

INSTRUCTIONS FOR FILING  
UNIVERSITY OF ALABAMA HUNTSVILLE  
FOUNDATION  
FORM 990 WITH SCH. A - EXEMPT UNDER 501(C)(3)  
FOR THE PERIOD ENDED SEPTEMBER 30, 2006

\*\*\*\*\*

SIGNATURE...

THE ORIGINAL RETURN SHOULD BE SIGNED (USING FULL NAME AND TITLE)  
AND DATED BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

FILING...

THE SIGNED RETURN SHOULD BE FILED ON OR BEFORE AUGUST 15, 2007  
WITH...

INTERNAL REVENUE SERVICE  
OGDEN, UT 84201-0027

PAYMENT OF TAX...

NO PAYMENT OF TAX IS REQUIRED.

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# Return of Organization Exempt From Income Tax

2005

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2005 calendar year, or tax year beginning** 10/01, **2005, and ending** 09/30/2006

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> UNIVERSITY OF ALABAMA HUNTSVILLE FOUNDATION Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 408 City or town, state or country, and ZIP + 4 HUNTSVILLE, AL 35804	<b>D Employer identification number</b> 63-6048099  <b>E Telephone number</b> (256) 824-6350  <b>F Accounting method:</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates ▶ N/A

**H(c)** Are all affiliates included? N/A  Yes  No (If "No," attach a list. See instructions.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number ▶

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**G Website:** ▶ N/A

**J Organization type** (check only one)  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 13,313,538.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions.)

		1	Contributions, gifts, grants, and similar amounts received:			
	a	1a	Direct public support . . . . .	1,873,339.		
	b	1b	Indirect public support . . . . .			
	c	1c	Government contributions (grants) . . . . .			
	d	1d	Total (add lines 1a through 1c) (cash \$ <u>1,672,752.</u> noncash \$ <u>200,587.</u> )			1,873,339.
	2	2	Program service revenue including government fees and contracts (from Part VII, line 93) . . . . .			
	3	3	Membership dues and assessments . . . . .			
	4	4	Interest on savings and temporary cash investments . . . . .			1,163,126.
	5	5	Dividends and interest from securities . . . . .			
	6a	6a	Gross rents . . . . .			
	6b	6b	Less: rental expenses . . . . .			
	6c	6c	Net rental income or (loss) (subtract line 6b from line 6a) . . . . .			26,799.
	7	7	Other investment income (describe ▶ )			
	8a	8a	Gross amount from sales of assets other than inventory . . . . .	(A) Securities	(B) Other	
	8b	8b		6,345,092.	3,815,396.	
	8c	8c		5,489,656.	1,087,088.	
	8d	8d	Net gain or (loss) (combine line 8c, columns (A) and (B)) . . . . .			3,583,744.
	9	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	9a	9a	Gross revenue (not including \$ _____ of contributions reported on line 1a) . . . . .			
	9b	9b	Less: direct expenses other than fundraising expenses . . . . .			
	9c	9c	Net income or (loss) from special events (subtract line 9b from line 9a) . . . . .			
	10a	10a	Gross sales of inventory, less returns and allowances . . . . .			
	10b	10b	Less: cost of goods sold . . . . .			
	10c	10c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) . . . . .			
	11	11	Other revenue (from Part VII, line 103) . . . . .			89,786.
	12	12	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) . . . . .			6,736,794.
Revenue	13	13	Program services (from line 44, column (B)) . . . . .			4,816,368.
	14	14	Management and general (from line 44, column (C)) . . . . .			401,966.
	15	15	Fundraising (from line 44, column (D)) . . . . .			NONE
	16	16	Payments to affiliates (attach schedule) . . . . .			
	17	17	<b>Total expenses</b> (add lines 16 and 44, column (A)) . . . . .			5,218,334.
Expenses	18	18	Excess or (deficit) for the year (subtract line 17 from line 12) . . . . .			1,518,460.
	19	19	Net assets or fund balances at beginning of year (from line 73, column (A)) . . . . .			37,867,246.
	20	20	Other changes in net assets or fund balances (attach explanation) . . . . . STMT .1			184,616.
	21	21	<b>Net assets or fund balances at end of year</b> (combine lines 18, 19, and 20) . . . . .			39,570,322.
Net Assets						

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box . . . .  **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.**

Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>University of Alabama Huntsville Foundation</b>	Employer identification number <b>63-6048099</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. Box 408</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Huntsville, AL 35804</b>	

