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.

Form **990**

Department of the Treasury

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)



		ue Service Fine organization may have to use a copy of this return to satisfy s	state reporting re	quire	ments. Inspection
A Fo	or the	2006 calendar year, or tax year beginning 10/01 , 2006, and end	ing	09	/30/2007
B Che	ock if applic	use IRS C Name of organization		DE	mployer identification number
	Address change	label or UNI VERSITY OF ALABAMA HUNTSVILLE FOUNDATION	ĺ		-6048099
	Name ch	print or Number 1 1 1 1 1 Provide the second second	Room/suite		elephone number
	Initial ret		is a mount		<u>56) 824 - 6350</u>
	Final ret	Specific		F A	counting
	Amende			Ē	ethod: Cash X Accrual
	return Applicati		and Laws wether		Other (specify)
·	pending	trusts must attach a completed Schedule A (Form 990 or 990 E7)	, .		e to section 527 organizations.
G V	Vehsite		(a) is this a group		
-			(b) If "Yes," enter		NI/A
			(c) Are all affiliates (if "No." attach		Ided? N/A Yes No . See instructions.)
	heck he		(d) Is this a separate		
		are normally not more than \$25,000. A return is not required, but if the organization chooses	organization cove	ered b	yagroup ruling? Yes X No
10	o file a r	eturn, be sure to file a complete return.	Group Exempt		
			M Check 🕨 📘	1	f the organization is not required
general and a style of	a patron and	ceipts: Add lines 6b, 8b, 9b, and 10b to line 12 26, 780, 655.		B (Fo	rm 990, 990-EZ, or 990-PF).
Par		evenue, Expenses, and Changes in Net Assets or Fund Balances (See the instru-	uctions.)	r	
	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds 1a	NONE		
	b		,872,160.		
	c	Indirect public support (not included on line 1a)			
	d	Government contributions (grants) (not included on line 1a) 1d			
	e	Total (add lines 1a through 1d) (cash \$ 1,685,686. noncash \$ 1,186	5,474.)	1e	2,872,160.
	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	1,431,186.
	5	Dividends and interest from securities		5	1,451,100.
	6 a	Gross rents			
	b	Less: rental expenses 6b			
		Net rental income or (loss). Subtract line 6b from line 6a		6c	24,052.
an	7	Other investment income (describe	•••••	7	24,032.
Revenue	8 a	Gross amount from sales of assets other (A) Securities (B) Oth) er		
Re					
	b	Less: cost or other basis and sales expenses. 14, 123, 964. 8b	871,433.		
			674,596.		
		Net gain or (loss). Combine line 8c, columns (A) and (B)	196,837.		
	9	Special events and activities (attach schedule). If any amount is from gaming, check here		8d	7,332,640.
	_				
	-				
	h				
		Less: direct expenses other than fundraising expenses			
		Net income or (loss) from special events. Subtract line 9b from line 9a	• • • • • • • •	90	
		Gross sales of inventory, less returns and allowances			
	1				
	с 11	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 1	^{0a}		
	12	Other revenue (from Part VII, line 103)	•••••	11	322,057.
	13	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			11,982,095.
ŝ		Program services (from line 44, column (B))		13	4,048,252.
Expenses	14	Management and general (from line 44, column (C))	••••	14	925,655.
xpe	15	Fundraising (from line 44, column (D))	•••••	15	NONE
ш	16	Payments to affiliates (attach schedule)		16	
	17	Total expenses. Add lines 16 and 44, column (A)		17	4,973,907.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12		18	7,008,188.
Ass	19	Net assets or fund balances at beginning of year (from line 73, column (A))	••••	19	39,570,322.
let.	20	Other changes in net assets or fund balances (attach explanation) STMT .1	.STMT. 2.	20	1,861,098.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20.	<u></u>	21	48,439,608.
For P	rivacy	Act and Paperwork Reduction Act Notice, see the separate instructions.		_	Form 990 (2006)

Form 8868 (Rev.	4-2007) Page 2
	filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box
	complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
	filing for an Automatic 3-Month Extension, complete only Part I (on page 1).
Partin A	dditional (not automatic) 3-Month Extension of Time. You must file original and one copy.
Type or	Name of Exempt Organization Employer identification number
print	UNIVERSITY OF ALABAMA HUNTSVILLE FOUNDATION 63-6048099 Number, street, and room or suite no. If a P.O. box, see instructions. For IRS use only
File by the extended	
due date for - filing the	P.O. BOX 408 City, town or post office, state, and ZIP code. For a foreign address, see instructions
return. See	HUNTSVILLE, AL 35804
	e of return to be filed (File a separate application for each return):
x Form	
	1990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 4720 Form 8870
	990-EZ Form 990-T (trust other than above) Form 5227
STOP! D	o not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.
• The boo	oks are in the care of 🕨 RAY PINNER
Telepho	one No. ▶ <u>205 824-6350</u> FAX No. ▶
	anization does not have an office or place of business in the United States, check this box
	or a Group Return, enter the organization's four digit Group Exemption Number (GE <u>N)</u> . If this is
	e group, check this box 🕨 🛄 . If it is for part of the group, check this box 🕨 🛄 and attach a list with the
	EINs of all members the extension is for.
	est an additional 3-month extension of time until08/15,20_08
	alendar year, or other tax year beginning10/01,2006, and ending09/30,2007.
	tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
	in detail why you need the extension <u>TAXPAYER REQUIRES ADDITIONAL TIME TO OBTAIN THE</u>
INFO	RMATION 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
	fundable credits. See instructions.
	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated
	ayments made. Include any prior year overpayment allowed as a credit and any amount paid
	busly with Form 8868.
And the second s	ice 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
instru	ctions. 8c \$
	Signature and Verification
	es of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, and complete, and that I am authorized to prepare this form.
it is true, corre	
Signature 🕨	Title > Tax Diretor Date > 4/1/08
	Notice to Applicant. (To Be Completed by the IRS)
We	have approved this application. Please attach this form to the organization's return.
date	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 of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections
othe	rwise required to be made on a timely return. Please attach this form to the organization's return.
	have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time le. We are not granting a 10-day grace period.
······	cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
Oth	
	By: By: Date
Director	Date
Alternate	Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension
returned t	o an address different than the one entered above.
	Name
_	PRICEWATERHOUSECOOPERS LLP
Type or print	Number and street (include suite, room, or apt. no.) or a P.O. box number
Putte	1901 6TH AVENUE NORTH/SUITE 1600
	City or town, province or state, and country (including postal or ZIP code)
······	BIRMINGHAM, AL 35203
	Form 8868 (Rev. 4-2007)

