

INSTRUCTIONS FOR FILING
UNIVERSITY OF ALABAMA HUNTSVILLE FOUNDATION
FORM 990 WITH SCH. A - EXEMPT UNDER 501(C)(3)
FOR THE PERIOD ENDED SEPTEMBER 30, 2007

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, 2008
WITH...

INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0027

PAYMENT OF TAX...

NO PAYMENT OF TAX IS REQUIRED.

TO DOCUMENT THE TIMELY FILING OF YOUR TAX RETURN(S), WE SUGGEST THAT
YOU OBTAIN AND RETAIN PROOF OF MAILING. PROOF OF MAILING CAN BE
ACCOMPLISHED BY SENDING THE TAX RETURN(S) BY REGISTERED OR CERTIFIED
MAIL (METERED BY THE U. S. POSTAL SERVICE) OR THROUGH THE USE OF AN IRS
APPROVED DELIVERY METHOD PROVIDED BY AN IRS DESIGNATED PRIVATE
DELIVERY SERVICE.

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

OMB No. 1545-0047
2006
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning 10/01, 2006, and ending 09/30/2007

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: UNIVERSITY OF ALABAMA HUNTSVILLE FOUNDATION. D Employer identification number: 63-6048099. E Telephone number: (256) 824-6350. F Accounting method: Cash, Accrual, Other (specify).

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

H(c) Are all affiliates included? N/A Yes No

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) X 501(c)(3) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 26,780,655.

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

Table with 21 rows and 4 columns. Rows include Revenue (1-12), Expenses (13-17), and Net Assets (18-21). Columns include description, sub-rows (a, b, c), and totals. Total revenue is 11,982,095. Total expenses is 4,973,907. Net assets at end of year is 48,439,608.

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

Form 990 (2006)

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box, **X**
- 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. You 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 UNIVERSITY OF ALABAMA HUNTSVILLE FOUNDATION	Employer identification number 63-6048099
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 408	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HUNTSVILLE, AL 35804	

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

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 **RAY PINNER**
Telephone No. **205 824-6350** 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 **08/15, 2008**.
- For calendar year _____, or other tax year beginning **10/01, 2006** and ending **09/30, 2007**.
- 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 OBTAIN THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

8a 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.	8a \$
b 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.	8b \$
c 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.	8c \$

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  Title **Tax Director** Date **9/1/08**

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 PRICEWATERHOUSECOOPERS LLP
	Number and street (include suite, room, or apt. no.) or a P.O. box number 1901 6TH AVENUE NORTH/SUITE 1600
	City or town, province or state, and country (including postal or ZIP code) BIRMINGHAM, AL 35203

Application for Extension of Time To File an Exempt Organization Return

▶ 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) 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) 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 and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization UNIVERSITY OF ALABAMA HUNTSVILLE FOUNDATION	Employer identification number 63-6048099
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 408	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HUNTSVILLE, AL 35804	

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 ▶ RAY PINNER

Telephone No. ▶ 205 824-6350 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) corporation required to file Form 990-T) extension of time until 05/15, 2008, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning 10/01, 2006, and ending 09/30, 2007

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.	3a	\$
b 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.	3b	\$
c Balance Due. 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.	3c	\$

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.

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
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) (cash \$ 4,048,252. noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	4,048,252.	4,048,252.	STMT 3	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	NONE	NONE	NONE	NONE
25b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)				
25c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				
26	Salaries and wages of employees not included on lines 25a, b, and c				
27	Pension plan contributions not included on lines 25a, b, and c	NONE			
28	Employee benefits not included on lines 25a - 27				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees	46,952.	NONE	46,952.	NONE
32	Legal fees	13,382.	NONE	13,382.	NONE
33	Supplies				
34	Telephone				
35	Postage and shipping				
36	Occupancy				
37	Equipment rental and maintenance				
38	Printing and publications	14,209.	NONE	14,209.	NONE
39	Travel				
40	Conferences, conventions, and meetings	1,020.	NONE	1,020.	NONE
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	28,743.	NONE	28,743.	NONE
43	Other expenses not covered above (itemize):				
a	STMT 4	821,349.	NONE	821,349.	NONE
b					
c					
d					
e					
f					
g					
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	4,973,907.	4,048,252.	925,655.	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? ▶SEE STATEMENT 5 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.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a PROVIDE SUPPORT TO THE UNIVERSITY OF ALABAMA HUNTSVILLE THROUGH CONTRIBUTIONS TO SCHOOL PROGRAMS AND STUDENT SCHOLARSHIPS. (Grants and allocations \$ 4,048,252.) If this amount includes foreign grants, check here <input type="checkbox"/>	4,048,252.
b (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
c (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
d (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	4,048,252.

