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SCANNED JAN 14 2016

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.

Information about Form 990 and its instructions is at www.irs.gov/form990. Capartment of the Treasury Internal Revenue Service For the 2014 calendar year, or tax year beginning 2014, and ending

	1 Of the a	O IT COREII	dai yesi, or tax yesi begiinting , 2014, and onlying					
8	Check if opp	xicable:	C Name of organization ALABAMA CIVIL JUSTICE FOUNDATION	<b>D</b>	Employ	er identifica	ition number	
	Addres	is shange	Doing cusiness as		63-	1.06874	0	
	Name	charge	Number and street (or P.O. box if mail is not belivered to street address) Robblish	= Ε	Telepho	re number		
	HID trait	ייועופ	P.O. BOX 1549		(33	4) 263	-3003	
	$\vdash$	ರ್ಷ-ಇವರಿಗೆ	City or lown, state or province, country, and ZIP or foreign postal code			-7		
	ka 🗀	lec return	  MONIGOMERY AL 36102-1	549 6	Grove	ments S	450,386.	
	<i>y</i> -4	ston pending		a) isthisagr.				
	∐ ^ppice	and in patiently		_	-			
	Tay ava	mot status		(b) Are all sub If 'No,' atta	ch a list. (	see instructio	ins) L	
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<del>"</del>	Websit		1171771717171717171717171717171717171717	(c) Group exe	<del></del>			
PL Description		rgarization:		1992	Į MT S	Itate of legal	demicile. A.T.	
12.0		Summar		D D SITTLE D	AID 3	ec-cex	NCE TO	
		-	te the organization's mission or most significant activities: <u>FPCVIDE_GI</u> ) ORGANIZATIONS ASSISTING DISADVANTAGED, DISABL			22-216	TACE ID	
9			FAMILIES AND CHILDREN.	たべい ひぶ	<u></u>			
Governance	Ω.		ran bito and bithoria.					
3	2 Ch	eck this bo	x   If the organization discontinued its operations or disposed of more tha	n 25% of it	s net as	 sets.		
ઢ			ting members of the governing body (Part VI, line 1a)			3	23	
<b>ح</b> ق	4 Nu	mber of inc	dependent voting members of the governing body (Part VI, line 1b)			4	23	
.e			of individuals employed in calendar year 2014 (Part V, line 2a)			5	2	
Activities &			of volunteers (estimate if necessary)			6	26	
₹			d business revenue from Part VIII, culumn (C), line 12			7a	<u> </u>	
_	b. Ne	t unrelated	business taxable income from Form 990-T line 34			7b	0.	
	0 0-		and courts (Dark Will Bon Alex		r Year		Current Year	
9			and grants (Part VIII, line 1h)	•	426,0	165.	438,797.	
Revenue		•	come (Part VIII, column (A), lines 3, 4, and 7d)		7 /	34.	11,589.	
- E			e (Part VIII, column (A), lines 5, 8d, 8c, 9c, 10c, and 11e)		-26,5		-4,548.	
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		406,9		445,838.	
-			milar amounts paid (Part IX Dolumn (A), lines 1-3)		143,3		274,366.	
			to or or mentiters (Bart-IX, column)(A), line 4)	<del></del>	<u> </u>		2717000	
			r compensation, employee pagalits (Part IX, column (A), lines 5-10)				189,094.	
<b>9</b>			undrakting fees Part X; column (A) (Aprel 11e)					
Expenses			lant 1861					
3			ing expenses (Part IX, column (D), line 25) - 1), 004.					
			es (Part IX, column (A), lines 144-11-24e)		63,7		56,101.	
			es. Add thes 13-17 (must equal Part IX, column (A), line 25)		<u>391,9</u>		520,061.	
		venue less	expenses. Subtract line 18 from line 12		15,0		-74,223.	
200			B . V . F	Beginning (			End of Year	
A Balor		•	Part X, line 16)		771,4		697,248.	
Find			s (Part X, line 26)		5,0		5,073.	
			fund balances. Subtract line 21 from line 20		766,3	98.	<u>692, 175.</u>	
		Signatur						
Unde	r penaliles c Isto. Declari	riperury. I dec ellon of proper	their that I have examitied this centin, including accompanying actedules and statements, and to the best o or former than officer) is based on all information of which properer has any knowledge.	a my knowlodg	je snd bel	lef, il is true,	correct, and	
			and Mell	1.12	2	2000	7.5	
e:-		Signatu	e of officer	Darle:	<b></b>	<u> </u>	19	
Sig He		CITE	MCINNIEL	evection	ו ידו/ים	) f D E O m	OB.	
110			MCINNISE prof name and title.	EXECUT	_ V 🗀	<u> </u>	OK	
			reparer's name Preparer galgneithe Cate	T <sub>C</sub>	neck	πc 11 X	N	
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Pai		MELANI Firm's name		·~ +**	unhab)	. 150	V/11/V/12	
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	,	F 1010 % 30276					849190 396-6700	
Mar	the IOC	discuss this	MONTGOMERY AL 36117 s return with the preparer shown above? (see Instructions)		ncne rg.	(334)	396-6700 X Yes No	
				3101 DEFO		• • • • •	Form 990 (2014)	
	- 1 VI F	Seratory L	reasonou metroace, see inc schalara mannenano. I scat	0101 05/28/14	7		1 01111 030 (2014)	

Form	1990 (2014) ALABAMA CIVIL JUSTICE FOUNDATION	63-1068740	Page 2
Par			
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	PROVIDE GRANTS AND ASSISTANCE TO		
	501(c)(3) ORGANIZATIONS ASSISTING DISADVANTAGED, DISABLED, AND		
	AT-RISK FAMILIES AND CHILDREN.		
2	Did the organization undertake any significant program services during the year which were not listed on the	pnor	
	Form 990 or 990-EZ?	Yes	X No
	If 'Yes,' describe these new services on Schedule O.	<b>L</b>	Ш
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	? <b>Yes</b>	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 expense	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to cand revenue, if any, for each program service reported.	others, the total expenses	•
4 a	(Code: ) (Expenses \$ 457,116. including grants of \$ 252,866.)	Revenue \$	0.)
	GRANTS MADE TO COMMUNITY AND STATE-WIDE ORGANIZATIONS THAT PROVI		<u> </u>
	ASSISTANCE TO THE DISADVANTAGED, PRIMARILY FAMILIES AND CHILDREN		
	BUDGUGU A KITAR DANGE OF BROCKAMO		
	THROUGH A WIDE RANGE OF PROGRAMS.		
	o (Code ) (Expenses \$ including grants of \$ ) (	Revenue \$	
41	o (Code) (Expenses \$ including grants of \$) (	Kevenue 5	
			<b>-</b>
			<del>-</del>
			<b>_</b>
			<b>_</b>
4 0	(Code) (Expenses \$ including grants of \$) (	Revenue \$	)
			<b></b>
			<b></b>
		<del>-</del>	
		- <b></b>	
40	d Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$		)
4 6	Total program service expenses ► 457,116.		<u>-</u>
=::			000 (0044)

			res	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 (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Yes,' complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
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.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	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	11 b		_ x
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If Yes,' complete Schedule D, Part VIII	11 c		Х
	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	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		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
12	a 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	12 b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	х	
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	<b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

