

INSTRUCTIONS FOR FILING
UNIVERSITY OF ALABAMA HUNTSVILLE FOUNDATION
FORM 990 WITH SCH. A - EXEMPT UNDER 501(C)(3)
FOR THE PERIOD ENDED SEPTEMBER 30, 2008

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 MAY 15, 2009
WITH...

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

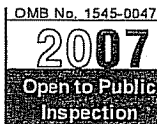
PAYMENT OF TAX...

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)



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 2007 calendar year, or tax year beginning 10/01, 2007, and ending 09/30/2008

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization 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	D Employer identification number 63-6048099 E Telephone number (256) 824-6350 F Accounting method: <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 ▶

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

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 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.

I Group Exemption Number ▶

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 21,764,485.

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

	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a	NONE		
	b	Direct public support (not included on line 1a)	1b	2,399,558.		
	c	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d			
	e	Total (add lines 1a through 1d) (cash \$ <u>2,372,649.</u> noncash \$ <u>26,909.</u>)	1e	2,399,558.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4	1,713,458.		
	5	Dividends and interest from securities	5			
Revenue	6 a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss). Subtract line 6b from line 6a	6c	20,020.		
	7	Other investment income (describe ▶ <u>STMT 1</u>)	7	232,076.		
	8 a	Gross amount from sales of assets other than inventory	(A) Securities 8a	16,675,589.	(B) Other 8a	215,071.
	b	Less: cost or other basis and sales expenses	8b	16,632,171.	8b	33,101.
	c	Gain or (loss) (attach schedule) <u>STMT 27</u>	8c	43,418.	8c	181,970.
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d		8d	225,388.
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a			
	b	Less: direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
	10 a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
	11	Other revenue (from Part VII, line 103)	11			508,713.
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			5,099,213.
Expenses	13	Program services (from line 44, column (B))	13			3,173,954.
	14	Management and general (from line 44, column (C))	14			488,131.
	15	Fundraising (from line 44, column (D))	15			NONE
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses. Add lines 16 and 44, column (A)	17			
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18			1,437,128.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19			48,439,608.
	20	Other changes in net assets or fund balances (attach explanation) <u>STMT 2</u> <u>STMT 3</u>	20			-8,245,571.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			41,631,165.

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

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ 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).

A corporation 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 a corporation 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	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	
	File by the due date for filing your return. See instructions.	

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

- | | | |
|--------------------------------------|-------------------------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input checked="" 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 corporation required to file Form 990-T) extension of time until 08/17, 2009, 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, 2007, and ending 09/30, 2008.

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 \$ <u>80,000.</u>
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 \$ <u>80,000.</u>

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 I 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"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ <u>3,121,705.</u> noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	3,121,705.	3,121,705.	STMT-4
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	60,284.	52,249.	8,035. NONE
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b			
c 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)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26			
27 Pension plan contributions not included on lines 25a, b, and c	27	NONE	NONE	NONE NONE
28 Employee benefits not included on lines 25a-27	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31	47,497.	NONE	47,497. NONE
32 Legal fees	32	13,855.	NONE	13,855. NONE
33 Supplies	33			
34 Telephone	34			
35 Postage and shipping	35			
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39			
40 Conferences, conventions, and meetings	40	882.	NONE	882. NONE
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42	NONE	NONE	NONE NONE
43 Other expenses not covered above (itemize):				
a <u>STMT 5</u>	43a	417,862.	NONE	417,862. NONE
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
f _____	43f			
g _____	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	44	3,662,085.	3,173,954.	488,131. 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 6 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 <u>PROVIDE SUPPORT TO THE UNIVERSITY OF ALABAMA HUNTSVILLE THROUGH CONTRIBUTIONS TO SCHOOL PROGRAMS AND STUDENT SCHOLARSHIPS.</u> (Grants and allocations \$ <u>3,121,705.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	3,173,954.
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) <input type="checkbox"/>	3,173,954. Form 990 (2007)

Part IV Balance Sheets (See the instructions.)

