Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning APR 1, 2015 and ending MAR 31, 2016

Inspection

B c	heck if	C Name of organization		D Employer identif	ication number						
	Addre	SS ATADAMA TAW POTINDATION THE									
\vdash	_]chang ∏Name	·		63-0951482							
H	chang □Initial	5	Doom/quit								
H	return □Final	115 DEXTER AVENUE	ROOM/Suit	E Telephone numbe	97 -387-1600						
	return. termin	-		G Gross receipts \$	5,231,387.						
	ated ∏Amen	City or town, state or province, country, and ZIP or foreign postal code MONTGOMERY, AL 36104	-								
H	⊒return ∏Applio	-		H(a) Is this a group r	eturn s? Yes X No						
	tion pendii	SAME AS C ABOVE									
		empt status: X 501(c)(3) 501(c) ()	or 52	H(b) Are all subordinates							
		te: > ALABAMALAWFOUNDATION.ORG	01 32	—	a list. (see instructions)						
		forganization: X Corporation Trust Association Other	I Voc	H(c) Group exemptions 1987	on number ► M State of legal domicile: A L						
	art I	Summary	L Tea		VI State of legal dominione, 2111						
		Briefly describe the organization's mission or most significant activities: PROM	OTING	ACCESS TO J	USTICE AND						
Activities & Governance		RESPECT FOR AND UNDERSTANDING OF THE LAW									
na.		Check this box if the organization discontinued its operations or dispose		re than 25% of its net a	ssets						
Ve				3	17						
ၓ	l .	Number of independent voting members of the governing body (Part VI, line 1b)			17						
ي م		Total number of individuals employed in calendar year 2015 (Part V, line 2a)			3						
įţį		Total number of volunteers (estimate if necessary)			0						
Ę		Total unrelated business revenue from Part VIII, column (C), line 12			0.						
ď		Net unrelated business taxable income from Form 990-T, line 34			0.						
	_ ~	The difference business taxable meeting from each 1, into e 1		Prior Year	Current Year						
a)	8	Contributions and grants (Part VIII, line 1h)		790,729.	1,114,822.						
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.						
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		107,838.	850,955.						
œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		34,760.							
	l .	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		933,327.							
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		516,183.							
	l .	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
S	l		<u> </u>	225,320.	251,976.						
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 95,8	·····	0.	0.						
be	b	Total fundraising expenses (Part IX, column (D), line 25) > 95,8	61.								
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		258,050.	280,281.						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		999,553.	1,206,757.						
	l .	Revenue less expenses. Subtract line 18 from line 12		-66,226.	793,916.						
ces		·		Beginning of Current Year	End of Year						
sets	20	Total assets (Part X, line 16)		5,073,198.	5,112,613.						
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		298,971.	516,178.						
ᆵ	22	Net assets or fund balances. Subtract line 21 from line 20		4,774,227.	4,596,435.						
Pa	art II	Signature Block									
Unde	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedule	s and state	ments, and to the best of m	y knowledge and belief, it is						
true,	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	hich prepar	er has any knowledge.							
Sign	n	Signature of officer		Date							
Her	е	TRACY A. DANIEL, EXECUTIVE DIRECTOR									
		Type or print name and title		I Data	DTIN						
	_	Print/Type preparer's name Preparer's signature		Date Check	PTIN						
Paid		LUCINDA S. CHAPPELLE LUCINDA S. CHAP	PELLE								
-	parer	Firm's name JACKSON THORNTON & CO., P.C.		Firm's EIN ▶	63-1035228						
Use Only Firm's address P. O. BOX 96											
		MONTGOMERY, AL 36101-0096		Phone no. (3	34) 834-7660						
May	/ the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No						

Ра	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: PROMOTE LAW RELATED PUBLIC SERVICE PROJECTS AND PROVIDE FOR DELIVERY
	OF LEGAL SERVICES TO THE POOR.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 801,296
4b	(Code:) (Expenses \$ 52,603 • including grants of \$ 28,500 •) (Revenue \$)
	SCHOLARSHIPS TO ALABAMA RESIDENTS WHO ARE PURSUING A LEGAL EDUCATION IN ACCREDITED LAW SCHOOLS AND SCHOLARSHIPS UNDER THE KID'S CHANCE PROGRAM.
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 853,899. Form 990 (2015)
	Form 990 (2015

Form 990 (2015) 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	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
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	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			Х
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Λ
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			7.7
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	, 1 , , ,	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		Х
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b		- 22
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	13		
	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,		$\vdash \vdash \vdash$	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
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		Х

