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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)

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

OMB No 1545-0047 2007

A For the 2007 calendar year, or lar year beginning 8/01/07, and ending 7/31/08    Advas daugher base drappe   Charles or department   Charles or depa	_		The organization may have to use a copy of this return to		Tents (4) and mapped
AttaBama Symptomy Endowment   State of Property   State of Prop	A	For the		/31/08	
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The minutage   See   S	$\sqcup$	Address o	hange label or	L	<del></del>
September   Sept	Ш	Name cha	inge p		•
Termination   Section   City or lown, safe or country, and 2P + 4   AL 3 5222   Apricator)   Cher (specify)   Accusal   Cher (specify)   Accusal   Cher (specify)   Apricator)   Cher (specify)		Initial retu	m   6	ss) Room/suite	
Apstracin proving   Sense   SERMINGHAM   AI 35222		Termination	Specific Spe	<u>-</u>	
Application personny   Section 501(c)(s) organizations and 4947(s)(f) nonexempt charitable   trusts must statish a completed Schedule A (Form 990 or 990-EZ).   Had is the set applicable to section 527 organization (trusts must statish a completed Schedule A (Form 990 or 990-EZ).   Had is the set applicable to section 527 organizations (the first statish statish and statish stat	$\bar{\sqcap}$	Amended	11100.00		> Cirie (specify)
Website: \( \times \) N/A	Ħ		• Section 504(a)/2) considerations and 4047(a)/4) parayomat about the	H and I are not applicable to sec	ction 527 organizations
Porganization type   Check only one)   M   S01(c)   3   4 (insert no)   4947(a)(1) or   527	ш	Applicatio	trusts must attach a completed Schedule A (Form 990 or 990-EZ).	H(a) Is this a group return for a	affiliates? Yes X No
(check only one)	<u>G</u>	Websit	te: N/A	H(b) If "Yes," enter number of	affiliates •
Check Rece	J	_		H(c) Are all affiliates included?	Yes No
recepts are normally not more than \$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return  L. Gross receipts Add lines 6b. 8b, 9b, and 10b to line 12 ▶ 10,489,741	_	(check	only one) ►  X  501(c) ( 3 ) ◀ (insert no )   4947(a)(1) or   527	T '	•
Cross receipts Add lines 6b, 8b, 9b, and 10b to line 12	K	Check h	ere I if the organization is not a 509(a)(3) supporting organization and its gross		
Gross receipts Add lines 6 bb, 9b, and 10b to line 12		-			
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)   1		to file a	return, be sure to file a complete return		
Part   Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)   1	L	Gross	receipts Add lines 6b, 8b, 9b, and 10b to line 12  10,489,741	.   -	•
a Contributions to donor advised funds b Direct public support (not included on line 1a) c Indirect public support (not included on line 1a) d Government contributions (grants) (not included on line 1a) e Total (add lines 1 a through 1d) (cash \$ 900, 996 noncash \$ ) 1e 900, 996 2 Program service revenue including government fees and contracts (from Part VII, line 93) 3 Membership dues and assessments 4 175, 996 5 Dividends and interest from securities 6 Gross rents 6 Gross rents 6 Dividends and interest from securities 7 Other investment income (described for line 1a) 8 Gross and selection securities 9 9, 684 7 Other investment income (described for line 1a) 1		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·	
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C   Indirect public support (not included on line 1a)   1		ь	Direct public support (not included on line 1a)	1b 900,996	1 ]
d Government contributions (grants) (not included on line 1a)  e Total (add lines 1 a through 1d) (cash \$ 900,995 noncash \$ )  2 Program service revenue including government fees and contracts (from Part VII, line 93)  3 Membership dues and assessments  4 175,996  5 Dividends and interest from securities  6 Gross rents  5 Less rental expenses  6 Rorss rents  6 Less rental expenses  7 Other investment income (described)  8 Gross amount from sales of assets other than inventory  b Less cost or other basis and sales expenses  c Gain or (loss) (attach schedule)  d Net gain or (loss) Combine line 8c, columns (A) and (B) SEE STMT 2  9 Special events and activities (attach schedule) If any amount is from gamling, check here  10 Alter evenue (not including \$ of contributions reported on line 1b)  Less cost or goods sold  c Gross profit or (loss) from sales of assets other and inventory expenses  c Net income or (loss) from special events Subtract line 9b from line 9a  10 Gross sales of inventory, less returns and allowances  b Less cost or goods sold  11 Other revenue (from Part VII, line 103)  12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11  13 Program services (from line 44, column (B))  14 Management and general (from line 44, column (C))  15 Fundraising (from line 44, column (C))  16 Excess or (deficit) for the year Subtract line 10 from line 12  17 Total expenses. Add lines 16 and 44, column (A)  18 Excess or (deficit) for the year Subtract line 17 from line 12  19 Net assets or fund balances at legining of year (from line 73, column (A))  20 Other changes in net assets or fund balances (attach explanation)  SEE STATEMENT 3  21 Total revenues and aliances (attach explanation)  SEE STATEMENT 3  22 1 13, 832, 049  21 17, 1990, 2990  21 Net assets or fund balances at each expense of expense to expen		l c	, , , , , , , , , , , , , , , , , , , ,		1
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18 Excess or (deficit) for the year Subtract line 17 from line 12 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18, 19, and 20 22 Net assets or fund balances at end of year Combine lines 18, 19, and 20 23 Net assets or fund balances at end of year Combine lines 18, 19, and 20 24 Tor Privacy Act and Paperwork Reduction Act Notice, see the separate 25 TATEMENT 3 26 -1,029,290 27 STATEMENT 3 28 TATEMENT 3 29 -1,029,290 21 STATEMENT 3 20 -1,029,290 21 STATEMENT 3 21 STATEMENT 3 22 STATEMENT 3 23 STATEMENT 3 26 STATEMENT 3 27 STATEMENT 3 28 STATEMENT 3 29 STATEMENT 3 20 STATEMENT 3 21 STATEMENT 3 21 STATEMENT 3 22 STATEMENT 3 23 STATEMENT 3 24 STATEMENT 3 25 STATEMENT 3 26 STATEMENT 3 27 STATEMENT 3 28 STATEMENT 3 29 STATEMENT 3 20 STATEMENT 3 21 STATEMENT 3 22 STATEMENT 3 23 STATEMENT 3 24 STATEMENT 3 25 STATEMENT 3 26 STATEMENT 3 27 STATEMENT 3 28 STATEMENT 3 29 STATEMENT 3 20 STATEMENT	承		Payments to affiliates (attach schedule)	TIEN UL	
18 Excess or (deficit) for the year Subtract line 17 from line 12  19 Net assets or fund balances at beginning of year (from line 73, column (A))  20 Other changes in net assets or fund balances (attach explanation)  21 Net assets or fund balances at end of year Combine lines 18, 19, and 20  21 Net assets or fund balances at end of year Combine lines 18, 19, and 20  22 Tor Privacy Act and Paperwork Reduction Act Notice, see the separate  23 Torm 990 (2007)	_	17	Total expenses. Add lines 16 and 44, column (A)	I LELE	
19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18, 19, and 20 21 Net assets or fund balances at end of year Combine lines 18, 19, and 20 21 Top Privacy Act and Paperwork Reduction Act Notice, see the separate  The privacy Act and Paperwork Reduction Act Notice, see the separate  The privacy Act and Paperwork Reduction Act Notice, see the separate  The privacy Act and Paperwork Reduction Act Notice, see the separate  The privacy Act and Paperwork Reduction Act Notice, see the separate  The privacy Act and Paperwork Reduction Act Notice, see the separate  The privacy Act and Paperwork Reduction Act Notice, see the separate  The privacy Act and Paperwork Reduction Act Notice, see the separate  The privacy Act and Paperwork Reduction Act Notice, see the separate	TES.	18	Excess or (deficit) for the year Subtract line 17 from line 12		
20 Other changes in net assets or fund balances (attach explanation)  SEE STATEMENT 3  20 -1,029,290  21 Net assets or fund balances at end of year Combine lines 18, 19, and 20  For Privacy Act and Paperwork Reduction Act Notice, see the separate Instructions.  DAA  Form 990 (2007)	2	19	Net assets or fund balances at beginning of year (from line 73, column (A))		
Form 990 (2007)  Roy 21 Net assets or fund balances at end of year Combine lines 18, 19, and 20  For Privacy Act and Paperwork Reduction Act Notice, see the separate Instructions. DAA		20	Other changes in net assets or fund balances (attach explanation)	E STATEMENT 3	
instructions.	Enr.	Privaci	Net assets or fund balances at end of year Combine lines 18, 19, and 20		
	inst	ruction	S.		Form <b>99U</b> (2007)

