

A For the 2021 calendar year, or tax year beginning 10/01/21, and ending 09/30/22

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization University of Alabama Huntsville Foundation		D Employer identification number 63-6048099
	Doing business as		E Telephone number 256-824-6127
	Number and street (or P.O. box if mail is not delivered to street address) Shelbie King Hall 304	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code Huntsville AL 35899		G Gross receipts \$ 24,096,219
	F Name and address of principal officer: Mallie S. Hale		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: www.uah.edu/giving/uah-foundation	H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 1962	M State of legal domicile: AL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDE SUPPORT TO THE UNIVERSITY OF ALABAMA IN HUNTSVILLE THROUGH CONTRIBUTIONS TO SCHOOL PROGRAMS AND STUDENT SCHOLARSHIPS			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	38	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	34	
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	0	
	6 Total number of volunteers (estimate if necessary)	6	0	
	7a Total unrelated business revenue from Part VIII, column (C), line 12		7a	2,268,946
b Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	2,260,999	
Revenue	8 Contributions and grants (Part VIII, line 1h)		Prior Year 3,147,147	Current Year 8,262,153
	9 Program service revenue (Part VIII, line 2g)			0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,000,232	9,659,386
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,705,112	2,319,603
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,852,491	20,241,142
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,619,474	3,108,974
	14 Benefits paid to or for members (Part IX, column (A), line 4)			0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0
	16a Professional fundraising fees (Part IX, column (A), line 11e)			0
	b Total fundraising expenses (Part IX, column (D), line 25)			0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		512,932	925,405
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,132,406	4,034,379
19 Revenue less expenses. Subtract line 18 from line 12		5,720,085	16,206,763	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		Beginning of Current Year 88,225,627	End of Year 94,357,481
	21 Total liabilities (Part X, line 26)		389,669	806,798
	22 Net assets or fund balances. Subtract line 21 from line 20		87,835,958	93,550,683

Part II Signature Block

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.

Sign Here	Signature of officer Mallie S. Hale		Date Executive Director	
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name Tracy L. Sams, CPA	Preparer's signature	Date 03/20/23	Check <input type="checkbox"/> if self-employed PTIN P00637535
	Firm's name ANGLIN REICHMANN ARMSTRONG, P.C.		Firm's EIN 63-1262841	
	Firm's address 305 QUALITY CIRCLE HUNTSVILLE, AL 35806-5539		Phone no. 256-533-1040	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,262,153				
	g Noncash contributions included in lines 1a-1f	1g	\$ 4,487,605				
	h Total. Add lines 1a-1f			8,262,153			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,010,709			2,010,709
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real 21,410 (ii) Personal				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c	21,410				
	d Net rental income or (loss)			21,410			21,410
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities 11,503,754 (ii) Other				
	b Less: cost or other basis and sales exps.	7b	3,855,077				
	c Gain or (loss)	7c	7,648,677				
	d Net gain or (loss)			7,648,677	7,648,677		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11a Chambers Bottling Company LLC		424000	2,268,946		2,268,946	
	b Miscellaneous			29,247			29,247
	c						
	d All other revenue						
e Total. Add lines 11a-11d			2,298,193				
12 Total revenue. See instructions			20,241,142	7,648,677	2,268,946	2,061,366	

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

**University of Alabama Huntsville
Foundation**

Employer identification number

63-6048099

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☒ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 ☐ 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 exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990) 2021

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,147,848	1,519,981	7,099,703	3,147,147	8,262,152	22,176,831
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,147,848	1,519,981	7,099,703	3,147,147	8,262,152	22,176,831
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						7,445,827
6 Public support. Subtract line 5 from line 4						14,731,004

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	2,147,848	1,519,981	7,099,703	3,147,147	8,262,152	22,176,831
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,854,066	1,486,216	1,192,852	2,024,559	2,032,119	8,589,812
9 Net income from unrelated business activities, whether or not the business is regularly carried on	377,225	477,756	1,157,479	1,659,154	2,268,946	5,940,560
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	24,197	29,839	30,339	1,090	29,247	114,712
11 Total support. Add lines 7 through 10						36,821,915

12 Gross receipts from related activities, etc. (see instructions)	12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>		

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	40.01 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	36.89 %
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispro- portionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)CHAMBER'S BOTTLING COMPANY PO BOX 2709 HUNTSVILLE AL 35804 63-0045380	SOFTDRINKS	AL	N/A	Unrelated	2,423,966	11,659,465		X	2,268,946		X	39.00
(2)												
(3)												
(4)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)BIG SPRINGS, INC. P. O. BOX 2709 HUNTSVILLE AL 35804 63-0106433	MANF. SOFT	AL	N/A	C	169,893	8,010,821	42.000000		X
(2)Westlake Development, LLC 307 Franklin Street Huntsville AL 35801 63-1064947	Real Estat	AL	N/A	S					X
(3)Madison Memphis, LLC 307 Franklin Street Huntsville AL 35801 63-0942827	Real Estat	AL	N/A	S					X
(4)									

Form **990-T**Department of the Treasury
Internal Revenue Service**Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))For calendar year 2021 or other tax year beginning **10/01/21**, and ending **09/30/22**▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2021Open to Public Inspection
for 501(c)(3)
Organizations Only

A <input type="checkbox"/> Check box if address changed.	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) University of Alabama Huntsville Foundation	D Employer identification number 63-6048099
B Exempt under section <input checked="" type="checkbox"/> 501(C) (3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A		Number, street, and room or suite no. If a P.O. box, see instructions. Shelbie King Hall 304	E Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code Huntsville AL 35899	F <input type="checkbox"/> Check box if an amended return.
		C Book value of all assets at end of year ▶ 94,357,481	
G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			
H Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439			
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ <input type="checkbox"/>			
J Enter the number of attached Schedules A (Form 990-T) ▶ 1			
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation ▶			
L The books are in care of ▶ Christy Baker Telephone number ▶ 256-824-2247			

Part I Total Unrelated Business Taxable income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	2,267,946
2 Reserved	2	
3 Add lines 1 and 2	3	2,267,946
4 Charitable contributions (see instructions for limitation rules) See Stmt 1	4	5,947
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	2,261,999
6 Deduction for net operating loss. See instructions	6	0
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	2,261,999
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	2,260,999

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	474,810
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	0
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	474,810

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2021)