63-1068740

# Form 990 (2014) ALABAMA CIVIL JUSTICE FOUNDATION Part W Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
<b>24</b> a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
C	I Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25 a	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		Х
t	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? <i>If 'Yes,' complete Schedule L, Part I</i>	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  If 'Yes', complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
ē	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c	,	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
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? If 'Yes,' complete 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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
t	olf 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		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If Yes,' complete Schedule R, Part VI	37		х
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	х	

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Form 990 (2014)

# Form 990 (2014) ALABAMA CIVIL JUSTICE FOUNDATION Pant 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 . . . .

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1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and	t reportable gaming	-			
	(gambling) winnings to prize winners?	· · · · · · · · · · · · · · · · · · ·	[	1 c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2 a	2			
t	If at least one is reported on line 2a, did the organization file all required federal employment tax re	eturns?		2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ions)			]	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		• • • [	3 a		Х
Ŀ	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		[	3 b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or oth financial account in a foreign country (such as a bank account, securities account, or other financial	ner authority over, a al account)?	[	4 a		Х
k	If 'Yes,' enter the name of the foreign country: ►					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia	al Accounts. (FBAR)			<u></u>	
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year	<sup>ク</sup>	· · · L	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tran			5 b		Х
c	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		• • • [	5с		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and dissolicit any contributions that were not tax deductible as charitable contributions?	d the organization		6 a		X
t	ո If 'Yes,' did the organization include with every solicitation an express statement that such contribunot tax deductible?	utions or gifts were		6 b		
	Organizations that may receive deductible contributions under section 170(c).				, , ,	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly f	for goods and			Х	
	services provided to the payor?			7 a	$\frac{\lambda}{x}$	
	of Yes,' did the organization notify the donor of the value of the goods or services provided? : Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it		· · · ·  -	<del>- / B</del>		
	Form 8282?		[	7с		Х
	If Yes,' indicate the number of Forms 8282 filed during the year	<u> </u>				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benef			7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co		· · · ·  -	7 f		X
	If the organization received a contribution of qualified intellectual property, did the organization file as required?		[	7 g		
ł	ı If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the orgar Form 1098-C?			7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain					
	organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.				4	
	Did the sponsoring organization make any taxable distributions under section 4966?		· · ·	9 a		
t	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		• • •	9 b		
	Section 501(c)(7) organizations. Enter:	1 1			i i	
	Initiation fees and capital contributions included on Part VIII, line 12	10a		13	į.	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			ľ	
	Section 501(c)(12) organizations. Enter:	1 1				
a	Gross income from members or shareholders	11 a				
t	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b				
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	orm 1041?		12 a		
t	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b		1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
ŧ	Is the organization licensed to issue qualified health plans in more than one state? $\dots \dots$		[·	13 a		
	Note. See the instructions for additional information the organization must report on Schedule O.			نکی		
ŧ	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
(	Enter the amount of reserves on hand	13 c				
14 a	Did the organization receive any payments for indoor tanning services during the tax year? $\dots$			14a		Х
	o If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedu			14 b	$\neg \uparrow$	
ΙÀΑ				orm	990 (2	014)

COLL	990 (2014) ALABAMA CIVIL JUSTICE FOUNDATION 63-1068/40			age o
Par	Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI	iń		
Sec	tion A. Governing Body and Management			
	and A. Coverning Dody and Management		Yes	No
	Enter the number of voting members of the governing body at the end of the tax year		103	No
	Enter the number of voting members included in line 1a, above, who are independent	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
_	Did the organization have members or stockholders?	6		X
6 7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a	х	^_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8 a	Х	
ь	Each committee with authority to act on behalf of the governing body?	8 b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode l	
	tion bit onotes (The section b requests information about penales het required by the internal rever	-	Yes	No
10 -	Did the organization have local chapters, branches, or affiliates?	10 a	103	X
	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their	IVa		
	operations are consistent with the organization's exempt purposes?	10 b		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15 b	Х	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		Х
b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		A
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
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) for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  X Upon request  Other (explain in Schedule O)	 availab	 le	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available	e to		
20	the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records:			

36102-1549

# Pari VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
				(C)						
(A) Name and Title	(B) Average hours per	than	one	box, u an or ector/	inless fficer truste		n	(D)  Reportable compensation from the organization	(E)  Reportable  compensation from  related organizations	(F) Estimated amount of other
	week (Ist and Ist and	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SUE MCINNISH	40.00					ŀ				
EXECUTIVE DIRECTOR		X		Х		Х		109,286.	0.	0.
(2) MICHAEL D. ERMERT	3.00	l								
PRESIDENT		Х		Х				0.	0.	0.
(3) JEFFREY C. RICKARD	1.00	l								
PAST PRESIDENT		Х						0.	0.	<u> </u>
_(4)_ BOB_ RODEN	1.00	ا ۔۔ ا								
CHAIRMAN EMERITUS		Х					L	0.	0.	0.
_(5)_VICTORIA_BELTON	1.00	١								
BOARD MEMBER		Х						0.	0.	<u> </u>
(6) MICHAEL BRIDDELL	1.00	١,,								
DIRECTOR		Х	Ш					0.	0.	0.
_(7)_ LECIA_JBROOKS	1.00	١								
DIRECTOR		Х					<u> </u>	0.	0.	<u> </u>
(8) BRANNON J. BUCK	1.00									
DIRECTOR		Х			<u> </u>			0.	0.	0.
(9) JOHN L. CARROLL	1.00									
DIRECTOR		Х	Ш					0.	0.	0.
(10) ANNELEY H. DEGARIS	1.00									
DIRECTOR		Х						0.	0.	0.
(11) ERBY J. FISCHER, II	1.00	١								
DIRECTOR		Х						0.	0.	0.
(12) STEVEN D. FOLKS	1.00					1 1				
DIRECTOR		Х				$\square$		0.	0.	0.
(13) MARSHA FOLSOM	1.00	l ,, l							ļ.	
DIRECTOR		Х						0.	0.	0.
(14) GREG W. FOSTER	1.00	<u>,.</u>								
DIRECTOR		Х				<u> </u>		0.	0.	0.

