from the | from related organizations | other compensation |
| | hours for | direct | | | | pa | | organization | (W-2/1099-MISC) | from the |
| | related | stee or | ustee | | | ensat | | (W-2/1099-MISC) | | organization |
| | organizations | al trus | onal tr | | oloyee | comp | | | | and related |
| | below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) THOMAS L. OLIVER, II | 0.00 | = | | 0 | * | ± ≅ | Œ | | | |
| PRESIDENT | | Х | | Х | | | | 0. | 0. | 0. |
| (2) JOSEPH A. FAWAL | 0.00 | | | | | | | | | |
| VICE-PRESIDENT | | Х | | Х | | | | 0. | 0. | 0. |
| (3) MARY MARGARET BAILEY | 0.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (4) THOMAS N. CARRUTHERS JR. | 0.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (5) LEE H. COPELAND | 0.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (6) CHRISTINA D. CROW | 0.00 | l | | | | | | | | • |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (7) PATRICK C. DAVIDSON | 0.00 | | | | | | | | | 0 |
| TRUSTEE | 0 00 | Х | | | | | | 0. | 0. | 0. |
| (8) SALLY HAWLEY | 0.00 | X | | | | | | 0. | 0 | 0 |
| TRUSTEE | 0.00 | Δ. | | | | | | 0. | 0. | 0. |
| (9) EDWARD A. HOSP | 0.00 | X | | | | | | 0. | 0. | 0. |
| TRUSTEE (10) ANTHONY JOSEPH | 0.00 | ^ | | | | | | 0. | 0. | <u></u> |
| TRUSTEE | - 0.00 | x | | | | | | 0. | 0. | 0. |
| (11) PHILLIP MCCALLUM | 0.00 | | | | | | | 0. | 0. | <u> </u> |
| TRUSTEE | 0.00 | x | | | | | | 0. | 0. | 0. |
| (12) COLE PORTIS | 0.00 | | | | | | | • | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (13) RICHARD J. R. RALEIGH, JR. | 0.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (14) ALEXANDER M. SMITH | 0.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (15) W. N. WATSON | 0.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (16) HON. R. DONALD WORD, III | 0.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (17) TRACY A. DANIEL | 40.00 | | | | | | | 40000 | | |
| EXECUTIVE DIRECTOR | | | | Х | | | | 106,330. | 0. | 8,091. |

Form **990** (2014)

| Part VII Section A. Officers, Directors, Trus | | ploy | /ees | | | ighe | st C | | es (continued) | | | | |
|---|-------------------|---|-----------------------|-----------|--------------|------------------------------|------------|-------------------------|---------------------------|--------|---------|-----------------|--------------|
| (A) | (B) | | | • | C) | _ | | (D) | (E) | | | (F) | |
| Name and title | Average | Position (do not check more than one box, unless person is both a | | | | | | Reportable | Reportable | | | timate | |
| | hours per week | | | | | is bot or/trus | | compensation | compensatio | | | nount o | of |
| | (list any | or | | | | | Ė | from the | from related organization | | | other pensat | tion |
| | hours for | direct | | | | L. | | organization | (W-2/1099-MI | | | om the | |
| | related | ee or | stee | | | nsate | | (W-2/1099-MISC) | (** 2) 1000 1111 | , | | anizati | |
| | organizations | trust | al tru | | yee | ompe | | | | | | d relate | |
| | below | Individual trustee or director | Institutional trustee | er | Key employee | lest c | ner | | | | orga | nizatio | ons |
| | line) | Indi | Insti | Officer | Key | Highest compensated employee | Por | | | | | | |
| (18) LAURA L. CRUM | 0.00 | | | | | | | | | | | | _ |
| TREASURER | | | | Х | | | | 0. | | 0. | | | 0. |
| | | 1 | | | | | | | | | | | |
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| | | | | | | - | | | | | | | |
| | | - | | | | | | | | | | | |
| 4. 0.1.1.1 | | | | | | | lacksquare | 106,330. | | 0. | | 8,09 | 21 |
| 1b Sub-total | | | | | | | | 0. | | 0. | | 0,0 | 0. |
| c Total from continuation sheets to Part V | | | | | | | | 106,330. | | 0. | | 8,09 | |
| d Total (add lines 1b and 1c) | | | | | | | | | 000 - f | | | 0,0 | <u>у</u> т • |
| 2 Total number of individuals (including but r | iot iimitea to tr | iose | IISTE | ea ai | NOO | e) wi | no r | eceived more than \$100 | ,000 of reportab | ie | | | 1 |
| compensation from the organization | | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer, | director or tri | ıcto | o ko | w or | mnle | N/00 | or | highest componented o | mplovoo on | ſ | | 100 | 110 |
| line 1a? If "Yes," complete Schedule J for s | | | | • | • | • | | • | | | 3 | | Х |
| 4 For any individual listed on line 1a, is the si | | | | | | | | | | | 3 | | |
| and related organizations greater than \$15 | = | | - | | | | | • | the organization | | 4 | | Х |
| 5 Did any person listed on line 1a receive or | | | | | | | | | idual for services | | 7 | | |
| rendered to the organization? If "Yes," com | • | | | | • | | | • | | | 5 | | Х |
| Section B. Independent Contractors | piete Geriedar | 001 | 0, 0 | uon | pere | 3011 | | | | | | | |
| 1 Complete this table for your five highest co | mpensated in | dene | ende | ent c | onti | racto | ors t | that received more than | \$100,000 of con | npens | ation f | rom | |
| the organization. Report compensation for | | - | | | | | | | | - 5/10 | | | |
| (A) | | | | · · · · · | | | | (B) | , | | (C | ;) | |
| Name and business | address | N | INC | Ξ | | | | Description of s | ervices | С | | , nsatior | ı |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| Total number of independent contractors (\$100,000 of compensation from the organi | | ot li | mite | d to | tho | se li: | stec | d above) who received n | nore than | | | | |
| Ψ 100,000 or compensation from the organi | ∠αιι∪ι / | | | | | | | | | | | 200 | |