Form 8868 (Rev. April 2007)		Арр	olic	ca	ai	aí	at	ti E) X(ז ו er	fc m	>r ip	r F DE	Ex O	cte Prç	ən ga	ıs in	io iz	n	o tic	of T on	F	m ?e	ie tu	T	0	Fi	le	ar	1			0	OMB	No.	. 154	5-1	1709	
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return. See instructions.												300	ue.	. רי	or a	a 10	rei	gn	add	res	ss,	see	ins	stru	ICTIC	ons	•												•	
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for the whole g	roup, che	eck this box 🔺	- []			lf	it i	is	fc	or į	par	rt c	of t	the	gr	ou	ıp,	che	eck	th	is t	oox		• [an	id a	ttac	h a	lis		ith t			
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		dits. See instruc s for Form 990						r (00	00	<u> </u>							-fr.	nd		10		4:44		nd										<u>3a</u>	\$				
made. Inc	lude any	prior year overp	payn	me	ne	e	e	ent	t a	allo	low	ve	d	as	a	cre	edit	t.																	3b	\$				
		tract line 3b fro																																P. Oak						
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Page 2

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dire Par b Cor dire Par c Corr ed a unde in se 5 Sala incl 7 Per	ectors, key employees, etc. listed in rt V-A (attach schedule) mpensation of former officers, ectors, key employees, etc. listed in rt V-B (attach schedule) mpensation and other distributions, not includ- above, to disqualified persons (as defined ler section 4958(f)(1)) and persons described	<u>25a</u>	NONE			2012년 2012년 2013년 2013
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in se 5 Sali incl 7 Per	ler section 4958(f)(1)) and persons described ection 4958(c)(3)(B) (attach schedule)					
5 Sali incl 7 Per		25c				
incl 7 Per	laries and wages of employees not	200				
7 Per	luded on lines 25a, b, and c	26				
incl	nsion plan contributions not					
	luded on lines 25a, b, and c	27	NONE			
	ployee benefits not included on					
line	es 25a - 27	28				
) Pay	yroll taxes	29				
) Pro	ofessional fundraising fees	30				
I Acc	counting fees	31	46,952.	NONE	46,952.	NON
! Leg	gal fees	32	13, 382.	NONE	13, 382.	NON
s Sur	pplies	33				
l Tel	lephone	34				
i Pos	stage and shipping	35				
	cupancy	36				
	uipment rental and maintenance	37				
	nting and publications	38	14,209.	NONE	14,209.	NON
	avel	39				
	nferences, conventions, and meetings	40	1,020.	NONE	1,020.	NON
I Inte	erest	41				
	preciation, depletion, etc. (attach schedule) her expenses not covered above (itemize):	42	28,743.	NONE	28,743.	NON
		43a	0.01 0.40			
			821,349.	NONE	821,349.	NON
		<u>43b</u> 43c	1			
		43d				
		43e				
-		43f				
g		43g				
Tota	al functional expenses. Add lines 22a					
thro	ough 43g. (Organizations completing umns (B)-(D), carry these totals to lines					
	15).	44	4,973,907.	4,048,252.	925,655.	NON
	osts. Check 🕨 🛛 if you are follow	/ing S		.,010,202.]	<u> </u>	NON
	joint costs from a combined educational			citation reported in (B) Pro	aram services?	► Yes X No

JSA 6E1020 2.000

No.	63-6048099	Page J
Foi pai on	ant III Statement of Program Service Accomplishments (See the instructions.) rm 990 is available for public inspection and, for some people, serves as the primary or sole source or rticular organization. How the public perceives an organization in such cases may be determined by the its return. Therefore, please make sure the return is complete and accurate and fully describes, in Par ograms and accomplishments.	information precented
All of	nat is the organization's primary exempt purpose? <u>SEE STATEMENT 5</u> organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations 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.)
	PROVIDE SUPPORT TO THE UNIVERSITY OF ALABAMA HUNTSVILLE THROUGH CONTRIBUTIONS TO SCHOOL PROGRAMS AND STUDENT SCHOLARSHIPS.	
b	(Grants and allocations \$ 4,048,252.) If this amount includes foreign grants, check here ▶	4,048,252.
	(Grants and allocations \$) If this amount includes foreign grants, check here ►	
С		
d	(Grants and allocations \$) If this amount includes foreign grants, check here ▶	
	(Grants and allocations \$) If this amount includes foreign grants, check here	
е	(Grants and allocations \$) If this amount includes foreign grants, check here ► Other program services (attach schedule)	
2	(Grants and allocations \$) If this amount includes foreign grants, check here ►	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	4,048,252.

^{Form 990} Part IV	0.	3-6048099		Page 4
	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
45	Cash - non-interest-bearing	1,903,647.	45	2,347,146.
46	Savings and temporary cash investments		46	
47a	Accounts receivable			
b	Less: allowance for doubtful accounts 47b		47c	
48a	Pledges receivable			
b	Less: allowance for doubtful accounts	1,380,840.	48c	688,791.
49	Grants receivable		49	
50a	Receivables from current and former officers, directors, trustees, and			
b	key employees (attach schedule). Receivables from other disqualified persons (as defined under section		50a	
	4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
_ທ ່51a	Other notes and loans receivable (attach			
siessers b	schedule)	103 130	510	00 750
51	Inventories for sale or use	103,138.	510	88,759.
53	Prepaid expenses and deferred charges		52	
54a	Investments - publicly-traded securities STMT .7. ► Cost X FMV	31,110,651.		42,828,940.
b	Investments - other securities (attach schedule) Cost X FMV	88,245.		<u>42,828,940</u> . 91,696.
55a	Investments - land, buildings, and STMT 8	00,240.	545	91,090
	equipment: basis 55a 2,961,613.			
b	Less: accumulated depreciation (attach			
	schedule)	3,515,208.	55c	2,961,613.
	Investments - other (attach schedule)	219,690.	56	219,690
	Land, buildings, and equipment: basis 57a NONE			
b	Less: accumulated depreciation (attach			
	schedule)	1,811,887.	57c	NON
58	Other assets, including program-related investments			
59	(describe ►	181,526.	58	229,557.
60	Accounts payable and accrued expenses	40,314,832.	59	49,456,192.
61	Grants payable	310,881.	60 61	553,427.
62	Deferred revenue		62	
vg 63	Loans from officers, directors, trustees, and key employees (attach		02	
	schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe	433,629.	65	463,157.
66	Total liabilities. Add lines 60 through 65	744,510.	66	1,016,584.
Orga	inizations that follow SFAS 117, check here X and complete lines			<u> </u>
	67 through 69 and lines 73 and 74.			
မ္ဘိ 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.
67 68 69 0rga	nizations that do not follow SFAS 117, check here ► and complete lines 70 through 74.			
5 70	Capital stock, trust principal, or current funds		70	
ន្ល 71	Paid-in or capital surplus, or land, building, and equipment fund		71	
5 72	Retained earnings, endowment, accumulated income, or other funds		72	
71 72 73 73	Total net assets or fund balances (add lines 67 through 69 or lines			
ž	70 through 72. (Column (A) must equal line 19 and column (B) must			
	equal line 21)	39,570,322.	1	48,439,608.
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	40,314,832.	74	49,456,192.