Part IV Balance Sheets (See the instructions.)

				(A)		(B)	
				Beginning of year		End of year	
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.							
Assets	45 Cash - non-interest-bearing			1,903,647.	45	2,347,146.	
	46 Savings and temporary cash investments				46		
	47a Accounts receivable	47a					
	b Less: allowance for doubtful accounts	47b			47c		
	48a Pledges receivable	48a	706,739.				
	b Less: allowance for doubtful accounts	48b	17,948.	1,380,840.	48c	688,791.	
	49 Grants receivable				49		
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				50b		
	51a Other notes and loans receivable (attach schedule)	STMT 6	51a	88,759.			
	b Less: allowance for doubtful accounts	51b	NONE	103,138.	51c	88,759.	
	52 Inventories for sale or use				52		
	53 Prepaid expenses and deferred charges				53		
	54a Investments - publicly-traded securities	STMT 7	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		31,110,651.	54a	42,828,940.
	b Investments - other securities (attach schedule)		<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		88,245.	54b	91,696.
	55a Investments - land, buildings, and equipment: basis	STMT 8	55a	2,961,613.			
	b Less: accumulated depreciation (attach schedule)	STMT 28	55b	NONE	3,515,208.	55c	2,961,613.
	56 Investments - other (attach schedule)	STMT 9			219,690.	56	219,690.
	57a Land, buildings, and equipment: basis		57a	NONE			
b Less: accumulated depreciation (attach schedule)	STMT 27	57b	NONE	1,811,887.	57c	NONE	
58 Other assets, including program-related investments (describe <input type="checkbox"/> STMT 10)				181,526.	58	229,557.	
59 Total assets (must equal line 74). Add lines 45 through 58				40,314,832.	59	49,456,192.	
Liabilities	60 Accounts payable and accrued expenses			310,881.	60	553,427.	
	61 Grants payable				61		
	62 Deferred revenue				62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)				63		
	64a Tax-exempt bond liabilities (attach schedule)				64a		
	b Mortgages and other notes payable (attach schedule)				64b		
	65 Other liabilities (describe <input type="checkbox"/> STMT 11)				433,629.	65	463,157.
66 Total liabilities. Add lines 60 through 65				744,510.	66	1,016,584.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.						
	67 Unrestricted			14,381,469.	67	18,693,411.	
	68 Temporarily restricted			11,811,493.	68	14,666,802.	
	69 Permanently restricted			13,377,360.	69	15,079,395.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.						
	70 Capital stock, trust principal, or current funds				70		
	71 Paid-in or capital surplus, or land, building, and equipment fund				71		
	72 Retained earnings, endowment, accumulated income, or other funds				72		
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72). (Column (A) must equal line 19 and column (B) must equal line 21)				39,570,322.	73	48,439,608.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73				40,314,832.	74	49,456,192.	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

Table with 5 main rows (a-e) and sub-rows for adjustments. Row a: Total revenue, gains, and other support per audited financial statements. Row b: Amounts included on line a but not on Part I, line 12. Row c: Subtract line b from line a. Row d: Amounts included on Part I, line 12, but not on line a. Row e: Total revenue (Part I, line 12). Add lines c and d.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows (a-e) and sub-rows for adjustments. Row a: Total expenses and losses per audited financial statements. Row b: Amounts included on line a but not on Part I, line 17. Row c: Subtract line b from line a. Row d: Amounts included on Part I, line 17, but not on line a. Row e: Total expenses (Part I, line 17). Add lines c and d.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation (If not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1: SEE STATEMENT 13, NONE, NONE, NONE.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 23		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) STMT 20.	X	
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." STMT 29	X	
	If "Yes," attach a statement that includes the information described in the instructions.		
d	Does the organization have a written conflict of interest policy?	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits
 (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE	-0-	-0-	-0-	-0-