Form 990 (2014) ALABAMA
Part VIII Statement of Revenue

| | | Check if Schedule O conta | ains a response | or note to any lin | ne in this Part VIII | | | |
|--|------|--|-------------------|----------------------|-----------------------------|--|---|--|
| | | | · | į | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| nts | 1 a | Federated campaigns | 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | Membership dues | | | | | | |
| S, C | С | Fundraising events | 1c | | | | | |
| ar, | | Related organizations | | | | | | |
| imi | | 0 1 1 1 1 1 1 1 | | | | | | |
| rior S | f | All other contributions, gifts, grant | ts, and | | | | | |
| the | | similar amounts not included above | ve 1f | 790,729. | | | | |
| 함 | g | Noncash contributions included in lines | 1a-1f: \$ | | | | | |
| <u>වූ ළ</u> | h | Total. Add lines 1a-1f | | > | 790,729. | | | |
| | | | | Business Code | | | | |
| e e | 2 a | | | | | | | |
| و چَ | b | | | | | | | |
| Program Service Revenue | С | | | | | | | |
| lev. | d | | | | | | | |
| <u>б</u> | е | | | | | | | |
| ₫ | f | All other program service reve | nue | | | | | |
| | g | Total. Add lines 2a-2f | | | | | | |
| | 3 | Investment income (including | dividends, intere | est, and | | | | |
| | | other similar amounts) | | | 107,838. | | | 107,838. |
| | 4 | Income from investment of tax | x-exempt bond p | proceeds | | | | |
| | 5 | Royalties | · | <u>,</u> | | | | |
| | | | (i) Real | (ii) Personal | | | | |
| | 6 a | Gross rents | | | | | | |
| | b | Less: rental expenses | | | | | | |
| | С | Rental income or (loss) | | | | | | |
| | d | Net rental income or (loss) | · | <u>,</u> | | | | |
| | 7 a | Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| | | assets other than inventory | | | | | | |
| | b | Less: cost or other basis | | | | | | |
| | | and sales expenses | | | | | | |
| | С | Gain or (loss) | | | | | | |
| | | Net gain or (loss) | | <u></u> | | | | |
| une | 8 a | Gross income from fundraising including \$ | ` ` | | | | | |
| eve | | contributions reported on line | | | | | | |
| Other Reven | | Part IV, line 18 | • | | | | | |
| ‡ | b | Less: direct expenses | | | | | | |
| 0 | | Net income or (loss) from fund | | | | | | |
| | | Gross income from gaming ac | - | | | | | |
| | | Part IV, line 19 | | | | | | |
| | b | Less: direct expenses | | | | | | |
| | | Net income or (loss) from gam | | | | | | |
| | | Gross sales of inventory, less | | | | | | |
| | | and allowances | | | | | | |
| | b | Less: cost of goods sold | | | | | | |
| | | Net income or (loss) from sale | | | | | | |
| Ī | | Miscellaneous Revenu | | Business Code | | | | |
| | 11 a | OTHER INCOME | | 900099 | 34,760. | 34,760. | | |
| | b | | | | | | | |
| | С | | | | | | | |
| | d | All other revenue | | | | | | |
| | е | Total. Add lines 11a-11d | | | 34,760. | | | |
| | 12 | Total revenue. See instructions. | | | 933,327. | 34,760. | 0. | 107,838. |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| | Check if Schedule O contains a respons | se or note to any line in | this Part IX | , () | |
|-------|---|---------------------------|-----------------|------------------|------------------------|
| | · | (A) | (B) | (C) | (D) |
| | not include amounts reported on lines 6b, | Total expenses | Program service | Management and | Fundraising |
| | 8b, 9b, and 10b of Part VIII. | | expenses | general expenses | expenses |
| 1 | Grants and other assistance to domestic organizations | 485,333. | 485,333. | | |
| _ | and domestic governments. See Part IV, line 21 | 400,000 | 400,000 | | |
| 2 | Grants and other assistance to domestic | 30,850. | 30 050 | | |
| _ | individuals. See Part IV, line 22 | 30,030. | 30,850. | | |
| 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, | 46 | | | |
| | trustees, and key employees | 125,760. | 48,908. | 48,908. | 27,944. |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 90,802. | 28,978. | 46,368. | 15,456. |
| 8 | Pension plan accruals and contributions (include | | | | |
| - | section 401(k) and 403(b) employer contributions) | 394. | 394. | | |
| 9 | Other employee benefits | 1,161. | 1,161. | | |
| 10 | Payroll taxes | 7,203. | 2,282. | 3,691. | 1,230. |
| 11 | | ,,200 | 2,202 | 3,051. | 1,2500 |
| | Fees for services (non-employees): | | | | |
| _ | Management | | | | |
| b | Legal | 26,595. | | 26,595. | |
| | Accounting | 40,333. | | 40,333. | |
| d | , o F | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | 44 11- | 4 - 2 - 2 | 4 |
| | column (A) amount, list line 11g expenses on Sch 0.) | 28,283. | 11,115. | 15,930. | 1,238. |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 66,409. | 4,632. | 52,766. | 9,011. |
| 14 | Information technology | 24,765. | 5,787. | 14,710. | 4,268. |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | 21,686. | 4,802. | 16,769. | 115. |
| 18 | Payments of travel or entertainment expenses | - | | | |
| .0 | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 47,427. | 2,087. | 3,354. | 41,986. |
| | F | 868. | 282. | 412. | 174. |
| 20 | Interest | 000• | 202 • | 414 | |
| 21 | Payments to affiliates | 26,684. | 8,672. | 12,675. | 5,337. |
| 22 | Depreciation, depletion, and amortization | 1,646. | 1,210. | 307. | 129. |
| 23 | Insurance | 1,040. | 1,410. | 307. | 149. |
| 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 0.) | 6 000 | 2 404 | 2 404 | |
| а | REPAIRS & MAINTENANCE | 6,808. | 3,404. | 3,404. | |
| b | DUES & SUBSCRIPTIONS | 3,723. | 2,130. | 1,593. | 4 221 |
| С | NEWSLETTER | 1,901. | | | 1,901. |
| d | CLIPPING | 782. | 391. | 391. | |
| е | All other expenses | 473. | 386. | 87. | _ |
| 25 | Total functional expenses. Add lines 1 through 24e | 999,553. | 642,804. | 247,960. | 108,789. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |
| 40004 | 0. 11-07-14 | | | | Form 990 (2014) |

Form 990 (2014) Part X Balance Sheet

| Pa | rt X | Balance Sheet | | | | | |
|---------------|------|---|----------|---------------------------------------|---------------------------------------|-----|---------------------------|
| | | Check if Schedule O contains a response or not | e to ar | ny line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 342,531. | 1 | 414,827. |
| | 2 | Savings and temporary cash investments | | | 151,383. | 2 | 199,944. |
| | 3 | Pledges and grants receivable, net | | | 194,936. | 3 | 151,476. |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from current and for | | | | | |
| | | trustees, key employees, and highest compensations | ated er | nployees. Complete | | | |
| | | Part II of Schedule L | | | | 5 | |
| | 6 | Loans and other receivables from other disquali | | | | | |
| ģ | | section 4958(f)(1)), persons described in section | • | , | | | |
| | | employers and sponsoring organizations of sec | | | | | |
| | | employees' beneficiary organizations (see instr). | | · | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | | 7 | |
| As | 8 | Inventories for sale or use | | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | | 9 | |
| | | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 167,929. | | | |
| | Ь | Less: accumulated depreciation | | | 64,039. | 10c | 37,816. |
| | 11 | Investments - publicly traded securities | | · · · · · · · · · · · · · · · · · · · | 4,007,012. | 11 | 4,198,010. |
| | 12 | Investments - other securities. See Part IV, line | | 12 | , , , , , , , , , , , , , , , , , , , | | |
| | 13 | Investments - program-related. See Part IV, line | | 13 | | | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets. See Part IV, line 11 | | | 181,375. | 15 | 71,125. |
| | 16 | Total assets. Add lines 1 through 15 (must equ | | | 4,941,276. | 16 | 5,073,198. |
| | 17 | Accounts payable and accrued expenses | | | 52,751. | 17 | 33,065. |
| | 18 | Grants payable | 163,130. | 18 | 259,851. | | |
| | 19 | Deferred revenue | | | · | 19 | 6,055. |
| | 20 | Tax-exempt bond liabilities | | | | 20 | - |
| | 21 | Escrow or custodial account liability. Complete | | | | 21 | |
| ý | 22 | Loans and other payables to current and former | | | | | |
| ij | | key employees, highest compensated employee | | | | | |
| Liabilities | | Complete Part II of Schedule L | | | | 22 | |
| Ë | 23 | Secured mortgages and notes payable to unrela | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelate | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | | | | | |
| | | parties, and other liabilities not included on lines | | | | | |
| | | Schedule D | | · · · · · | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 215,881. | 26 | 298,971. |
| | | Organizations that follow SFAS 117 (ASC 958 | | | | | |
| S | | complete lines 27 through 29, and lines 33 an | | | | | |
| nce | 27 | Unrestricted net assets | | | 2,801,639. | 27 | 2,776,091. |
| Fund Balances | 28 | Temporarily restricted net assets | | | 996,485. | 28 | 1,054,127. |
| Β | 29 | Permanently restricted net assets | 927,271. | 29 | 944,009. | | |
| 표 | | Organizations that do not follow SFAS 117 (A | | | | | |
| | | and complete lines 30 through 34. | | - | | | |
|)ts | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| 1556 | 31 | Paid-in or capital surplus, or land, building, or ed | | | | 31 | |
| Net Assets or | 32 | Retained earnings, endowment, accumulated in | | F | | 32 | |
| ž | 33 | Total net assets or fund balances | | | 4,725,395. | 33 | 4,774,227. |
| | 34 | Total liabilities and net assets/fund balances | | | 4,941,276. | 34 | 5,073,198. |
| | | | | | | _ | |

| 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 | | | <u> 27.</u> | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 53. | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 26. | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | | | | | | | |
| 5 | | | | | | | | |
| 6 | Donated services and use of facilities | 6 | | | | | | |
| 7 | Investment expenses | 7 | | | | | | |
| 8 | Prior period adjustments | 8 | | | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 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 | 4,77 | 4,2 | 27. | | | |
| Pa | rt XII Financial Statements and Reporting | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X | | | |
| | | | | 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 | Ο. | | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | d on a | | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | 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 | e audit, | | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | edule O. | | | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir | ngle Audit | | | | | | |
| | Act and OMB Circular A-133? | | 3a | | Х | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ired audit | | | | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | | | | |

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ALABAMA LAW FOUNDATION, INC.