Forr	n 990 (2006)			63	-60480	99		Page 5
Pa	art IV-A Ro	econciliation of Revenue per Audited Finstructions.)	nancial Stateme	nts Wit	h Revenu	le per Retur	n (Se	
a	Total revenu	ie, gains, and other support per audited financi	al statements				a	13,843,193.
b		cluded on line a but not on Part I, line 12:						
1		ed gains on investments		· · ·	b1 1	,884,766.		
2		vices and use of facilities			b 2			
3		of prior year grants			b3			
4		fy):SEE_STATEMENT_12						
				U	b4	-23,668.		
		through b4					b	1,861,098.
C		b from line a					C	11,982,095.
d		luded on Part I, line 12, but not on line a:		1	I			
1		expenses not included on Part I, line 6b			d1			
2	Other (speci	fy):						
				L	d 2			
е	Total reven	and d2.	• • • • • • • • • •	• • • •			d	
-	rt IV-B R	ue (Part I, line 12). Add lines c and d	nancial Statomo		b Evnon	•••••	e	11,982,095.
а		ses and losses per audited financial statements		• • • •			a	4,973,907.
b		cluded on line a but not on Part I, line 17:		1.				
1		vices and use of facilities			<u>51</u>			
2		djustments reported on Part I, line 20		••• Γ	2			
3		rted on Part I, line 20			03			
4	Other (speci	fy):						
					o4			
		through b4					b	
C		b from line a		• • • •			C	4,973,907.
d		luded on Part I, line 17, but not on line a:		١.	11			
1		expenses not included on Part I, line 6b		•••	11			
2		fy):			12			
		and d2					d	
e	Total expen	and d2	• • • • • • • • • • • •			•••••	е	4,973,907.
Pa	i rt V- A Cu	rrent Officers, Directors, Trustees, and H	Key Employees ((List eac	h person	who was an o	office	r, director, trustee,
	or k	key employee at any time during the year ever	if they were not co	ompensa	ated.) (See	e the instructio	ns.)	
		(A) Name and address	(B)		mpensation	(D) Contributions to a		(E) Expense account and other allowances
		· ·	Title and average hours pe week devoted to position		paid, enter -0)	benefit plans & de compensation p		and other allowances
<u>SE</u>	E STATEME	NT 13			NON	3	NONE	NONE
						_		
						L		
				 				
				[
						<u> </u>		
						<u> </u>		

	990 (2006) 63-6048099			Page 6
Par	t V-A Current Officers, Directors, Trustees, and Key Employees (continued)	Ι	Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings			
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.	75b	X	
С	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 I-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.".	75c	X	
d	If "Yes," attach a statement that includes the information described in the instructions.	75d	x 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	acco) Expenunt and	other
NONE				1		
		-o-	-0-	-0-		
				<u> </u>		
Part VI Other Information (See the instructions.)	1	I	L	I	Yes	No
76 Did the organization make a change in its activities o detailed statement of each change	r methods of condu	cting activities?	If "Yes," attach a	76	t af	X

	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		Х
	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	N/	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	70		
	a statement	79		<u> X </u>
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	<u>X</u>	
b	If "Yes," enter the name of the organization \blacktriangleright \underline{STMT}_{30}			
	and check whether it is exempt or nonexempt			
81a	Enter direct and indirect political expenditures. (See line 81 instructions.)			
b	Did the organization file Form 1120-POL for this year?	81h		x

Form 990 (2006)

JSA

Form 990 (2006) 63-6048099			Page 7
Part VI Other Information (continued)			No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no cha	rae	1	
or at substantially less than fair rental value?	82a		x
b If "Yes," you may indicate the value of these items here. Do not include this amount	•••		
as revenue in Part I or as an expense in Part II. (See instructions in Part III.)			
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	x	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	1	1
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions	or		1
gifts were not tax deductible?	84b	N/	A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		1
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		1
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization	ion		
received a waiver for proxy tax owed for the prior year.			1
c Dues, assessments, and similar amounts from members			
d Section 162(e) lobbying and political expenditures			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
f Taxable amount of lobbying and political expenditures (line 85d less 85e)			
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/	A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line	35f	1	[
to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/	A
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a N/A			
b Gross receipts, included on line 12, for public use of club facilities			
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders			
b Gross income from other sources. (Do not net amounts due or paid to other			
sources against amounts due or received from them.)			
88 b At any time during the year, did the organization own a 50% or greater interest in a taxable corporation	or		
partnership, or an entity disregarded as separate from the organization under Regulations sections			
301.7701-2 and 301.7701-3? If "Yes," complete Part IX	. 88a		x
box any time during the year, did the organization, directly or indirectly, own a controlled entity within	he		
meaning of section 512(b)(13)? If "Yes," complete Part XI	▶ 88b		х
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
section 4911 NONE ; section 4912 NONE ; section 4955 NO			
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transact			
during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," atta	ch		
a statement explaining each transaction	89b		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
sections 4912, 4955, and 4958NO	NE		
d Enter: Amount of tax on line 89c, above, reimbursed by the organization	<u>VE</u>		
e An organizations. At any time during the tax year, was the organization a party to a prohibited tax she	ter		
transaction?	89e		<u>x</u>
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contra	ct? 89f		<u>X</u>
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did (he		
supporting organization, or a fund maintained by a sponsoring organization, have excess business holdir			
at any time during the year?	. 89g		X
90 a List the states with which a copy of this return is filed ▶ NONE			
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	<u>90b</u>	NON	<u>E</u>
91 a The books are in care of MR. RAY PINNER Telephone no. (205) 824-6	350	
Located at 🕨 301 SPARKMAN DR., 2320 MADISON HALL HUNTSVILLE, AL ZIP+4 🕨 35899			
h At any time during the colondar year, did the organization have an interaction of the second state of the second			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over	r	Yes	No
a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	• • <u>91b</u>		<u>X</u>
If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
and Financial Accounts.			