Check type of return to be filed (File a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 4720                                |                                    |

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **Mr. Ray E. Pinner**  
Telephone No. **(256) 824-6350** FAX No. \_\_\_\_\_
- If the organization does **not** have an office or place of business in the United States, check this box . . . . .
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole** group, check this box . If it is for **part** of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until August 15, 2007.
- For calendar year \_\_\_\_\_, or other tax year beginning October 1, 2005, and ending September 30, 2006.
- If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- State in detail why you need the extension Taxpayer requires additional time to gather the necessary information to file a complete and accurate return

- If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions . . . . . \$ \_\_\_\_\_
- If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 . . . . . \$ \_\_\_\_\_
- Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ \_\_\_\_\_

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Denene W. Lemke Title CPA Date 5/14/2007

**Notice to Applicant—To Be Completed by the IRS**

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other \_\_\_\_\_

Director \_\_\_\_\_ By: \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name <b>PricewaterhouseCoopers, LLP - Attention: Denene Lemke</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>1901 Sixth Avenue North, Suite 1600</b>
	City or town, province or state, and country (including postal or ZIP code) <b>Birmingham, AL 35203</b>

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

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

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

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b> <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization <b>University of Alabama Huntsville Foundation</b>	Employer identification number <b>63-6048099</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. Box 408</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Huntsville, AL 35804</b>	

**Check type of return to be filed** (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **Mr. Ray F. Pinner**

Telephone No. ▶ **256-824-6350**

FAX No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until May 15, 2007, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 20\_\_\_\_ or

▶  tax year beginning October 1, 2005, and ending September 30, 2006.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
3b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
3c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 12-2006)

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ <u>4,816,368.</u> noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	4,816,368.	4,816,368.	STMT 2	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	NONE	NONE	NONE	NONE
26	Other salaries and wages				
27	Pension plan contributions	NONE			
28	Other employee benefits				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees	38,462.	NONE	38,462.	NONE
32	Legal fees	1,848.	NONE	1,848.	NONE
33	Supplies				
34	Telephone				
35	Postage and shipping				
36	Occupancy				
37	Equipment rental and maintenance				
38	Printing and publications	9,947.	NONE	9,947.	NONE
39	Travel				
40	Conferences, conventions, and meetings	1,829.	NONE	1,829.	NONE
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	34,491.	NONE	34,491.	NONE
43	Other expenses not covered above (itemize):				
a	STMT 3	315,389.	NONE	315,389.	NONE
b					
c					
d					
e					
f					
g					
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	5,218,334.	4,816,368.	401,966.	NONE

**Joint Costs.** Check  if you are following SOP 98-2.  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_;  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? <b>▶SEE STATEMENT 4</b> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<b>a</b> <u>PROVIDE SUPPORT TO THE UNIVERSITY OF ALABAMA HUNTSVILLE THROUGH CONTRIBUTIONS TO SCHOOL PROGRAMS AND STUDENT SCHOLARSHIPS.</u>  (Grants and allocations \$ <u>4,816,368.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<u>4,816,368.</u>
<b>b</b>  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>c</b>  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>d</b>  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f</b> <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . . ▶	<u>4,816,368.</u>