		(A) Beginning of year		(B) 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	2,347,146.	45	3,288,342.
	46	Savings and temporary cash investments		46	
	47a	Accounts receivable		47a	
	b	Less: allowance for doubtful accounts		47b	47c
	48a	Pledges receivable	461,273.	48a	
	b	Less: allowance for doubtful accounts	9,225.	48b	48c
	49	Grants receivable	688,791.	49	452,048.
	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)	72,604.	51a	
	b	Less: allowance for doubtful accounts		51b	51c
	52	Inventories for sale or use		52	72,604.
	53	Prepaid expenses and deferred charges		53	
	54a	Investments - publicly-traded securities		54a	
	b	Investments - other securities (attach schedule)		54b	
	55a	Investments - land, buildings, and equipment: basis	2,928,511.	55a	
	b	Less: accumulated depreciation (attach schedule)	NONE	55b	55c
	56	Investments - other (attach schedule)		56	
	57a	Land, buildings, and equipment: basis		57a	
	b	Less: accumulated depreciation (attach schedule)		57b	57c
58	Other assets, including program-related investments (describe ▶ STMT 11)	229,557.	58	328,495.	
59	Total assets (must equal line 74). Add lines 45 through 58	49,456,192.	59	42,393,319.	
Liabilities	60	Accounts payable and accrued expenses	553,427.	60	297,465.
	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 ▶ STMT 12)	463,157.	65	464,689.
66	Total liabilities. Add lines 60 through 65	1,016,584.	66	762,154.	
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	18,693,411.	67	16,176,144.
	68	Temporarily restricted	14,666,802.	68	8,602,351.
	69	Permanently restricted	15,079,395.	69	16,852,670.
	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)	48,439,608.	73	41,631,165.	
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	49,456,192.	74	42,393,319.	

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

Table with 2 main columns and 10 rows. Rows include: Total revenue, gains, and other support per audited financial statements (5,225,572); Amounts included on line a but not on Part I, line 12 (Net unrealized gains, Donated services, Recoveries of prior year grants, Other); Subtract line b from line a (5,099,213); Total revenue (Part I, line 12) (5,099,213).

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

Table with 2 main columns and 10 rows. Rows include: Total expenses and losses per audited financial statements (12,034,015); Amounts included on line a but not on Part I, line 17 (Donated services, Prior year adjustments, Losses reported, Other); Subtract line b from line a (3,662,085); Total expenses (Part I, line 17) (3,662,085).

Part IV.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 14, 60,284, NONE, NONE.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 32

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 31** **75b** 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** **75c** X

d Does the organization have a written conflict of interest policy? **75d** 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.)

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change **76** X

77 Were any changes made in the organizing or governing documents but not reported to the IRS? **77** X

If "Yes," attach a conformed copy of the changes.

78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? **78a** X

b If "Yes," has it filed a tax return on Form 990-T for this year? **78b** X

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement **79** 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? **80a** X

b If "Yes," enter the name of the organization **STMT 30**

81a Enter direct and indirect political expenditures. (See line 81 instructions.) **81a** NONE

b Did the organization file Form 1120-POL for this year? **81b** X

Part VII Other Information (continued)

Form with multiple rows and columns for reporting other information, including questions 82a through 91b, with Yes/No columns and various input fields.

Part V Other Information (continued)

Yes No

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
 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	1,713,458.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property			16	20,020.	
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income	310000	232,076.			
100 Gain or (loss) from sales of assets other than inventory			18	225,388.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a STMT 20				400,937.	107,776.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		232,076.		2,359,803.	107,776.
105 Total (add line 104, columns (B), (D), and (E)) ▶					2,699,655.

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).
▼	STMT 21

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).

