Department of the Treasury Internal Revenue Service

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

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

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

Inspection

OMB No. 1545-0047

ΑF	or the	2017 calendar year, or tax year beginning $APR \perp$ , $201$ / and	ending M	IAR 31, 2018			
<b>B</b> (	Check if applicable:	C Name of organization		D Employer identif	ication number		
	Address	ALABAMA LAW FOUNDATION, INC.					
	Name change	Doing business as		63-0	951482		
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 415 DEXTER AVENUE	E Telephone number 334-387-1600				
	ireturn/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,817,655.		
	Amende			H(a) Is this a group			
	Applica			for subordinate			
	pending	SAME AS C ABOVE		H(b) Are all subordinates			
1.7	Гах-ехе	mpt status: X 501(c)(3) 501(c) ( )	or 527	1	a list. (see instructions)		
J١	Nebsite	E: ► WWW.ALABAMALAWFOUNDATION.ORG		H(c) Group exemption	on number		
KF	orm of o	organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1987	<b>M</b> State of legal domicile: $\mathbf{AL}$		
Pa	_	Summary					
e S	1 E	Briefly describe the organization's mission or most significant activities: $\frac{PROM}{LAW}$ .		ACCESS TO J	USTICE AND		
Governance	2 0	Check this box   if the organization discontinued its operations or dispos		than 25% of its net as	sets.		
Ver	3 1				1 4 4		
	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			19		
ري وي		otal number of individuals employed in calendar year 2017 (Part V, line 2a)			3		
/itie	1	otal number of volunteers (estimate if necessary)			19		
Activities &	7a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12		7a			
_	1 d	Net unrelated business taxable income from Form 990-T, line 34	<u></u>	7b	0.		
				Prior Year	Current Year		
Φ	8 (	Contributions and grants (Part VIII, line 1h)		<u>4,176,307.</u>	· · ·		
Revenue	9 F	Program service revenue (Part VIII, line 2g)		0.			
3eV	10 l	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		143,727.			
	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		31,635.			
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,351,669.	•		
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		812,031.	853,905.		
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		260,845.	· .		
Expenses	16a ⊦	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)		0.	0.		
Ä	1 0 1			270,475.	282,788.		
_	" \	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,343,351.			
	1	Revenue less expenses. Subtract line 18 from line 12		3,008,318.			
- JC		levertue less expenses. Subtract line 10 from line 12	Re	ginning of Current Year	End of Year		
t Assets or	20 1	otal assets (Part X, line 16)	5	8,703,032.	8,795,584.		
ASS	21	otal labilities (Part X, line 26)		710,371.	529,252.		
Net		Net assets or fund balances. Subtract line 21 from line 20		7,992,661.	8,266,332.		
	art II	Signature Block		, ,			
Und	er penali	ties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of m	y knowledge and belief, it is		
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.			
		<b>\</b>					
Sig	n	Signature of officer		Date			
Her	e	TRACY A. DANIEL, EXECUTIVE DIRECTOR					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature	l l	Date Check	PTIN		
Paid			PELLE 0	08/13/18  "self-emplo			
-		Firm's name JACKSON THORNTON & CO., PC		Firm's EIN ▶	63-1035228		
Use	Only	Firm's address PO BOX 96			A 024 BCC		
_		MONTGOMERY, AL 36101		Phone no. 3 3	34-834-7660		
May	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No		

	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
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured 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
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 954,322. including grants of \$
<del>4</del> a	GRANTS TO APPROXIMATELY 15 ORGANIZATIONS THAT PROVIDE LEGAL AID TO THE
	POOR AND INCREASE ACCESS TO JUSTICE.
	POOR AND INCREASE ACCESS TO DUSTICE.
4b	(Code:) (Expenses \$ 44,257 • including grants of \$ 25,500 • ) (Revenue \$)
	SCHOLARSHIPS TO APPROXIMATELY 10 ALABAMA RESIDENTS WHO ARE PURSUING A
	LEGAL EDUCATION IN ACCREDITED LAW SCHOOLS AND SCHOLARSHIPS UNDER THE
	KID'S CHANCE PROGRAM.
4c	(Code:) (Expenses \$
40	Code / (Expenses \$ including grants of \$ / (Revenue \$ )
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ 998,579.

# Form 990 (2017) ALABAMA LAW FOUNDATION, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	ا ا		
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
′		7		х
	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	<b>-</b> '-		-22
8	, ,			х
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			₩.
	If "Yes," complete Schedule D, Part IV	9		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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	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?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	- 15		
	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		<del></del>
10		16		х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	مد ا		v
46	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,"			37
	complete Schedule G, Part III	19		X