Partivit Section A. Officers, Directors, T		Key	En			es,	an	d Highest Con	npensated Emp	loyees (continued)
(A) Name and title	Average hours per week (list any	box	Pos (do not check box, unless pe officer and a c			s both	en ee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	hours for related organiza - tions below dotted line)	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	ormer	(W-2/1099-MISC)	(W-2/1099-MİSC)	from the organization and related organizations
(15) JOSHUA P. HAYES DIRECTOR	1.00_	x						0.	0.	0.
(16) CLAUDIA HENDLEY DIRECTOR	1.00	х	-					0.	0.	0.
(17) CLAY HORNSBY DIRECTOR	1.00_	х					-	0.	0.	0.
(18) MICHAEL JACKSON DIRECTOR	1.00_	х						0.	0.	0.
(19) MARY ALLEN JOLLEY BOARD MEMBER EMERITUS	1.00_	x						0.	0.	0.
(20) KRESLYN KELLY-ELLIS, ED.D. DIRECTOR	1.00	х						0.	0.	0.
(21) MARIAN A. LOFTIN DIRECTOR	1.00	х						0.	0.	0.
(22) JOHN B. LYDA DIRECTOR	1.00_	х						0.	0.	0.
(23) S. LYNN MCKENZIE DIRECTOR	1.00_	х		<u></u>				0.	0.	0.
(24) STEVEN L. NICHOLAS DIRECTOR	1.00_	х						0.	0.	0.
(25) LETA PARSONS DIRECTOR	1.00_	х				L.		0.	0.	0.
1 b Sub-total				٠.	• •	• •		109,286.	0.	0.
c Total from continuation sheets to Part VII, Sec d Total (add lines 1b and 1c)							eive	0. 109,286. d more than \$100,0	0. 0. 000 of reportable cor	0. 0. npensation Yes No
3 Did the organization list any former officer, directe on line 1a? If 'Yes,' complete Schedule J for such										. 3 X
4 For any individual listed on line 1a, is the sum of n the organization and related organizations greater such individual	than \$150,	000?	If 'Y	'es' d	com	plete	Sch	nedule J for		4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'	compensat	ion fro	om a	any i <i>J for</i>	unre suc	lated	org	anization or individ	dual	
Section B. Independent Contractors  1 Complete this table for your five highest compensation from the organization. Report comp	ated indepe	nden	t cor	ntrac	ctors	that	rece	eived more than \$1	100,000 of	
(A) Name and business add		i tile	Cale	liuai	yea	1 611	Jii ig	(B) Description o		(C) Compensation
2 Total number of independent contractors (includin	g but not lin	nited	to th	ose	liste	d ab	ove)	) who received moi	re than	
\$100,000 of compensation from the organization										A kanana na manana na mananana ka

#### Form 990

#### **Continuation Sheet for Form 990**

OMB No. 1545-0047

2014

Department of the Treasury Internal Revenue Service

Name of the Organization

Employler Identification number

63-1068740

ALABAMA CIVIL JUSTICE FOUNDATION

Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Highest Compensated Employees												
(A)	(B)		(C)		(D)	(E)	(F)					
Name and Title	Average hours per week (list any hours for				Key employee	at apply Highes		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization		
	related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee		ployee	Highest compensated employee				and related organizations		
26 KENNETH E. RILEY DIRECTOR	1.00_	х						0.	0.	0.		
27 SIGFREDO RUBIO DIRECTOR	1.00	х						0.	0.	0.		
28 FRANK WOODSON DIRECTOR	1.00	х						0.	0.	0.		
29 JOSHUA J. WRIGHT DIRECTOR	3.00_	Х					-	0.	0.	0.		
								· · · · · · · · · · · · · · · · · · ·	0.			
										·		
								-				
							_					
										Form <b>990</b> Cont 2014		

		Check if Schedule O co	ontains a re	sponse	or note to any lin	e in this Part VIII	· · · · · · · · · · · · · · · · · · ·	<u></u>	<u></u> L
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
its ts	1 a	Federated campaigns .		1 a	_				
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues		1 b					ì
G, G	С	Fundraising events		1 c	23,950.				
ifts Ir A		Related organizations .	<del>-</del>	1 d	20,300.				
. :≅		Government grants (contribution	<u> </u>	1 e					
SE PE		• .	· -	-					
E E	f	All other contributions, gifts, grasimilar amounts not included a	ants, and	1 f	414 047				
윤동		Noncash contributions included			414,847.				
티	_	Total. Add lines 1a-1f		· —		100 707			
<u>၁ ဧ</u>	- 11	Total. Add lines 1a-11 .			Business Code	438,797.		<del></del>	<del>                                     </del>
Ě	2 a			-	Business Code				
ě					<del> </del>			<u> </u>	
e H	b				<u>-</u>		<del></del>		
ž	_ C								
တ္တ	d				<del></del>				
Program Service Revenue	e					·			
8	T	All other program service <b>Total.</b> Add lines 2a-2f .					-		<u></u>
	-				<del></del>				<del> </del>
	3	Investment income (inclu other similar amounts).	dıng dıvıden	nds, inte	erest and	11 500	_	0	11 500
	4	Income from investment				11,589.	0.	0.	11,589.
	5	Royalties	-	-	-			<del> </del>	
		Royallies	(i) Real		(ii) Personal	-			
	6.2	Gross rents	(7)	- +	(/				
		Less: rental expenses		<del></del>					
	l	Rental income or (loss)		-					
	l	Net rental income or (loss	<u> </u>	- 1				<del></del>	ļ
	l		(ı) Securitie		(II) Other				
	7 a	Gross amount from sales of assets other than inventory	(7		(1)				j
		·							
	þ	Less cost or other basis and sales expenses		ł					
	_ ا	Gain or (loss)		+					
		Net gain or (loss)			▶			<del></del>	<del></del>
							-		
꽃	8a	Gross income from fundr (not including \$	aising event 23, 95						
/en	l	of contributions reported	on line 1c).	<del>"</del>					
æ		See Part IV, line 18	•	. а	0.				
<u>-</u>	Ь	Less: direct expenses .		_	4,548.				
Other Reveru		Net income or (loss) from		_		-4,548.		0.	-4,548.
J			_			-4,540.		<u> </u>	-4,540.
	уа	Gross income from gaming See Part IV, line 19	ng activities.	· a					İ
	Ь	Less: direct expenses							
		Net income or (loss) from		_					1
	Į.	Gross sales of inventory,	-						
	IVa	and allowances		°. a	i				
	b	Less: cost of goods sold		. ь					
		Net income or (loss) from							
		Miscellaneous Revenu	ie		Business Code				
	11 a								
	b								
	C								
	d	All other revenue		$\overline{\cdot}$					
	e	Total. Add lines 11a-11d	1						
	12	Total revenue. See instr	uctions	<u></u> .	<b>&gt;</b>	445,838.	0.	0.	7,041.