Employer identification number 63-0951482

| Pai | rt I | Reason for Public (| Charity Status (| All organizations must co | omplete th | is part.) Se | ee instructions. | | | | | |
|------|--------|---|-----------------------------|--|-----------------|--------------|---------------------------------------|-----------------------------------|--|--|--|--|
| he o | organi | zation is not a private found | ation because it is: (| For lines 1 through 11, o | check only | one box.) | | | | | | |
| 1 | | A church, convention of ch | | | | |)(A)(i). | | | | | |
| 2 | | A school described in sect i | | | | | | | | | | |
| 3 | | A hospital or a cooperative | | • | ection 170 | (b)(1)(A)(ii | i). | | | | | |
| 4 | | - | | | | | - | the hospital's name. | | | | |
| | | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the hospital's name, city, and state: | | | | | | | | | | |
| 5 | | An organization operated for | or the benefit of a co | llege or university owne | d or opera | ted by a g | overnmental unit describ | ped in | | | | |
| | | section 170(b)(1)(A)(iv). (C | | , | | , 3 | | | | | | |
| 6 | | A federal, state, or local gov | • | nental unit described in | section 17 | 70(b)(1)(A) | (v). | | | | | |
| | 37 | An organization that norma | _ | | | | • | public described in | | | | |
| | | section 170(b)(1)(A)(vi). (C | • | a. part of no capport | | | anno or morn and general | | | | | |
| 8 | | A community trust describe | • | (1)(A)(vi). (Complete Par | t II.) | | | | | | | |
| 9 | | An organization that norma | | | | contributio | ons, membership fees, a | nd gross receipts from | | | | |
| | | activities related to its exen | • | - | - | | | - | | | | |
| | | income and unrelated busin | - | • | | | · · · · · · · · · · · · · · · · · · · | - | | | | |
| | | See section 509(a)(2). (Cor | | , | | | , 3 | , | | | | |
| 10 | | An organization organized a | | ively to test for public sa | afety. See | section 50 | 9(a)(4). | | | | | |
| 11 | | An organization organized a | and operated exclus | ively for the benefit of, to | o perform | the functio | ns of, or to carry out the | purposes of one or | | | | |
| | | more publicly supported or | • | • | - | | · · · · · · · · · · · · · · · · · · · | | | | | |
| | | lines 11a through 11d that | describes the type o | of supporting organization | n and con | nplete lines | 11e, 11f, and 11g. | | | | | |
| а | | Type I. A supporting orga | anization operated, s | supervised, or controlled | by its sup | ported org | anization(s), typically by | giving | | | | |
| | | the supported organization | on(s) the power to re | gularly appoint or elect | a majority | of the dire | ctors or trustees of the s | upporting | | | | |
| | | organization. You must o | omplete Part IV, Se | ections A and B. | | | | | | | | |
| b | | Type II. A supporting org | anization supervised | d or controlled in connec | tion with it | s supporte | ed organization(s), by ha | ving | | | | |
| | | control or management o | f the supporting org | anization vested in the s | ame perso | ons that co | ontrol or manage the sup | ported | | | | |
| | | organization(s). You mus | t complete Part IV, | Sections A and C. | | | | | | | | |
| С | | Type III functionally inte | grated. A supportin | g organization operated | in connec | tion with, a | and functionally integrate | ed with, | | | | |
| | | its supported organization | n(s) (see instructions | s). You must complete | Part IV, Se | ections A, | D, and E. | | | | | |
| d | | Type III non-functionally | / integrated. A supp | orting organization oper | ated in co | nnection v | vith its supported organi | zation(s) | | | | |
| | | that is not functionally int | egrated. The organiz | zation generally must sa | tisfy a dist | ribution re | quirement and an attent | iveness | | | | |
| | _ | requirement (see instruct | ions). You must con | nplete Part IV, Section | s A and D, | and Part | V. | | | | | |
| е | | Check this box if the orga | | | | | Type I, Type II, Type III | | | | | |
| | | functionally integrated, or | | | | | | | | | | |
| f | Ente | r the number of supported o | organizations | | | | | | | | | |
| g | | ide the following information | | <u>`</u> | Viv.A la Alaa a | iti | ()) | (3) | | | | |
| | (I | Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 | listed i | n your | (v) Amount of monetary support (see | (vi) Amount of other support (see | | | | |
| | | organization | | above or IRC section | governing | | Instructions) | Instructions) | | | | |
| | | | | (see instructions)) | Yes | No | , | , | | | | |
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Part II 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.)

| Sec | ction A. Public Support | | | | | | | | | |
|------|---|-----------------------------|----------------------|---------------------------|----------------------------|-----------------------|-----------------------|--|--|--|
| Cale | ndar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total | | | |
| 1 | Gifts, grants, contributions, and | ` , | · | · | ` , | , , | · · | | | |
| | membership fees received. (Do not | | | | | | | | | |
| | include any "unusual grants.") | 1184987. | 1023130. | 1177169. | 820,939. | 790,729. | 4996954. | | | |
| 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 | 110100 | 1000100 | 11==110 | | | | | | |
| 4 | Total. Add lines 1 through 3 | 1184987. | 1023130. | 1177169. | 820,939. | 790,729. | 4996954. | | | |
| 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) | | | | | | 4006054 | | | |
| | Public support. Subtract line 5 from line 4. | | | | | | 4996954. | | | |
| | ction B. Total Support | () 0040 | #20044 | () 0040 | / N 0040 | () 004 (| (O.T.) | | | |
| | ndar year (or fiscal year beginning in) | (a) 2010 1184987. | (b) 2011 1023130. | (c) 2012 1177169. | (d) 2013 820, 939. | (e) 2014 790, 729. | (f) Total 4996954. | | | |
| | Amounts from line 4 | 1104307. | 1023130. | 11//109. | 040,939. | 130,143. | 4330334. | | | |
| 8 | Gross income from interest, | | | | | | | | | |
| | dividends, payments received on | | | | | | | | | |
| | securities loans, rents, royalties | 51,819. | 66,250. | 322,917. | 86,734. | 107,838. | 635,558. | | | |
| • | and income from similar sources Net income from unrelated business | 31,013. | 00,250. | 322,311. | 00,754. | 107,030. | 033,330. | | | |
| 9 | | | | | | | | | | |
| | activities, whether or not the business is regularly carried on | | | | | | | | | |
| 10 | Other income. Do not include gain | | | | | | | | | |
| 10 | or loss from the sale of capital | | | | | | | | | |
| | assets (Explain in Part VI.) | 18,217. | 23,750. | 27,375. | 47,286. | 34.760. | 151,388. | | | |
| 11 | Total support. Add lines 7 through 10 | - , | , | , | , | , | 5783900. | | | |
| | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 | 2,960. | | | |
| | First five years. If the Form 990 is for | | | | | | <u> </u> | | | |
| | organization, check this box and stop | hous | | | | | ▶□ | | | |
| Sec | ction C. Computation of Publ | ic Support Pe | rcentage | | | | | | | |
| 14 | Public support percentage for 2014 (I | ine 6, column (f) di | vided by line 11, c | olumn (f)) | | 14 | 86.39 % | | | |
| | Public support percentage from 2013 | | | | | 15 | 88.28 % | | | |
| 16a | 33 1/3% support test - 2014. If the o | organization did no | t check the box or | n line 13, and line | 14 is 33 1/3% or n | nore, check this bo | | | | |
| | stop here. The organization qualifies | as a publicly supp | orted organization | | | | ▶ X | | | |
| b | 33 1/3% support test - 2013. If the o | organization did no | t check a box on l | ine 13 or 16a, and | line 15 is 33 1/3% | or more, check th | nis box | | | |
| | and stop here. The organization qual | ifies as a publicly s | supported organiza | ation | | | ▶□ | | | |
| 17a | 10% -facts-and-circumstances tes | t - 2014. If the org | anization did not c | heck a box on line | e 13, 16a, or 16b, a | and line 14 is 10% | or more, | | | |
| | and if the organization meets the "fac | ts-and-circumstan | ces" test, check th | nis box and stop h | ere. Explain in Par | t VI how the organ | nization | | | |
| | meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | | | | | | | | |
| b | 10% -facts-and-circumstances tes | t - 2013. If the org | anization did not c | heck a box on line | e 13, 16a, 16b, or | 7a, and line 15 is | 10% or | | | |
| | more, and if the organization meets the | ne "facts-and-circu | mstances" test, ch | neck this box and | stop here. Explain | in Part VI how the | ; | | | |
| | organization meets the "facts-and-circ | cumstances" test. | The organization o | jualifies as a publi | cly supported orga | nization | ▶∐ | | | |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16a | a, 16b, 17a, or 17b | o, check this box a | nd see instruction | s ▶Ш | | | |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