# Form 990 (2017) Part IV | Checklist of Required Schedules (continued) | Checklist of Ch

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			.,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			Х
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	06		Х
27	complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
		27		х
28	of any of these persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		21
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A second of force of five diseases to the second of the se	28a		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes." <i>complete</i>			
	Schedule N, Part II	32		Х
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		Х
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		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		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 (2017) ALABAMA LAW FOUNDATION, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			<u></u>		
			. —	,	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	<u>0</u>			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re					
	(gambling) winnings to prize winners?	 I I		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		٦ ا			
	filed for the calendar year ending with or within the year covered by this return		3		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	Х	
2-	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions			.		X
			. —	Ba Bb		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other a		·	מפ		
та	financial account in a foreign country (such as a bank account, securities account, or other financial a			<del>l</del> a		Х
b	If "Yes," enter the name of the foreign country:					
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).	-			
5a			5	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		. —	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		. $\square$	5C		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?		<u> </u>	ба		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts				
	were not tax deductible?		6	3b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor	?   7	7a		<u> </u>
			.  _7	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•				
	to file Form 8282?		_7	7с		<u> </u>
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	-	_		37
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		. —	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		. —	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		• —	7g 7h		
ь 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations contribution of cars, boats, airplanes, or other vehicles, did the organizations care specified by the organizations can be contributed from the organization of cars, boats, airplanes, or other vehicles, did the organizations can be careful to the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, airplanes, or other vehicles, did the organization of cars, airplanes, or other vehicles, did the organization of cars, airplanes, or other vehicles, did the organization of cars, airplanes, did the organization of cars, airpl		H	/11		
0	sponsoring organizations maintaining donor advised failure. Since a donor advised failure maintaining sponsoring organization have excess business holdings at any time during the year?	by tile		8		
9	Sponsoring organizations maintaining donor advised funds.					
	Did the energying experientian make any toyable distributions under costion 10662		و	Эа		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		. —	9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
	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	1 1	1	2a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-[			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?		1	3a		
L-	Note. See the instructions for additional information the organization must report on Schedule O.					
а	Enter the amount of reserves the organization is required to maintain by the states in which the	13b				
^	organization is licensed to issue qualified health plans  Enter the amount of reserves on hand	130				
	Did the experience receive any payments for indeer tenning comings during the tay year?	130	1.	4a		
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule		. —	4b		
_	, provide an explanation in Schedule	,			990	(2017)

Form 990 (2017)

ALABAMA LAW FOUNDATION, INC.

63-0951482

Pag

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below to lines 2 through 7b below to line 2 throug

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
0	Check if Schedule O contains a response or note to any line in this Part VI			X
<u>sec</u>	tion A. Governing Body and Management		· ·	
4	Enter the number of voting members of the governing body at the end of the tax year 19		Yes	No
та	, , , , , , , , , , , , , , , , , , ,			
	If there are material differences in voting rights among members of the governing body, or if the governing			
L	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.  Enter the number of voting members included in line 1a, above, who are independent 19			
_	Enter the number of voting members included in line 1a, above, who are independent <b>1b 19</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2		2		х
2	officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		
3		۰		х
4	of officers, directors, or trustees, or key employees to a management company or other person?	<u>3</u> 4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6		^
/a		7-		Х
	more members of the governing body?	7a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	76		Х
•	persons other than the governing body?	7b		Λ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	Х	
	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		Х
Sec	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		_ 2\
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	iva		
b		10b		
115	and branches to ensure their operations are consistent with the organization's exempt purposes?  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.	1 Ia		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120		
·	in Schedule O how this was done	12c	х	
13		13		х
14	Did the organization have a written whistleblower policy?  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	17		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
•	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
ioa	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUa		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) as	ailahla		
10	for public inspection. Indicate how you made these available. Check all that apply.	allabit		
	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, and	finana	ial	
19	statements available to the public during the tax year.	manc	ıaı	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	TRACY A. DANIEL - 334-387-1600			
	415 DEXTER AVENUE, MONTGOMERY, AL 36104			

## 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.

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

Check this box if neither the organization		orga	niza			npen	sate		irector, or trustee.	
(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated				
	hours per			compensation	compensation	amount of				
	week (list any	To.						from the	from related organizations	other compensation
	hours for	direct				- G		organization	(W-2/1099-MISC)	from the
	related	tee or	ıstee			nsate		(W-2/1099-MISC)		organization
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee				and related
	below	vidua	itutio	cer	Key employee	hest o	Former			organizations
	line)	lnd	Inst	Officer	Key	e Hig	For			
(1) ANTHONY JOSEPH	0.00	l								
PRESIDENT		Х		Х				0.	0.	0.
(2) LAURA L. CRUM	0.00	l								
TREASURER		Х		Х				0.	0.	0.
(3) MARY MARGARET BAILEY	0.00	l								
VICE-PRESIDENT		Х		Х				0.	0.	0.
(4) HON. JIMMY B. POOL	0.00	l								•
SECRETARY		Х		Х				0.	0.	0.
(5) SAMUEL W. IRBY	0.00	l								•
TRUSTEE		Х						0.	0.	0.
(6) CHRISTINA D. CROW	0.00	l								•
TRUSTEE		Х						0.	0.	0.
(7) PATRICK C. DAVIDSON	0.00	l								•
TRUSTEE		Х						0.	0.	0.
(8) AUGUSTA DOWD	0.00	l								•
TRUSTEE		Х						0.	0.	0.
(9) GINGER GADDY	0.00	l								•
TRUSTEE		Х						0.	0.	0.
(10) SALLY HAWLEY	0.00									•
TRUSTEE	0.00	Х						0.	0.	0.
(11) HON. ABDUL KALLON	0.00	٦,							_	0
TRUSTEE (10) TAMES OF WARD	0.00	Х						0.	0.	0.
(12) JAMES S. WARD	0.00	v							_	0
TRUSTEE (13) THOMAS L. OLIVER, II	0.00	Х						0.	0.	0.
TRUSTEE	0.00	Х						0.	0.	0
(14) COLE PORTIS	0.00	Λ						0.	0.	0.
TRUSTEE	0.00	Х						0.	_	0.
(15) RICHARD J.R. RALEIGH, JR	0.00	Λ						0.	0.	0.
TRUSTEE	0.00	х						0.	0.	0
(16) ALBERT TROUSDALE	0.00	^	$\vdash$						J •	0.
TRUSTEE	0.00	х						0.	0.	0.
(17) W. N. WATSON	0.00	^	$\vdash$					1		0.
TRUSTEE	0.00	х						0.	0.	0.