63-1068740

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). (D) Fundraising (A) Total expenses Do not include amounts reported on lines Program service Management and 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. . . . . . . . . . . . . . . 252,866 252,866 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . . Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. Benefits paid to or for members. . . . . . . Compensation of current officers, directors, trustees, and key employees . . . . . . . 109,286 76,500 27,322 Compensation not included above, to 48,500 38,800 7,275 2,425. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)..... 3<u>94.</u> 7,889 6,312 1,183 Other employee benefits . . . . . . . . . . . . . 11,346 9,077 1,702 567. Payroll taxes . . . . . . . . . . . . . . . . . . 12,073. 9,055 2,415 603. Fees for services (non-employees): 0. 446. 134 312 c Accounting . . . . . . . . . . . . . 5,918. 3,847 2,071 0. e Professional fundraising services. See Part IV, line 17 . Other. (If line 11g amt exceeds 10% of line 25, column 24,720 23,904 816 0. (A) amount, list line 11g expenses on Schedule O) . . . 157 157 0 0. 1<u>96.</u> 13 029 8,072 761 Information technology . . . . . . 15 16 12,900. 10,320 2,580 0. 9,249. 8,609 457 183. 17 Payments of travel or entertainment expenses for any federal, state, or local 585. 19 Conferences, conventions, and meetings . . . 321 264 0. 21 Depreciation, depletion, and amortization . . . 455 364 91 0. 23 2,446. 1,675. 687 84. Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) . . . . . . 2.712 2.712 Λ Λ a website \_\_\_\_\_ 1.473 1.178 295 • REPAIRS & MAINTENANCE Λ. c EQUIPMENT LEASE 1.773 1.418 355 n d BANK\_FEES\_\_ 1.246. 0 1,246 0. 2,992 1.795 1,109 88. 520,061. 457,116. 52,941 10,004. 25 Total functional expenses. Add lines 1 through 24e. . Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following Check here ►

SOP 98-2 (ASC 958-720). . . . . . .

Balance Sheet (B) End of year (A) Beginning of year 241,996 206,875. 2 2 350,310 202,204. 3 3 4 Loans and other receivables from current and former officers, directors, Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . 6 7 8 Prepaid expenses and deferred charges . . . . . . . 9 Land, buildings, and equipment cost or other basis. 10 a 10 a 10 b 10 c 1,702 3,173. 11 11 177,407 284,996. Investments - other securities. See Part IV, line 11 . . . . . . 12 Investments - program-related. See Part IV, line 11 . . . . . . . . . 13 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . . . . . . . . . . 16 771,415 697<u>,</u>248. 17 5,017 17 5,073 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . . . . Liabilities 21 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons
Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties . . . . . . . . . . . . 23 Unsecured notes and loans payable to unrelated third parties . . . . . . . . . . 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . 25 26 5,017 5,073 Organizations that follow SFAS 117 (ASC 958), check here ► X and complete or Fund Balances lines 27 through 29, and lines 33 and 34. 27 694,188 27 554,706. 28 28 72,210 137,469 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Net Assets Paid-in or capital surplus, or land, building, or equipment fund . . . . . . . . . 31 31 32 Retained earnings, endowment, accumulated income, or other funds . . . . . 32 33 33 766,398 692,175

BAA

34

697,248. Form **990** (2014)

771,415

Form	1990 (2014) ALABAMA CIVIL JUSTICE FOUNDATION 63	-1068740	Page 12
Pa	Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI	· · · · · ·	<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	445,838.
2	Total expenses (must equal Part IX, column (A), line 25)	2	520,061.
3	Revenue less expenses. Subtract line 2 from line 1	3	-74,223.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	766,398.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Pnor period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,		
	column (B)).	10	692,175.
Fa	Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII		
			Yes No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain		1 1
	in Schedule O.		
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	1	
	separate basis, consolidated basis, or both:		
	Separate basis Consolidated basis Both consolidated and separate basis		
ı	Were the organization's financial statements audited by an independent accountant?		2 b X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate		
	basis, consolidated basis, or both  X Separate basis  Consolidated basis  Both consolidated and separate basis		
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the auditoreview, or compilation of its financial statements and selection of an independent accountant?	lit, 	2c X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3 8	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a X
1	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a	udit	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b
BAA			Form 990 (2014)

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

Department of the Treasury

Internal Revenue Service

Total

#### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Employer identification number Name of the organization ALABAMA CIVIL JUSTICE FOUNDATION 63-1068740 Part : Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 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 5 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 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.) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 9 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 11 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 d 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 is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. g Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) in your governing document? Yes Nο (A) (E)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2014

Part III 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.)