| Se | ction A. Public Support | now, piedee com | proto r ure m. | | | | |
|------|--|-------------------|----------------------|------------------------|--------------------|-------------------------|------------------|
| | endar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| | 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 | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| k | 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 | | | | | | |
| 8 | Public support (Subtract line 7c from line 6.) | | | | | | |
| Se | ction B. Total Support | | | | | | |
| Cale | endar year (or fiscal year beginning in) 🖊 | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, | | | | | | |
| | dividends, payments received on securities loans, rents, royalties | | | | | | |
| | and income from similar sources | | | | | | |
| k | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether or not the business is | | | | | | |
| | regularly carried on | | | | | | |
| 12 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for | the organization' | s first, second, thi | rd, fourth, or fifth t | ax year as a secti | on 501(c)(3) organi: | zation, |
| | check this box and stop here | | | | | | _ |
| | ction C. Computation of Publi | | | | | 1 1 | |
| | Public support percentage for 2014 (li | | | | | 15 | <u>%</u> |
| | Public support percentage from 2013 | | | | | 16 | <u>%</u> |
| | ction D. Computation of Inves | | | | | 14-1 | |
| | Investment income percentage for 20 | | | | | 17 | <u>%</u> |
| | Investment income percentage from 2 | | | | | 18 22.1/20/ and line: | % 17 is not |
| 198 | a 33 1/3% support tests - 2014. If the | | | | | | |
| | more than 33 1/3%, check this box ar | | | | | | |
| k | 33 1/3% support tests - 2013. If the | • | | | • | • | |
| 20 | line 18 is not more than 33 1/3%, che Private foundation. If the organization | | | | | | ······· [|

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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 **p**_{art 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 11a or 11b 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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).
- **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 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) 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.)

| | | Yes | No |
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| Par | ↑ IV Supporting Organizations _(continued) | | | |
|------|--|---------|-----|----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| С | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| | tion B. Type I Supporting Organizations | | | |
| | <u> </u> | | 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 <i>Part VI</i> how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sect | tion C. Type II Supporting Organizations | | | |
| | 71 11 3 3 | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sect | tion D. Type III Supporting Organizations | - | | |
| | 71 11 5 5 | | 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, (1) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sect | 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. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru | uctions |). | |
| 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 | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes," describe in part VI the role played by the organization in this regard. | 3b | | |

| Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. Section A - Adjusted Net Income | Pa | t V Type III Non-Functionally Integrated 509(a)(3) Supportin | g Organ | izations | | | | | |
|--|------|---|--------------|----------------------------|------------------|--|--|--|--|
| Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional) 1 Net short-term capital gain 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Other gross income (see instructions) 4 Add lines 1 through 3 5 Depreciation and depiction 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 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 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) 7 Other expenses (see instructions) 7 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly value of securities b Average monthly value of securities b Average monthly value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .03S 6 Multiply line 5 by .03S 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 8 Minimum asset amount for prior year (from Section A, line 8, Column A) 1 Adjusted net income for prior yea | 1 | 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All | | | | | | | |
| Net short-term capital gain 1 | | other Type III non-functionally integrated supporting organizations must co | mplete Se | ctions A through E. | | | | | |
| Net short-term capital gain 1 | Soct | on A - Adjusted Not Income | | (A) Prior Voor | (B) Current Year | | | | |
| 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Other gross income (see instructions) 4 Add lines 1 through 3 5 Depreciation and depletion 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 Portion of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 Rection B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 Aggregate fair market value of sourtiles 1 Average monthly value of sourtiles 1 A Average monthly value of sourtiles 1 b Average monthly cash balances 1 b Average monthly cash balances 1 b C Fair market value of other non-exempt-use assets 1 c C Fair market value of other non-exempt-use assets 1 c C Fair market value of other non-exempt-use assets 1 c C Fair market value of other non-exempt-use assets 1 c C Fair market value of other non-exempt-use assets 1 c C Fair market value of other non-exempt-use assets 1 c C Fair market value of other non-exempt-use assets 1 c C Fair market value of other non-exempt-use assets 1 c C Fair market value of other non-exempt-use assets 1 c C Fair market value of non-exempt-use assets 1 c C Fair market value of non-exempt-use assets 1 c C Fair market value of non-exempt-use assets 1 c C Fair market value of non-exempt-use assets 1 c C Fair market value of non-exempt-use assets 2 C Fair market value of non-exempt-use assets 2 C Fair market value of non-exempt-use assets 3 Subtract line 2 from line 1 d C Fair market value of non-exempt-use assets 3 Subtract line 2 from line 1 d C Fair market value of non-exempt-use assets 4 C Fair market value of non-exempt-use assets 5 C Fair market value of non-exempt-use assets 6 | | on A - Adjusted Net Income | | (A) FIIOI Teal | (optional) | | | | |
| 3 Other gross income (see instructions) 4 Add lines 1 through 3 5 Depreciation and depletion 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 Portion of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1 A Verage monthly value of securities 1 b Average monthly value of securities 1 b Average monthly value of securities 1 b C Fair market value of other non-exempt-use assets 1 b C Journal (add lines 1a, 1b, and 1c) 1 D Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1 d 2 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 6 Multiply line 5 by .035 6 E Section C - Distributable Amount (add line 7 to line 6) 8 Distributable Amount for prior year (from Section A, line 8, Column A) 1 Adjusted net income for prior year (from Section B, line 8, Column A) 3 Hinimum asset amount for prior year (from Section B, line 8, Column A) 5 Income tax imposed in prior year (from Section B, line 8, Column | 1 | Net short-term capital gain | 1 | | | | | | |
| 4 Add lines 1 through 3 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly value of securities 1 A value of other non-exempt-use assets 1 b C Fair market value of other non-exempt-use assets 1 to 1 Total (add lines 1a, 1b, and 1c) 1 d 1 Ottal (add lines 1a, 1b, and 1c) 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d 3 C Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 Cash deemed held for exempt use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section B, line 8, Column A) 1 A Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) for the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see | 2 | Recoveries of prior-year distributions | 2 | | | | | | |
| 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly value of securities 1 Aggregate monthly value of securities 1 Average monthly value of other non-exempt-use assets 1 to 0 Total (add lines 1a, 1b, and 1c) 1 Department of the following of the following or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 Subtract line 2 from line 1d 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 A Section C - Distributable Amount 1 Adjusted net income for prior year (from Section B, line 8, Column A) 1 Adjusted net income for prior year (from Section B, line 8, Column A) 3 Hinimum asset amount for prior year (from Section B, line 8, Column A) 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to energency temporary reduction (see instructions) 6 Distributable Amount. Subtract line 5 from line 4, unless subject to energency temporary reduction (see instructions) 7 Lock here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see | 3 | Other gross income (see instructions) | 3 | | | | | | |
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| 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Adjusted net income for prior year (from Section B, line 8, Column A) 2 Enter 85% of line 1 2 Income tax imposed in prior year 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see | е | Discount claimed for blockage or other | | | | | | | |
| 3 Subtract line 2 from line 1d 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 Net value of non-exempt-use assets (subtract line 4 from line 3) 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Adjusted net income for prior year (from Section B, line 8, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see | | factors (explain in detail in Part VI): | | | | | | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see | 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | | | | |
| see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see | 3 | Subtract line 2 from line 1d | 3 | | | | | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by .035 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Cection C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see | 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | | | | | |
| 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see | | see instructions). | 4 | | | | | | |
| 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see | 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | | | | | |
| 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see | 6 | Multiply line 5 by .035 | 6 | | | | | | |
| Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) Current Year Current Year | 7 | Recoveries of prior-year distributions | 7 | | | | | | |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Provided High Subtract Type III supporting organization (see | 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | | | | | |
| 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see | Sect | ion C - Distributable Amount | | | Current Year | | | | |
| 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see | 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | | | | | |
| Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see | 2 | • | 2 | | | | | | |
| 4 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see | 3 | | 3 | | | | | | |
| 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 | | | | | | | | | |
| 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 | | | | | | | | | |
| emergency temporary reduction (see instructions) 6 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see | | | | | | | | | |
| 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see | - | · · · · · · · · · · · · · · · · · · · | 6 | | | | | | |
| | 7 | | ly-integrate | ed Type III supportina ora | anization (see | | | | |
| | • | instructions). | , |), FF3-19 | ` | | | | |