Form 990 (2	2006)				63	-6048099	Page 8
Part VI	Other Information (continu	ed)	•				Yes No
c At a	ny time during the calendar year,	did the org	anization main	itain an offi	ce outside	e of the United States?	
lf "Y	es," enter the name of the foreigr	country	►				
92 Seci	tion 4947(a)(1) nonexempt charit	able trusts	filing Form 990	in lieu of F o	orm 1041	- Check here	▶□
and	enter the amount of tax-exempt in	nterest rec	eived or accrue	ed during th	e tax year	92	NONE
Part VII	Analysis of Income-Produc	ing Activi	ties (See the	instructior	1S.)		
Note: Enter indicated.	r gross amounts unless otherwise	Unre	elated business in	ncome	Excluded	by section 512, 513, or 514	(E) Related or
maicaleu.		(A) Business code	(B) Amour		(C) xclusion code	(D) Amount	exempt function
-	ram service revenue:		Funda				income
	101.0 J. 1. 1. 1. 1.						
e							
	are/Medicaid payments						
	and contracts from government agencies , bership dues and assessments						· · · · · · · · · · · · · · · · · · ·
	st on savings and temporary cash investments				14	1,431,186.	
	ends and interest from securities				<u> </u>	I,451,100.	
	ental income or (loss) from real estate:			o en en el c	<u>pastagn</u>		
	financed property				16	24,052.	
	ebt-financed property						
98 Net rei	ntal income or (loss) from personal property						
	r investment income						
	r (loss) from sales of assets other than inventory				18	7,332,640.	
101 Net in	ncome or (loss) from special events						
102 Gross	profit or (loss) from sales of inventory						
103 Other	r revenue: a						
b ENC	SINEERING CAMP						25,877.
	TE INS. PROCEEDS				01	211,669.	
d <u>MIS</u>	CELLANEOUS				01		
e		eneringen og så fr			. 1.1		
	otal (add columns (B), (D), and (E)) .					9,084,058.	
	(add line 104, columns (B), (D), and (E 105 plus line 1e, Part I, should equal th				• • • • •	· · · · · · · · • •	9,109,935.
	Relationship of Activities t			of Exem	t Purno	ses (See the instruction	ן און
Line No.	Explain how each activity for which						
V Enterno.	of the organization's exempt purpos	es (other th	an by providing fu	unds for such	(purposes)	outed importantity to the acco	smpasninent
103B	ENGINEERING SUMMER CA						
	FEES CHARGED AND COLI						
	CAMP ACTIVITIES.				<u></u> 011		
Part IX	Information Regarding Taxa	ble Subsid	diaries and D	isregarde	d Entitie	s (See the instruction:	s.)
	(A) Name, address, and EIN of corporation,		(B)	(C)	(D)	(E)
	partnership, or disregarded entity		Percentage of ownership interest	Nature c	of activities	Total income	(E) End-of-year assets
	· · · · · · · · · · · · · · · · · · ·		%				
			%				
			%				
David	Information Description 7		%				
Part X	Information Regarding Tran						
(a) Did the	e organization, during the year, receive an	y funds, direct	ly or indirectly, to pa	y premiums or	n a personal	benefit contract?	Yes X No
	he organization, during the year, 'Yes" to (b), file Form 8870 and Fo				/, on a p	ersonal benefit contract	? Yes X No
HULC. //	ivo iv pojime i unn uur vanu Fu	1111 T/ZU {さ	១៩៩ ៣១៧៥៥៥២៧៩,	1.			

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Page 9

Part XI 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 organizatio	n make any transfers to a con	trolled entity as defined in sect	ion 512(b)(13) of	Yes	No
	the Code? If "Yes," complete (A) Name, address, of each	e the schedule below for each (B) Employer Identification	controlled entity. (C) Description of	(D)		x
	controlled entity	Number	transfer	Amount of trans	sfer	
а						
b						
с						
	Totals					
07	Did the reporting organizatio 512(b)(13) of the Code? If "	n receive any transfers from a Yes," complete the schedule b	controlled entity as defined in elow for each controlled entity.	section	Yes	No X
	(A) Name, address, of each controlled entity	(A) (B) (C) Name, address, of each Employer Identification Description of		(D) Amount of transfer		<u> </u>
а						
b						
с						
Ł	Totals					
08	Did the organization have a rents, royalties, and annuities	binding written contract in effe s described in question 107 abo	ct on August 17, 2006, coverin ove?	g the interest,	Yes	No X
Plea: Sign Iere	Under penalties of perjury, I d and belief, it is true, correct, a Se Signature of officer	eclare that I have examined this return and complete. Declaration of preparer	, including accompanying schedules ar (other than officer) is based on all informa Date	nd statements, and to the best of alion of which preparer has any kno	my kno wledge.	wied
	Type or print name and tit	a	Date Check if	Preparer's SSN or PTIN (See Ge	n Inst	x)
Paid	rer's		€ 6 98 self- employed ►	P0036962		.,

Use Only

Firm's name (errours if self-employed), address, and ZIP + 4

LLP

35203

PRICEWATERHOUSECOOPERS

BIRMINGHAM,

1901 6TH AVENUE NORTH/SUITE 1600

AL

13-4008324

205-252-8400

Form 990 (2006)

EIN

Phone no.