**Part IV Balance Sheets (See the instructions.)**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>45</b> Cash - non-interest-bearing . . . . .		<b>45</b>		
	<b>46</b> Savings and temporary cash investments . . . . .	1,780,744.	<b>46</b>	1,903,647.	
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b>			
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>47b</b>		<b>47c</b>	
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b> 1,408,667.			
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>48b</b> 27,827.	2,508,551.	<b>48c</b>	1,380,840.
	<b>49</b> Grants receivable . . . . .		<b>49</b>		
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>50</b>		
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . . STMT. 5 . . . . .	<b>51a</b> 103,138.			
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>51b</b> NONE	116,885.	<b>51c</b>	103,138.
	<b>52</b> Inventories for sale or use . . . . .		<b>52</b>		
	<b>53</b> Prepaid expenses and deferred charges . . . . .		<b>53</b>		
	<b>54</b> Investments - securities (attach schedule) STMT. 6. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		27,709,935.	<b>54</b>	31,198,896.
	<b>Liabilities</b>	<b>55a</b> Investments - land, buildings, and equipment: basis . . . . .	<b>55a</b> 3,515,208.		
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . . STMT. 25. . . . .		<b>55b</b> NONE	4,231,817.	<b>55c</b>	3,515,208.
<b>56</b> Investments - other (attach schedule) . . . . . STMT. 7. . . . .			219,690.	<b>56</b>	219,690.
<b>57a</b> Land, buildings, and equipment: basis . . . . .		<b>57a</b> 1,979,561.			
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . . STMT. 24. . . . .		<b>57b</b> 167,674.	1,846,378.	<b>57c</b>	1,811,887.
<b>58</b> Other assets (describe <input type="checkbox"/> STMT 8 )		182,167.	<b>58</b>	181,526.	
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58. . . . .		38,596,167.	<b>59</b>	40,314,832.	
<b>Net Assets or Fund Balances</b>	<b>60</b> Accounts payable and accrued expenses . . . . .		282,536.	<b>60</b>	310,881.
	<b>61</b> Grants payable . . . . .		<b>61</b>		
	<b>62</b> Deferred revenue . . . . .		<b>62</b>		
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>		
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		<b>64a</b>		
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .		<b>64b</b>		
<b>65</b> Other liabilities (describe <input type="checkbox"/> STMT 9 )		446,385.	<b>65</b>	433,629.	
<b>66 Total liabilities.</b> Add lines 60 through 65 . . . . .		728,921.	<b>66</b>	744,510.	
<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>					
<b>67</b> Unrestricted . . . . .		11,835,243.	<b>67</b>	14,381,469.	
<b>68</b> Temporarily restricted . . . . .		13,307,028.	<b>68</b>	11,811,493.	
<b>69</b> Permanently restricted . . . . .		12,724,975.	<b>69</b>	13,377,360.	
<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>					
<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>			
<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>			
<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>			
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) . . . . .		37,867,246.	<b>73</b>	39,570,322.	
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73. . . . .		38,596,167.	<b>74</b>	40,314,832.	





Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? . . . . .		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) . . . . .	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications? . . . . .	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? . . . . .	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .	85b	N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members . . . . .	85c	N/A
d	Section 162(e) lobbying and political expenditures . . . . .	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . .	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . .	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . . . .	85h	N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 . . . . .	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities . . . . .	86b	N/A
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders . . . . .	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX . . . . .	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ <u>NONE</u> ; section 4912 ▶ <u>NONE</u> ; section 4955 ▶ <u>NONE</u> . . . . .		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction . . . . .	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .		NONE
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization . . . . .		NONE
90 a	List the states with which a copy of this return is filed ▶ <u>NONE</u> . . . . .		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.) . . . . .	90b	NONE
91 a	The books are in care of ▶ <u>MR. RAY PINNER</u> Telephone no. ▶ <u>256.824.6350</u> Located at ▶ <u>301 SPARKMAN DR, 230 MADISON HALL HUNTSVILLE, AL</u> ZIP + 4 ▶ <u>35899</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	91b	X
If "Yes," enter the name of the foreign country ▶ _____			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the United States? . . . . .	91c	X
If "Yes," enter the name of the foreign country ▶ _____			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here . . . . .		<input type="checkbox"/>
and enter the amount of tax-exempt interest received or accrued during the tax year . . . . .		92	N/A

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies . . . . .					
94 Membership dues and assessments . . . . .					
95 Interest on savings and temporary cash investments . . . . .			14	1,163,126.	
96 Dividends and interest from securities . . . . .					
97 Net rental income or (loss) from real estate:					
a debt-financed property . . . . .			16	26,799.	
b not debt-financed property . . . . .					
98 Net rental income or (loss) from personal property . . . . .					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory . . . . .			18	3,583,744.	
101 Net income or (loss) from special events . . . . .					
102 Gross profit or (loss) from sales of inventory . . . . .					
103 Other revenue: a _____					
b MISCELLANEOUS			01	89,786.	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) . . . . .				4,863,455.	
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					4,863,455.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
N/A	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A				
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: Ray Pinner Date: 8/15/07

Type or print name and title: RAY M PINNER TREASURER

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 8/18/07 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: PRICEWATERHOUSECOOPERS LLP EIN: 13-4008324

1901 6TH AVENUE NORTH/SUITE 1600 Phone no.: 205.252.8400

BIRMINGHAM, AL 35203

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information - (See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2005**

Name of the organization **UNIVERSITY OF ALABAMA HUNTSVILLE  
FOUNDATION**

Employer identification number  
**63-6048099**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 . . . ▶ **NONE**

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 17		

Total number of others receiving over \$50,000 for professional services . . . ▶ **NONE**

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services . . . ▶ **NONE**

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

Schedule A (Form 990 or 990-EZ) 2005

Part III Statements About Activities (See page 2 of the instructions.)