Schedule A (Form 990 or 990-EZ) 2014

| Par | ^ব V │ Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | anizations _(continued) | |
|-------|--|-------------------------------|-----------------------------------|------------------------|
| Secti | ion D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | mpt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | ot purposes of supported | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organization | IS | |
| 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 to | he organization is responsive | e | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2014 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| | | (i) Excess Distributions | (ii) Underdistributions | (iii) Distributable |
| secti | ion E - Distribution Allocations (see instructions) | | Pre-2014 | Amount for 2014 |
| 1 | Distributable amount for 2014 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2014 | | | |
| | (reasonable cause required-see instructions) | | | |
| 3 | Excess distributions carryover, if any, to 2014: | | | |
| а | | | | |
| b | | | | |
| С | | | | |
| d | | | | |
| е | From 2013 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2014 distributable amount | | | |
| i | Carryover from 2009 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2014 from Section D, | | | |
| | line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2014 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2014, if | | | |
| | any. Subtract lines 3g and 4a from line 2 (if amount | | | |
| | greater than zero, see instructions). | | | |
| 6 | Remaining underdistributions for 2014. Subtract lines 3h | | | |
| | and 4b from line 1 (if amount greater than zero, see | | | |
| | instructions). | | | |
| 7 | Excess distributions carryover to 2015. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | | | | |
| b | | | | |
| С | | | | |
| | Excess from 2013 | | | |
| | Excess from 2014 | | | |

Schedule A (Form 990 or 990-EZ) 2014

| Schedule A | A (Form 990 or 990-EZ) 2014 ALABAMA LAW FOUNDATION, INC. | 63-0951482 Page 8 |
|------------|--|------------------------------------|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line | 17a or 17b; and Part III, line 12. |
| | Also complete this part for any additional information. (See instructions). | , |
| • | Also complete this part for any additional information. (See instructions). | |
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SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2014

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

| ALABAMA LAW FOUNDATION, INC. Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. Political expenditures Very Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Very No b If 'Yes,' describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). In Enter the amount directly expended by the filing organization for section 527 exempt function activities In the time amount directly expended by the filing organization for section 527 exempt function activities In the time amount directly expended by the filing organization for section 527 exempt function activities In the time amount directly expended by the filing organization for section 527 exempt function activities In the time amount of the filing organization is funds contribution activities In the time organization file form 1120-POL for this year? In the time organization is the form 1120-POL for this year? In the time organization is the form 1120-POL for this year? In the time organization is the filing organization organization is funds. If none, enter 0-1 if none, enter 0-1 if none, enter 0-1 if none, enter 0-1 if none, e | • 5 | Section 501(c)(4), (5), or (6) organizat | tions: Complete Part III. | | | | | | |
|--|------------------|---|-----------------------------------|----------------------|--|--|--|--|--|
| Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | | ALABAMA | | | | 63-0951482 | | | |
| 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No 4a Was a correction made? Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization's funds. If none, enter -0. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's contributions received and promptly and directly delivered to a separate political organization's funds. If none, enter -0. | Pa | rt I-A Complete if the org | ganization is exempt unde | r section 501(c) o | or is a section 527 | organization. | | | |
| 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4 Was a correction made? Yes No 4a Was a correction made? Yes No b If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ \$ No 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter ·0·. directly delivered to a separate political organization's funds. If none, enter ·0·. delivered to a separate political organization's funds. If none, enter ·0·. delivered to a separate political organization's funds. If none, enter ·0·. delivered to a separate political organization's funds. If none, enter ·0·. delivered to a separate political organization's funds. If none, enter ·0·. delivered to a separate political organization's funds. If none, enter ·0·. delivered to a separate political organization's funds. If none, enter ·0·. delivered to a separate political organization's funds. If none, enter ·0·. delivered to a separate political organization. | 2 | Political expenditures | · | | > | \$ | | | |
| 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4 Was a correction made? 5 If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. Sequence political contributions received and promptly and directly delivered to a separate political contributions received and promptly and directly delivered to a separate political organization. | Pai | rt I-B Complete if the org | ganization is exempt unde | r section 501(c)(3 | 3). | | | | |
| b If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities | 2 | Enter the amount of any excise tax | incurred by organization managers | s under section 4955 | > | \$ | | | |
| 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0 filing organization's funds. If none, enter -0 delivered to a separate political organization. | b | If "Yes," describe in Part IV. | | | | | | | |
| (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0 (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. | 2 3 4 5 | 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political | | | | | | | |
| | | . , | · | | (d) Amount paid from filing organization's | contributions received and promptly and directly delivered to a separate political organization. | | | |
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| Schedule C (Form 990 or 990-EZ) 2014 | ALABAI | IA LAW | FOUNDATION | N, INC. | 63-0 | 0951482 Page 2 |
|--|---------------------------|--------------|-----------------------------------|---------------------------|--|-----------------------------|
| Part II-A Complete if the org | anizatio | n is exe | mpt under section | on 501(c)(3) and file | ed Form 5768(| election under |
| section 501(h)). | | | | | | |
| · · | _ | | | n Part IV each affiliated | group member's nar | ne, address, EIN, |
| expenses, and shar | | , , | | | | |
| B Check ► ☐ if the filing organization | tion checke | ed box A a | nd "limited control" pr | ovisions apply. | | |
| | ts on Lobb ditures" me | | nditures unts paid or incurred | .) | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditures to influ | lence publ | ic opinion (| grass roots lobbying) | | | |
| b Total lobbying expenditures to influ | | | | ľ | | |
| c Total lobbying expenditures (add li | - | | | | | |
| d Other exempt purpose expenditure | | | | | | |
| e Total exempt purpose expenditure | | | | | | |
| f Lobbying nontaxable amount. Ente | | | | ī | | |
| If the amount on line 1e, column (a) o | | | bying nontaxable am | 11 | | |
| Not over \$500,000 | ` ' | | the amount on line 1e | | | |
| Over \$500,000 but not over \$1,000 | 0,000 | \$100,00 | 00 plus 15% of the ex | cess over \$500,000. | | |
| Over \$1,000,000 but not over \$1,5 | | | 00 plus 10% of the ex | | | |
| Over \$1,500,000 but not over \$17, | | | 00 plus 5% of the exce | | | |
| Over \$17,000,000 | , | \$1,000, | • | . , , | | |
| , , | <u> </u> | | | | | |
| g Grassroots nontaxable amount (en | ter 25% of | line 1f) | | | | |
| h Subtract line 1g from line 1a. If zero | o or less, e | nter -0- | | | | |
| i Subtract line 1f from line 1c. If zero | or less, er | | | | | |
| j If there is an amount other than zer | ro on eithe | | | | | • |
| reporting section 4911 tax for this | | | | | | Yes No |
| | | | eraging Period Under | | | |
| (Some organizations the | | | • • | • | of the five columns | below. |
| | | | ate instructions for li | | | |
| | Lobb | ying Expe | nditures During 4-Ye | ear Averaging Period | | |
| Calendar year (or fiscal year beginning in) | (a) 2 | 011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | | |
| b Lobbying ceiling amount | | | | | | |
| (150% of line 2a, column(e)) | | | | | | |
| c Total lobbying expenditures | | | | | | |
| d Crassroots nontevable amount | | | | | | |
| d Grassroots nontaxable amount e Grassroots ceiling amount | | | | | | |
| (150% of line 2d, column (e)) | | | | | | |
| (10070 of line 2d, coldinin (e)) | | | | | | |
| f Grassroots lobbying expenditures | | | | | | |