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
	X

	(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
	X

	(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
	X

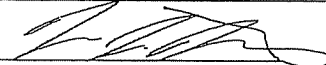
Please Sign Here

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 _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature		Date	4/23/2009	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4	PRICEWATERHOUSECOOPERS LLP	EIN	13-4008324	Phone no.	205-252-8400
	BIRMI NGHAM, 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

2007

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 22		

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 23		

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) 2007



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

Yes No

Table with 3 columns: Question, Yes, No. Rows include: 1. Lobbying activities (NONE); 2. Acts with substantial contributors (a-e); 3a-3d. Grants and annuities; 4a-4c. Donor advised funds; d-g. Total number and aggregate value of funds.

Part IV

Reason for Non-Private Foundation Status (See pages 4 through 8 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 8 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 8 of the instructions.)

Part IVA 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.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	3,564,209.	3,001,050.	1,932,435.	2,606,714.	11,104,408.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.	1,407,207.	1,190,566.	1,086,581.	950,676.	4,635,030.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	STMT 26 322,057.	89,786.	27,585.	8,470.	447,898.
23 Total of lines 15 through 22	5,293,473.	4,281,402.	3,046,601.	3,565,860.	16,187,336.
24 Line 23 minus line 17.	5,293,473.	4,281,402.	3,046,601.	3,565,860.	16,187,336.
25 Enter 1% of line 23.	52,935.	42,814.	30,466.	35,659.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 323,747.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 2,947,544.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 16,187,336.
d Add: Amounts from column (e) for lines: 18 4,635,030. 19 _____					26d 8,030,472.
22 447,898. 26b 2,947,544.					
e Public support (line 26c minus line 26d total)					26e 8,156,864.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 50.3904 %
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: NOT APPLICABLE					
(2006) _____ (2005) _____ (2004) _____ (2003) _____					
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:					
(2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____					27c _____
17 _____ 20 _____ 21 _____					
d Add: Line 27a total, and line 27b total					27d _____
e Public support (line 27c total minus line 27d total)					27e _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h _____ %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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)

		Yes	No
29	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?	29	
30	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?	30	
31	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.) ----- ----- -----	31	
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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.	34b	
35	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	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 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
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 - 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	41	
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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(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

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 13 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
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 14 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		X
(ii) Other assets		X
b Other transactions:		
(i) Sales or exchanges of assets with a noncharitable exempt organization		X
(ii) Purchases of assets from a noncharitable exempt organization		X
(iii) Rental of facilities, equipment, or other assets		X
(iv) Reimbursement arrangements		X
(v) Loans or loan guarantees		X
(vi) Performance of services or membership or fundraising solicitations		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees		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 INVESTMENT INCOME
=====

DESCRIPTION -----	AMOUNT -----
PARTNERSHIP INCOME RECORDED ON BOOKS	232,076. -----
TOTAL	232,076. =====

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

DESCRIPTION -----	AMOUNT -----
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	126,359.
TOTAL	----- 126,359. =====

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

DESCRIPTION -----	AMOUNT -----
UNREALIZED LOSS ON INVESTMENTS	8,371,930.
TOTAL	----- 8,371,930. =====

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID			
CONTRIBUTIONS TO UNIVERSITY OF AL-HUNTSVILLE	RELATED ORGANIZATION	CONTRIBUTIONS TO UNIVERSITY	2,081,423.
SCHOLARSHIPS TO UNIVERSITY OF AL-HUNTSVILLE	RELATED ORGANIZATION	SCHOLARSHIPS TO UNIVERSITY	1,040,282.
TOTAL CONTRIBUTIONS PAID			3,121,705.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
PROFESSIONAL SERVICES	153,884.	NONE	153,884.	NONE
ENGINEERING SERVICES	53,977.	NONE	53,977.	NONE
BANK FEES	1,204.	NONE	1,204.	NONE
CREDIT CARD FEES	2,658.	NONE	2,658.	NONE
UTILITIES	868.	NONE	868.	NONE
REPAIR & MAINTENANCE TO BLDGS	46,932.	NONE	46,932.	NONE
BAD DEBT EXPENSE	28,945.	NONE	28,945.	NONE
UBI TAX EXPENSE	91,032.	NONE	91,032.	NONE
MISCELLANEOUS	38,362.	NONE	38,362.	NONE
TOTALS	417,862.	NONE	417,862.	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	88,759.
ENDING BALANCE DUE	72,604.

TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLE	88,759.
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TOTAL ENDING OTHER NOTES AND LOANS RECEIVABLES	72,604.
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FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
THE UNIV. OF AL SYSTEM POOLED ENDOWMENT FUND	32,536,773.	FMV
MARKETABLE EQUITY SECURITIES	1,117,268.	FMV
MARKETABLE DEBT SECURITIES	384,341.	FMV
MUTUAL FUNDS	922,138.	FMV
TOTALS	34,960,520.	

FORM 990, PART IV - INVESTMENTS - OTHER SECURITIES

=====

DESCRIPTION -----	ENDING BOOK VALUE -----	COST OR FMV -----
CERTIFICATES OF DEPOSIT	143,109.	FMV
TOTALS	----- 143,109. =====	

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	328,495.
TOTALS	----- 328,495. =====

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
ANNUITY LIABILITY	373,657.
INCOME TAX PAYABLE	91,032.
TOTALS	----- 464,689. =====

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

DESCRIPTION -----	AMOUNT -----
CHANGE IN VALUE OF SPLIT- INTEREST AGREEMENTS	126,359.
TOTAL	----- 126,359. =====

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
W. F. SANDERS P.O. BOX 408 HUNTSVILLE, AL 35804	SECRETARY 1hr/wk	NONE	NONE	NONE
W. L. HALSEY, JR. P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE EMERITUS NONE	NONE	NONE	NONE
RAYMOND B. JONES P.O. BOX 408 HUNTSVILLE, AL 35804	CHAIRMAN 10hrs/wk	NONE	NONE	NONE
MR. JOSEPH C. MOQUIN P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE EMERITUS NONE	NONE	NONE	NONE
ROBERT W. HAGER P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE EMERITUS NONE	NONE	NONE	NONE
OLIN B. KING P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE EMERITUS NONE	NONE	NONE	NONE
S. DAGNAL ROWE, ESQ.	VICE CHAIRMAN .5hr/wk	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 AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
P.O. BOX 408 HUNTSVILLE, AL 35804				
PETER L. LOWE 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
RAY M. PINNER P.O. BOX 408 HUNTSVILLE, AL 35804	EX-OFFICIO 7hrs/wk	NONE	NONE	NONE
MR. REMIGIUS SHATAS P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6hrs/yr	NONE	NONE	NONE
DR. CHIA-HWA CHAN P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6hrs/yr	NONE	NONE	NONE
MR. J. STEPHEN MONGER P.O. BOX 408 HUNTSVILLE, AL 35804	INTERIM EXECUTIVE DIR/SEC 20-30hrs/wk	60,284.	NONE	NONE

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MRS. LINDA SMITH P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6hrs/yr	NONE	NONE	NONE
DR. MARCUS J. BENDICKSON P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6hrs/yr	NONE	NONE	NONE
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 5hrs/wk	NONE	NONE	NONE

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
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
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
LTG JAMES M. LINK P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6hrs/yr	NONE	NONE	NONE
MR. ROY J. NICHOLS	TRUSTEE 6hrs/yr	NONE	NONE	NONE

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
P.O. BOX 408 HUNTSVILLE, AL 35804				
MR. A. EUGENE SAPP, JR. P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6hrs/yr	NONE	NONE	NONE
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 15hrs/yr	NONE	NONE	NONE

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MR. JOHN R. WYNN P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 75hrs/yr	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
MR. J. MICHAEL SEGREST P.O. BOX 408 HUNTSVILLE, AL 35804	TRUSTEE 6hrs/yr	NONE	NONE	NONE
GRAND TOTALS		60,284.	NONE	NONE

FORM 990, PART VII - OTHER REVENUE
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DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
ENGINEERING CAMP					
PROCEEDS FROM SALE OF PURCHASE OPTION ON LAND			01	112,881.	8,750.
STATE OF ALABAMA LITIGATION SETTLEMENT			01	201,500.	
JATROPHA GENOMICS PROGRAM					99,026.
MISCELLANEOUS			01	86,556.	
TOTALS				400,937.	107,776.