Table with 3 columns: Question, Yes, No. Contains questions 1 through 4b regarding lobbying activities and other organizational actions.

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 [ ] A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
6 [ ] A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
7 [ ] A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8 [ ] A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
9 [ ] A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
10 [X] An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
11a [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
11b [ ] A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
12 [ ] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., 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). (Also complete the Support Schedule in Part IV-A.)
13 [ ] An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: [ ] Type 1 [ ] Type 2 [ ] Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above.

- 14 [ ] An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2003, (c) 2002, (d) 2001, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12.

**Part V Private School Questionnaire (See page 7 of the instructions.)**

NOT APPLICABLE

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .		
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .		
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? . . . . .		
<b>b</b> Admissions policies? . . . . .		
<b>c</b> Employment of faculty or administrative staff? . . . . .		
<b>d</b> Scholarships or other financial assistance? . . . . .		
<b>e</b> Educational policies? . . . . .		
<b>f</b> Use of facilities? . . . . .		
<b>g</b> Athletic programs? . . . . .		
<b>h</b> Other extracurricular activities? . . . . .		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .		
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement.		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>		
<b>39</b> Other exempt purpose expenditures . . . . .	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is -			
Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . .	} <b>41</b>		
Over \$500,000 but not over \$1,000,000 . . . . . \$100,000 plus 15% of the excess over \$500,000			
Over \$1,000,000 but not over \$1,500,000 . . . . . \$175,000 plus 10% of the excess over \$1,000,000			
Over \$1,500,000 but not over \$17,000,000 . . . . . \$225,000 plus 5% of the excess over \$1,500,000			
Over \$17,000,000 . . . . . \$1,000,000 . . . . .			
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>		

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					
<b>50</b> Grassroots lobbying expenditures . . . . .					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers . . . . .		X	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .		X	
<b>c</b> Media advertisements . . . . .		X	
<b>d</b> Mailings to members, legislators, or the public . . . . .		X	
<b>e</b> Publications, or published or broadcast statements . . . . .		X	
<b>f</b> Grants to other organizations for lobbying purposes . . . . .	X		17,286.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .		X	
<b>i</b> Total lobbying expenditures (Add lines c through h.) . . . . .			17,286.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities. STMT 22



**Schedule of Contributors**

**2005**

Supplementary Information for  
 line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

Name of organization UNIVERSITY OF ALABAMA HUNTSVILLE FOUNDATION	Employer identification number 63-6048099
--	--

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule - see instructions.)

**General Rule -**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules -**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

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

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) . . . . . ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>UNIVERSITY OF ALABAMA HUNTSVILLE FOUNDATION</b>	Employer identification number <b>63-6048099</b>
---	---

**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ADTRAN, INC.  901 EXPLORER BLVD.  HUNTSVILLE, AL 35814	55,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	JOHN HENDRICKS  ONE DISCOVERY PLACE  SILVER SPRINGS, MD 20910-3354	250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	COLSA CORPORATION  6724 ODYSSEY DRIVE  HUNTSVILLE, AL 35806	59,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	HUNTSVILLE HOSPITAL  101 SIVLEY ROAD S.E.  HUNTSVILLE, AL 35801	76,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	PARTNERSHIP FOR BIOTECHNOLOGY RESEARCH  6705 ODYSSEY DR., ADVANCED RESEARCH CNTR  HUNTSVILLE, AL 35806	73,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	PEI-LING CHAN TRUST  3015 BARCODY RD  HUNTSVILLE, AL 35802	50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>UNIVERSITY OF ALABAMA HUNTSVILLE FOUNDATION</b>	Employer identification number <b>63-6048099</b>
--	---

**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	LINDA J. AND MARK C. SMITH  1900 MONTE SANO BLVD.  HUNTSVILLE, AL 35801	1,251,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	MR. AND MRS. TOMMY PRUITT  REGIONS BANK  GADSDEN, AL 35205	5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	ANTHONY A. DICERBO  3316 HASTINGS ROAD SW  HUNTSVILLE, AL 35801	197,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	DR. D. ROYCE BOYER  301 SPARKMAN DRIVE  HUNTSVILLE, AL 35899	40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>UNIVERSITY OF ALABAMA HUNTSVILLE FOUNDATION</b>	Employer identification number <b>63-6048099</b>
---	---

**Part II Noncash Property** (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	STOCK _____ _____ _____	\$ 5,250.	09/21/2006
9	PROPERTY AT BLUE SPRINGS PARK _____ _____ _____	\$ 197,000.	_____
10	PROPERTY AT 3910 CYPRESS AVENUE _____ _____ _____	\$ 40,000.	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES  
=====

DESCRIPTION -----	AMOUNT -----
UNREALIZED GAIN ON INVESTMENTS	171,034.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	13,582.
	-----
TOTAL	184,616.
	=====

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR  
AND  
FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

GRANTS PAID

CONTRIBUTIONS TO UNIVERSITY OF AL-HUNTSVILLE

4,087,226.