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 2014 ALABAMA LAW FOUNDATION, INC. 63-095148 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For e | each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description | (6 | a) | (b) |
|-------|--|---------------|----------------|---------------------|
| of th | e lobbying activity. | Yes | No | Amount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or | | | |
| | local legislation, including any attempt to influence public opinion on a legislative matter | | | |
| | or referendum, through the use of: | | | |
| | Volunteers? | X | | |
| | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | X | | |
| | Media advertisements? | | X | |
| | Mailings to members, legislators, or the public? | | X | |
| | Publications, or published or broadcast statements? | | X | |
| | Grants to other organizations for lobbying purposes? | | X | |
| | Direct contact with legislators, their staffs, government officials, or a legislative body? | | X | |
| | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | X | Λ | 6,034. |
| | Other activities? | Λ | | 6,034. |
| | Total. Add lines 1c through 1i | | X | 0,034. |
| | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 | | 21 | |
| | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |
| Pai | t III-A Complete if the organization is exempt under section 501(c)(4), section | on 501(c) | (5), or se | ection |
| | 501(c)(6). | . , | · // | |
| | | | | Yes No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | 1 | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | | | |
| Pai | t III-B Complete if the organization is exempt under section 501(c)(4), section | | | |
| | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." | "No," O | R (b) Par | t III-A, line 3, is |
| 1 | Dues, assessments and similar amounts from members | | 1 | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political | | | |
| | expenses for which the section 527(f) tax was paid). | | | |
| а | Current year | | 2a | |
| | Carryover from last year | | | |
| С | Total | | 2c | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | 3 | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc | ess | | |
| | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p | | | |
| | expenditure next year? | | 4 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | | 5 | |
| | t IV Supplemental Information | | | |
| | ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group | list); Part I | I-A, lines 1 a | and 2 (see |
| | uctions); and Part II-B, line 1. Also, complete this part for any additional information. RT II-B, LINE 1, LOBBYING ACTIVITIES: | | | |
| GR | ASSROOTS LOBBYING ACTIVITIES | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ALABAMA LAW FOUNDATION, INC.

Employer identification number 63-0951482

| Pa | rt I Organizations Maintaining Donor Advise | ed Funds or Other Similar Funds | or Accounts. Complete if the |
|----|---|---|--|
| | organization answered "Yes" to Form 990, Part IV, lin | e 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in | writing that the assets 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 | advisors in writing that grant funds can be u | used only |
| | for charitable purposes and not for the benefit of the donor | or donor advisor, or for any other purpose of | conferring |
| | impermissible private benefit? | | Yes No |
| Pa | rt II Conservation Easements. Complete if the or | | |
| 1 | Purpose(s) of conservation easements held by the organizat | ion (check all that apply). | |
| | Preservation of land for public use (e.g., recreation or | education) Preservation of a histo | rically important land area |
| | Protection of natural habitat | Preservation of a certif | fied historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a quali | fied 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 str | | |
| d | Number of conservation easements included in (c) acquired | | |
| | listed in the National Register | | |
| 3 | Number of conservation easements modified, transferred, re | eleased, extinguished, or terminated by the | organization during the tax |
| | year ▶ | | |
| 4 | Number of states where property subject to conservation ea | | |
| 5 | Does the organization have a written policy regarding the pe | | |
| _ | violations, and enforcement of the conservation easements | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and | | |
| 8 | Does each conservation easement reported on line 2(d) about | | |
| • | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports conservat include, if applicable, the text of the footnote to the organization. | | |
| | conservation easements. | tion's illiancial statements that describes t | The organization's accounting for |
| Pa | rt III Organizations Maintaining Collections o | of Art. Historical Treasures, or Ot | her Similar Assets. |
| | Complete if the organization answered "Yes" to Form | | |
| | If the organization elected, as permitted under SFAS 116 (AS | | ent and balance sheet works of art. |
| | historical treasures, or other similar assets held for public ex | | |
| | the text of the footnote to its financial statements that descr | , | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| b | If the organization elected, as permitted under SFAS 116 (AS | | and balance sheet works of art. historical |
| | treasures, or other similar assets held for public exhibition, e | | |
| | relating to these items: | | |
| | (i) Revenue included in Form 990, Part VIII, line 1 | | > \$ |
| | mn | | . . |
| 2 | If the organization received or held works of art, historical tre | | |
| | the following amounts required to be reported under SFAS 1 | | ~ |
| а | Revenue included in Form 990, Part VIII, line 1 | | > \$ |
| h | Assets included in Form 900. Part V | | • |