▶

▶

Department of the Treasury Internal Revenue Service Supplementary Information - (See separate instructions.) 2000 Name of the organization MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Employer identification nu UNI VERSITY OF ALABAMA HUNTS VILLE FOUNDATION Employer identification nu Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustee (See page 2 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to employee benefit plans & account and of account and of	SCHEDULE A (Form 990 or 990-EZ)	Organizatio (Except Private F	oundation) and Section	ion 50 [.]	1(e), 501(f), 501(k)	01(c)(3) , ^{501(n),}		OMB No. 1545-0047
Name of the organization Employeer identification multiple of antibactor multiple of antiba	Department of the Treasury	Supplementa	ary Information - (See s	separate instru	ctions.) Form 990 or 990	-EZ	2006
EPERTURE Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustee (See page 2 of the instructions. List each one, Hiter "None,") (e) Compensation (f) Name and address of achi employee paid more the \$50,000 (b) Title and average hour per weak devote to posite (f) Compensation (f) Compensation (f) Compensation (f) Compensation (f) Compensation NONE (f) Compensation (f) Compensation (f) Compensation (f) Compensation Intermeter of other employees paid over \$50,000 (f) NONE (f) Compensation (f) Compensation Part II-S 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."] (f) Name and address of each independent contractor sfor Other Services (List each contractor with performed services other than professional services, (List each contractor with performed services other than professional services, whether individuals or firms. If there are none, enter "None."] (f) Name and address of each independent contractor sfor Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None."] (g) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (g) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (g) Name and address of each independent contractor paid more	Name of the organization	Σ⁻¹						identification number
Part II - A compensation of the Five Highest Paid Employees Other Than Officers. Directors, and Trustee (See page 2 of the instructions. List each one. (Inter "None.") (e) Directors, and Trustee (P) provide the instructions is the set of one. (Inter "None.") (a) Name and address of each employee paid more the SS0.000 (b) Tile and werage hour performed set on performe	UNIVERSITY OF AI	LABAMA HUNTSVILLE FO	DUNDATION				63-6	048099
(a) Name and address of each employee plot more than \$50,000 (b) Tile and average hours privees we devoted to position (c) Companiation (d) Companiation (d) Expense allow and address and address of each independent contractors for Professional Services (d) Expense allow and address of each independent contractors for Professional Services (e) Companiation Total number of other employees paid over \$50,000	Part Compens	ation of the Five Highe	st Paid Employe	es O	ther Than Of	ficers, Direc	tors, a	nd Trustees
NONE deferred compensation allowances Interview Interview <td>(a) Name and addres</td> <td>s of each employee paid more</td> <td>(b) Title and average h</td> <td>ours</td> <td></td> <td>(d) Contributio</td> <td></td> <td>(e) Expense account and other</td>	(a) Name and addres	s of each employee paid more	(b) Title and average h	ours		(d) Contributio		(e) Expense account and other
Total number of others receiving over \$50,000 for professional services so ther than professional services of the restrictor with operformed services of the instructions.) (b) Type of service Total number of others receiving over \$50,000 for firms. If there are none, enter "None." (c) Companiation Total number of others receiving over \$50,000 for firms. If there are none, enter "None." (c) Companiation Total number of others receiving over \$50,000 for firms. If there are none, enter "None." (c) Companiation Total number of others receiving over \$50,000 for firms. If there are none, enter "None." (c) Companiation SEE STATEMENT 21 Source (c) Companiation Total number of others receiving over \$50,000 for firms. If there are none, enter "None." NONE Part IL-S Compensation of the Five Highest Paid Independent Contractors for Other Services (lat 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.) (d) Name and address of each independent contractor paid mere than \$50,000 (b) Type of service (c) Companiation SEE STATEMENT 22 SEE STATEMENT 22 SEE STATEMENT 22 SEE STATEMENT 22 SEE STATEMENT 22 SEE STATEMENT 22 SEE STATEMENT 22 SEE STATEMENT 22						deferred compe	nsation	allowances
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.") (e) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation SEE STATEMENT 21				·····				
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								
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								
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								
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				-				
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(a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation SEE STATEMENT 21	Part II-A Compens	ation of the Five Highes	st Paid Independ	dent	Contractors f	or Professi	onal S	ervices
Total number of others receiving over \$50,000 for professional services NONE PartILES 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 See page 2 of the instructions. (d) Type of service (e) Compensation Total number of other contractors receiving over \$50,000 (b) Type of service (e) Compensation Solution NONE NONE NONE	(a) Name and address	s of each independent contractor paid	more than \$50,000					
Total number of others receiving over \$50,000 for professional services NONE PartILEB 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 Statement 22 Statement 22 Statement 22 Total number of other contractors receiving over \$50,000 for other services NONE NONE								
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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	Part II-B Compens	ation of the Five Highe	st Paid Indepen	dent	Contractors	for Other Se	rvices	
SEE STATEMENT 22	firms. If the	ere are none, enter "None."	" See page 2 of the	in pro e inst	ructions.)	ces, whether i	ndividu	als or
Total number of other contractors receiving over \$50,000 for other services	(a) Name and address	of each independent contractor paid r	more than \$50,000		(b) Type of ser	vice	(c) Compensation
Total number of other contractors receiving over \$50,000 for other services	SEE STATEMENT 22	·						
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\$50,000 for other services NONE					· · · · · · · · · · · · · · · · · · ·			
\$50,000 for other services NONE								
\$50,000 for other services NONE								
\$50,000 for other services NONE								
			NONE					
Concepter V (Lotui 220 Di 220-52)						Schedu	lle A /For	m 990 or 990-E71 2006
						00.001		

Sch	edule A (Form 990 or 990-EZ) 2006 63-6048099		F	Page 2
Pa	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.).	1		x
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
а	Sale, exchange, or leasing of property?	2a	x	
b	Lending of money or other extension of credit?	2b		x
C	Furnishing of goods, services, or facilities?	2c	x	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2 d		x
е	Transfer of any part of its income or assets?	2e		x
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	<u>3a</u>	x	
b	Did the organization have a section 403(b) annuity plan for its employees?	3 b		<u>x</u>
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	<u>3c</u>		<u>x</u>
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3 d		x
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete			
b	lines 4f and 4g	4a 4b		X X
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		x
d	Enter the total number or donor advised funds owned at the end of the tax year			<u>NONE</u>
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			<u>NONE</u>
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts			NONE
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			NONE

Part IV

Part IV	Reason for Non-Private Fo	oundation Statu	us (See pages 4 thr	ough 7 of th	e instructions.)	
I certify th	at the organization is not a private foundat	tion because it is: (Ple	ease check only ONE app	licable box.)			
5	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 c	complete Part V.)					
7	A hospital or a cooperative hospital servi	ce organization. Sect	ion 170(b)(1)(A)(iii).				
8	A federal, state, or local government or g	governmental unit. Se	ction 170(b)(1)(A)(v).				
9	A medical research organization operate	d in conjunction with	n a hospital. Section 170(b)(1)(A)(iii). Ente	er the hospital's i	name, city,	
10 X	An organization operated for the benefit (Also complete the Support Schedule in F		rsity owned or operated	by a governmen	tal unit. Section 1	70(b)(1)(A)(iv).	
11a 🗌	An organization that normally receives a 170(b)(1)(A)(vi). (Also complete the Supp			rnmental unit o	or from the gene	ral public. Section	
11b	A community trust. Section 170(b)(1)(A)	(vi). (Also complete th	e Support Schedule in F	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 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 controlle the requirements of section 509(a)(3). C	d by any disqualif heck the box that de	ied persons (other the scribes the type of support	n foundation ting organization	managers) and n:	otherwise meets	
	Туре I Туре II	Type III - Fu	nctionally Integrated	Type III -	Other		
	Provide the following information	about the supported	l organizations. (See pag	e 7 of the instru	uctions.)		
(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) (e Is the supported Amou		(e) Amount of support	
				Yes	No		
Total • •							
······					i.		