Part VI Other Information (See the instructions.)		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X	
b	If "Yes," enter the name of the organization ▶ STMT 30 and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct and indirect political expenditures. (See line 81 instructions.) NONE		
b	Did the organization file Form 1120-POL for this year?		X

Part VI Other Information (continued)

Form with multiple rows and columns for reporting information. Includes sections 82a through 91b with 'Yes' and 'No' columns. Contains text such as 'Did the organization receive donated services...', 'Did the organization comply with the public inspection requirements...', and 'List the states with which a copy of this return is filed'.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No

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 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 | NONE

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	1,431,186.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property			16	24,052.	
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	7,332,640.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b ENGINEERING CAMP					25,877.
c LIFE INS. PROCEEDS			01	211,669.	
d MISCELLANEOUS			01	84,511.	
e _____					
104 Subtotal (add columns (B), (D), and (E))				9,084,058.	25,877.
105 Total (add line 104, columns (B), (D), and (E)) ▶					9,109,935.

Note: Line 105 plus line 1e, 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).
103B	ENGINEERING SUMMER CAMP IS FOR HIGH SCHOOL STUDENTS, AND THE FEES CHARGED AND COLLECTED ARE USED TO FUND THE CAMP AND CAMP ACTIVITIES.

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
	%			
	%			
	%			
	%			

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).

Part X Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.				Yes	No
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a	----- -----				
b	----- -----				
c	----- -----				
Totals					

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.				Yes	No
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a	----- -----				
b	----- -----				
c	----- -----				
Totals					

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		Yes	No
		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 _____ Date _____			
Paid Preparer's Use Only	Type or print name and title _____			
	Preparer's signature	Date 8/6/08	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) P00369623
	Firm's name (or yours if self-employed), address, and ZIP + 4 PRICEWATERHOUSECOOPERS LLP		EIN 13-4008324	Phone no. 205-252-8400
	BI RMI NGHAM, AL 35203		Form 990 (2006)	

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No. 1545-0047

2006

Department of the Treasury
Internal Revenue Service

Supplementary Information - (See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

UNIVERSITY OF ALABAMA HUNTSVILLE FOUNDATION

63-6048099

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 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 21		

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
SEE STATEMENT 22		

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) 2006

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

Table with columns for question number, description, Yes, and No. Includes questions 1, 2, 2a-e, 3a-d, 4a-c, and 4d-g regarding lobbying, contributions, and donor advised funds.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					►

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 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 for Calendar year (or fiscal year beginning in), (a) 2005, (b) 2004, (c) 2003, (d) 2002, and (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 not included in line 18; 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. Attach a schedule. Do not include gain or (loss) from sale of capital assets; 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: a Enter 2% of amount in column (e), line 24; b Prepare a list for your records to show the name of and amount contributed by each person; c Total support for section 509(a)(1) test; d Add: Amounts from column (e) for lines 18, 19, 22; e Public support (line 26c minus line 26d total); f Public support percentage (line 26e (numerator) divided by line 26c (denominator)); 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year; b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year; c Add: Amounts from column (e) for lines 15, 16, 17, 20, 21; d Add: Line 27a total, and line 27b total; e Public support (line 27c total minus line 27d total); f Total support for section 509(a)(2) test; g Public support percentage (line 27e (numerator) divided by line 27f (denominator)); h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)); 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.) NOT APPLICABLE
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

Table with 3 columns: Question, Yes, No. Rows include questions 29-35 regarding racial nondiscrimination policies, scholarships, and financial aid.