Form 990 (2017)

Section A. Officers, Directors, Trus	tees, Key Emp	DIOY	ees,	anc	נוח ג	gnes	St C	ompensated Employee	s (continued)	—			
(A)	(B) (C) Average Position			(D)	(E)			(F)					
Name and title	Average hours per		not c	heck	more	than		Reportable compensation	Reportable compensation	,	Estimated amount of		
	week					is both or/trus		from	from related	'		other	וע
	(list any	ector						the	organizations		comp	oensat	ion
	hours for related	or dir	99			ated		organization	(W-2/1099-MISC)			om the	
	organizations	rustee	l trust		99	upens		(W-2/1099-MISC)		organiz		anızatı I relate	
	below	Individual trustee or director	Institutional trustee	_	Key employee	st cor	er					nizatio	
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former						
(18) HON. R. DONALD WORD, III	0.00												
TRUSTEE		Х						0.		0.			0.
(19) BESS CRESWELL	0.00												_
TRUSTEE	40.00	Х						0.		0.			0.
(20) TRACY A. DANIEL	40.00			₩.				110 704		ا ۸	2 5	. 00	
EXECUTIVE DIRECTOR				Х		-		110,704.		0.	45	5,98	
										$\dashv$			
		-											
										$\neg$			
										$\rightarrow$			
							Ļ	110,704.		$\rightarrow$	2.5	- 00	
1b Sub-total								110,704.		0.	45	5,98	-
c Total from continuation sheets to Part VI								110,704.		0.	2 5	5,98	<u>0.</u>
d Total (add lines 1b and 1c)  Total number of individuals (including but n							o re	•		<u>• •                                   </u>	۷.	,,,,	
compensation from the organization	or minica to th	000	11010	u u.	,000	, <b>.</b>		ocived more than \$100,	ood of reportable				1
												Yes	No
3 Did the organization list any former officer,	director, or tru	ıste	e, ke	y en	nplo	yee,	or	highest compensated en	nployee on				
line 1a? If "Yes," complete Schedule J for s	uch individual									[	3		X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4	_	X
5 Did any person listed on line 1a receive or a					-								77
rendered to the organization?  f "Yes," com	plete Schedule	J fo	or su	ıch ı	oers	on					5		X
Complete this table for your five highest contactors	mnonostad inc	lono	- do	at a.		o o t o	vo +k	act received mare than t	100 000 of comp		ion fro		
the organization. Report compensation for	•	-							· · · · · · · · · · · · · · · · · · ·	HISALI	1011 110	111	
(A)	ine odiendar ye	Jui C	- I I GII	<u>19 W</u>	1011	31 VVI		(B)	our.		(C	)	
Name and business	address	NC	NE	C				Description of s	ervices	Co	ompen		1
							$\dashv$						
							$\dashv$						
2 Total number of independent contractors (in	ncludina but n	ot lin	niter	d to	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	•				_	)		,					
, , , , , , , , , , , , , , , , , , ,	<u> </u>										Form 9	990 (2	017)

		Check if Schedule O conta	ains a response	or note to any line	in this Part VIII			
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
ठ ठ	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
<u>2</u> 8		Fundraising events						
ifts ar A		Related organizations	1 1					
aj, Bijk		Government grants (contributi						
Sig		All other contributions, gifts, grant						
her		similar amounts not included abov	1 1	1,033,297.				
텵	g	Noncash contributions included in lines 1						
ang		Total. Add lines 1a-1f		I	1,033,297.			
				Business Code				
o o	2 a							
Š	b							
Program Service Revenue	С							
am eve	d			1				
Be	е							
Pro	f	All other program service reve	nue					
		Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)	•		345,289.			345,289.
	4	Income from investment of tax						
	5	Royalties		<b>&gt;</b> [				
		,	(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		<b>•</b>				
		Gross amount from sales of	(i) Securities	(ii) Other				
	-	assets other than inventory	1,412,149.					
	b	Less: cost or other basis						
		and sales expenses	1,357,071.					
	С	Gain or (loss)						
		Net gain or (loss)			55,078.	55,078.		
		Gross income from fundraising						
nue		including \$	of					
Other Reven		contributions reported on line						
Ř		Part IV, line 18	, a					
the	b	Less: direct expenses						
Ò		Net income or (loss) from fund						
		Gross income from gaming ac						
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sales						
-		Miscellaneous Revenue		Business Code				
Ī	11 a	OTHER INCOME		900099	26,920.	26,920.		
	b							
	c							
		All other revenue						
		Total. Add lines 11a-11d			26,920.			
		Total revenue. See instructions.			1,460,584.	81,998.	0.	345,289.

# Form 990 (2017) ALABAMA LAW FOUNDATI Part IX Statement of Functional Expenses

<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	828,405.	828,405.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	25,500.	25,500.		
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	135,011.	52,654.	62,105.	20,252.
6	Compensation not included above, to disqualified	133,011.	32,0310	02/2031	2072321
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	79,082.	28,794.	38,764.	11,524.
-	· · · · · · · · · · · · · · · · · · ·	75,002.	20,754.	30,704.	11,524.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include	1 1/0	1 1/0		
_	section 401(k) and 403(b) employer contributions)	1,149. 2,148.	1,149. 2,148.		
9	Other employee benefits	6,426.	2,140.	2 646	882.
10	Payroll taxes	0,420.	2,898.	2,646.	882.
11	Fees for services (non-employees):				
	Management				
	Legal	05 100		05 100	
С	Accounting	25,128.		25,128.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	37,775.	17,355.	14,232.	6,188.
12	Advertising and promotion	16.		16.	
13	Office expenses	84,844.	6,591.	67,152.	11,101.
14	Information technology	41,822.	11,146.	25,904.	4,772.
15	Royalties				
16	Occupancy	6,000.	2,400.	2,400.	1,200.
17	Travel	33,035.	9,849.	23,070.	116.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	47,651.	6,615.	8,099.	32,937.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,314.	1,402.	2,049.	863.
23	Insurance	1,630.	1,262.	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 0.)				
а	TRAINING EXPENSE	555.	411.	135.	9.
b	MISCELLANEOUS EXPENSE	18.		18.	
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,360,509.	998,579.	271,977.	89,953.
26	Joint costs. Complete this line only if the organization	, ,		. = ,	,
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	II TOHOWING SUF 90-2 (MSU 936-720)				000