F				Columns (B), (C), and mpt charitable trusts b		
	Do not include amounts reported			(B) Program	<del></del>	
	6b, 8b, 9b, 10b, or 16 of Pa		(A) Total	services	(C) Management and general	(D) Fundraising
222	a Grants paid from donor advised funds (attai	1				
220	non-	cii scriedule)				
	(cash \$ cash \$ If this amount includes foreign grants, check	k here ▶ 22a				
221	b Other grants and allocations (attach schedule)					
221	000 100 000-	,				
	(cash \$ 903,126 cash \$ lf this amount includes foreign grants, check	k here  22b	903,126	903,126		
22	Specific assistance to individuals (attach	220	303/120	3037220		
25	schedule)	23				
24	Benefits paid to or for members (attach	25		_		
	schedule)	24				
252	a Compensation of current officers, directors,				***************************************	
	key employees, etc listed in				ì	
	Part V-A	25a				
h	Compensation of former officers, directors,	250				
_	key employees, etc listed in					
	Part V-B	25b				
c	Compensation and other distributions, not ii	<del></del>				
Ŭ	to disqualified persons (as defined under se	<b>I</b>				
	4958(f)(1)) and persons described in section					
26	Salaries and wages of employees not include	· · · · · ·				
	on lines 25a, b, and c	26				
27	Pension plan contributions not included on	<del> </del>			:-	
	lines 25a, b, and c	27				
28	Employee benefits not included on lines	<u></u>				
	25a – 27	28				
29	Payroll taxes	29		·		
	Professional fundraising fees	30	11,081			11,081
	Accounting fees	31	9,750		9,750	
	Legal fees	32				
	Supplies	33			•	
	Telephone	34				
	Postage and shipping	35				
	Occupancy	36				
37	Equipment rental and maintenance	37	•			
38	Printing and publications	38				
39	Travel	39				
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedul	le) 42		-		
43 a	Other expenses not covered above (itemize SEE STATEMENT 5	) 43a	449,190		449,190	
b		43b	110/10		110,10	
	,	43c				
d	, 1	43d				
		43e				
f		43f				
	1	43g		<del></del>		
9 44	Total functional expenses. Add lines 22a	1-38				
	through 43g (Organizations completing					
	columns (B)-(D), carry these totals to lines					
	13-15)	44	1,373,147	903,126	458,940	11,081
_	nt Costs. Check ▶ If you are following			203,120		
	e any joint costs from a combined educationa		aising solicitation reno	rted in (B) Program ser	vices?	Yes X No
	'es," enter (i) the aggregate amount of these joint co			int allocated to Program se		
	the amount allocated to Management and genera\$		· · · · · · · · · · · · · · · · · · ·	int allocated to Fundraising		
		<del></del>	• • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·	5 990 (5007)

If this amount includes foreign grants, check here

If this amount includes foreign grants, check here

903,126 Form **990** (2007)

(Grants and allocations

(Grants and allocations \$

e Other program services (attach schedule)