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 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		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying) . . .	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is -	41	
	Not over \$500,000 20% of the amount on line 40		
	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		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

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 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 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 13 of the instructions.) **NOT APPLICABLE**

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
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

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

DESCRIPTION -----	AMOUNT -----
UNREALIZED GAIN ON INVESTMENTS	1,884,766.
TOTAL	<u>1,884,766.</u> =====

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

DESCRIPTION -----	AMOUNT -----
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	23,668.
TOTAL	----- 23,668. =====

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID			
CONTRIBUTIONS TO UNIVERSITY OF AL-HUNTSVILLE			3,341,164.
SCHOLARSHIPS TO UNIVERSITY OF AL-HUNTSVILLE			707,088.
TOTAL CONTRIBUTIONS PAID			4,048,252.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
PROFESSIONAL SERVICES	220,130.	NONE	220,130.	NONE
ENGINEERING SERVICES	3,741.	NONE	3,741.	NONE
BANK FEES	1,111.	NONE	1,111.	NONE
CREDIT CARD FEES	2,449.	NONE	2,449.	NONE
UTILITIES	6,222.	NONE	6,222.	NONE
REPAIR & MAINTENANCE TO BLDGS	316,516.	NONE	316,516.	NONE
BAD DEBT EXPENSE	180,776.	NONE	180,776.	NONE
AUTO INSURANCE	19,984.	NONE	19,984.	NONE
MISCELLANEOUS	70,420.	NONE	70,420.	NONE
TOTALS	821,349.	NONE	821,349.	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: MADISON COUNTY 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 103,138.
ENDING BALANCE DUE 88,759.

TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLE 103,138.

TOTAL ENDING OTHER NOTES AND LOANS RECEIVABLES 88,759.

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION -----	ENDING BOOK VALUE -----	COST OR FMV -----
THE U. OF ALA SYSTEM POOLED ENDOWMENT FUND	24,755,634.	FMV
MARKETABLE EQUITY SECURITIES	12,473,114.	FMV
MARKETABLE DEBT SECURITIES	4,144,097.	FMV
MUTUAL FUNDS	1,456,095.	FMV

TOTALS	42,828,940.	
	=====	

FORM 990, PART IV - INVESTMENTS - OTHER SECURITIES

=====

DESCRIPTION -----	ENDING BOOK VALUE -----	COST OR FMV -----
CERTIFICATES OF DEPOSIT	91,696.	FMV
TOTALS	----- 91,696. =====	

FORM 990, PART IV - INVESTMENTS - OTHER

=====

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

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
ACCRUED INTEREST	229,557.
TOTALS	----- 229,557. =====

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION -----	ENDING BOOK VALUE -----
ANNUITY LIABILITY	463,157.
TOTALS	----- 463,157. =====

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

DESCRIPTION	AMOUNT
CHANGE IN VALUE OF SPLIT- INTEREST AGREEMENTS	-23,668.
TOTAL	-23,668.