SCHOLARSHIPS TO UNIVERSITY OF AL-HUNTSVILLE

729,142.

TOTAL CONTRIBUTIONS PAID

4,816,368.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
PROFESSIONAL SERVICES	102,953.	NONE	102,953.	NONE
ENGINEERING SERVICE	13,212.	NONE	13,212.	NONE
BANK FEES	991.	NONE	991.	NONE
CREDIT CARD FEES	2,167.	NONE	2,167.	NONE
UTILITIES	103.	NONE	103.	NONE
REPAIR & MAINTENANCE TO BLDGS	212,936.	NONE	212,936.	NONE
BAD DEBT EXPENSE	-23,368.	NONE	-23,368.	NONE
MISCELLANEOUS	6,395.	NONE	6,395.	NONE
TOTALS	315,389.	NONE	315,389.	NONE

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE  
=====

THE UNIVERSITY OF HUNTSVILLE FOUNDATION IS ORGANIZED SPECIFICALLY  
TO SUPPORT THE UNIVERSITY OF ALABAMA HUNTSVILLE BY PROVIDING FUNDS FOR  
STUDENT SCHOLARSHIPS AND SCHOOL PROGRAMS.

FORM 990, PART IV - OTHER NOTES AND LOANS RECEIVABLE

=====

BORROWER: MARINA PORT AUTHORITY  
ORIGINAL AMOUNT: 225,000.  
INTEREST RATE: 4.500000  
DATE OF NOTE: 02/09/1995  
MATURITY DATE: 02/01/2015  
REPAYMENT TERMS: MONTHLY

BEGINNING BALANCE DUE .....	116,885.
ENDING BALANCE DUE .....	103,138.

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TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLE	116,885.
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TOTAL ENDING OTHER NOTES AND LOANS RECEIVABLES	103,138.
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FORM 990, PART IV - INVESTMENTS - SECURITIES

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DESCRIPTION -----	ENDING BOOK VALUE -----	COST OR FMV -----
CERTIFICATES OF DEPOSIT	88,245.	FMV
THE U. OF ALA SYSTEM POOLED ENDOWMENT FUND	21,029,829.	FMV
MARKETABLE EQUITY SECURITIES	6,339,578.	FMV
MUTUAL FUNDS	602,081.	FMV
MARKETABLE DEBT SECURITIES	3,139,163.	FMV
	-----	
TOTALS	31,198,896.	
	=====	

FORM 990, PART IV - INVESTMENTS - OTHER

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DESCRIPTION -----	ENDING BOOK VALUE -----
ART COLLECTION	219,690.
	-----
TOTALS	219,690.
	=====

FORM 990, PART IV - OTHER ASSETS

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DESCRIPTION

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ENDING  
BOOK VALUE

-----

ACCRUED INTEREST

181,526.

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TOTALS

181,526.

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FORM 990, PART IV - OTHER LIABILITIES

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DESCRIPTION

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ENDING  
BOOK VALUE

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ANNUITY LIABILITY

433,629.

TOTALS

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433,629.

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FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION	AMOUNT
CHANGE IN VALUE OF SPLIT- INTEREST AGREEMENTS	13,582.
TOTAL	13,582.

## FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MR. W. F. SANDERS, JR. P.O. BOX 408 HUNTSVILLE, AL 35804	SECRETARY 1 HR/WEEK	NONE	NONE	NONE
MR. RAYMOND B. JONES P.O. BOX 408 HUNTSVILLE, AL 35804	CHAIRMAN 5 HRS/WEEK	NONE	NONE	NONE
S. DAGNAL ROWE, ESQ. P.O. BOX 408 HUNTSVILLE, AL 35804	VICE CHAIRMAN 1 HR/WEEK	NONE	NONE	NONE
MRS. LINDA L. GREEN P.O. BOX 408 HUNTSVILLE, AL 35804	TREASURER 1 HR/WEEK	NONE	NONE	NONE
DR. J. DERALD MORGAN P.O. BOX 408 HUNTSVILLE, AL 35804	EXECUTIVE DIR/SEC 10-15 /WK	NONE	NONE	NONE
MR. HUNDLEY BATTS, SR. P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6 HRS/YEAR	NONE	NONE	NONE
DR. MARCUS J. BENDICKSON P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6 HRS/YEAR	NONE	NONE	NONE
MR. PHILIP W. BENTLEY, JR. P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6 HRS/YEAR	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DR. CHIA-HWA CHAN P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6 HRS/YEAR	NONE	NONE	NONE
MR. FRANK J. COLLAZO P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6 HRS/YEAR	NONE	NONE	NONE
MR. JIM HUDSON P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6 HRS/YEAR	NONE	NONE	NONE
MR. WILLIAM H. JOHNSTON, JR. P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6 HRS/YEAR	NONE	NONE	NONE
LTG JAMES M. LINK P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6 HRS/YEAR	NONE	NONE	NONE
MRS. ELIZABETH J. LOWE P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6 HRS/YEAR	NONE	NONE	NONE
MR. SIDNEY L. MCDONALD P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6 HRS/YEAR	NONE	NONE	NONE
MR. ROY J. NICHOLS P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6 HRS/YEAR	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MR. JOSEPH C. MOQUIN P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6 HRS/YEAR	NONE	NONE	NONE
MRS. MARTHA SIMMS RAMBO P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6 HRS/YEAR	NONE	NONE	NONE
MR. A. EUGENE SAPP, JR. P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6 HRS/YEAR	NONE	NONE	NONE
MR. REMIGIUS SHATAS P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6 HRS/YEAR	NONE	NONE	NONE
MR. JAMES MICHAEL SEGREST P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6 HRS/YEAR	NONE	NONE	NONE
MRS. JEAN WESSEL TEMPLETON P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6 HRS/YEAR	NONE	NONE	NONE
MR. MARK C. SMITH P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6 HRS/YEAR	NONE	NONE	NONE
MR. CLAY VANDIVER P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6 HRS/YEAR	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MR. ROBERT E. WILKINSON P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6 HRS/YEAR	NONE	NONE	NONE
MR. JOHN R. WYNN P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6 HRS/YEAR	NONE	NONE	NONE
MR. ROBERT W. HAGER P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE EMERITUS NONE	NONE	NONE	NONE
MR. W.L. HALSEY, JR. P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE EMERITUS NONE	NONE	NONE	NONE
MR. JOHN S. HENDRICKS P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE EMERITUS NONE	NONE	NONE	NONE
MR. OLIN B. KING P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE EMERITUS NONE	NONE	NONE	NONE
DR. FRANK FRANZ P.O. BOX 408 HUNTSVILLE, AL 35804	EX-OFFICIO 1 HR/WEEK	NONE	NONE	NONE
MR. PETER L. LOWE P.O. BOX 408 HUNTSVILLE, AL 35804	EX-OFFICIO 6 HRS/YEAR	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MR. RAY M. PINNER P.O. BOX 408 HUNTSVILLE, AL 35804	EX-OFFICIO 5 HRS/WEEK	NONE	NONE	NONE
DR. MALCOM PORTERA P.O. BOX 408 HUNTSVILLE, AL 35804	EX-OFFICIO 6 HRS/YEAR	NONE	NONE	NONE
GRAND TOTALS				
		NONE	NONE	NONE

UNIVERSITY OF ALABAMA HUNTSVILLE

63-6048099

FORM 990, PART V-A COMPENSATION PROVIDED BY RELATED ORGANIZATION

NAME AND ADDRESS	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
UNIVERSITY OF ALABAMA IN HUNTSVILLE 63-0520830 DR. J. DERALD MORGAN P.O. BOX 408	200,100.	18,729.	NONE
HUNTSVILLE, AL 35804			
UNIVERSITY OF ALABAMA IN HUNTSVILLE 63-0520830 DR. FRANK FRANZ P.O. BOX 408	300,099.	28,089.	NONE
HUNTSVILLE, AL 35804			
UNIVERSITY OF ALABAMA IN HUNTSVILLE 63-0520830 MR. RAY M. PINNER P.O. BOX 408	188,800.	17,672.	NONE
HUNTSVILLE, AL 35804			
THE BOARD OF TRUSTEES OF U OF A 63-6001138 DR. MALCOM PORTERA P.O. BOX 408	458,400.	65,835.	NONE
HUNTSVILLE, AL 35804			
<b>GRAND TOTALS</b>	<b>1,147,399.</b>	<b>130,325.</b>	<b>NONE</b>