• • •	tion A. Dublic Cumpart		<del></del>		· · · · · · · · · · · · · · · · · · ·		
	tion A. Public Support						·
egi	ndar year (or fiscal year nning in) ►	(a) 2010	<b>(b)</b> 2011	(c) 2012	( <b>d)</b> 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	483,461.	398,327.	338,105.	297,065.	414,847.	1,931,805.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	483,461.	398,327.	338,105.	297,065.	414,847.	1,931,805.
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)						
6	Public support. Subtract line 5 from line 4			A Comment			1,931,805.
Sec	tion B. Total Support						
ale	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	483,461.	398,327.	338,105.	297,065.	414,847.	1,931,805.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18,942.	16,572.	7,265.	6,015.	11,589.	60,383.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		,	.,=		22,000	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10					Medical as sale like	1,992,188.
12	Gross receipts from related activiti	es, etc (see instruc	ctions)	· · · · · · · · · · ·		12	
	First five years. If the Form 990 is organization, check this box and s	top here		hırd, fourth, or fifth	tax year as a sect	on 501(c)(3)	▶ []
Sec	tion C. Computation of Pu						
14	Public support percentage for 201	•	•	• • • •			96.97 <u>%</u>
15	Public support percentage from 20	13 Schedule A, Pa	art II, line 14			15	96.92 %
16 a	33-1/3% support test — 2014. If and stop here. The organization of	the organization di jualifies as a public	d not check the bo ly supported organ	x on line 13, and the state of	ne line 14 is 33-1/3	% or more, check	this box
t	33-1/3% support test — 2013. If the and stop here. The organization of	he organization did qualifies as a public	not check a box of the supported organ	on line 13 or 16a, a nization	nd line 15 is 33-1/3	3% or more, check	this box · · · · · · ▶
17 a	n 10%-facts-and-circumstances te or more, and if the organization me the organization meets the facts-a	eets the 'facts-and-	circumstances' tes	st, check this box a	nd stop here. Exo	lain in Part VI how	_
	o 10%-facts-and-circumstances te or more, and if the organization me organization meets the 'facts-and-	eets the 'facts-and- circumstances' test	circumstances' test. The organization	st, check this box a qualifies as a pub	nd <b>stop here.</b> Exp licly supported org	laın in Part VI how anization	the ▶ □
18	Private foundation. If the organiz	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	7b, check this box	and see instruction	ns ▶ [_
BAA					Sob	edule A (Form 990	0 or 000 E7) 2014

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	ion A. Public Support							
Calend	lar year (or fiscal yr beginning in) >	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4	(f) Total
1	Gifts, grants, contributions							
	and membership fees received. (Do not include						I	
	any 'unusùal grants.')							
	Gross receipts from admis-							
	sions, merchandise sold or services performed, or facilities						ŀ	
	furnished in any activity that is						į	
	related to the organization's							
_	tax-exempt purpose			ļ	ļ	ļ <u>.                                    </u>		- <del></del> -
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .							
	Tax revenues levied for the organization's benefit and							
	either paid to or expended on							
5	Its behalf				1			
	facilities furnished by a							
	governmental unit to the organization without charge.							
	Total. Add lines 1 through 5		,		<del></del>	<del> </del>		
	Amounts included on lines 1,							
	2, and 3 received from							
	disqualified persons							<del></del>
b	Amounts included on lines 2 and 3 received from other than							
	disqualified persons that							
	exceed the greater of \$5,000 or							
	1% of the amount on line 13 for the year							
_	Add lines 7a and 7b							
	Public support (Subtract line							
	7c from line 6.)				<u> </u>	ļ		
Sec	tion B. Total Support							-
Calend	dar year (or fiscal yr beginning in) ▶	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 201	4	(f) Total
9	Amounts from line 6						Ì	
10a	Gross income from interest, dividends,			<del></del>	† · · · · ·	· · · · · · · · · · · · · · · · · · ·		-
	payments received on securities loans,							
	rents, royalties and income from similar sources	1						
b	Unrelated business taxable			<del>                                     </del>		<del></del>		
_	income (less section 511							
	taxes) from businesses acquired after June 30, 1975							
_	Add lines 10a and 10b							
11	Net income from unrelated business			<del>                                     </del>				
• •	activities not included in line 10b.							
	whether or not the business is							
12	regularly carned on Other income. Do not include				-			
	gain or loss from the sale of				1			
	čapital assets (Explain in Part VI.)							
13	Total support. (Add lines 9,	<del></del>		<u> </u>	†			
	10c, 11 and 12.)	<u></u>						
14	First five years. If the Form 990 is							
Sec	organization, check this box and s			• • • • • • • • • •			· · ·	
	tion C. Computation of Pu Public support percentage for 201			2 column (f))			15	
15 16	Public support percentage for 20 Public support percentage from 20						16	
							10	
	tion D. Computation of Inv Investment income percentage for				<del>ال</del>		17	<del></del>
17								<del></del>
18	Investment income percentage fro						18	8
19 a	33-1/3% support tests — 2014. If is not more than 33-1/3%, check t							
h	33-1/3% support tests — 2013. If	-	_	•		-		
U	line 18 is not more than 33-1/3%,							
20	Private foundation. If the organiz							
							_	

Page 4

Section A. All Supporting Organizations

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

		_	Y	es	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain		1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)		2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below		3a	<u>.</u>	i d
I	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		3Ь		
(	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		3с		
4	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below		4a		
ļ	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		4b		
,	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 <b>Part VI</b> 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		4c		
	a 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 <b>Part VI</b> , 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)		5a		
	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?		5b		
1	c Substitutions only. Was the substitution the result of an event beyond the organization's control?		5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the chantable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI		6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)		7		
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)		8		
9	a 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 <b>Part VI</b>		9a		
	<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b>		9b		
	c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI		9c	!	
10	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below		10a		
	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)		10b	1	1 11

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

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions						
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nother Type III non-functionally integrated supporting organizations must complete Section 1.	lovem	ber 20, 1970. See instruc	tions. All					
Sec	Section 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							
	tion 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	1 a							
b	Average monthly cash balances	1 b							
С	Fair market value of other non-exempt-use assets	1 c							
d	Total (add lines 1a, 1b, and 1c)	1 d							
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		···.					
	tion 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	Name of the second						
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	and the second second second						
5	Income tax imposed in prior year	5							
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6							
7	Check here if the current year is the organization's first as a non-functionally-integrated (see instructions).	d Typ		· · · · · · · · · · · · · · · · · · ·					
BAA			Schedule <b>A</b> (For	m 990 or 990-FZ) 2014					

	dule A (Form 990 or 990-EZ) 2014			Page 7					
Pari		pporting Organiza	tions (continued)						
Sect	ion D — Distributions			Current Year					
_1	1 Amounts paid to supported organizations to accomplish exempt purposes								
	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity								
	Administrative expenses paid to accomplish exempt purposes of suppor		<del></del>						
	Amounts paid to acquire exempt-use assets								
	Qualified set-aside amounts (prior IRS approval required)	<del></del>							
	Other distributions (describe in Part VI). See instructions								
	Total annual distributions. Add lines 1 through 6								
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions.	ion is responsive (provid	e details						
9	Distributable amount for 2014 from Section C, line 6								
10	Line 8 amount divided by Line 9 amount								
	ion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(ili) Distributable Amount for 2014					
_1_	Distributable amount for 2014 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)								
3	Excess distributions carryover, if any, to 2014:								
а	-								
b									
С		<del></del>							
d									
е	From 2013								
f	Total of lines 3a through e								
	Applied to underdistributions of prior years								
	Applied to 2014 distributable amount								
	Carryover from 2009 not applied (see instructions)								
-	Remainder. Subtract lines 3g, 3h, and 3i from 3f								
4	Distributions for 2014 from Section D,								
•	line 7:								
а	Applied to underdistributions of prior years								
b	Applied to 2014 distributable amount								
	Remainder. Subtract lines 4a and 4b from 4								
5	Remaining underdistributions for years prior to 2014, if any.  Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)								
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)								
7	Excess distributions carryover to 2015. Add lines 3j and 4c								
8	Breakdown of line 7.								
a									
b									
C									
	Excess from 2013								
	Excess from 2014								
BAA		·	Cobodulo A (For	m 990 or 990-F7) 2014					