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

63-0965459

	art IV	Balance Sneets (See the instructions.)						
	Note:	Where required, attached schedules and amounts with column should be for end-of-year amounts only	nin the	descripti	on	(A) Beginning of year		( <b>B</b> ) End of year
	45	Cash—non-interest-bearing			,	624,974	45	145,948
	46	Savings and temporary cash investments					46	4,252,684
	47a	Accounts receivable	47a					
	b	Less allowance for doubtful accounts	47b				47c	<del></del>
					00 500			
	48a	Pledges receivable	48a		82,509 10,843	404 277	ا ا	71 666
	1 ab	Less allowance for doubtful accounts	48b	<u> </u>	10,643	484,377		71,666
	49	Grants receivable  Receivables from current and former officers, directors	truet	ooc ond			49	
	Jua	key employees (attach schedule)	s, liusi	ees, and			50a	
	h	Receivables from other disqualified persons (as define	ed unde	er section	4958(f)(1)) and		30a	1
		persons described in section 4958(c)(3)(B) (att sched		ci scolloi	1 4000(1)(1)) and		50b	
	51a	Other notes and loans receivable (attach	, <u>.</u>					
		schedule)	51a	1				
Assets	ь	Less allowance for doubtful accounts	51b				51c	
Ass	52	Inventories for sale or use					52	
	53	Prepaid expenses and deferred charges					53	
	54a	Investments—publicly-traded SEE STATEMENT	7	▶ 🗌	Cost X FMV	8,305,054	54a	6,150,051
	b	Investments—other securities (attach schedule)		▶ []	Cost FMV		54b	
	55a	·						
		equipment basis	55a	<u> </u>				
	b	Less accumulated depreciation (attach	ŀ					
		schedule)	55b			4 40 5 500	55c	
	56	Investments—other (attach schedule)	1	SEE	STMT 8	4,406,538	56	2,920,411
	57a	Land, buildings, and equipment basis	57a	<del>                                     </del>	360,000			
	b	Less accumulated depreciation (attach schedule) SEE STATEMENT 9	C71		68,711	204 105		201 200
	58		57b	l	68,/11	304,105	57c	291,289
	30	Other assets, including program-related investments (describe ▶			,		58	
	59	Total assets (must equal line 74) Add lines 45 throug	h 58		<b>'</b> }	14,125,048	59	13,832,049
	60	Accounts payable and accrued expenses					60	
	61	Grants payable					61	
	62	Deferred revenue					62	
တ္ဆ	63	Loans from officers, directors, trustees, and key emplo	yees (	attach				
iabilities		schedule)					63	<u> </u>
jap	64a	Tax-exempt bond liabilities (attach schedule)					64a	<u>                                     </u>
-	b	Mortgages and other notes payable (attach schedule)					64b	
	65	Other liabilities (describe ▶			) [		65	<del></del>
		T. (. 1 P.				•		
$\dashv$	66 Orga	Total liabilities. Add lines 60 through 65 nizations that follow SFAS 117, check here ► X ai	-d			0	66	0
	Orga	67 through 69 and lines 73 and 74	na con	nplete line	=8			
တ္သ	67	Unrestricted				3,534,196	67	3,241,197
2	68	Temporarily restricted			ļ	0,001,250	68	<u> </u>
39	69	Permanently restricted			ļ	10,590,852	69	10,590,852
<u>م</u> ا	Orga	nizations that do not follow SFAS 117, check here	. 🔲	and				
፰│		complete lines 70 through 74						1
Net Assets or Fund Balances	70	Capital stock, trust principal, or current funds			Ĺ		70	
set	71	Paid-in or capital surplus, or land, building, and equipment of the surplus of th			ļ		71	<del></del>
As	72	Retained earnings, endowment, accumulated income,			Ļ		72	
Š	73	Total net assets or fund balances. Add lines 67 throu	-		1			
		70 through 72 (Column (A) must equal line 19 and col	14 105 040		12 022 042			
	74	equal line 21)  Total liabilities and net assets/fund balances. Add lii	14,125,048 14,125,048		13,832,049 13,832,049			
- 1	7 **	i viai navinues anu net assets/iuna pajances. Ado III		エモノエムンノリせの	/4 I	エン・リング・リマブ		