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.  
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NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
CITIGROUP SMITHBARNEY 501 MADISON STREET SE, PO BOX 487 HUNTSVILLE, AL 35804	INVESTMENT CONSULT.	74,179.
	TOTAL COMPENSATION	----- 74,179. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2A

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THE FOUNDATION SOLD LAND TO TWO MEMBERS OF THE BOARD OF TRUSTEES, OLIN KING AND PETER LOWE. FUNDS RECEIVED FROM THESE SALES WERE \$885,321 (KING) AND \$563,801 (LOWE), WHICH RESULTED IN REALIZED GAINS OF \$622,717 AND \$362,997, RESPECTIVELY.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2C  
=====

TRUSTEES' FIRMS PROVIDE LEGAL AND ENGINEERING CONSULTING TO THE FOUNDATION. COMPETITIVE BIDS ARE OBTAINED WHEN NECESSARY, AND THE FOUNDATION USUALLY PAYS LESS THAN FAIR MARKET VALUE FOR THE SERVICES RENDERED. THE TRUSTEES INVOLVED ABSTAIN FROM VOTING ON SUCH ISSUES. DURING THE YEAR ENDED 09/30/2006 THE FOUNDATION PAID LEGAL FEES OF \$4,008 TO TRUSTEE S. DAGNAL ROWE'S LAW FIRM, WILMER, LEE, ROWE, CATES, FOHRELL PA. THE FOUNDATION PAID \$37,728 TO TRUSTEE RAYMOND B. JONES'S ENGINEERING CONSULTING FIRM, G.W. JONES & SONS CONSULTING. THE FOUNDATION ALSO PAID \$570 TO TRUSTEE EMERITUS W.L. HALSEY'S FOOD SERVICE COMPANY, HALSEY GROCERY COMPANY, INC. FOR FOOD SERVICES.

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A

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THE FOUNDATION DISBURSES FUNDS TO THE UNIVERSITY OF ALABAMA IN HUNTSVILLE TO BE USED FOR SCHOLARSHIPS. THE FOUNDATION DOES NOT DIRECTLY PROVIDE ANY SCHOLARSHIPS OR PARTICIPATE IN THE DECISION PROCESS OF UAH TO DETERMINE SCHOLARSHIP RECIPIENTS.

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2004	2003	2002	2001	TOTAL
MISCELLANEOUS	27,585.	8,470.	11,155.	NONE	47,210.
TOTALS	27,585.	8,470.	11,155.	NONE	47,210.

SCHEDULE A, PART VI-B - LOBBYING ACTIVITY EXPLANATION

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THE FOUNDATION PAID \$17,286 TO FINE, GEDDIE, AND ASSOCIATES. ALL OF THESE EXPENSES WERE INCURRED ONLY TO MONITOR THE ALLOCATION OF STATE FUNDS TO EDUCATION AND NOT TO INFLUENCE ANY OTHER TYPE OF LEGISLATION.

990 PART V-A, LINE 75c

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Board members Peter Lowe and Elizabeth Lowe are related to each other as husband and wife.

## UNIVERSITY OF ALABAMA HUNTSVILLE FOUNDATION

PART I, LINES 8a, 8b, & 8c, GAIN OR LOSS ON SALE

	SECURITIES	LAND	TOTAL
PROCEEDS FROM SALE	6,345,092	3,815,396	10,160,488
LESS: COST	<u>(5,489,656)</u>	<u>(1,087,088)</u>	<u>(6,576,744)</u>
GAIN FROM SALE	<u>855,436</u>	<u>2,728,308</u>	<u>3,583,744</u>

PART II, LINE 42 - DEPRECIATION  
AND PART IV, LINE 57c, LAND, BUILDINGS & EQUIPMENT

## FIXED ASSETS:

LAND - LOWE HOUSE	604,684
BUILDING - LOWE HOUSE	<u>1,374,877</u>
TOTAL FIXED ASSETS	1,979,561
LESS: ACCUMULATED DEPRECIATION	<u>(167,674)</u>
NET FIXED ASSETS	<u>1,811,887</u>

DEPRECIATION OF PROPERTY AND EQUIPMENT IS PROVIDED OVER THE ESTIMATED USEFUL LIVES OF THE RESPECTIVE ASSETS ON A STRAIGHT-LINE BASIS. DEPRECIATION EXPENSE FOR THE FISCAL YEAR ENDED 9/30/2006 WAS \$34,491.