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

	edule A (Form 990 or 990-EZ) 2006			63-6048099		Page 4		
Pa	Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.							
No	te: You may use the worksheet in the instruction	ons for converting fi	om the accrual to t	he cash method of	accounting.	9.		
	lendar year (or fiscal year beginning in) 🛛 🕨	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total		
15	Gifts, grants, and contributions received. (Do			1 10/ 2000	(4) 2002			
	not include unusual grants. See line 28.)	3,001,050.	1,932,435.	2,606,714	1,105,765.	8,645,964.		
16	Membership fees received			270007714.	,,,	0,043,904.		
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, and							
	unrelated business taxable income (less							
	section 511 taxes) from businesses acquired							
	by the organization after June 30, 1975	1 100 566	1 000 501	050 555				
19	Net income from unrelated business	1,190,566.	1,086,581.	950,676.	972,862.	4,200,685.		
	activities not included in line 18							
20								
	benefit and either paid to it or expended on							
	its behalf							
21	The value of services or facilities furnished to							
21								
	the organization by a governmental unit							
	without charge. Do not include the value of							
	services or facilities generally furnished to the							
22	public without charge							
22		STMT 26						
	include gain or (loss) from sale of capital assets	89,786.	27,585.	8,470.	11,155.	136,996.		
23	Total of lines 15 through 22	4,281,402.	3,046,601.		2,089,782.	12,983,645.		
24	Line 23 minus line 17.	4,281,402.	3,046,601.	3,565,860.	2,089,782.	12,983,645.		
25	Enter 1% of line 23	42,814.	30,466.	35,659.	20,898.			
26	Organizations described on lines 10 or 11: a	Enter 2% of amount	in column (e), line 24		🕨 26a	259,673.		
ł	Prepare a list for your records to show the r	name of and amou	int contributed by	each person (othe	er than a			
	governmental unit or publicly supported organi	zation) whose tota	l gifts for 2002 1	ihrough 2005 exce	eded the			
	amount shown in line 26a. Do not file this li	st with your return	 Enter the total 	of all these excess	amounts 🕨 26b	3,139,781.		
	: Total support for section 509(a)(1) test: Enter line 24				▶ <u>26c</u>	12,983,645.		
C	Add: Amounts from column (e) for lines: 184							
	22	<u>136,996.</u> 26	b <u>3,139,</u>	781.	🕨 26d	7,477,462.		
€	Public support (line 26c minus line 26d total)				🕨 26e	5,506,183.		
$\frac{f}{27}$	Fublic Support percentage (interator) d	ivided by line 25c log	nominatorii		b oor			
21	Organizations described on line 12: a For person," prepare a list for your records to sho Do not file this list with your return. Enter the sum	amounts included	I IN lines 15, 1 Ind total amounts	6 and 17 that	wore received fre	and Indiana setting		
	NOT APPLICABLE							
	(2005) (2004)		(2003)		(2002)			
b	For any amount included in line 17 that was re-	eceived from each	person (other than	"disqualified nerson	s") prepare a list i	for your records to		
	show the name of, and amount received for each	i vear, that was mo	re than the larger	of (1) the amount a	on line 25 for the v	(par or (2) \$5 000		
	(Include in the list organizations described in line the difference between the amount received an	s 5 through 11b, a d the larger amou	s well as individuals at described in (1)	S.) Do not file this	list with your retur	n. After computing		
	amounts) for each year:							
	(2005) (2004)		(2003)		(2002)			
С	Add: Amounts from column (e) for lines: 15	16						
	17 20	21			> 27c			
d	Add: Line 27a total	and line 27b total			> 27d			
е	Public support (line 27c total minus line 27d total)				270			
f	Total support for section 509(a)(2) test: Enter amount	t from line 23. colum	n (e) • • • • • • • • •	▶ 27f				
g	Public support percentage (line 27e (numerator) d	ivided by line 27f (de	nominator))		27~	%		
h	Investment income percentage (line 18, column (e) (numerator) divide	d by line 27f (denomi	inator))	► 27h	0/		
28	Unusual Grants: For an organization described	i in line 10, 11,	or 12 that rece	ived any unusual	grants during 200	12 through 2005		
	prepare a list for your records to show, for a description of the nature of the grant. Do not file this	each year, the nai	ne of the contrib	utor, the date and	amount of the g	grant, and a brief		

	dule A (Form 990 or 990-EZ) 2006 63-6048099		-	Page 5
Pai		ABLE	2	
29	(To be completed ONLY by schools that checked the box on line 6 in Part IV) Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	adding a province to a first state of the st	29	105	NO
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its	20		
	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?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			2
а	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			
c	Dasis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	32b		
	with student adminutes, and stated to 0	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.)			
	Doos the exemination disarbained by many in an annual line of the			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		
a	Admissions policies?	33b		
с	Employment of faculty or administrative staff?			
-		33c		
d	Scholarships or other financial assistance?	33d		
		000		
е	Educational policies?	33e		
t	Use of facilities?	33f		
п	Athletic programs?			
9	Anneuc 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		
h	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		
		00		

Sch	edule A (Form 990 or 990-EZ) 2006		63-6	048099	Page 6
Pa	Int VI-A Lobbying Expenditures by Electing Public Charities (Se	e page	10 of	the instructions.)	
	(To be completed ONLY by an eligible organization that	filed For	m 576	58) NOT APPLICA	BLE
Che	eck ▶ a if the organization belongs to an affiliated group. Check ▶ b				ntrol" provisions apply.
	Limits on Lobbying Expenditures			(a) Affiliated group totals	(b) To be completed for all electing
	(The term "expenditures" means amounts paid or incurred.)				organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobby	ing)	36	· · · · · · · · · · · · · · · · · · ·	
37	Total lobbying expenditures to influence a legislative body (direct lobbying	g)	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	s-			
	Not over \$500,000)			
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500	0,000			
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,0	00,000 >	41		
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500	0,000			
	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 Fo	orm 4720.			
	4-Year Averaging Period Under	r Section	n 501		
	(Some organizations that made a section 501(h) election do not ha	ve to con	nplete	all of the five columns	below.
	See the instructions for lines 45 through 50 or				

	Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004		(d)		(e) Total
Lobbying nontaxable	2000	2000	2004		103		TUtar
45 amount							
Lobbying ceiling amount							
46 (150% of line 45(e))							
47 Total lobbying expenditures							
Grassroots nontaxable							
48 amount							
Grassroots ceiling amount							hud
49 (150% of line 48(e))							
Grassroots lobbying							
50 expenditures							
Part VI-B Lobbying A (For report	ctivity by Nonelecti ing only by organiza	ing Public Charities tions that did not co	mplete Part VI-A) (§	NOT See page 1	APPL 3 of 1	ICAB	LE structions.)
During the year, did the organ					[
attempt to influence public opi				,	Yes	No	Amount
a Volunteers							
b Paid staff or managem	ent (Include compens	ation in expenses rep	orted on lines c throug	h h.)			
 c Media advertisements 							
d Mailings to members, I	legislators, or the publ	ic					
e Publications, or publish	ed or broadcast state	ments					
f Grants to other organized	zations for lobbying pu	rposes					
g Direct contact with legi	slators, their staffs, g	overnment officials, or	a legislative body				
h Rallies, demonstration	s, seminars, conventio	ons, speeches, lectures	, or any other means				
i Total lobbying expendit	Total lobbying expenditures (Add lines c through h.)						
If "Yes" to any of the a	If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.						