Form 990 (2015) ALABAMA LAW FOUNDA Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	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?	20 b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	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			
	Cohodula I Dod I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
		26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21				
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		21
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):	00-		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			- v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			3,7
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		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 (2015) ALABAMA LAW FOUNDATION, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response of note to any line in this Part V					Ш
	,				Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re				37	
	(gambling) winnings to prize winners?		I	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	_	າ			
	filed for the calendar year ending with or within the year covered by this return	2a	3		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns the control of t			2b	Х	
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					v
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					х
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a		Λ
D	If "Yes," enter the name of the foreign country:		-t- (FDAD)			
E-0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			E.		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa-			5c		21
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5C		
Va	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		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions.			0a		
b	were not tax deductible?		· ·	6b		
7	Organizations that may receive deductible contributions under section 170(c).			OD		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices r	provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
•	to file Form 8282?	-		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		ct?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion f	ile a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	е			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots			9b		
10	Section 501(c)(7) organizations. Enter:		•			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		ı			
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		? I	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			4.5		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	46:				
_	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		44-		X
				14a		Λ
g	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	<i></i>		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			
	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 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	in Schedule O how this was done	12c	Х	37
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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
	The organization's CEO, Executive Director, or top management official	15a	Х	37
b	Other officers or key employees of the organization	15b		Х
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NONE			
17			1-	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avallab	ne	
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website Another's website X Upon request Other (explain in Schedule O)	 € :	_:_!	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	u tinan	cial	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: TRACY A. DANIEL - 334-387-1600			
	415 DEXTER AVENUE MONTGOMERY AL. 36104			

Form 990 (2015)

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.

Leave 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		((C)		, iou	(D)	(E)	(F)
Name and Title	Average hours per week Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from	Reportable compensation from related	Estimated amount of other					
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOSEPH A. FAWAL PRESIDENT	0.00	X		x				0.	0.	0.
(2) ANTHONY JOSEPH	0.00	122						0.	•	<u></u>
VICE-PRESIDENT	0.00	X		x				0.	0.	0.
(3) MARY MARGARET BAILEY	0.00	123							•	
TRUSTEE	0,00	Х						0.	0.	0.
(4) LEE H. COPELAND	0.00									
TRUSTEE		Х						0.	0.	0.
(5) CHRISTINA D. CROW	0.00									
TRUSTEE		Х						0.	0.	0.
(6) PATRICK C. DAVIDSON	0.00							_	_	_
TRUSTEE		Х						0.	0.	0.
(7) GINGER GADDY	0.00	ļ								
TRUSTEE		Х						0.	0.	0.
(8) SALLY HAWLEY	0.00	١							0	•
TRUSTEE	0.00	Х						0.	0.	0.
(9) EDWARD A. HOSP	0.00	ļ ,,							0	0
TRUSTEE	0.00	Х						0.	0.	0.
(10) HON. ABDUL KALLON	0.00	X						0.	0.	0.
TRUSTEE (11) PHILLIP MCCALLUM	0.00	^				-		0.	0.	<u> </u>
TRUSTEE	0.00	X						0.	0.	0.
(12) THOMAS L. OLIVER, II	0.00	^						0.	· ·	
TRUSTEE	0.00	x						0.	0.	0.
(13) COLE PORTIS	0.00								•	
TRUSTEE		X						0.	0.	0.
(14) RICHARD J.R. RALEIGH, JR	0.00									
TRUSTEE		Х						0.	0.	0.
(15) ALEXANDER M. SMITH	0.00									
TRUSTEE		Х						0.	0.	0.
(16) W. N. WATSON	0.00									_
TRUSTEE		Х					L	0.	0.	0.
(17) HON. R. DONALD WORD, III	0.00									
TRUSTEE		Х						0.	0.	0.
532007 12-16-15										Form 990 (2015)

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Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week (list any	(do box offi	not c	Pos check ess pe	osition ck more than one person is both an a director/trustee)			(D) Reportable compensation from	(E) Reportable compensation from related	on d	am ((F) timated tount of other	of
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fro orga and	oensat om the anization I relate nization	e on ed
(18) TRACY A. DANIEL EXECUTIVE DIRECTOR	40.00			х				105,916.		0.	2:	1,63	 37.
(19) LAURA L. CRUM TREASURER	0.00			х				0.		0.			0.
1b Sub-total							>	105,916.		0.	2.1	1,63	
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)							<u> </u>	105,916.		0.	2:	1,63	0. 37.
2 Total number of individuals (including but r compensation from the organization	not limited to th	nose	liste	ed a	bove	e) wl	no r	eceived more than \$100	0,000 of reportab	le			1
3 Did the organization list any former officer	, director, or tru	uste	e, ke	ey er	nplc	oyee	, or	highest compensated e	mployee on			Yes	No
line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the s	um of reportab	le co	omp	ensa	atior	n and	d ot		the organization		3		X
and related organizations greater than \$15Did any person listed on line 1a receive or											4		X
rendered to the organization? If "Yes," con Section B. Independent Contractors	nplete Schedul	e J f	for s	uch	pers	son					5		Х
Complete this table for your five highest countries the organization. Report compensation for	•	-								npens	ation fr	om	
(A) Name and business	•		ONI		VICII	01 11		(B) Description of s		C	(C Compen		า
													•
Total number of independent contractors (\$100,000 of compensation from the organ		ot li	mite	d to		se li:	stec	d above) who received m	nore than				
												200 (0	