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 1hr/wk	NONE	NONE	NONE
MR. W. L. HALSEY, JR. P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE EMERITUS NONE	NONE	NONE	NONE
MR. SIDNEY L. MCDONALD P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6hrs/yr	NONE	NONE	NONE
MR. RAYMOND B. JONES P.O. BOX 408 HUNTSVILLE, AL 35804	CHAIRMAN 5hrs/wk	NONE	NONE	NONE
MR. ROBERT W. HAGER P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE EMERITUS NONE	NONE	NONE	NONE
MR. ROBERT E. WILKINSON P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE EMERITUS NONE	NONE	NONE	NONE
MR. OLIN B. KING	TRUSTEE EMERITUS NONE	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
P.O. BOX 408 HUNTSVILLE, AL 35804				
S. DAGNAL ROWE, ESQ. P.O. BOX 408 HUNTSVILLE, AL 35804	VICE CHAIRMAN 1hr/wk	NONE	NONE	NONE
MR. PETER I. LOWE P.O. BOX 408 HUNTSVILLE, AL 35804	EX-OFFICIO 6hrs/yr	NONE	NONE	NONE
MR. RAY M. PINNER P.O. BOX 408 HUNTSVILLE, AL 35804	EX-OFFICIO 5hrs/wk	NONE	NONE	NONE
DR. CHIA-HWA CHAN P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6hrs/yr	NONE	NONE	NONE
DR. J. DERALD MORGAN P.O. BOX 408 HUNTSVILLE, AL 35804	EXECUTIVE DIR/SEC 10 - 15hrs/wk	NONE	NONE	NONE
DR. MARCUS J. BENDICKSON P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6hrs/yr	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. JOHN S. HENDRICKS P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE EMERITUS NONE	NONE	NONE	NONE
MR. JIM HUDSON P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6hrs/yr	NONE	NONE	NONE
MRS. ELIZABETH J. LOWE P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6hrs/yr	NONE	NONE	NONE
MRS. LINDA L. GREEN P.O. BOX 408 HUNTSVILLE, AL 35804	TREASURER 1hr/wk	NONE	NONE	NONE
MR. HUNDLEY BATTS, SR. P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6hrs/yr	NONE	NONE	NONE
MR. PHILIP W. BENTLEY, JR. P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6hrs/yr	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. FRANK J. COLLAZO P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6hrs/yr	NONE	NONE	NONE
MR. WILLIAM H. JOHNSTON, JR. P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6hrs/yr	NONE	NONE	NONE
MRS. BHAVANI KAKANI P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6hrs/yr	NONE	NONE	NONE
LITG JAMES M. LINK P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6hrs/yr	NONE	NONE	NONE
MR. ROY J. NICHOLS P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6hrs/yr	NONE	NONE	NONE
MR. A. EUGENE SAPP, JR. P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6hrs/yr	NONE	NONE	NONE
MR. REMIGIUS SHATAS	TRUSTEE 6hrs/yr	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
P.O. BOX 408 HUNTSVILLE, AL 35804				
MR. RODERIC G. STEAKLEY P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6hrs/yr	NONE	NONE	NONE
MRS. JEAN WESSEL TEMPLETON P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6hrs/yr	NONE	NONE	NONE
MR. FREDERIEK TONEY P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6hrs/yr	NONE	NONE	NONE
MRS. IRMA L. TUDER P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6hrs/yr	NONE	NONE	NONE
MR. CLAY VANDIVER P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6hrs/yr	NONE	NONE	NONE
MR. JOHN R. WYNN P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6hrs/yr	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 EMERITUS NONE	NONE	NONE	NONE
DR. DAVID WILLIAMS P.O. BOX 408 HUNTSVILLE, AL 35804	EX-OFFICIO 1hr/wk	NONE	NONE	NONE
DR. MALCOLM PORTERA P.O. BOX 408 HUNTSVILLE, AL 35804	EX-OFFICIO 6hrs/yr	NONE	NONE	NONE
MR. JOE H. RITCH P.O. BOX 408 HUNTSVILLE, AL 35804	EX-OFFICIO 6hrs/yr	NONE	NONE	NONE
DR. FRANK FRANZ P.O. BOX 408 HUNTSVILLE, AL 35804	EX-OFFICIO 6hrs/yr	NONE	NONE	NONE
MRS. MARTHA SIMMS RAMBO P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6hrs/yr	NONE	NONE	NONE

UNIVERSITY OF ALABAMA HUNTSVILLE FOUNDATION

63-6048099

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
		NONE	NONE	NONE
GRAND TOTALS				

GRAND TOTALS

NONE

NONE

NONE

990 PART V-A, LINE 75b

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

Board member W.F. Sanders is Senior Vice President of Citigroup Smith Barney, one of the highest compensated professional service providers listed in Schedule A, Part II-A

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.
=====

CITIGROUP SMITHBARNEY 501 MADISON ST. SE, PO BOX 487 HUNTSVILLE, AL 35804	INVESTMENT CONSULT.	125,211.
MICHAEL PRIORE P. O. BOX 29606 GREENVILLE, SC 29606	ARTIST	60,000.
	TOTAL COMPENSATION	----- 185,211. =====

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.
=====

MCDONALD BROTHERS CONSTRUCTION 2906 MCJOHN ST. HUNTSVILLE, AL 35805	CONSTRUCTION	165,748.
HUNTSVILLE UTILITIES 500 B CHURCH ST. HUNTSVILLE, AL 35801	UTLY. INFRASTRUCTURE	61,800.
	TOTAL COMPENSATION	----- 227,548. =====

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

THE FOUNDATION SOLD LAND TO BOARD MEMBER PETER LOWE. FUNDS RECEIVED FROM THIS SALE WAS \$854,385, WHICH RESULTED IN A REALIZED GAIN OF \$511,716.