Form 990 (2017)

Part X | Balance Sheet

Pai	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to any line in this Part X				
			Ве	(A) ginning of year		(B) End of year
	1	Cash - non-interest-bearing		185,448.	1	84,090.
	2	Savings and temporary cash investments		•	2	,
	3	Pledges and grants receivable, net		151,377.	3	158,620.
	4	Accounts receivable, net		,	4	,
	5	Loans and other receivables from current and former officers, directors,				
		trustees, key employees, and highest compensated employees. Complete				
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined une	der			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribu				
		employers and sponsoring organizations of section 501(c)(9) voluntary				
S		employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges	l l		9	5,392.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a 118,5 Less: accumulated depreciation 10b 111,7	39.			
	b	Less: accumulated depreciation 10b 111,7	88.	11,065.	10c	6,751. 8,464,548.
	11	Investments - publicly traded securities		3,267,049.	11	8,464,548.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		88,093.	15	76,183.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	8	3,703,032.	16	8,795,584.
	17	Accounts payable and accrued expenses		69,359.	17	39,882.
	18	Grants payable		636,992.	18	489,370.
	19	Deferred revenue		4,020.	19	0.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
es	22	Loans and other payables to current and former officers, directors, trustees				
₽		key employees, highest compensated employees, and disqualified persons	I			
Liabilities		Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third				
		parties, and other liabilities not included on lines 17-24). Complete Part X of			05	
	06	Schedule D  Tatal liabilities Add lines 17 through 95		710,371.	25 26	529,252.
	26	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ▶ X a		110,311.	20	327,232.
		complete lines 27 through 29, and lines 33 and 34.	''u			
ces	27	Unrestricted net assets	- 5	3,072,968.	27	3,512,069.
lan	28	Temporarily restricted net assets		3,943,007.	28	3,764,619.
Ва	29	Permanently restricted net assets		976,686.	29	989,644.
pun		Organizations that do not follow SFAS 117 (ASC 958), check here ▶				777,7221
Ĕ		and complete lines 30 through 34.				
ts c	30	Capital stock or trust principal, or current funds			30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds			32	
Se	33	Total net assets or fund balances		7,992,661.	33	8,266,332.
	34	Total liabilities and net assets/fund balances	8	3,703,032.	34	8,795,584.

Form **990** (2017)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI					X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,460			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,360	0,5	09.	
3	Revenue less expenses. Subtract line 2 from line 1	3		10	0,0	75.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7	7,992,661			
5	Net unrealized gains (losses) on investments		176,596				
6	Donated services and use of facilities						
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-:	3,0	00.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	8	,260	6,3	32.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		X	
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc	dit				
	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	ed aud	it				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3h			

#### **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.

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

OMB No. 1545-0047

2017

Open to Public Inspection

**Employer identification number** Name of the organization ALABAMA LAW FOUNDATION, 63-0951482 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

### 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	tion A. Public Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	`,	, ,	, ,	, ,	, ,	,
	membership fees received. (Do not						
	include any "unusual grants.")	820,939.	790,729.	1114822.	4176307.	1033297.	7936094.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	820,939.	790,729.	1114822.	4176307.	1033297.	7936094.
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)						
	Public support. Subtract line 5 from line 4.						7936094.
	ction B. Total Support						_
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	820,939.	790,729.	1114822.	4176307.	1033297.	7936094.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	06 724	107 020	114 700	142 727	245 200	700 207
	and income from similar sources	86,734.	107,838.	114,799.	143,727.	345,289.	798,387.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	47,286.	34,760.	34,896.	31,635.	26,920.	175,497.
44	assets (Explain in Part VI.)  Total support. Add lines 7 through 10	±1,200•	34,700.	34,000.	31,033.	20,520.	8909978.
		oto (ooo inatruotia	.no/			12	0000010:
	Gross receipts from related activities, First five years. If the Form 990 is for						
13	organization, check this box and stop	-			•		
Sec	tion C. Computation of Public	c Support Per	centage				·····
	Public support percentage for 2017 (li			olumn (f))		14	89.07 %
	Public support percentage from 2016					15	89.46 %
	33 1/3% support test - 2017. If the o					ore, check this box	
	stop here. The organization qualifies						
b	33 1/3% support test - 2016. If the c						
	and stop here. The organization quali	-					
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fact	s-and-circumstand	es" test, check th	is box and stop h	ere. Explain in Par	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances test	- <b>2016.</b> If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	e "facts-and-circur	nstances" test, ch	eck this box and	<b>stop here.</b> Explain	in Part VI how the	•
	organization meets the "facts-and-circ	umstances" test.	The organization q	ualifies as a public	ly supported orgar	nization	▶□
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	· <b>&gt;</b>