Form 990 (2015) ALABAMA
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			<u></u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
S, G		Fundraising events						
ar j		Related organizations						
ini.	е	Government grants (contributi	ions) 1e					
tion	f	All other contributions, gifts, grant	ts, and					
the		similar amounts not included above	/e 1f	1,114,822.				
	g	Noncash contributions included in lines						
a C	h	Total. Add lines 1a-1f		>	1,114,822.			
				Business Code				
စ္ပ	2 a							
ه کِ	b							
Program Service Revenue	С							
	d	<u> </u>	_					
90 H	е							
<u>-</u>	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f						
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		▶ [114,799.			114,799.
	4	Income from investment of tax	k-exempt bond	proceeds >				
	5	Royalties						
			(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	3,966,870					
	b	Less: cost or other basis						
		and sales expenses	3,230,714					
	С	Gain or (loss)	736,156					
	d	Net gain or (loss)		. <u></u>	736,156.			736,156.
anı	8 a	Gross income from fundraising	g events (not					
enc		including \$	of					
Other Rever		contributions reported on line	1c). See	l I				
유		Part IV, line 18	a					
Ĕ	b	Less: direct expenses	b					
١	С	Net income or (loss) from fund	Iraising events					
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	a					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ing activities .					
	10 a	Gross sales of inventory, less	returns					
		and allowances	a					
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sales	s of inventory .	>				
		Miscellaneous Revenu		Business Code				
Ī	11 a	OTHER INCOME		900099	34,896.	34,896.		
	b							
	С							
	d	All other revenue						
		Total. Add lines 11a-11d			34,896.			
		Total revenue. See instructions.		▶ [2,000,673.	34,896.	0	. 850,955.

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 respon	se or note to any line in	this Part IX	, , ,	
Do	· 1	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
	•		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	646 000	646 000		
	and domestic governments. See Part IV, line 21	646,000.	646,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	28,500.	28,500.		
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,				
J	trustees, and key employees	124,059.	55,826.	49,624.	18,609.
•		124,033.	33,020.	15,021.	10,000.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	116 055	60.026	41 000	10 000
7	Other salaries and wages	116,955.	62,036.	41,997.	12,922.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	788.	788.		
9	Other employee benefits	2,238.	2,238.		
10	Payroll taxes	7,936.	4,493.	2,582.	861.
11	Fees for services (non-employees):				
	Management				
b	Legal				
		29,650.		29,650.	
	Accounting	25,050.		25,050.	
d	, , , , , , , , , , , , , , , , , , , ,				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	45 504	2 000	0 006	2 545
	column (A) amount, list line 11g expenses on Sch 0.)	15,501.	3,890.	8,096.	3,515.
12	Advertising and promotion				
13	Office expenses	67,230.	5,599.	53,634.	7,997.
14	Information technology	42,143.	10,424.	24,347.	7,372.
15	Royalties				
16	Occupancy				
17	Travel	29,931.	9,191.	20,639.	101.
18	Payments of travel or entertainment expenses	- ,	- , -	.,	
10	for any federal, state, or local public officials				
40	Conferences, conventions, and meetings	53,910.	9,374.	5,666.	38,870.
19	, , , ,	27.	7,314.	27.	30,070.
20	Interest	41•		41.	
21	Payments to affiliates	26 667	0 667	12 667	E 222
22	Depreciation, depletion, and amortization	26,667.	8,667.	12,667.	5,333.
23	Insurance	1,629.	1,261.	259.	109.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25. column (A)				
	amount, list line 24e expenses on Schedule O.) '				
а	REPAIRS & MAINTENANCE	6,859.	3,214.	3,473.	172.
b	DUES & SUBSCRIPTIONS	3,250.	1,630.	1,620.	
С	BAD DEBT EXPENSE	2,300.		2,300.	
d	CLIPPING	780.	390.	390.	
e	All other expenses	404.	378.	26.	
	Total functional expenses. Add lines 1 through 24e	1,206,757.	853,899.	256,997.	95,861.
25		1,200,1310	000,000	230,3310	75,001.
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)				
E0001	n 12-16-15				Form 990 (2015)