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 09/30/2007 THE FOUNDATION PAID LEGAL FEES OF \$15,399 TO TRUSTEE S. DAGNAL ROWE'S LAW FIRM, WILMER, LEE, ROWE, CATES, FOHRELL PA. THE FOUNDATION ALSO PAID \$2,302 TO TRUSTEE JOHN WYNN'S LAW FIRM, LANIER, FORD, SHAVER & PAYNE, PC FOR LEGAL SERVICES. ADDITIONALLY, THE FOUNDATION PAID \$28,387 TO TRUSTEE RAYMOND B. JONES'S ENGINEERING CONSULTING FIRM, G. W. JONES & SONS CONSULTING, AND THE FOUNDATION PAID \$125,211 IN CONSULTING AND ADVISORY FEES TO SMITH BARNEY, WHOSE SENIOR VICE PRESIDENT, W. F. SANDERS, IS SECRETARY OF THE BOARD. FURTHER, THE FOUNDATION PAID \$5,485 TO BULL MARKET INTERIOR DECORATING AND GIFTS, WHICH IS OWNED BY MELISSA ROWE, WIFE OF VICE CHAIRMAN OF THE BOARD S. DAGNAL ROWE.

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	2005	2004	2003	2002	TOTAL
MISCELLANEOUS	89,786.	27,585.	8,470.	11,155.	136,996.
TOTALS	89,786.	27,585.	8,470.	11,155.	136,996.

UNIVERSITY OF ALABAMA HUNTSVILLE FOUNDATION

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

	SECURITIES	LAND	TOTAL
PROCEEDS FROM SALE	16,259,767	5,871,433	22,131,200
LESS: COST	<u>(14,123,964)</u>	<u>(674,596)</u>	<u>(14,798,560)</u>
GAIN FROM SALE	<u>2,135,803</u>	<u>5,196,837</u>	<u>7,332,640</u>

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

FIXED ASSETS:

LAND

-

BUILDING

-

TOTAL FIXED ASSETS

-

LESS: ACCUMULATED DEPRECIATION

-

NET FIXED ASSETS

-

* DURING AUGUST 2007, THE FOUNDATION TRANSFERRED OWNERSHIP OF THE LOWE HOUSE TO UAH AT COST, WHICH APPROXIMATED THE PROPERTY'S FAIR VALUE AT THE TIME OF THE TRANSFER.

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 9/30/2007 WAS \$28,743

UNIVERSITY OF ALABAMA HUNTSVILLE FOUNDATION

PART IV, LINE 55a, INVESTMENTS

REAL ESTATE HELD FOR INVESTMENT

HOBBS ISLAND ROAD	45,355
HERMAN NELSON HIGHWAY 53	283,317
THORNTON RESEARCH PARK	376,214
KELLNER ROAD	15,352
COUNTY LINE ROAD	<u>2,241,375</u>
TOTAL	<u>2,961,613</u>

Name:	Related Organization	Compensation	Contributions		Expense Account & Other Allowances
			To Employee Benefit Plans		
Morgan, J. Derald	University of Alabama at Huntsville EIN: 63-0520830	200,100	18,729		NONE
Williams, David	University of Alabama at Huntsville EIN: 63-0520830	100,000	9,360		3,000
Portera, Malcolm	UA System EIN: 63-6001138	515,767	85,300		NONE
Pinner, Ray	University of Alabama at Huntsville EIN: 63-0520830	188,800	17,672		NONE
Franz, Frank	University of Alabama at Huntsville EIN: 63-0520830	225,074	21,067		NONE
GRAND TOTALS			1,229,741	152,128	NONE

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.

THE UNIVERSITY OF ALABAMA SYSTEM OFFICE	
THE UNIVERSITY FOUNDATION	EXEMPT
	EXEMPT
THE UNIVERSITY OF ALABAMA	EXEMPT
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
THE UNIVERSITY OF ALABAMA AT BIRMINGHAM	EXEMPT
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
THE UNIVERSITY OF ALABAMA IN HUNTSVILLE	EXEMPT
THE UNIVERSITY OF ALABAMA IN HUNTSVILLE ALUMNI FOUNDATION	EXEMPT
THE UAB HEALTH SYSTEM	EXEMPT
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