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
103A	ENGINEERING SUMMER CAMP IS FOR HIGH SCHOOL STUDENTS, AND THE FEES CHARGED AND COLLECTED ARE USED TO FUND THE CAMP AND CAMP ACTIVITIES.
103D	THE JATROPHA GENOMICS PROGRAM IS A JOINT PROJECT CREATED BY UAH AND THE ENERGY AND RESOURCES INSTITUTE TO RESEARCH PLANT MOLECULAR BIOLOGY IN ORDER TO DEVELOP NON-DEPLETING AND NON-POLLUTING SOURCES OF ENERGY.

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

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
CITIGROUP SMITHBARNEY 501 MADISON ST. SE, PO BOX 487 HUNTSVILLE, AL 35804	INVESTMENT CONSULT.	95,365.
TOTAL COMPENSATION		----- 95,365. =====

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

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NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
-----	-----	-----
WEAVER ENVIRONMENTAL SERVICES 7142 WALL TRIANA HIGHWAY MADISON, AL 35757	SEWER UTILITY WORK	77,130.
TOTAL COMPENSATION		----- 77,130. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2C

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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 09/30/2008 THE FOUNDATION PAID LEGAL FEES OF \$10,772 TO TRUSTEE S. DAGNAL ROWE'S LAW FIRM, WILMER, LEE, ROWE, CATES, FOHRELL PA. THE FOUNDATION ALSO PAID \$773 TO TRUSTEE JOHN WYNN'S LAW FIRM, LANIER, FORD, SHAVER & PAYNE, PC FOR LEGAL SERVICES. ADDITIONALLY, THE FOUNDATION PAID \$26,227 TO TRUSTEE RAYMOND B. JONES'S ENGINEERING CONSULTING FIRM, G. W. JONES & SONS CONSULTING, AND THE FOUNDATION PAID \$95,365 IN CONSULTING AND ADVISORY FEES TO SMITH BARNEY, WHOSE SENIOR VICE PRESIDENT, W. F. SANDERS, IS SECRETARY OF THE BOARD. FURTHER, THE FOUNDATION PAID \$22,107 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	2006	2005	2004	2003	TOTAL
MISCELLANEOUS	322,057.	89,786.	27,585.	8,470.	447,898.
TOTALS	322,057.	89,786.	27,585.	8,470.	447,898.

UNIVERSITY OF ALABAMA HUNTSVILLE FOUNDATION

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

	SECURITIES	LAND	TOTAL
PROCEEDS FROM SALE	16,675,589	215,071	16,890,660
LESS: COST	<u>(16,632,171)</u>	<u>(33,101)</u>	<u>(16,665,272)</u>
GAIN FROM SALE	<u>43,418</u>	<u>181,970</u>	<u>225,388</u>

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	343,112
KELLNER ROAD	15,352
COUNTY LINE ROAD	<u>2,241,375</u>
TOTAL	<u>2,928,511</u>

990 PART V-A, LINE 75c

Name:	Related Organization	Compensation	Contributions To Employee Benefit Plans	Expense Account & Other Allowances
Williams, David	University of Alabama at Huntsville EIN: 63-0520830	400,000	47,000	NONE
Portera, Malcolm	UA System EIN: 63-6001138	616,541	108,323	13,380
Pinner, Ray	University of Alabama at Huntsville EIN: 63-0520830	204,800	24,064	NONE
GRAND TOTALS		1,221,341	179,387	13,380

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	EXEMPT
THE UNIVERSITY FOUNDATION	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

990 PART V-A, LINE 75b

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

Board members Raymond Jones and Elizabeth Lowe are related to each other as brother and sister.

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