Form 990 (2015) Part X Balance Sheet

ı aı	τχ	Balance Sneet					
		Check if Schedule O contains a response or not	te to any	line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1				414,827.	1	397,810.
	2	Savings and temporary cash investments		199,944.	2		
	3	Pledges and grants receivable, net	151,476.	3	146,718.		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and for	ormer off	icers, directors,			
		trustees, key employees, and highest compensation					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali		·			
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec					
ets		employees' beneficiary organizations (see instr).			6		
Assets	7	Notes and loans receivable, net				7	
•	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges			9		
	10a	Land, buildings, and equipment: cost or other		1.4.4 0.07.2			
		basis. Complete Part VI of Schedule D		144,273.	20.016		17 200
	b	Less: accumulated depreciation		126,973.	37,816.	10c	17,300.
	11	Investments - publicly traded securities	4,198,010.	11	4,470,099.		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		71 105	14	00 606	
	15	Other assets. See Part IV, line 11	71,125.	15	80,686.		
	16	Total assets. Add lines 1 through 15 (must equ	5,073,198.	16	5,112,613.		
	17	Accounts payable and accrued expenses			33,065.	17	36,087.
	18	Grants payable		259,851. 6,055.	18	476,591. 3,500.	
	19	Deferred revenue			0,055.	19	3,300.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to current and former					
Ε		key employees, highest compensated employee	-				
Lia		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24 25	Unsecured notes and loans payable to unrelate Other liabilities (including federal income tax, pa				24	
	23	parties, and other liabilities not included on lines	,				
			-	•		25	
	26	Tatal Calciforna Adal Cara 47 Novembro			298,971.	26	516,178.
$\overline{}$	20	Organizations that follow SFAS 117 (ASC 958		here X and			02072700
v		complete lines 27 through 29, and lines 33 an					
ဥ	27	Unrestricted net assets			2,776,091.	27	2,678,657.
Fund Balances	28	Temporarily restricted net assets			1,054,127.	28	949,006.
B	29				944,009.	29	968,772.
<u>.</u>		Organizations that do not follow SFAS 117 (A					
orF		and complete lines 30 through 34.					
ş	30	Capital stock or trust principal, or current funds			30		
SSE	31	Paid-in or capital surplus, or land, building, or ed			31		
Net Assets	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances		4,774,227.	33	4,596,435.	
	34	Total liabilities and net assets/fund balances			5,073,198.	34	5,112,613.

U111	1000 (2010)			<u> </u>	<u>9~</u>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,00		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,20		
3	Revenue less expenses. Subtract line 2 from line 1	3			16.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,77		
5	Net unrealized gains (losses) on investments	5	-97	1,7	08.
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	4,59	6,4	35.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
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	O.		Yes	No
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 separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	d on a			
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
С	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis 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				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	-	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ired audit	3h		

Form **990** (2015)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

Employer identification number

63-0951482

Open to Public Inspection

Name of the organization

ALABAMA LAW FOUNDATION, INC.

Pa	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
The	The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)							
1		A church, convention of ch	urches. or association	on of churches describe	d in sectio	n 170(b)(I)(A)(i).	
2		A school described in sect	•				-76-76-	
	\Box			•			::\	
3	H	A hospital or a cooperative					-	Ale e le com Stalle de como
4		A medical research organiz	ation operated in co	njunction with a nospita	l describe	a in sectio	n 1/0(b)(1)(A)(III). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	ollege or university owner	d or opera	ted by a g	overnmental unit describ	ped in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local government	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that norma						public described in
_		section 170(b)(1)(A)(vi). (C					9	F
8		A community trust describe		(1)(A)(vi) (Complete Par	+ 11 \			
	\vdash	•			-			
9		An organization that norma	•	•	-			-
		activities related to its exen	•	· · · · · · · · · · · · · · · · · · ·				-
		income and unrelated busin		(less section 511 tax) fr	om busine	esses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)					
10	Ш	An organization organized a	and operated exclus	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	perform	the functio	ons of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). (Check the box in
		lines 11a through 11d that						
а		Type I. A supporting orga				-		, aivina
		the supported organization	•	•		•		
		organization. You must o			amajomy	or the dire		apporting
		¬ •					- d - uiti(-) b b -	
b	· L		•					-
		control or management o			ame perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus						
С	: L		egrated. A supporting	g organization operated	in connec	tion with, a	and functionally integrate	ed with,
		_ its supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.	
d			y integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)
		that is not functionally int	tegrated. 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. Sections	s A and D.	and Part	V.	
е	. [Check this box if the orga	•	-				
_		functionally integrated, or					, , , , , , , , , , , , , , , , , ,	
	Ent							
		er the number of supported o	-					
9		vide the following information	i		(iv) Is the o	rganization	(v) Amount of monotony	(vi) Amount of
	'	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9		in your	(v) Amount of monetary support (see	other support (see
		organization		above (see instructions))		document?	instructions)	instructions)
					Yes	No	in our doubline)	inoti dottorioj
	-							