## UNIVERSITY OF ALABAMA HUNTSVILLE FOUNDATION

PART IV, LINE 55a, INVESTMENTS

## REAL ESTATE HELD FOR INVESTMENT

HOBBS ISLAND ROAD	45,355
HERMAN NELSON HIGHWAY 53	317,564
THORNTON RESEARCH PARK	895,562
KELLNER ROAD	15,352
COUNTY LINE ROAD	<u>2,241,375</u>
TOTAL	<u>3,515,208</u>

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS  
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The following entities are related foundations and taxable subsidiaries of The University of Alabama System which includes The University of Alabama System Office, The University of Alabama, The University of Alabama at Birmingham, The University of Alabama in Huntsville, and The UAB Health System.

<b>THE UNIVERSITY OF ALABAMA SYSTEM OFFICE</b>	
THE UNIVERSITY FOUNDATION	EXEMPT EXEMPT
<b>THE UNIVERSITY OF ALABAMA</b>	
THE CAPSTONE FOUNDATION	EXEMPT
NATIONAL ALUMNI ASSOCIATION OF THE UNIVERSITY OF ALABAMA	EXEMPT
THE UNIVERSITY OF ALABAMA LAW SCHOOL FOUNDATION	EXEMPT
CAPSTONE HEALTH SERVICES FOUNDATION	EXEMPT
THE CRIMSON TIDE FOUNDATION	EXEMPT
THE UNIVERSITY OF ALABAMA RESEARCH FOUNDATION	EXEMPT
THE GORGAS MEMORIAL BOARD	EXEMPT
1831 FOUNDATION	EXEMPT
ALABAMA SHAKESPEARE FOUNDATION	EXEMPT
ALABAMA SHAKESPEARE FOUNDATION TRUST	EXEMPT
<b>THE UNIVERSITY OF ALABAMA AT BIRMINGHAM</b>	
THE UNIVERSITY OF ALABAMA HOSPITAL	EXEMPT
THE EYE FOUNDATION	EXEMPT
THE UNIVERSITY OF ALABAMA OPHTHALMOLOGY SERVICES FOUNDATION	EXEMPT
THE CALLAHAN EYE FOUNDATION HOSPITAL	EXEMPT
THE UAB RESEARCH FOUNDATION	EXEMPT
THE UAB EDUCATIONAL FOUNDATION	EXEMPT
THE UNIVERSITY OF ALABAMA PROFESSIONAL LIABILITY TRUST FUND	EXEMPT
THE UNIVERSITY OF ALABAMA COMPREHENSIVE GENERAL LIABILITY TRUST FUND	EXEMPT
SOUTHERN RESEARCH INSTITUTE	EXEMPT
BROOKWOOD PHARMACEUTICALS	NOT-EXEMPT
LAKESHORE BIOMATERIALS	NOT-EXEMPT
VALLEY FOUNDATION	EXEMPT
CENTER FOR INFECTIOUS DISEASE RESEARCH, ZAMBIA LIMITED	EXEMPT
THE GORGAS MEMORIAL INSTITUTE OF TROPICAL & PREVENTATIVE MEDICINE, INC.	EXEMPT
TRITON HEALTH SYSTEMS, LLC	NOT-EXEMPT
VIVA HEALTH SYSTEM, INC.	NOT-EXEMPT
VIVA HEALTH ADMINISTRATION LLC	NOT-EXEMPT
<b>THE UNIVERSITY OF ALABAMA IN HUNTSVILLE</b>	
THE UNIVERSITY OF ALABAMA IN HUNTSVILLE ALUMNI FOUNDATION	EXEMPT EXEMPT
<b>THE UAB HEALTH SYSTEM</b>	
UAB HEALTH SYSTEM MANAGEMENT, INC.	EXEMPT
THE UNIVERSITY OF ALABAMA HEALTH SERVICES FOUNDATION	EXEMPT
THE MEDICAL ADVANCEMENT FOUNDATION	EXEMPT
THE HEALTH CARE AUTHORITY FOR MEDICAL WEST	EXEMPT
THE HEALTH CARE AUTHORITY FOR BAPTIST HEALTH	EXEMPT
THE HEALTH CARE AUTHORITY FOR UAB HIGHLANDS	EXEMPT