| a list the organization is acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check at that apply): a Public exhibition b Schodiny research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? | Par | t III Organizations Maintaining C | collections of Ar | t, Historical Tro | easures, or Oth | er Sir | nilar Asse | ts (continu | ed) | | |
|--|-----|--|-------------------------|-----------------------|----------------------|---------------|----------------|--------------------|-----------|--|--|
| a Public exhibition d | 3 | Using the organization's acquisition, accessi | on, and other records | s, check any of the | following that are a | significa | ant use of its | collection | items | | |
| b Scholarly research e | | (check all that apply): | | | | | | | | | |
| c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Excorw and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X, line 21. 1b is the organization and part XIII and complete the following table: Ves | а | Public exhibition d Loan or exchange programs | | | | | | | | | |
| Part IV Endowment Funds. Complete if the organization has been provided in Part XIII. 1 Beginning of year balance Annount Funds Annount | b | | | | | | | | | | |
| Description by ever, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? | С | Preservation for future generations | | | | | | | | | |
| Description by ever, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? | 4 | Provide a description of the organization's co | ollections and explain | how they further th | ne organization's ex | empt pı | urpose in Par | t XIII. | | | |
| To be sold to raise funds rather than to be maintained as part of the organization's collection? | 5 | | | | | | | | | | |
| Secrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 21, for escrow or custodial account liability? Yes No b if "Yes, "Explain the arrangement in Part XIII and complete the following table: | | to be sold to raise funds rather than to be ma | aintained as part of th | ne organization's co | llection? | | | Yes | ☐ No | | |
| Teported an amount on Form 990, Part X, line 21. Yes No No No Yes No No No No No No No N | Par | | | | | | | ine 9, or | | | |
| TYes, | | | | | | | | | | | |
| b F Yes, "explain the arrangement in Part XIII and complete the following table: C Beginning balance 1d 1d 1d 1d 1d 1d 1d 1 | 1a | Is the organization an agent, trustee, custodi | ian or other intermedi | iary for contribution | s or other assets no | t includ | led | | | | |
| b F Yes, "explain the arrangement in Part XIII and complete the following table: C Beginning balance 1d 1d 1d 1d 1d 1d 1d 1 | | | | | | | | Yes | ☐ No | | |
| C Beginning balance 1 C C | b | If "Yes," explain the arrangement in Part XIII | and complete the fol | lowing table: | | | | | | | |
| d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2b Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2c Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2c Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2c Did the organization include an amount on Form 990, Part X, line 10. 2d Did the organization include an amount on Form 990, Part X, line 10. 2d Did the organization include an amount on Form 990, Part X, line 10. 2d Did the organization include an amount on Form 990, Part X, line 10. 2d Did the organization include an amount on Form 990, Part X, line 10. 2d Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2d Did the organization include an amount on Form 990, Part X, line 10. 2d Did the organization shallows a subject the organization has been provided in Part XIII 2d Did the organization shallows a subject the subject the subject the subject the organization shallows a subject the organization and subject the organization shallows a subject the organization and subject the organization shallows a subject the organization and subject the orga | | , , | • | J | | | | Amount | | | |
| d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2b Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2c Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2c Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2c Did the organization include an amount on Form 990, Part X, line 10. 2d Did the organization include an amount on Form 990, Part X, line 10. 2d Did the organization include an amount on Form 990, Part X, line 10. 2d Did the organization include an amount on Form 990, Part X, line 10. 2d Did the organization include an amount on Form 990, Part X, line 10. 2d Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2d Did the organization include an amount on Form 990, Part X, line 10. 2d Did the organization shallows a subject the organization has been provided in Part XIII 2d Did the organization shallows a subject the subject the subject the subject the organization shallows a subject the organization and subject the organization shallows a subject the organization and subject the organization shallows a subject the organization and subject the orga | С | Beginning balance | | | | 1 | С | | | | |
| E plistributions during the year 1 1 1 1 1 1 1 1 1 | | | | | | ···· ⊢ | | | | | |
| f Ending balance | | | | | | | | | | | |
| 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability | | | | | | | | | | | |
| Describe in Part XIII. Check here if the explanation has been provided in Part XIII. Check here if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part IV, line 10. Part V Pa | | Did the organization include an amount on Fe | orm 990. Part X. line | 21, for escrow or cu | stodial account liab | ···· <u> </u> | | Yes | No | | |
| Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Cal Current year (b) Prior year (c) Two years basic (d) Three years back (e) Four years basic (e) Four years basi | | _ | | | | | | | | | |
| 1a Beginning of year balance | | | | | | | | | | | |
| 1a Beginning of year balance 4,030,868, 3,512,098, 3,196,076, 3,143,833, 2,714,488. b Contributions 16,442, 103,000, 34,023, 46,372, 62,467. c Net investment earnings, gains, and losses 190,247, 417,020, 297,649, 25,788, 322,346. d Grants or scholarships 1,250, 1,250, 1,250, -1,250, -1,250. e Other expenditures for facilities and programs 1,250, 1,250, 1,250, -1,250, -1,250. f Administrative expenses 4,236,307, 4,030,868, 3,512,098, 3,196,076, 3,143,833. g End of year balance 4,236,307, 4,030,868, 3,512,098, 3,196,076, 3,143,833. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 70 ⋅ 85 % b Permanent endowment ▶ 29 ⋅ 15 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: 3a(i) X (i) unrelated organizations 3a(i) X (ii) related organizations 3a(i) X (iii) related organizations 3a(i) X 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3a(i) X Part VI Land, Buildings, and Equipment. (a) Cost or other basi | | · | | | | | ee vears back | (e) Four v | ears back | | |
| b Contributions | 1a | Beginning of year balance | | • • • | . , . | | | | | | |
| to Net investment earnings, gains, and losses d'arnts or scholarships 1,250. 1,250. 1,250. 1,2501,2501,250. e Other expenditures for facilities and programs 14,40018,66744,532. f Administrative expenses 5 End of year balance 4,236,307. 4,030,868. 3,512,098. 3,196,076. 3,143,833. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 70.85 % b Permanent endowment ▶ 29.15 | | | <u> </u> | | | | - | | | | |
| d Grants or scholarships | | | | | | | | | | | |
| e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 70.85 % b Permanent endowment ▶ 29.15 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations 3i I' *Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Description of property (a) Cost or other basis (investment) Description of property (b) Cost or other basis (other) Description of property (c) Leashold improvements buildings c Leashold improvements d Equipment c Lag Cost or other d Equipment c Leashold improvements d Equipment c Lag Cost or other d Equipment c Leashold improvements d Equipment c Lag Cost or other d Equipment c Leashold improvements d Equipment c Lag Cost or other d | | | - | · | | | , | | | | |
| ## Administrative expenses End of year balance | | ī | _, | _, | _, | | -,• | | | | |
| f Administrative expenses | · | | | | 14 400. | | -18 667. | - | 44 532. | | |
| Bed of year balance | f | | | | | | | | | | |
| Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (investment) basis (investment) basis (other) basis (inprestment) case (b) Buildings case (c) Cother (c) Cother case (| | ı | 4 236 307. | 4 030 868. | 3 512 098. | | 3 196 076. | 3 1 | 43 833. | | |
| a Board designated or quasi-endowment ▶ 70.85 % b Permanent endowment ▶ 29.15 % c Temporarily restricted endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (3a(i) X 3a(ii) | | · | | | | | , , | - , - | , | | |
| b Permanent endowment ▶ 29.15 % c Temporarily restricted endowment ▶ | | | | · · | jj ricia as. | | | | | | |
| Temporarily restricted endowment ▶ | | | | | | | | | | | |
| The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iv) x (iv) related organizations (iv) related organizations (iv) x (iv) related organizations (iv) x (iv) x (iv) related organizations (iv) x (iv) x (iv) related organizations (iv) x (iv) related organizations (iv) x (iv) x (iv) related organizations (iv) x (iv) x (iv) related organizations (iv) x (iv) related organizations (iv) x (iv) x (iv) related organizations (iv) x | | | | | | | | | | | |
| Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (ivi) x (ivi) (ivi) | C | | | | | | | | | | |
| by: | 32 | - | • | tion that are hold a | ad administered for | the ora | anization | | | | |
| (ii) unrelated organizations (iii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment d Equipment 23a(i) X 3a(ii) X 3b | Ja | | ssion of the organiza | ition that are neid a | id administered for | ine org | arnzation | T. | os No | | |
| (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements 1 10,000 1 10,000 0 0 0 0 0 0 0 0 0 0 0 | | • | | | | | | | | | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other One of the related organizations listed as required on Schedule R? (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 10,000 10,000 00 00 00 00 00 00 00 00 00 00 00 0 | | (1) | | | | | | | | | |
| Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings 10 10,000 1 | h | (ii) related Organizations | | | | | | | | | |
| Part VILand, Buildings, and Equipment.Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.Description of property(a) Cost or other basis (investment)(c) Accumulated depreciation1a Landb Buildingsc Leasehold improvements10,000 • 10,000 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • | | | | | | | | 30 | | | |
| Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings 5 C Leasehold improvements 10,000 • 10,000 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • | _ | | | willett fullus. | | | | | | | |
| Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land | · u | | | Part IV line 11a Se | ae Form 000 Part Y | lina 10 | 1 | | | | |
| tal Land basis (investment) basis (other) depreciation b Buildings 10,000 • 10,000 • 0 • 0 • 10,000 • 0 • 0 • 10,000 • 0 • 10,000 • 0 • 10,000 • 1 | | | | i i | | | 1 | (d) Pook | volue | | |
| 1a Land b Buildings c Leasehold improvements 10,000. 10,000. 0. d Equipment 134,416. 99,850. 34,566. e Other 23,513. 20,263. 3,250. | | Description of property | | | | | | (u) DOOK | value | | |
| b Buildings 10,000. 10,000. 0. c Leasehold improvements 134,416. 99,850. 34,566. e Other 23,513. 20,263. 3,250. | 1- | Land | <u> </u> | .c. ic, Dasis (| Journal de | , colat | | | | | |
| c Leasehold improvements 10,000. 10,000. 0. d Equipment 134,416. 99,850. 34,566. e Other 23,513. 20,263. 3,250. | | | | | | | | | | | |
| d Equipment 134,416. 99,850. 34,566. e Other 23,513. 20,263. 3,250. | | | | 1 | 0 000 | 1 Ո | 000 | | <u> </u> | | |
| e Other 23,513. 20,263. 3,250. | | | | | | | | 3 / | 566 | | |
| | | | | | | | | | | | |
| | | | | | - | 20 | , 2000 | | | | |

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

| Schedule D (Form 990) 2014 ALABAMA LAW | FOUNDATION, | INC. | 63-09 | 951482 | Page |
|--|--|------------------------|--|--------------|--------|
| Part VII Investments - Other Securities. | 5 000 5 1111 | | 5 | | |
| Complete if the organization answered "Yes" to (a) Description of security or category (including name of security) | o Form 990, Part IV, lin | | Part X, line 12. /aluation: Cost or end-of-ye | | مريادر |
| | (b) Dook value | (c) Welliod of V | valuation. Oost of end-or-y | sai market v | value |
| (1) Financial derivatives (2) Closely-held equity interests | | | | | |
| (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. | | | | | |
| Complete if the organization answered "Yes" to | | e 11c. See Form 990, | Part X, line 13. | | |
| (a) Description of investment | (b) Book value | (c) Method of v | valuation: Cost or end-of-ye | ear market v | /alue |
| (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. | 5 000 D . W. | | B | | |
| Complete if the organization answered "Yes" to | o Form 990, Part IV, IIn escription | e 11d. See Form 990, | Part X, line 15. | (b) Book va | aluo |
| | escription | | | (b) BOOK VA | alue |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| <u>(6)</u> (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | 15) | | | | |
| Part X Other Liabilities. | 10.) | | ······························· | | |
| Complete if the organization answered "Yes" to | o Form 990. Part IV. lin | e 11e or 11f. See Forr | n 990, Part X. line 25. | | |
| 1. (a) Description of liability | | (b) Book value | | | |
| (1) Federal income taxes | | | | | |
| (2) | | | | | |
| | | | | | |

| <u> 1</u> | (a) Description of hability | (b) Book value |
|-----------|---|----------------|
| (1) | Federal income taxes | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. | (Column (b) must equal Form 990, Part X, col. (B) line 25.) | |