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1023130.	1177169.	820,939.	790,729.	1114822.	4926789.
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	1000100	1100160	000 000	F00 F00	1111000	4006500
	Total. Add lines 1 through 3	1023130.	1177169.	820,939.	790,729.	1114822.	4926789.
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)						4006700
	Public support. Subtract line 5 from line 4.						4926789.
	• •	(-) 0044	(I-) 0040	(-) 0040	(-I) 004 4	/-\ 004 <i>E</i>	(A) T-+-1
	ndar year (or fiscal year beginning in)	(a) 2011 1023130.	(b) 2012 1177169.	(c) 2013 820, 939.	(d) 2014 790,729.	(e) 2015 1114822.	(f) Total 4926789.
	Amounts from line 4	1023130.	11//10/	020,555.	150,125.	1114022.	4720707.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources	66,250.	322,917.	86.734.	107,838.	114,799.	698,538.
۵	Net income from unrelated business	00,2300	322/31/1	00,7310	20770300		03073301
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						_
	or loss from the sale of capital						
	assets (Explain in Part VI.)	23,750.	27,375.	47,286.	34,760.	34,896.	168,067.
11	Total support. Add lines 7 through 10						5793394.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First five years. If the Form 990 is for	· · · · · · · · · · · · · · · · · · ·				n 501(c)(3)	
	organization, check this box and stop	hovo					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2015 (ine 6, column (f) di	vided by line 11, o	olumn (f))		14	85.04 %
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	86.39 %
16a	33 1/3% support test - 2015. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies	as a publicly supp	orted organization				> X
b	33 1/3% support test - 2014. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	· ·					•
	and if the organization meets the "fac					~	
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	· ·				*	
	more, and if the organization meets the				-		
	organization meets the "facts-and-circ						>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17k	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	, i	,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	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						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
							<u></u> ▶∟⊥
	ction C. Computation of Publ					11	
	Public support percentage for 2015 (I					15	%
	Public support percentage from 2014					16	%
	ction D. Computation of Inves					147	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	<u> </u>
198	33 1/3% support tests - 2015. If the						
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2014. If the	•			•	•	
00	line 18 is not more than 33 1/3%, che						·
70	Private tolingation if the organization	D DIO DOT CDACK 3	$nnv \cap n = n \cap 1/1 = 10$	n ar iun chackt	THE DAY SHA CAA IN	CITIOTIONS	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on 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 **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
3a		
3b		
3c		
4a		
44		
4b		
4c		
10		
_		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
90		
10a		
10b	00 53	0045
m 990 or 9	9U-EZ	2015

Par	T 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)			
		1a		
b		1b		
	• • • • • • • • • • • • • • • • • • • •	1c		
	tion B. Type I Supporting Organizations			
	men = r type r cupper unit cugaminations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
0		•		
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,	_		
<u> </u>	supervised, or controlled the supporting organization.	2		
Seci	tion C. Type II Supporting Organizations		1	
			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. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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 yea(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 instruc	tions)		
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			
		2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below</i> .			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а		3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
b		3b		
	or to supported organizations: it is too, describe in tark it the role played by the organization in this regard.	J.		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations			
1	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.					
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other					
	factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by .035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	on C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions)	6				
7	Check here if the current year is the organization's first as a non-functional	ly-integra	ted Type III supporting org	anization (see		
	instructions).	-				

Schedule A (Form 990 or 990-EZ) 2015

Par	^{∕t 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			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
· 4:	ion E. Dietvihution Allegations (see instructions)	Excess Distributions	Underdistributions	Distributable
ecti	ion E - Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 ALABAMA LAW FOUNDATION, INC. 63-0951482 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2015

ALABAMA LAW FOUNDATION, INC.

Employer identification number

63-0951482

Organization type (check one):						
Filers of:		Section:				
Form 990 o	or 990-EZ	X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990-F	PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
General R	ule or an organization roperty) from any o	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. filling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
se ar	ections 509(a)(1) a ny one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from , during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.				
ye	ear, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for uelty to children or animals. Complete Parts I, II, and III.				
ye is pı	ear, contributions of checked, enter he curpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year				
but it mus t	t answer "No" on I	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

ALABAMA LAW FOUNDATION, INC.

63-0951482

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
1	ESTATE OF DELIA BLACK C/O MADISON WELLS MEMPHIS, TN 38119	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	CORY WATSON 2131 MAGNOLIA AVENUE, STE 200 BIRMINGHAM, AL 35205	\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c) Total contributions	(d)		
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

ALABAMA LAW FOUNDATION, INC.

63-0951482

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 _ _ _ \$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Name of organization Employer identification number 63-0951482 ALABAMA LAW FOUNDATION, Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held

-					
		(e) Transf	er of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
<u> </u>					
a) No. from Part I	(b) Purpose of gift (c) Use of		jift	(d) Description of how gift is held	
-					
	(e)		er of gift	•	
	Transferee's name, address, and ZIP) + 4	R	elationship of transferor to transferee	

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.