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

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

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(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						
	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.)						
	ction B. Total Support				•	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
	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						
	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	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here	•		•	•	. , . ,	·
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2017 (I	ine 8, column (f) di	ivided by line 13, c	olumn (f))		15	%
16	Public support percentage from 2016	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	<b>)17</b> (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
198	. 33 1/3% support tests - 2017. If the					3 1/3%, and line 1	
	more than 33 1/3%, check this box ar						`
k	33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- **c** Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	30		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	O.		
	9b		
	9с		
	10a		
0	10b 90 or 99	N E 7	2017
IJ	20 UI 35	ツーロム)	ZU 1/

Pai	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	-	, the governing body of a supported organization?	11a		
b		ily member of a person described in (a) above?	11b		
		6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		3. Type I Supporting Organizations			
				Yes	No
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to			
		arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	-	ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		olled the organization's activities. If the organization had more than one supported organization,			
		ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	-	e organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part \	now providing such benefit carried out the purposes of the supported organization(s) that operated,			
	super	vised, or controlled the supporting organization.	2		
Sec		C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec	tion [	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization'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			
	organ	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	-	ason of the relationship described in (2), did the organization's supported organizations have a			
	•	cant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
800	suppo	orted organizations played in this regard.  Type III Functionally Integrated Supporting Organizations	3		
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a b		The organization satisfied the Activities Test. Complete line 2 below.			
C		The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr			
2		ties Test. <b>Answer (a) and (b) below.</b>	uctions)	Yes	No
a		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140
ŭ		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e 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			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ies but for the organization's involvement.	2b		
3	Paren	t of Supported Organizations. Answer (a) and (b) below.			
а	Did th	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	es of each of the supported organizations? Provide details in Part VI.	3a		
b	Did th	e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its	supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	<u>g Organ</u>	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on I	Nov. 20, 1970 (explain in F	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1_	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Par	1 v   Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	inizations (continued)	
Secti	on D - Distributions			Current Year
_1_	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
_3_	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	
_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	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
_1_	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
_3_	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

INC.

Schedule A (Form 990 or 990-EZ) 2017 ALABAMA LAW FOUNDATION,

63-095<u>1482 Page 8</u>

#### **SCHEDULE C**

(Form 990 or 990-EZ)

### **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.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

<ul><li>Tax) (see separate instructions), then</li><li>Section 501(c)(4), (5), or (6) organizat</li></ul>	ions: Complete Part III.			
Name of organization	ionor compieto r arrim		Em	ployer identification number
ALABAMA	LAW FOUNDATION,	INC.		63-0951482
Part I-A   Complete if the org	anization is exempt unde	er section 501(c)	or is a section 527 o	rganization.
<ol> <li>Provide a description of the organiz</li> <li>Political campaign activity expendit</li> <li>Volunteer hours for political campaign</li> </ol>	ures		<b>&gt;</b>	\$
Part I-B Complete if the org	anization is exempt unde	er section 501(c)(	3).	
1 Enter the amount of any excise tax	incurred by the organization unde	er section 4955	<b>&gt;</b>	\$
2 Enter the amount of any excise tax	incurred by organization manage			
3 If the organization incurred a section				
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV.  Part I-C   Complete if the org	anization is exempt unde	er section 501(c).	except section 501	c)(3).
Enter the amount directly expended			-	
2 Enter the amount of the filing organi exempt function activities	ization's funds contributed to oth	er organizations for se	ection 527	
3 Total exempt function expenditures line 17b		•		\$
<ul> <li>Did the filing organization file Form</li> <li>Enter the names, addresses and emmade payments. For each organizate contributions received that were propolitical action committee (PAC). If a</li> </ul>	nployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a	l) of all section 527 pol from the filing organiz separate political orga	litical organizations to whi cation's funds. Also enter t anization, such as a separa	ch the filing organization he amount of political
(a) Name	<b>(b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and

Sched	ule C (Form 990 or 990-EZ) 2017	ALABA	MA LAW	FOUNDATION	. INC.	63-0	)951482 Page 2
	ule C (Form 990 or 990-EZ) 2017 II-A   Complete if the org	anizatio	n is exer	npt under section	1 501(c)(3) and file	d Form 5768 (el	ection under
	section 501(h)).						
A Che	eck 🕨 🔲 if the filing organiza	tion belon	gs to an affi	liated group (and list ir	Part IV each affiliated	group member's nam	e, address, EIN,
	expenses, and shar	e of exces	ss lobbying (	expenditures).			
B Che	eck 🕨 🔃 if the filing organiza	tion check	ked box A ai	nd "limited control" pro	ovisions apply.		_
			bying Expe neans amou	nditures ınts paid or incurred.)	)	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
1a -	Total lobbying expenditures to influ	lence pub	lic opinion (	grass roots lobbying)			
	Total lobbying expenditures to influ						
c -	Total lobbying expenditures (add li	nes 1a an	d 1b)				
	Other exempt purpose expenditure						
e -	Total exempt purpose expenditure						
	Lobbying nontaxable amount. Ente						
	f the amount on line 1e, column (a) o			bying nontaxable am			
Ī	Not over \$500,000	•	20% of	the amount on line 1e.			
[	Over \$500,000 but not over \$1,000	0,000	\$100,00	00 plus 15% of the exc	ess over \$500,000.		
	Over \$1,000,000 but not over \$1,5	00,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
[	Over \$1,500,000 but not over \$17,	000,000	\$225,00	00 plus 5% of the exce	ss over \$1,500,000.		
	Over \$17,000,000		\$1,000,	000.			
g	Grassroots nontaxable amount (en	ter 25% of	f line 1f)				
h S	Subtract line 1g from line 1a. If zer	o or less, e	enter -0				
i S	Subtract line 1f from line 1c. If zero	or less, e	nter -0				
jΙ	f there is an amount other than ze	ro on eithe	er line 1h or	line 1i, did the organiza	ation file Form 4720		
	reporting section 4911 tax for this	year?					Yes No
	(Some organizations t		a section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all o	f the five columns b	elow.
		Lob	bying Expe	nditures During 4-Yea	ar Averaging Period		_
	Calendar year (or fiscal year beginning in)	(a)	2014	<b>(b)</b> 2015	<b>(c)</b> 2016	(d) 2017	(e) Total
2a I	Lobbying nontaxable amount						
	Lobbying ceiling amount						
	(150% of line 2a, column(e))						
c	Total lobbying expenditures						
d (	Grassroots nontaxable amount						
	Grassroots rioritaxable amount						
	(150% of line 2d, column (e))						
f (	Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2017