Forn	n 990 (2007) ALABAMA SYMPHONY ENDOWMENT	63-0965459				Page 5
P	art IV-A Reconciliation of Revenue per Audited Financial instructions.)	Statements With Reve	nue per l	Retu	rn (See t	
а	Total revenue, gains, and other support per audited financial statements			а	2,	109,438
þ	Amounts included on line a but not on Part I, line 12	1 1				
1	Net unrealized gains on investments	b1				
2	Donated services and use of facilities	b2				
3	Recoveries of prior year grants	b3				
4	Other (specify)	1 1				
		b4				
	Add lines b1 through b4		L	b		
C	Subtract line <b>b</b> from line <b>a</b>			С	2,	109,438
d	Amounts included on Part I, line 12, but not on line a:		ļ			
1	Investment expenses not included on Part I, line 6b	d1				
2	Other (specify)					
		d2	ľ			
	Add lines d1 and d2	<del></del>		d		
е	Total revenue (Part I, line 12) Add lines c and d		▶ [	е	2,	109,438
P	art IV-B Reconciliation of Expenses per Audited Financial	Statements With Exp	enses pe	r Re		
a	Total expenses and losses per audited financial statements	•	Ť	а		373,147
b	Amounts included on line a but not Part I, line 17		Ī			
1		b1				
2		b2				
3	Losses reported on Part I, line 20	b3				
A	Other (specify)	55				
_	Other (specify)	<sub>b4</sub>				
	Add lines b1 through b4	<u> </u>		.		
_	-		F	b	7	373,147
C	Subtract line b from line a		-	<u> </u>	1,	3/3,14/
ď	Amounts included on Part I, line 17, but not on line a:	11				
1	Investment expenses not included on Part I, line 6b	d1				
2	Other (specify)	1 . 1				
		d2				
	Add lines d1 and d2		-	d		
е	Total expenses (Part I, line 17) Add lines c and d		<u> </u>	е		<u>373,147</u>
P:	art V-A Current Officers, Directors, Trustees, and Key Em or key employee at any time during the year even if they were not	compensated) (See the insti	uctions)			trustee,
	(A) Name and address	(B) (C) Title and average hours per (III	) Compensation not paid, ente	ր (D) (	Contributions to loyee benefit is & deferred	(E) Expense account and other
	(A) Namo and address	week devoted to position	-0)	comp	is & deterred ensation plans	
SI	EE STATEMENT 10					
					,	
					!	
					-	
			<del></del>		<del> </del>	
		-	·	<del> </del>		
				<u> </u>		