2015

Open to Public Inspection

If the organization answered "Yes," on 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," on 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," on 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

 Section 501(c)(4), (5), or (6) organizate 	tions: Complete Part III			
Name of organization	none. Complete Fart III.		Em	ployer identification number
	LAW FOUNDATION,			63-0951482
Part I-A Complete if the org	janization is exempt unde	r section 501(c)	or is a section 527	organization.
 Provide a description of the organiz Political expenditures Volunteer hours 	·		>	•
Part I-B Complete if the org	janization is exempt unde	er section 501(c)(3).	
1 Enter the amount of any excise tax	incurred by the organization unde	r section 4955	>	· \$
2 Enter the amount of any excise tax	incurred by organization manager	s under section 4955	>	\$
3 If the organization incurred a sectio				
4a Was a correction made?				Yes Mo
b If "Yes," describe in Part IV.	janization is exempt unde	r coation FO1/a	avaant aaatian E0	1/0//2)
Part I-C Complete if the org 1 Enter the amount directly expended	<u> </u>			· \$
 2 Enter the amount of the filing organ exempt function activities 3 Total exempt function expenditures line 17b 4 Did the filing organization file Form 5 Enter the names, addresses and en made payments. For each organizar contributions received that were prepolitical action committee (PAC). If a contribution or the filing organizar contributions received that were prepolitical action committee (PAC). 	ization's funds contributed to other. Add lines 1 and 2. Enter here an	er organizations for se d on Form 1120-POL, of all section 527 pol from the filing organiz separate political orga	etion 527 itical organizations to whation's funds. Also enternization, such as a separation as a separation.	Yes No nich the filing organization the amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and

Schedule C (Form 990 or 990-EZ) 2015 2 Part II-A Complete if the org	ALABAI anizatio	IA LAW	FOUNDATION mpt under section	I, INC。 n 501(c)(3) and fil	63-(ed Form 5768 (951482 Page 2 election under
section 501(h)).				D + 107 - 1 - 600 - 1 - 1		
	-		· · ·	n Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and shar		, 0	. ,			
B Check Lifthe filing organization	tion checke	ed box A a	nd "limited control" pr	ovisions apply.	() Fire	(1.) A(C): 1. 1.
		ying Expe eans amou	nditures unts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ience publ	ic opinion (grass roots lobbying)			
b Total lobbying expenditures to influ						
c Total lobbying expenditures (add li				ľ		
d Other exempt purpose expenditure				ī		
e Total exempt purpose expenditure						
f Lobbying nontaxable amount. Ente						
If the amount on line 1e, column (a) o			bying nontaxable am			
Not over \$500,000	. (5) 10.		the amount on line 1e			
Over \$500,000 but not over \$1,000	000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5			00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,			00 plus 5% of the exce			
Over \$17,000,000 but not over \$17,	000,000		•	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
a. Oversus de la catavalela accesada (esa	to:: 050/ of	: 1: 14				
g Grassroots nontaxable amount (en		, ,		i		
h Subtract line 1g from line 1a. If zero	,					
i Subtract line 1f from line 1c. If zero						
j If there is an amount other than ze						
reporting section 4911 tax for this						Yes No
(Some organizations th	nat made a	section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all	of the five columns I	below.
	Lobb	ying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2015

Schedule C (Form 990 or 990-EZ) 2015 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 on lines 1a through 1i below, provide in Part IV a detailed description	(8	a)	(k)
of th	e lobbying activity.	Yes	No	Amo	ount
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:				
а	Volunteers?	X			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X	77		
С	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			5,817.
	Other activities?	Λ			5,817.
	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		, 0 ± 7 •
	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?				
	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, lir	ne 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				
	Total		١ ـ		
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	olitical			
	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	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)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ALABAMA LAW FOUNDATION, INC.

Employer identification number 63-0951482

Par			is or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e o. (a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	,	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v		rised funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		-
	impermissible private benefit?		Yes No
Par	rt II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the forn	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	•	l l
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	he organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		•
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and enforcing conserv	ation easements during the year
_			70/-\/4\/D\/'\
8	Does each conservation easement reported on line 2(d) above	-	
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation include, if applicable, the text of the footnote to the organization	·	
	conservation easements.	lion's illiancial statements that describe	s the organization's accounting for
Par	rt III Organizations Maintaining Collections of	f Art. Historical Treasures, or 0	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		ement and balance sheet works of art
	historical treasures, or other similar assets held for public exh	•	•
	the text of the footnote to its financial statements that descri		,, passio con 1100, pro 1100,
b	If the organization elected, as permitted under SFAS 116 (AS		nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:		and derived, provide the renoving announce
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			. .
2	If the organization received or held works of art, historical treations		
_	the following amounts required to be reported under SFAS 1:		J, F
а	Revenue included on Form 990, Part VIII, line 1	•	> \$
	Assets included in Form 990, Part X		