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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

**Supplemental Financial Statements** 

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

► Attach to Form 990.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Unspection Employer identification number

	ALABAMA CIVIL JUSTICE FOUND	DATION		63-1068740
Par	Organizations Maintaining Dono	r Advised Funds or Oth	ner Similar Fu	nds or Accounts.
	Complete if the organization answer	ered 'Yes' to Form 990, F	Part IV, line 6.	
		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year		11.	
2	Aggregate value of contributions to (during year)		900.	
3	Aggregate value of grants from (during year)		240.	
4	Aggregate value at end of year	_	45,820.	
5	Did the organization inform all donors and donor are the organization's property, subject to the org	advisors in writing that the assignization's exclusive legal con-	ets held in donor a	dvised funds
6	Did the organization inform all grantees, donors, for charitable purposes and not for the benefit of impermissible private benefit?	the donor or donor advisor, or t	for any other purpo	n be used only ose conferring
Par	Conservation Easements.			
	Complete if the organization answer	ered 'Yes' to Form 990, F	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	ne organization (check all that a	ipply).	•
	Preservation of land for public use (e g., recr	reation or education)	Preservation of	of a historically important land area
	Protection of natural habitat		Preservation of	of a certified historic structure
	Preservation of open space		_	
2	Complete lines 2a through 2d if the organization last day of the tax year.	held a qualified conservation o	ontribution in the fo	orm of a conservation easement on the
	last day of the tax year.			Held at the End of the Tax Year
	Total number of conservation easements			With the second
	Total acreage restricted by conservation easeme			
	Number of conservation easements on a certified			
		•	•	20
•	Number of conservation easements included in ( structure listed in the National Register		ot on a historic	. <b>2</b> d
3	Number of conservation easements modified, tratax year ►	nsferred, released, extinguishe	ed, or terminated by	y the organization during the
4	Number of states where property subject to cons	ervation easement is located >	•	
5	Does the organization have a written policy regard and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring,			
7	Amount of expenses incurred in monitoring, inspi	ecting, and enforcing conservat	tion easements du	ring the year
8	Does each conservation easement reported on li and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requi	rements of section	170(h)(4)(B)(ı) Yes No
9	In Part XIII, describe how the organization report include, if applicable, the text of the footnote to the	s conservation easements in its ne organization's financial state	s revenue and exponents that describ	ense statement, and balance sheet, and es the organization's accounting for
	conservation easements.		·	Other Circilar Assets
Par	Complete if the organization answer	ered 'Yes' to Form 990, F	Part IV, line 8.	r Other Similar Assets.
1 8	a If the organization elected, as permitted under SI art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its financial	eld for public exhibition, educati	ion, or research in	tatement and balance sheet works of furtherance of public service, provide,
l	o If the organization elected, as permitted under SI historical treasures, or other similar assets held f following amounts relating to these items	FAS 116 (ASC 958), to report in for public exhibition, education,	n its revenue state or research in furth	ment and balance sheet works of art, herance of public service, provide the
	(i) Revenue included in Form 990, Part VIII, line			
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, amounts required to be reported under SFAS 11	historical treasures, or other sin 6 (ASC 958) relating to these it	nilar assets for fina ems:	ancial gain, provide the following
á	a Revenue included in Form 990, Part VIII, line 1 -			
	Assets included in Form 990 Part X			<b>▶</b> \$

Ratielli Organizations Maintaining Coll	ections of Art, Hist	orical Treasures, o	r Other Similar Ass	ets (continued)
3 Using the organization's acquisition, accession, items (check all that apply):	and other records, check	any of the following that	are a significant use of its	collection
a Public exhibition	<b>d</b> Loan	or exchange programs		
<b>b</b> Scholarly research	e Other	·		
c Preservation for future generations	_			
4 Provide a description of the organization's colle- Part XIII.	ctions and explain how the	ey further the organization	n's exempt purpose in	
5 During the year, did the organization solicit or re to be sold to raise funds rather than to be maint	ained as part of the organ	nization's collection?		Yes No
Escrow and Custodial Arrange line 9, or reported an amount on l	ments. Complete if t Form 990, Part X, lin	he organization ansv e 21.	wered 'Yes' to Form	990, Part IV,
1 a Is the organization an agent, trustee, custodian, on Form 990, Part X?	or other intermediary for	contributions or other ass	sets not included	Yes No
b If 'Yes,' explain the arrangement in Part XIII and	complete the following ta	able:	,	
				Amount
c Beginning balance			. 1c	
d Additions during the year			. 1 d	
e Distributions during the year				
f Ending balance				
2 a Did the organization include an amount on Form b If 'Yes,' explain the arrangement in Part XIII. Ch				Yes No
Part Endowment Funds. Complete if	the organization ans	wered 'Yes' to Form	990, Part IV, line 10	).
(a) Curren	t year (b) Pnor yea	r (c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance				
<b>b</b> Contributions				
c Net investment earnings, gains, and losses				
d Grants or scholarships			· · ·	
e Other expenditures for facilities and programs				
f Administrative expenses				
g End of year balance				
2 Provide the estimated percentage of the current	year end balance (line 1	g, column (a)) held as:		
a Board designated or quasi-endowment	용			
b Permanent endowment ►	ò			
c Temporarily restricted endowment ►	<sup>96</sup>			
The percentages in lines 2a, 2b, and 2c should	equal 100%.			
3 a Are there endowment funds not in the possession organization by.	on of the organization that	t are held and administere	ed for the	Yes No
(i) unrelated organizations				3a(i)
(ii) related organizations				3a(ii)
<b>b</b> If 'Yes' to 3a(ii), are the related organizations lis	ted as required on Sched	ule R?		3b
4 Describe in Part XIII the intended uses of the or	ganization's endowment f	unds.		
Part VII Land, Buildings, and Equipmer Complete if the organization answ		990, Part IV, line 11a	ı. See Form 990, Pa	rt X, line 10.
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1 a</b> Land				
<b>b</b> Buildings				
c Leasehold improvements				
d Equipment		31,378.	28,205.	3,173.
e Other	<del>`</del>			
Total. Add lines 1a through 1e. (Column (d) must equ	al Form 990, Part X, colu	mn (B), line 10c.)		3,173.
BAA			Schedu	ile <b>D</b> (Form 990) 2014