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

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2014

Employer identification number

OMB No. 1545-0047 **2014**

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| ALABAMA L | AW FOUNDA | TION, INC. | | | | | 63-0951482 |
|--|-------------------|-------------------------------|---------------------------|---|--|--|--|
| Part I General Information on Grants a | nd Assistance | | | | | _ | |
| 1 Does the organization maintain records | | | | | | | |
| criteria used to award the grants or assis | stance? | | | | | | X Yes No |
| 2 Describe in Part IV the organization's pro | cedures for monit | oring the use of grant | t funds in the United | d States. | | | |
| Part II Grants and Other Assistance to | Domestic Organi | zations and Domesti | i c Governments. C | omplete if the orga | anization answered "Y | es" to Form 990, Part | IV, line 21, for any |
| recipient that received more than S | | | | | (f) Mathad of | 1 | |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| LEGAL SERVICES ALABAMA 207 MONTGOMERY ST, SUITE 1200 | | | | | | | LEGAL AID TO THE |
| MONTGOMERY, AL 36104 | 63-0743038 | | 20,000. | 0. | | | POOR/ACCESS TO JUSTICE |
| ALABAMA STATE BAR VOLUNTEER LAWYERS PROGRAM - PO BOX 671 - MONTGOMERY, AL 36101 | 63-6000619 | | 74,000. | 0. | | | LEGAL AID TO THE POOR/ACCESS TO JUSTICE |
| BIRMINGHAM VOLUNTEER LAWYERS PROGRAM - 2021 SECOND AVENUE NORTH - BIRMINGHAM, AL 35203 | 13-4270862 | | 93,000. | 0. | | | LEGAL AID TO THE POOR/ACCESS TO JUSTICE |
| HISPANIC INTEREST COALITION OF ALABAMA - PO BOX 190299 - BIRMINGHAM, AL 35219 | 63-1225764 | | 50,000. | 0. | | | LEGAL AID TO THE POOR |
| YWCA OF CENTRAL ALABAMA 309 23RD ST. N BIRMINGHAM, AL 35203 | 63-0288882 | | 57,000. | 0. | | | LEGAL AID TO THE POOR |
| EQUAL JUSTICE INITIATIVE OF ALABAMA - 122 COMMERCE STREET - MONTGOMERY, AL 36104 | 63-1135091 | | 20,000. | 0 | | | ADMINISTRATION OF JUSTICE |
| 2 Enter total number of section 501(c)(3) a | | ganizations listed in th | , | | | | |
| 3 Enter total number of other organizations | | 1.4-1-1- | | | | | |

| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) | | | | | | | |
|---|----------------|-------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MONTGOMERY COUNTY BAR FND | | | | | | | |
| VOLUNTEER LAWYERS PROGRAM - P. O. | | | | | | | LEGAL AID TO THE |
| BOX 72 - MONTGOMERY, AL 36101 | 46-0706839 | | 55,000. | 0. | | | POOR/ACCESS TO JUSTICE |
| MADI GON, GOUNEY, VOLUNEERD, LAWYERG | | | | | | | |
| MADISON COUNTY VOLUNTEER LAWYERS PROGRAM - P. O. BOX 2913 - | | | | | | | LEGAL AID TO THE |
| HUNTSVILLE, AL 35801 | 63-0836810 | | 43,000. | 0. | | | POOR/ACCESS TO JUSTICE |
| HUNTSVILLE, AL 35001 | 63-0636610 | | 43,000. | 0. | | | POOR/ACCESS TO JUSTICE |
| SOUTH ALABAMA VOLUNTEER LAWYERS | | | | | | | |
| PROGRAM - 56 ST. JOSEPH ST., STE. | | | | | | | LEGAL AID TO THE |
| 312 - MOBILE, AL 36106 | 63-0550595 | | 68,333. | 0. | | | POOR/ACCESS TO JUSTICE |
| · | | | | | | | |
| ALABAMA APPLESEED CENTER FOR LAW & | | | | | | | |
| JUSTICE - P. O. BOX 4864 - | | | | | | | |
| MONTGOMERY, AL 36103 | 06-1647437 | | 5,000. | 0. | | | ADMINISTRATION OF JUSTICE |
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| Schedule I (Form 990) (2014) ALABAMA LAW FOU | JNDATION, | INC. | | | 63-0951482 | Page 2 |
|---|--------------------------|--------------------------|---------------------------------------|---|--|--------|
| Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed. | | e organization answe | ered "Yes" to Form 9 | 90, Part IV, line 22. | | |
| (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 non-cash assistance | |
| | | | | | | |
| SCHOLARSHIP AWARDS | 11 | 30,850. | 0. | | | |
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| Part IV Supplemental Information. Provide the information rec | quired in Part I, lir | ne 2, Part III, column | (b), and any other a | dditional information. | | |
| PART I, LINE 2: | | , , | ,,, | | | |
| RECIPIENTS OF GRANTS GREATER THAN | \$10,000 | PROVIDE MI | D-YEAR AND | ANNUAL GRANT | | |
| REPORTS THAT INCLUDE A NARRATIVE A | AS WELL A | S FINANCIA | L INFORMAT | ION. | | |
| RECIPIENTS OF GRANTS LESS THAN \$10 | 0,000 PRO | VIDE ANNUA | L GRANT RE | PORTS THAT | | |
| INCLUDE A NARRATIVE AS WELL AS FIR | NANCIAL I | NFORMATION | ſ . | | | |
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Open to Public

Inspection

OMB No. 1545-0047

Name of the organization

ALABAMA LAW FOUNDATION, INC.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number** 63-0951482

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

THE FORM 990 IS E-MAILED TO THE GOVERNING BODY BEFORE IT IS FILED; THEY ARE ASKED TO REVIEW THE RETURN AND TO REPLY BACK TO THE EXECUTIVE DIRECTOR IF THEY HAVE ANY QUESTIONS.

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

THE FOUNDATION PERIODICALLY DISTRIBUTES A QUESTIONNAIRE TO THE BOARD OF DIRECTORS, COMMITTEES AND STAFF CONCERNING ALL ORGANIZATIONS IN WHICH EACH INDIVIDUAL IS AFFILIATED. BASED ON THESE QUESTIONNAIRES, STAFF WILL IDENTIFY AND DISCLOSE TO THE BOARD OF DIRECTORS ANY SUCH AFFILIATION WHENEVER SUCH ORGANIZATIONS ARE CONSIDERED FOR A POSSIBLE GRANT OR EVAULATED IN CONNECTION WITH A GRANT PREVIOUSLY MADE.

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

THE NATIONAL ASSOCIATION OF IOLTA PROGRAMS DOES AN ANNUAL SALARY SURVEY FOR THE BOARD TAKES THE INFORMATION IN THE SURVEY INTO IOLTA PROGRAM STAFF. CONSIDERATION WHEN SETTING THE EXECUTIVE DIRECTOR'S COMPENSATION. THE TREASURER AND BOARD PRESIDENT MAKE A RECOMMENDATION TO THE BOARD, AND THE BOARD JOINTLY DETERMINES COMPENSATION.

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

THEY ARE AVAILABLE UPON REQUEST. THE BALANCE SHEET AND INCOME STATEMENT ARE PUBLISHED IN THE FOUNDATION'S ANNUAL REPORT.

FORM 990, PART XII, LINE 2C

NEITHER THE OVERSIGHT PROCESS NOR THE SELECTION PROCESS HAS CHANGED

| Schedule O (Form 990 or 990-EZ) (2014) Page 2 | | | | | | | |
|---|---------------|------|---|--|--|--|--|
| Name of the organization ALABAMA LA | W FOUNDATION, | INC. | Employer identification number 63-0951482 | | | | |
| FROM THE PREVIOUS YEAR. | | | | | | | |
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