Sche	chedule D (Form 990) 2015 ALABAMA LAW FOUNDATION, INC. 63-0951482 Pag								age 2			
Par	rt III Organizations Maintaining C	collections of A	rt, Historical Tr	easures, or Otl	her s	Similar A	sset	ts (contin	ued)			
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are a	signi	ificant use o	f its c	collection	item	s		
	(check all that apply):											
а	Public exhibition	d	Loan or exc	hange programs								
b												
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organization's ex	kemp	t purpose in	Part	XIII.				
5	During the year, did the organization solicit o	r receive donations	of art, historical trea	sures, or other simi	lar as	sets		_		_		
	to be sold to raise funds rather than to be maintained as part of the organization's collection?											
Par	rt IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Yes" o	on Fo	rm 990, Par	t IV, I	ine 9, or				
	reported an amount on Form 990, Par	t X, line 21.										
1a	Is the organization an agent, trustee, custodi		•				_	1		,		
	on Form 990, Part X?							Yes		No		
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:									
								Amount				
	Beginning balance					1c						
	Additions during the year					1d						
е	Distributions during the year					1e						
f	Ending balance					1f		1		T		
	Did the organization include an amount on Fo	·	*		•	?		Yes		No		
	If "Yes," explain the arrangement in Part XIII. rt V Endowment Funds. Complete in											
Fai	rt V Endowment Funds. Complete i					Three weers h	ook I	1-1 Four	ro	haalı		
4.	Decimal of vees belones	(a) Current year	(b) Prior year	(c) Two years back		Three years b						
	Beginning of year balance	4,236,307. 137,932.	4,030,868. 16,442.	3,512,098 103,000	_		-	٠,		833.		
	Contributions	-147,186.	190,247.	417,020	-	34,0 297,6	-			372. 788.		
	Net investment earnings, gains, and losses	56,452.	1,250.	1,250	_	1,2				250.		
	Grants or scholarships	30,432.	1,250.	1,230	+	-,2	30.		<u> </u>	250.		
e	Other expenditures for facilities	205,120.				14,4	ا ۵۰		-18	667.		
	and programs Administrative expenses	200,120.			+	,-				••••		
g	End of year balance	3,965,481.	4,236,307.	4,030,868	1	3,512,0	98.	3	196	076.		
2	Provide the estimated percentage of the curr				<u>·</u>	0,011,0		- ,				
	Board designated or quasi-endowment	66.13	%	y) Hold do.								
	Permanent endowment > 24.43	%	_′°									
		9.44 %										
	The percentages on lines 2a, 2b, and 2c sho											
За	Are there endowment funds not in the posse		ation that are held a	nd administered for	r the o	organization						
	by:	· ·				· ·			Yes	No		
	(i) unrelated organizations							3a(i)		X		
	(ii) related organizations							3a(ii)		X		
b	If "Yes" on line 3a(ii), are the related organiza							3b				
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.									
Par	rt VI Land, Buildings, and Equipm	ent.										
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a. S	See Form 990, Part	X, line	e 10.						
	Description of property	(a) Cost or o	ther (b) Cost	or other (c)	Accu	mulated		(d) Book	value	е		
		basis (investn	nent) basis	(other) d	lepre	ciation						
1a	Land											
	Buildings											
С	Leasehold improvements		1	0,000.		0,000.				0.		
А	Equipment		1 12	4.523.	10	7.223.	1	17	7.3	00.		

9,750.

Schedule D (Form 990) 2015

0. 17,300.

9,750.

e Other

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

Schedule D (Form 990) 2015 ALABAMA LAW	FOUNDATION	INC.	63-	-0951482	Page
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end-	of-year market v	/alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"					
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end-	of-year 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		
Complete if the organization answered "Yes"		ne 11d. See Form 990,	Part X, line 15.	(In) Declaration	
	Description			(b) Book va	liue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)				
Part X Other Liabilities.					
Complete if the organization answered "Yes"	on Form 990, Part IV, li		n 990, Part X, line 25.		
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2)					
(3)					
(4)					
(5)	l l				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ightharpoons2. 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

(6) (7) (8)

Pai	rt XI Reconciliation of Revenue per Audited Financial Stat	tements With	Revenue per R	eturn) .
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,044,665.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-971,708.		
b			18,000.		
С	. ,				
d	Other (Describe in Part XIII.)	2d	-2,300.		
е	• • • • • • • • • • • • • • • • • • • •			2e	-956,008.
3	Subtract line 2e from line 1			3	2,000,673.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	, , , , , , , , , , , , , , , , , , , ,				
b	/	4b			•
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,000,673.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta		h Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line				1 000 455
1	Total expenses and losses per audited financial statements			1	1,222,457.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	10 000		
а			18,000.		
b	Prior year adjustments				
С	***************************************				
d	,	2d			10 000
е	• • • • • • • • • • • • • • • • • • • •			2e	18,000.
3	Subtract line 2e from line 1			3	1,204,457.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	, , , , , , , , , , , , , , , , , , , ,		2 200		
b	,	4b	2,300.		2 200
С	Add lines 4a and 4b			4c	2,300.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	l.)		5	1,206,757.
	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4			4; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional infor	mation.		
DΔI	RT V, LINE 4:				
1 71	KI V, DINE 4:				
ΤО	PROVIDE A PREDICTABLE STREAM OF FUNDING	G TO PROG	RAMS SUPPO	RTEI	O BY THE
	THOUSE IT THE STITLE STREET OF TORSER	3 10 11100	HILL BOLLO		<u> </u>
ENI	DOWMENTS WHILE SEEKING TO MAINTAIN THE	PURCHASIN	IG POWER OF	THI	E ENDOWMENT
ASS	SETS.				
PAI	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
BAI	D DEBT LOSS				
PAI	RT XII, LINE 4B - OTHER ADJUSTMENTS:				
BAI	D DEBT LOSS				