### Schedule C (Form 990 or 990-EZ) 2017 ALABAMA LAW FOUNDATION, INC. 63-0951482 Page 3 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	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	)	(b)	
	e lobbying activity.	Yes	No	Amo	unt
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)?	Х			
	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X X		
	Grants to other organizations for lobbying purposes?	Х	Λ		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
		Х	Λ	7	,204.
	Other activities?  Total. Add lines 1c through 1i	21			,204.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		, 201.
	If "Yes," enter the amount of any tax incurred under section 4912				
	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	1 501(c)(5	), or sec	tion	
	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?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
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," OR	(b) Part	III-A, line	3, IS
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year				
	Total				
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 exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Pai	- ''				
	de 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 II-A	A, lines 1 a	nd 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.  RT II-B, LINE 1, LOBBYING ACTIVITIES:				
GRZ	ASSROOTS LOBBYING ACTIVITIES				

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ALABAMA LAW FOUNDATION, INC. **Employer identification number** 63-0951482

Part	t I Organizations Mai	ntaining Donor Advised I	Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "	Yes" on Form 990, Part IV, line 6		
		_	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year			
	Aggregate value of contribution			
	Aggregate value of grants from			
	Aggregate value at end of year			
	_		ting that the assets held in donor adv	
			clusive legal control?	
			sors in writing that grant funds can b	
	···		onor advisor, or for any other purpose	
Part			ization answered "Yes" on Form 990	
				r, Part IV, line 7.
1	<u> </u>	ements held by the organization ublic use (e.g., recreation or edu	`	intericully important land area
	Protection of natural hab	· ·		istorically important land area ertified historic structure
	Preservation of open spa		Preservation of a ce	ertined historic structure
2			conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.	the organization held a qualified	Conservation Contribution in the for	Held at the End of the Tax Year
	, ,	asamants		
	Total acreage restricted by con			0.
	,		ure included in (a)	
			r 7/25/06, and not on a historic struc	
		` ' '		
			sed, extinguished, or terminated by the	
	year >	onto modinod, transferred, releat	sea, extinguished, or terminated by the	to organization during the tax
	· -	ty subject to conservation easen	nent is located	
	·	•	lic monitoring, inspection, handling o	_ f
	· ·	the conservation easements it ho		
				nservation easements during the year
	<b>&gt;</b>	G/ 1 G/	, ,	<b>5</b> ,
7	Amount of expenses incurred in	n monitoring, inspecting, handlin	g of violations, and enforcing conserv	vation easements during the year
	<b>▶</b> \$			Ç
8	Does each conservation easem	— ent reported on line 2(d) above s	atisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9				se statement, and balance sheet, and
i	include, if applicable, the text of	f the footnote to the organizatior	s financial statements that describe	s the organization's accounting for
	conservation easements.			
Part	t III Organizations Mai	ntaining Collections of A	rt, Historical Treasures, or C	Other Similar Assets.
	Complete if the organiza	tion answered "Yes" on Form 99	0, Part IV, line 8.	
1a	If the organization elected, as p	ermitted under SFAS 116 (ASC	958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other sir	nilar assets held for public exhibi	tion, education, or research in further	rance of public service, provide, in Part XIII,
	the text of the footnote to its fir	nancial statements that describes	s these items.	
b	If the organization elected, as p	ermitted under SFAS 116 (ASC	958), to report in its revenue stateme	nt and balance sheet works of art, historical
	treasures, or other similar asset	s held for public exhibition, educ	ation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:			
	(i) Revenue included on Form	990, Part VIII, line 1		
	(ii) Assets included in Form 99			<b>&gt;</b> \$
2	If the organization received or h	eld works of art, historical treasu	ires, or other similar assets for financ	ial gain, provide
		•	(ASC 958) relating to these items:	
а	Revenue included on Form 990	, Part VIII, line 1		<b>&gt;</b> \$
b .	Assets included in Form 990, P	art X		