JSA 6E1240 2.000

312 SATENT 5		rm 990 or 990-EZ) 2006		63-6048099		Page 7
Par	t VII	Information Regarding Exempt Organizations (Transfers To and Transactions an See page 13 of the instructions.)	d Relationships With Noncharitable		
51 I	Did the re 501(c) of	porting organization directl the Code (other than section	y or indirectly engage in any of the foll on 501(c)(3) organizations) or in sectio	owing with any other organization describe n 527, relating to political organizations?	d in sec	ction
a	Transfers	from the reporting organization	ation to a noncharitable exempt organiz	zation of:	Yes	No
	(i) Cash	۱			ı(i)	X
	(II) Othe	er assets			ii)	Х
b (Other trar	isactions:				
	(i) Sale	s or exchanges of assets v	vith a noncharitable exempt organization	י	<u>i)</u>	Х
	(II) Purc	nases of assets from a nor	ncharitable exempt organization	b(X
	(III) Ren	tal of facilities, equipment, o	or other assets	b(i		X
	(IV) Rein	noursement arrangements	•••••••	••••••••••••••••••••••••••••••••••••••		<u> </u>
	(v) Luai (vi) Perf	ormance of services or mo	mbership or fundraising solicitations	••••••••••••••••••••••••••••••••••••••		X
с 5	Sharing of	facilities equipment mail	ng lists, other assets, or paid employee			
di	If the answ	er to any of the above is "Yes	" complete the following schedule. Column	s (b) should always show the fair market value of th		X
 (goods, othe	er assets, or services given by	the reporting organization. If the organization	on received less than fair market value in any	e	
t	transaction	or sharing arrangement, show	v in column (d) the value of the goods, other	assets, or services received:		
L	(a) .ine no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing	arrangem	ents
N,	/ A					
						
					· · ·	
				-		
	described	anization directly or indirec d in section 501(c) of the C complete the following sche	tly affiliated with, or related to, one or ode (other than section 501(c)(3)) or i edule:	more tax-exempt organizations	Yes 🗋	K No
		(a)	(b)	(C)		
	Nar	ne of organization	Type of organization	Description of relationship		
	/ m				•	
IN/	/ A					
di						

59025H 3857

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

DESCRIPTION

AMOUNT

UNREALIZED GAIN ON INVESTMENTS

TOTAL

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

DESCRIPTION

AMOUNT

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS

TOTAL

.

23,668.

23,668.

63-6048099

YEAR
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ALLOCATIONS PAID D
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RECIPIENT NAME AND ADDRESS

GRANTS PAID

CONTRIBUTIONS TO UNIVERSITY OF AL-HUNTSVILLE

SCHOLARSHIPS TO UNIVERSITY OF AL-HUNTSVILLE

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

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AMO UNT

PURPOSE OF GRANT OR CONTRIBUTION

4,048,252.	
TOTAL CONTRIBUTIONS PAID	

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STATEMENT 3

26

63-6048099

EXPENSES	
OTHER	
T	l
ΗI	
PART	
, 066	
FORM	

DESCRIPTION PROFESSIONAL SERVICES	TOTAL 220,130.	PROGRAM SERVICES 	MANAGEMENT AND GENERAL 	FUNDRAISING
	3, /41. 1,111.	NONE	3,741.	NONE NONE
	2,449.	NONE	2,449.	NONE
	6,222.	NONE	6,222.	NONE
REPAIR & MAINTENANCE TO BLDGS	316,516.	NONE	316,516.	NONE
	180,776.	NONE	180,776.	NONE
	19,984.	NONE	19,984.	NONE
		NONE	70,420.	NONE
	821,349.		821,349.	

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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: ORIGINAL AMOUNT: INTEREST RATE: DATE OF NOTE: MATURITY DATE: REPAYMENT TERMS:	MADISON COUNTY MARINA & PORT AUTHO 225,000. 4.500000 02/09/1995 02/01/2015 MONTHLY	RITY
		103,138. 88,759.
TOTAL BEGINNING OTHER N	OTES AND LOANS RECEIVABLE	103,138.
TOTAL ENDING OTHER NOTE	S 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 MARKETABLE EQUITY SECURITIES MARKETABLE DEBT SECURITIES MUTUAL FUNDS	24,755,634. 12,473,114. 4,144,097. 1,456,095.	FMV FMV FMV FMV
TOTALS	42,828,940.	

FORM 990, PART IV - INVESTMENTS - OTHER SECURITIES

.

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
CERTIFICATES OF DEPOSIT	91,696.	F'MV
TOTALS	91,696.	

DESCRIPTION

ART COLLECTION

TOTALS

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ENDING BOOK VALUE

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION

ACCRUED INTEREST

ENDING BOOK VALUE

TOTALS

229,557.

229,557.

DESCRIPTION

ANNUITY LIABILITY

ENDING BOOK VALUE

TOTALS

463,157.

463,157.

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

DESCRIPTION

AMOUNT

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS

-23,668.

TOTAL

-23,668.

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FOUNDATION
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F ALABAMA
UNIVERSITY O

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

EXPENSE ACCT AND OTHER ALLOWANCES	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	NONE	NONE	NONE	NONE	NONE	NONE	NONE
COMPENSATION	NONE	NONE	NONE	NONE	NONE	NONE	NONE
TITLE AND TIME DEVOTED TO POSITION 	SECRETARY 1hr/wk	TRUSTEE EMERITUS NONE	TRUSTEE 6hrs/yr	CHAIRMAN 5hrs/wk	TRUSTEE EMERITUS NONE	TRUSTEE EMERITUS NONE	TRUSTEE EMERITUS NONE
NAME AND ADDRESS	MR. W. F. SANDERS, JR. P.O. BOX 408 HUNTSVIILE, AL 35804	MR. W. I. HALSEY, JR. P.O. BOX 408 HUNTSVIILE, AL 35804	MR. SIDNEY L. MCDONALD P.O. BOX 408 HUNTSVIILE, AL 35804	MR. RAYMOND B. JONES P.O. BOX 408 HUNTSVILLE, AL 35804	MR. ROBERT W. HAGER P.O. BOX 408 HUNTSVILLE, AL 35804	MR. ROBERT E. WILKINSON P.O. BOX 408 HUNTSVILLE, AL 35804	MR. OLIN B. KING

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

EXPENSE ACCT AND OTHER ALLOWANCES	NONE	NONE	NONE	NONE	NONE	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS 	NONE	NONE	NONE	NONE	NONE	NONE
COMPENSATION	NONE	NONE	NONE	NONE	NONE	NONE
TITLE AND TIME DEVOTED TO POSITION	VICE CHAIRMAN 1hr/wk	EX-OFFICIO 6hrs/yr	EX-OFFICIO 5hrs/wk	TRUSTEE 6hrs/yr	EXECUTIVE DIR/SEC 10-15hrs/wk	TRUSTEE 6hrs/yr
NAME AND ADDRESS P.O. BOX 408 HUNTSVILLE, AL 35804	S. DAGNAL ROWE, ESQ. P.O. BOX 408 HUNTSVILLE, AL 35804	MR. PETER L. LOWE P.O. BOX 408 HUNTSVILLE, AL 35804	MR. RAY M. PINNER P.O. BOX 408 HUNTSVILLE, AL 35804	DR. CHIA-HWA CHAN P.O. BOX 408 HUNTSVILLE, AL 35804	DR. J. DERALD MORGAN P.O. BOX 408 HUNTSVILLE, AL 35804	DR. MARCUS J. BENDICKSON P.O. BOX 408 HUNTSVILLE, AL 35804