Schedule D	(Form 990) 2015 Supplemental Infor	ALABAMA	LAW	FOUNDATION,	INC.	63-0951482	Page 5
Part XIII	Supplemental Infor	mation (contine	ued)				
-							

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

2015

OMB No. 1545-0047

Complete if the organization answered "Yes" on 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

Name of the organization ALABAMA L	Employer identification number $63-0951482$						
Part I General Information on Grants a							33 333-33-
 Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro 	stance?						
Part II Grants and Other Assistance to	Domestic Organi	zations and Domest	ic Governments. C	complete if the org	anization answered "\	es" on Form 990, Parl	t IV, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if addi	tional space is need	ded.	(6) 14 11 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 MONTGOMERY, AL 36104	63-0743038		85,000.	0.			LEGAL AID TO THE POOR/ACCESS TO JUSTICE
ALABAMA STATE BAR VOLUNTEER LAWYERS PROGRAM - PO BOX 671 - MONTGOMERY, AL 36101	63-6000619		91,500.	0.			LEGAL AID TO THE POOR/ACCESS TO JUSTICE
BIRMINGHAM VOLUNTEER LAWYERS PROGRAM - 2021 SECOND AVENUE NORTH - BIRMINGHAM, AL 35203	13-4270862		114,500.	0.			LEGAL AID TO THE POOR/ACCESS TO JUSTICE
HISPANIC INTEREST COALITION OF ALABAMA - PO BOX 190299 - BIRMINGHAM, AL 35219	63-1225764		39,000.	0.			LEGAL AID TO THE POOR
YWCA OF CENTRAL ALABAMA 309 23RD ST. N BIRMINGHAM, AL 35203	63-0288882		44,000.	0.			LEGAL AID TO THE POOR
EQUAL JUSTICE INITIATIVE OF ALABAMA - 122 COMMERCE STREET -				_			
MONTGOMERY, AL 36104 2 Enter total number of section 501(c)(3) a	63-1135091 nd government or	 ganizations listed in t	20,000. he line 1 table				ADMINISTRATION OF JUSTICE
3 Enter total number of other organizations	s listed in the line	1 table					

ALABAMA LAW FOUNDATION, INC.

Page 1

Part II Continuation of Grants and Other	Assistance to do	verninents and Orga	linzations in the O	Titled Otales (Octob		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
MONTGOMERY COUNTY BAR FND							
VOLUNTEER LAWYERS PROGRAM - P. O.							LEGAL AID TO THE
BOX 72 - MONTGOMERY, AL 36101	46-0706839		59,500.	0.			POOR/ACCESS TO JUSTICE
MADISON COUNTY VOLUNTEER LAWYERS							
PROGRAM - P. O. BOX 2913 -							LEGAL AID TO THE
HUNTSVILLE, AL 35801	63-0836810		54,000.	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		74,500.	0.			POOR/ACCESS TO JUSTICE
ALABAMA APPLESEED CENTER FOR LAW & JUSTICE - P. O. BOX 4864 -							
MONTGOMERY, AL 36103	06-1647437		4,000.	0.			ADMINISTRATION OF JUSTIC
ALABAMA CENTER FOR DISPUTE RESOLUTION - P. O. BOX 671 -							FORECLOSURE PREVENTION
MONTGOMERY, AL 36101	63-1152547		60,000.	0.			MEDIATION SERVICES

(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	10	28,500.	. 0.		
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	ie 2, Part III, columr	I n (b), and any other a	I dditional information.	
PART I, LINE 2:					
RECIPIENTS OF GRANTS GREATER THAN	\$10,000	PROVIDE MI	ID-YEAR AND	ANNUAL GRANT	
REPORTS THAT INCLUDE A NARRATIVE A	AS WELL A	S FINANCIA	AL INFORMAT	ION.	
RECIPIENTS OF GRANTS LESS THAN \$10	0,000 PRO	VIDE ANNUA	AL GRANT RE	PORTS THAT	
INCLUDE A NARRATIVE AS WELL AS FI	NANCIAL I	NFORMATION	1.		

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.

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

► Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

ALABAMA LAW FOUNDATION, INC.

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

THE ORGANIZATION DID NOT CHANGE THEIR OVERSIGHT OR SELECTION PROCESS

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Name of the organization ALABAMA LAW FOUNDATION, INC.	Employer identification number 63-0951482
FROM THE PREVIOUS YEAR.	