	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or C	ther S	imilar	Assets	(contir	nued)	ige –
3	Using the organization's acquisition, accession							,		
	(check all that apply):		•	_						
а	Public exhibition	d	Loan or excl	nange programs	3					
b	Scholarly research	е								
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's	exempt	purpos	e in Part )	CIII.		
5	During the year, did the organization solicit or	r receive donations o	of art, historical treas	ures, or other s	imilar ass	sets				
	to be sold to raise funds rather than to be ma							Yes		No
Pai	t IV Escrow and Custodial Arrang		ete if the organization	n answered "Ye	s" on Fo	rm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	or other assets	not incl	uded				
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	lowing table:							
								Amoun	t	
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f		1		1
	Did the organization include an amount on Fo				-		L	Yes		No
_	If "Yes," explain the arrangement in Part XIII.									
Pai	T V Endowment Funds. Complete it									
		(a) Current year	(b) Prior year	(c) Two years b			ars back	(e) Four		
1a	Beginning of year balance	4,361,567.	3,965,481.	4,236,3			0,868.	3	512,	
b	Contributions	3,416,243.	110,786.	137,9			6,442.		103,	
С	Net investment earnings, gains, and losses	534,946.	350,856.	-147,1			0,247.		417,	
d	Grants or scholarships	238,314.	65,556.	56,4	52.		1,250.		Ι,	250.
е	Other expenditures for facilities			205 1	20					
_	and programs			205,1	.20.					
f	Administrative expenses	0.074.440	4 261 567	2 065 4	0.1	4 00	6 207		020	0.00
g	End of year balance	8,074,442.		, ,	81.	4,23	6,307.	4	030,	868.
2	Provide the estimated percentage of the curre			) held as:						
a	Board designated or quasi-endowment	46.18	_%							
b	Permanent endowment   12.25	% 1 <b>57</b>								
С	Temporarily restricted endowment  42									
•	The percentages on lines 2a, 2b, and 2c shou	•	Maria di Sala anno in al al anno	al a also in take on al	£					
за	Are there endowment funds not in the posses	ssion of the organiza	tion that are neid an	a administered	for the o	rganiza	ion	ſ	V	NI-
	by:							20(1)	Yes	No X
	(i) unrelated organizations							3a(i)	-	X
_	(ii) related organizations  If "Yes" on line 3a(ii), are the related organizations	tions listed as require	ad an Cabadula DO					3a(ii)	-	-25
ıD 4	Describe in Part XIII the intended uses of the							3b		
Pai	t VI Land, Buildings, and Equipme		wment iunas.							
	Complete if the organization answered		Part IV line 11a S	ee Form 990 P	art Y line	10				
							1	(d) Poo	k volu	
	Description of property	(a) Cost or of basis (investm		I	(c) Accu	imulated ciation	<b>-</b>	<b>(d)</b> Boo	n value	5
10	Land	`	.5.15	(5-1101)	acpie	- CIGUIOII				
	Land									
	Buildings Leasehold improvements		1	0,000.	1	0,00	0.			0.
q	Leasehold improvements			0,514.		8,36			2,1	
d	Equipment Other			8,025.		$\frac{3,30}{3,42}$			$\frac{2}{4}, \frac{1}{5}$	
_	Ou 101	1	1 -	-,		-, = 2			_,	•

Schedule D (Form 990) 2017

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

Scriedule D	(F01111 990) 2017	HINDHIN DAW	TOUNDATION,	THC.
Part VII	Investments	- Other Securities.		

Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	(b) Book value		Cost or end-of-year market value
(1) Financial derivatives			·
2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
• •			
(D)			
(E)			
(F)		+	
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		ine 11c. See Form 990, Part X, lin	e 13.
(a) Description of investment	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV	ine 11d See Form 990 Part X lin	ne 15
	Description	ine Tra. dee Form 550, Fart X, iii	(b) Book value
	Boothpari		(S) Book value
(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,	ine 11e or 11f. See Form 990, Pa	rt X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
• •			
(6)			
(7)			
(8)			

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

Par	τ χι	Reconciliation of Revenue per Audited Financial Statement	ts with i	Revenue per Rei	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		ı		
1	Total	revenue, gains, and other support per audited financial statements			1	1,634,180.
2		ints included on line 1 but not on Form 990, Part VIII, line 12:				
а		nrealized gains (losses) on investments	2a	176,596.		
b	Dona	ted services and use of facilities	2b			
С	Reco	veries of prior year grants	2c			
d	Other	(Describe in Part XIII.)	2d	-3,000.		
е	Add li	ines 2a through 2d			2e	173,596.
3	Subtr	act line <b>2e</b> from line <b>1</b>			3	1,460,584.
4		ints included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	tment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			_
		ines <b>4a</b> and <b>4b</b>			4c	0.
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Reconciliation of Expenses per Audited Financial Statemer			5	1,460,584.
Pai	π ΧΙΙ	•	nts with	Expenses per H	eturr	).
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total	expenses and losses per audited financial statements			1	1,360,509.
2		ints included on line 1 but not on Form 990, Part IX, line 25:				
а	Dona	ted services and use of facilities	2a			
b	Prior	year adjustments	2b			
С	Other	losses	2c			
d	Other	(Describe in Part XIII.)	2d			_
е	Add li	ines 2a through 2d			2e	0.
3	Subtr	act line <b>2e</b> from line <b>1</b>			3	1,360,509.
4		ints included on Form 990, Part IX, line 25, but not on line 1:				
а	Invest	tment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С	Add li	ines <b>4a</b> and <b>4b</b>			4c	0.
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,360,509.
Pai	rt XIII	Supplemental Information.				
Provi	ide the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV $$	/, lines 1b a	and 2b; Part V, line 4;	Part X	x, line 2; Part XI,
lines	2d and	d 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal inform	ation.		
PAF	RT V	, LINE 4:				
TO	PRO	VIDE A PREDICTABLE STREAM OF FUNDING TO	PROGR	AMS SUPPOR	TED	BY THE
ENI	DOWM	ENTS WHILE SEEKING TO MAINTAIN THE PURCH	IASING	POWER OF '	THE	ENDOWMENT
ASS	SETS	•				
PAF	RT X	., LINE 2:				
MAN	IAGE	MENT EVALUATED THE FOUNDATION'S TAX POSI	TIONS	AND CONCL	UDEI	THAT THE
FOU	JNDA	TION HAD TAKEN NO UNCERTAIN TAX POSITION	IS THA	T REQUIRE	ADJU	JSTMENT TO
THE	FI	NANCIAL STATEMENTS.				
PAF	RT X	I, LINE 2D - OTHER ADJUSTMENTS:				

BAD DEBT LOSS

Schedule D	(Form 990) 2017  Supplemental Info	ALABAMA LA	W FOUNDATION	, INC.	63-0951482 Page <b>5</b>
Part XIII	Supplemental Info	rmation <sub>(continued)</sub>			
-					

#### SCHEDULE I (Form 990)

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

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

► Attach to Form 990.