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

TITLE AND TIME CONTRIBUTIONS EXPENSE ACCT DEVOTED TO POSITION COMPENSATION BENEFIT PLANS ALLOWANCES	KICKS TRUSTEE EMERITUS NONE NONE NONE NONE NONE S04	TRUSTEE NONE NONE NONE NONE NONE NONE 804	LOWE TRUSTEE NONE NONE NONE NONE NONE NONE 804	ien Treasurer none none none none none 1hr/wk 1804	r, SR. TRUSTEE NONE NONE NONE NONE NONE 804	
NAME AND ADDRESS	MR. JOHN S. HENDRICKS P.O. BOX 408 HUNTSVIILE, AL 35804	MR. JIM HUDSON P.O. BOX 408 HUNTSVIILE, AL 35804	MRS. ELIZABETH J. LOWE P.O. BOX 408 HUNTSVILLE, AL 35804	MRS. LINDA L. GREEN P.O. BOX 408 HUNTSVILLE, AL 35804	MR. HUNDLEY BATTS, SR. P.O. BOX 408 HUNTSVILLE, AL 35804	

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

EXPENSE ACCT AND OTHER ALLOWANCES	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	NONE	NONE	NONE	NONE	NONE	NONE	NONE
COMPENSATION	NONE	NONE	NONE	NONE	NON	NONE	NONE
TITLE AND TIME DEVOTED TO POSITION	TRUSTEE 6hrs/yr	TRUSTEE 6hrs/yr	TRUSTEE 6hrs/yr	TRUSTEE 6hrs/yr	TRUSTEE 6hrs/yr	TRUSTEE 6hrs/yr	TRUSTEE 6hrs/yr
NAME AND ADDRESS	MR. FRANK J. COLLAZO P.O. BOX 408 HUNTSVILLE, AL 35804	MR. WILLIAM H. JOHNSTON, JR. P.O. BOX 408 HUNTSVILLE, AL 35804	MRS. BHAVANI KAKANI P.O. BOX 408 HUNTSVILLE, AL 35804	LTG JAMES M. LINK P.O. BOX 408 HUNTSVILLE, AL 35804	MR. ROY J. NICHOLS P.O. BOX 408 HUNTSVILLE, AL 35804	MR. A. EUGENE SAPP, JR. P.O. BOX 408 HUNTSVILLE, AL 35804	MR. REMIGIUS SHATÀS

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FOUNDATION
HUNTSVILLE
F ALABAMA
UNIVERSITY OF

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION CC	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	NON	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

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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
E	TRUSTEE EMERITUS NONE	NONE	NONE	NONE
ы	EX-OFFICIO 1hr/wk	NONE	NONE	NONE
되	EX-OFFICIO 6hrs/yr	NONE	NONE	NONE
IN	EX-OFFICIO 6hrs/yr	NONE	NONE	NONE
I	EX-OFFICIO 6hrs/yr	NONE	NONE	NON
H	TRUSTEE 6hrs/yr	NONE	NONE	NONE

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

ł CONTRIBUTIONS EXPENSE ACCT COMPE DEVOTED TO POSITION TITLE AND TIME NAME AND ADDRESS

GRAND TOTALS

AND OTHER	ALLOWANCES	 	NONE
TO EMPLOYEE	BENEFIT PLANS		NONE
	ENSATION	 	NONE

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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

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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.

ARTIST

60,000.

MICHAEL PRIORE P.O. BOX 29606 GREENVILLE, SC 29606

TOTAL COMPENSATION

185,211.

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

MCDONALD BROTHERS CONSTRUCTION CONSTRUCTION 2906 MCJOHN ST. HUNTSVILLE, AL 35805

165,748.

UTLY. INFRASTRUCTURE 61,800.

HUNTSVILLE UTILITIES 500 B CHURCH ST. HUNTSVILLE, AL 35801

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 CONSULTIING AND ADVISORY 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 DECORATIING 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

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

2004
2005
DESCRIPTION

DESCRIPTION	2005	2004	2003	2002	TOTAL
			19 mm		
MISCELLANEOUS	89,786.	27,585.	8,470.	11,155.	136,996.
TOTALS	89,786.	27,585.	8,470.	11,155.	136,996.
	NAME AND ADDRESS ADDRE		Anno Arne Man have the same and the final same final first the same	And the set of the set	NAME AND ADDR ADDR ADDR ADDR ADDR ADDR ADDR

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

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

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

FIXED ASSETS:

LAND

BUILDING

TOTAL FIXED ASSETS

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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

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	2,241,375
TOTAL	2,961,613

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Name:	Related Organization	Compensation	Contributions To Employee Benefit Plans	Expense Account & Other Allowances
morgari, J. Deraid	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

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FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

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 UN	IVERSITY OF ALABAMA SYSTEM OFFICE	EXEMPT
	THE UNIVERSITY FOUNDATION	EXEMPT
THE IN	IVERSITY OF ALABAMA	
	THE CAPSTONE FOUNDATION	EXEMPT
	NATIONAL ALUMNI ASSOCIATION OF THE UNIVERSITY OF ALABAMA	EXEMPT
	THE UNIVERSITY OF ALABAMA LAW SCHOOL FOUNDATION	EXEMPT
		EXEMPT
	CAPSTONE HEALTH SERVICES FOUNDATION THE CRIMSON TIDE FOUNDATION	EXEMPT
		EXEMPT
	THE UNIVERSITY OF ALABAMA RESEARCH FOUNDATION THE GORGAS MEMORIAL BOARD	EXEMPT
		EXEMPT
	1831 FOUNDATION	EXEMPT
	ALABAMA SHAKESPEARE FOUNDATION	EXEMPT
	ALABAMA SHAKESPEARE FOUNDATION TRUST	EXEMPT
THE IN	IVERSITY OF ALABAMA AT BIRMINGHAM	
	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 ALADAMA FROFESSIONAL LIABILITY TRUST FUND	EXEMPT
	THE UNIVERSITY OF ALABAMA COMPREHENSIVE GENERAL LIABILITY TRUST FUND SOUTHERN RESEARCH INSTITUTE	EXEMPT
	BROOKWOOD PHARMACEUTICALS	EXEMPT
	LAKESHORE BIOMATERIALS	NOT-EXEMPT
		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 UN	IVERSITY OF ALABAMA IN HUNTSVILLE	
	THE UNIVERSITY OF ALABAMA IN HUNTSVILLE ALUMNI FOUNDATION	EXEMPT
	THE CLIPPIT OF MERINA IN NOWISVILLE ALOMAI FOUNDATION	EXEMPT
THE UA	B 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
		TOULT T