Part VII Investments — Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.								
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: 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)	· - · · ·							
(I)								
Total. (Column (b) must equal Form 990, Part X, column (B) line 12) > Part VIII Investments — Program Related.	L							
Complete if the organization answered "	Yes' to Form 990, I	Part IV, line 11c. See Form 990, Part X, line 13.						
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value						
(1)	•							
(2)								
(3)								
_(4)								
_(5)								
(6)								
(8)								
(9)								
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) •								
Part IX Other Assets.	Va -! An Farma 000 I	Dort IV line 44d Con Form 000 Dort V line 45						
	Yes to Form 990, I scription	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value						
(1)	Scription	(b) book value						
(2)	7							
(3)								
(4)								
(5)								
(6)								
<u>(7)</u> (8)								
(9)								
(10)								
Total. (Column (b) must equal Form 990, Part X, column (B),	line 15.)							
Part X Other Liabilities.								
Complete if the organization answered 'Yes' to F								
(a) Description of liability	(b) Book value	<u>'</u>						
(1) Federal income taxes (2)								
(3)								
(4)								
(5)								
(6)								
(8)		<del> </del>						
(9)		<del> </del>						
(10) (11)								
	<u> </u>							
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25)		ancial statements that reports the organization's liability for uncertain						
tax positions under FIN 48 (ASC 740). Check here if the text of the footnote								
BAA	TEEA3303 08/25/14	Schedule <b>D</b> (Form 990) 2014						

Pant XIII Supplemental Information.

520,061.

OS TRANSPORTER OF THE PROPERTY OF THE OBJECT	1000/10_	90
Pari 🗶 Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	445,838.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	445,838.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	~	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	445,838.
PartixIII Reconciliation of Expenses per Audited Financial Statements With Expenses per I	Return.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	520,061.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	520,061.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII )		
c Add lines 4a and 4b	4 c	

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information.

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

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number

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ALA	BAMA CIVIL JUSTICE FOU	NDAT TON				[63-106874	0
િકાત	Fundraising Activities. Compl Form 990-EZ filers are not requ	lete if the organ ared to complet	ization ans e this part.	wered Yes	s' to Form 990, Part IV, I	ine 17.	
1	Indicate whether the organization rai	sed funds throu	gh any of t	he followin	g activities. Check all th	at apply.	
а	Mail solicitations			е	Solicitation of non-g	overnment grants	
ь	Internet and email solicitations			f	Solicitation of gover	nment grants	
c	Phone solicitations			g	<b>H</b>	=	
	片			9		O TOMO	
d	<u></u>						
	Did the organization have a written o employees listed in Form 990, Part V						· · · · Yes No
	If 'Yes,' list the ten highest paid indiv compensated at least \$5,000 by the	organization.	s (fundraise	ers) pursua	ant to agreements under	which the fundraiser is t	o be
(i)	Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did for have custoo of contri	undraiser dy or control butions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9				<del> </del>			
10							
		L.	1				
ı otal	List all states in which the organization			<del>*</del>		natified Attachment	
3	or licensing.	on is registerea	or licensed	o to solicit (	contributions or has been	n nouned it is exempt fro	m registration
						<b>-</b>	
	<del></del>						
					- <b>-</b>		
			<b></b>		<b></b>		
	<b></b>						

63-1068740							
	 -	$\sim$	_	$\sim$	_	A	$\sim$
	 	11	<b>^</b>	×	•	4	

Page 2

Par	îN	Fundraising Events. Complete if t more than \$15,000 of fundraising e List events with gross receipts grea	vent contributions a	wered 'Yes' to Form	990, Part IV, line Form 990-EZ, line	18, or reported
RE			(a) Event #1  BEACH PARTY (event type)	(b) Event #2  NONE (event type)	(c) Other events	(d) Total events (add column (a) through column (c))
R E > E N U E	1	Gross receipts	18,950.			18,950.
Ĕ	2	Less: Contributions	18,950.			18,950.
	3	Gross income (line 1 minus line 2)	0.			0.
	4	Cash prizes				
n	5	Noncash prizes				
D I R E C T	6	Rent/facility costs			-	
	7	Food and beverages				
X P E	8	Entertainment				
EXPENSES	9	Other direct expenses	4,548.			4,548.
5	10	Direct expense summary. Add lines 4 throu				
	11	Net income summary. Subtract line 10 from				
ra	<u>(W)</u>	Gaming. Complete if the organizati \$15,000 on Form 990-EZ, line 6a.	on answered 'Yes'	to Form 990, Part IV	/, line 19, or reporte	ed more than
REVENUE	1	Gross revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
E	2	Cash prizes				
D P E N S E S	3	Noncash prizes				
R E E N C S T E S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 throu	gh 5 in column (d)			
	8	Net gaming income summary. Subtract line	7 from line 1, column (d	)		<u> </u>
	alsth	er the state(s) in which the organization condi- ne organization licensed to conduct gaming and lo,' explain:				· Yes No
		re any of the organization's gaming licenses r	evoked, suspended or to	erminated during the tax	year?	· Yes No

Sche	edule G (Form 990 or 990-EZ) 2014 ALABAMA CIVIL JUSTICE FOUNDATION	63-1068740	Page 3
	Does the organization operate gaming activities with nonmembers?	· · · · · · · · · · · · · · · · · · ·	'es No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity forme administer charitable gaming?	d to	es No
13	Indicate the percentage of gaming activity conducted in:	1 1	
	The organization's facility	13а	용
	An outside facility	<u> </u>	ક
14	Enter the name and address of the person who prepares the organization's gaming/special events books and r	ecords:	
	Name •		
	Address •		
15 a	a Does the organization have a contact with a third party from whom the organization receives gaming revenue?		Yes No
b	o If 'Yes,' enter the amount of gaming revenue received by the organization	nd the amount	_
	of gaming revenue retained by the third party   \$		
C	If 'Yes,' enter name and address of the third party:		
	Name •		
	Address		i 
16	Gaming manager information		
	Name •		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain state gaming license?		Yes No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or sp		1.55
	organization's own exempt activities during the tax year		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, co and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any information (see instructions).	olumns (iii) and ( additional	(v),
BAA	TEEA3703 09/16/14 Sched	dule <b>G</b> (Form 990 or	r 990-EZ) 2014