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

2017
Open to Public

Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

ALABAMA LAW FOUNDATION, INC. Employer identification number 63-0951482

Part I General Information on Grants ar	nd Assistance						
1 Does the organization maintain records to	o substantiate the	amount of the grants	or assistance, the o	grantees' eligibility	for the grants or assis	stance, and the selection	on
criteria used to award the grants or assis	tance?						X Yes No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant f	funds in the United	States.			
Part II Grants and Other Assistance to I	Domestic Organia	ations and Domestic	Governments. C	omplete if the orga	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	5,000. Part II can	be duplicated if addition	onal space is need	ed.			
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 noncash assistance	(h) Purpose of grant or assistance
LEGAL SERVICES ALABAMA 2567 FAIRLANE DRIVE, SUITE 300							LEGAL AID TO THE
MONTGOMERY, AL 36116	63-0743038	501(C)(3)	163,290.	0.			POOR/ACCESS TO JUSTICE
ALABAMA STATE BAR VOLUNTEER LAWYERS PROGRAM - PO BOX 671 - MONTGOMERY, AL 36101	63-6000619	STATE OF ALABAMA	113,955.	0.			LEGAL AID TO THE POOR/ACCESS TO JUSTICE
BIRMINGHAM VOLUNTEER LAWYERS PROGRAM - 2021 SECOND AVENUE NORTH - BIRMINGHAM, AL 35203	13-4270862	501(C)(3)	131,827.	0.			LEGAL AID TO THE POOR/ACCESS TO JUSTICE
HISPANIC INTEREST COALITION OF ALABAMA - PO BOX 190299 - BIRMINGHAM, AL 35219	63-1225764	501(C)(3)	50,000.	0.			LEGAL AID TO THE POOR
YWCA OF CENTRAL ALABAMA 309 23RD ST. N BIRMINGHAM, AL 35203	63-0288882	501(C)(3)	65,000.	0.			LEGAL AID TO THE POOR
EQUAL JUSTICE INITIATIVE OF ALABAMA - 122 COMMERCE STREET - MONTGOMERY, AL 36104	63-1135091	501(C)(3)	40,000.	0.			ADMINISTRATION OF JUSTICE
2 Enter total number of section 501(c)(3) ar							_
3 Enter total number of other organizations	iistea in the line	ı la∪i€					

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

Schedule I (Form 990) (2017)

Part II Continuation of Grants and Other A	Assistance to Gov	ernments and Organ	iizations in the Un	ited States (Sche	edule I (Form 990), Pa I	rt II.) T	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
IADISON COUNTY VOLUNTEER LAWYERS							
PROGRAM - P. O. BOX 2913 -							LEGAL AID TO THE
HUNTSVILLE, AL 35801	63-0836810	501(C)(3)	74,232.	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	501(C)(3)	91,713.	0.			POOR/ACCESS TO JUSTICE
MONTGOMERY COUNTY VOLUNTEER							
LAWYERS PROGRAM - P. O. BOX 644 -							LEGAL AID TO THE
MONTGOMERY, AL 36101	46-0706839	501(C)(3)	78,955.	0.			POOR/ACCESS TO JUSTICE
ALABAMA APPLESEED CENTER FOR LAW &							
JUSTICE, INC P.O. BOX 4864 -							
MONTGOMERY, AL 36103	06-1647437	501(C)(3)	10,000.	0.			ADMINISTRATION OF JUSTIC
			1		I	ı	1

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CHOLARSHIP AWARDS	11	25,500.	0.		
		,			
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2; Part III, column	ı (b); and any other ad	Iditional information.	
PART I, LINE 2:					
RECIPIENTS OF GRANTS GREATER THAN	\$10,000 P	ROVIDE MII	D-YEAR AND	ANNUAL GRANT	
REPORTS THAT INCLUDE A NARRATIVE A	AS WELL AS	FINANCIAI	L INFORMATI	ON.	
RECIPIENTS OF GRANTS LESS THAN \$10	),000 PROV	IDE ANNUAI	L GRANT REP	ORTS THAT	
INCLUDE A NARRATIVE AS WELL AS FIN	NANCIAL IN	FORMATION.	•		

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

INC. ALABAMA LAW FOUNDATION,

**Employer identification number** 63-0951482

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

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 BASED ON THESE QUESTIONNAIRES, STAFF WILL INDIVIDUAL IS AFFILIATED. 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 IOLTA PROGRAM STAFF. THE BOARD TAKES THE INFORMATION IN THE SURVEY INTO CONSIDERATION WHEN SETTING THE EXECUTIVE DIRECTOR'S COMPENSATION.

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

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

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

BAD DEBT LOSS -3,000.

FORM 990, PART XII, LINE 2C

Schedule O (F	orm 990	or 990-EZ) (2017)								Page 2
Name of the o		ion	LAW FOU	NDA	TION, INC.			Employer ide	entification of 51482	
NEITHER	THE	SELECTION	PROCESS	OR	OVERSIGHT	PROCESS	CHANGED	DURING	THIS	
TAX YEA	R.									
									,	
									,	