Schedule G (Form 990 or 990-EZ) 2014

and Other Accietance to Organizations

2014

OMB No 1545-0047

Employer identification number 63-1068740 ×

SCHEDULE I (Form 990)	Governments, and Individuals in the United States  Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.
Department of the Treasury Internal Revenue Service	► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.
Name of the organization	
ALABAMA CIVIL JUSTICE	JUSTICE FOUNDATION formation on Grants and Assistance
1 Does the organiza the selection criterial	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Parill Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

(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
(1) CHILDCARE RESOURCES	63-0882628		25,000.				SEE PART IV
	63-0836810		20,000.				
NTER -	06-1647437		30,000.				
MILY ST	36-4587795		.000,000				SEE PART IV
<u>RAINI</u>	45-5056726		11,100.				SEE PART IV
<u> </u>	63-1225764		12,500.				SEE PART IV
(7) IMPACT ALABAMA	20-0850212		15,330.				SEE PART IV
ABAMA STE-	63-0743038		15,000.				SEE PART IV
<ul> <li>2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>3 Enter total number of other organizations listed in the line 1 table</li> </ul>	and government orgar s listed in the line 1 ta	nzations listed in the	ine 1 table				12 0

Schedule 1 (Form 990) (2014)

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

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Continuation Page

Schedule I Cont (Form 990) 2014 (h) Purpose of grant or assistance IV SEE PART IV SEE PART IV SEE PART SEE PART Employer Identification number Parill Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.) 63-1068740 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance 10,000 10,000 12,500 (d) Amount of cash grant TEEA4001 06/19/14 (c) IRC section if applicable 63-1287120 68-0550595 46-0706839 13-4270862 (p) EIN ALABAMA CIVIL JUSTICE FOUNDATION \_ ALABAMA\_PARTNERSHIP\_FOR\_C \_ 2012 SECOND AVENUE NORTH MONTGOMERY COUNTY BAR FOU BIRMINGHAM BAR ASSN VLP 56\_ST.\_JOSEPH\_STREET\_\_\_ (a) Name and address of organization or government MONTGOMERY AL 36117 \_\_SOUTH\_ALABAMA\_VLP\_\_ BIRMINGHAM AL 35203 MONTGOMERY AL 36101 2529 BELL ROAD MOBILE AL 36602 P.O. BOX 644\_ 111111111 Name of the organization 1 1 1 1 1 1

Page 2

Schedule I (Form 990) (2014)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
2					
8					
4					
ro.					
9					
7					
Randly Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	ide the information	required in Part I, lir	ie 2, Part III, columi	ו (b), and any other add	litional information.

Pt I Line 2

Other

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS: ALL GRANTEES ARE REQUIRED TO SUBMIT IN WRITING A MID-YEAR PROGRESS REPORT AND A FINAL REPORT THAT INCLUDES BOTH PROGRAM AND FINANCIAL INFORMATION. PART II, IN 1(h): ASSISTING DISADVANTAGED, DISABLED, AND AT-RISK FAMILIES AND CHILDREN

APPLICATION, APPROVAL DOCUMENTS, AND OTHER RELEVANT INFORMATION. THE EXECUTIVE DIRECTOR FOLLOWS UP FACE-TO-FACE REVIEWS ARE CONDUCTED BY THE EXECUTIVE DIRECTOR AND THE GRANTEE REPRESENTATIVE BEFORE THESE REPORTS ARE REVIEWED AND APPROVED BY THE EXECUTIVE DIRECTOR AND FILED WITH THE GRANT FOR ADDITIONAL INFORMATION WHEN NECESSARY. WITH LARGER GRANTS (\$10,000+), PHONE CALLS OR

THE MID-YEAR REPORT IS SUBMITTED AND OTHER TIMES AS NEEDED.

#### **SCHEDULE O** (Form 990 or 990-EZ)

### 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.

2014 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number ALABAMA CIVIL JUSTICE FOUNDATION 63-1068740

APADMIN CIVIL 002	TICE FOUNDATION 105-106740
	THE FOUNDATION'S BOARD OF DIRECTORS IS COMPOSED OF TWENTY-THREE (23) INDEPENDENT VOTING MEMBERS. SEVERAL BOARD MEMBERS' TERMS EXPIRED JUNE 30, 2014, AND OTHER QUALIFIED INDIVIDUALS WERE SELECTED AND APPROVED BY THE BOARD AS REPLACEMENTS. THEREFORE, PART VIII, SECTION A REPRESENTS ALL TWENTY-EIGHT (28) DIRECTORS WHO SERVED ON THE BOARD DURING THE YEAR
Pt VI, Line la	ENDED DECEMBER 31, 2014.
	THE SEVEN OFFICERS OF THE ALABAMA ASSOCIATION FOR JUSTICE, A 501(c)(6)
Pt VI, Line 7a	ORGANIZATION, SERVE ON THE BOARD.
	A COPY OF THE FORM 990 WAS PROVIDED TO THE FOUNDATION FOR REVIEW BY THE
Pt VI, Line 11b	BOARD BEFORE IT WAS FILED.
	DIRECTORS AND OFFICERS DISCLOSE ANY CONFLICTS OF INTEREST ON A
	DISCLOSURE FORM. DISCLOSURE IS ALSO VERBALLY ACKNOWLEDGED AT THE BOARD
	MEETING. DIRECTORS WITH CONFLICTS MUST ABSTAIN FROM DISCUSSION AND
	VOTING ON RELATED ISSUES AND THE ABSTENSION IS RECORDED IN THE BOARD
Pt VI, Line 12c	MINUTES. ALL DISCLOSURE FORMS ARE FILED WITH THE BOARD MINUTES.
Pt VI, Line 15a	SEE DESCRIPTION FOR PART VI, LINE 15b BELOW.
	SALARIES OF ALL EMPLOYEES OTHER THAN THE TOP OFFICIAL ARE RECOMMENDED BY
	THE EXECUTIVE DIRECTOR AND APPROVED BY THE GOVERNING BODY EACH YEAR WHEN
	THE ANNUAL BUDGET IS APPROVED. THE SALARY OF THE TOP OFFICIAL IS
	APPROVED BY THE GOVERNING BODY EACH YEAR WHEN THE ANNUAL BUDGET IS
Pt VI, Line 15b	APPROVED.
Pt VI, Line 19	POLICIES ARE AVAILABLE UPON REQUEST.