Forn	990 (2007) ALABAMA SYMPHONY ENDOWMENT	<u>63-0965</u>	459			F	age 6
Pa	art V-A Current Officers, Directors, Trustees, and Key Emp	loyees (continued	)			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on o	rganization business at	board				
	meetings	<b>&gt;</b>					
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part	/-A, or highest compens	sated				
	employees listed in Schedule A, Part I, or highest compensated professional ar	d 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 exp	lains the relationship(s)			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 p	rofessional and other					
	independent contractors listed in Schedule A, Part II-A or II-B, receive compens	ation from any other					
	organizations, whether tax exempt or taxable, that are related to the organization	n? See the instructions	for				
	the definition of "related organization"				75c		X
	if "Yes," attach a statement that includes the information described in the instru	ctions					
	Does the organization have a written conflict of interest policy?				75d		<u> </u>
Pá	art V-B Former Officers, Directors, Trustees, and Key Emp	loyees That Recei	ived Comp	ensation or C	)the	r Ben	efits
	(If any former officer, director, trustee, or key employee received co				the ye	ear, lis	t that
	person below and enter the amount of compensation or other bene	its in the appropriate co					
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid,	(D) Contributions to employee benefit		E) Expe	ense d other
	(A) Name and address	(b) Coans and Advances	enter -0-)	employee benefit plans & deferred compensation plans		allowan	
N/	'A						
		1					
			•				
					1		
					1		
					1		
					╁-		
-					┪		
Ps	art VI Other Information (See the instructions.)				┵	Yes	No
<del>`</del> 76	Did the organization make a change in its activities or methods of conducting ac	tivities? If "Yes " attach	<u></u>	I		162	110
	detailed statement of each change	avides in 103, attach	4	İ	76		x
77	Were any changes made in the organizing or governing documents but not repo	ited to the IPS?		ŀ	77		$\frac{\mathbf{x}}{\mathbf{x}}$
• •	If "Yes," attach a conformed copy of the changes	ited to the INS		ŀ			
78a	Did the organization have unrelated business gross income of \$1,000 or more d	uring the year severed l					
r oa	this return?	uning the year covered i	у	i	70.		x
_	If "Yes," has it filed a tax return on Form 990-T for this year?				78a		
		- 4b 15 113/ 11	1-	ŀ	78b	***********	
79	Was there a liquidation, dissolution, termination, or substantial contraction during	g the year? If "Yes," aπ	acn				v
00-	a statement		-L	ļ	79		<u> </u>
80a	Is the organization related (other than by association with a statewide or nationy		jn	ľ	I		
	common membership, governing bodies, trustees, officers, etc., to any other ex	empt or nonexempt		ļ	_	.	
	organization?	MDUONTO 3000	\// T X M T ^ 1		80a	X	
D		MPHONIC ASSO		· .			
•		whether it is X exem	I —	exempt			
	Enter direct and indirect political expenditures (See line 81 instructions)	<u>_8</u>	1a	0		1	3.5
b	Did the organization file Form 1120-POL for this year?			<u></u>	81b		(2007)

, <u>Form</u>		<u>3-0965459                                  </u>			F	age 7
Pa	art VI Other Information (continued)		<del>-</del>		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities	s at no charge		l .		
	or at substantially less than fair rental value?			82a		X
þ	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 )	82ь				
83a	Did the organization comply with the public inspection requirements for returns and exemption	on applications?		83a	<u> </u>	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contrib	utions?	N/A	83b		
84a	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 c	ontributions or				ĺ
	gifts were not tax deductible?		N/A	84b		
	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?		N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless t	the organization				ĺ
	received a waiver for proxy tax owed for the prior year	1 1				l
C	Dues, assessments, and similar amounts from members	85c				ĺ
d	Section 162(e) lobbying and political expenditures	85d				ĺ
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e				ĺ
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	/-			ĺ
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount					ĺ
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditu	ires for the	/-			ĺ
	following tax year?	1 1	N/A	85h		ļ
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a				
Ь	Gross receipts, included on line 12, for public use of club facilities	86b				
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a				
b	Gross income from other sources (Do not net amounts due or paid to other					ĺ
	sources against amounts due or received from them )	_87b				ĺ
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable contains a second of the con	•				İ
	partnership, or an entity disregarded as separate from the organization under Regulations se	ctions				
	301 7701-2 and 301 7701-3? If "Yes," complete Part IX			88a		<u> X</u>
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity	within the				l
	meaning of section 512(b)(13)? If "Yes," complete Part XI		•	88b		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year ur		•			ĺ
	,	n 4955 🕨	0			ĺ
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit					į
	during the year or did it become aware of an excess benefit transaction from a prior year? If '	'Yes," attach				
	a statement explaining each transaction			89b	,,,,,,,,,,	X
С	Enter Amount of tax imposed on the organization managers or disqualified	_				į
	persons during the year under sections 4912, 4955, and 4958	<b>.</b>	0			ł
d	Enter Amount of tax on line 89c, above, reimbursed by the organization	· · · · · · · · · · · · · · · · · · ·	0			į
е	All organizations At any time during the tax year, was the organization a party to a prohibited	I tax shelter				42
	transaction?			89e		$\frac{\mathbf{x}}{\mathbf{x}}$
f	All organizations Did the organization acquire a direct or indirect interest in any applicable in			89f		_X_
g	For supporting organizations and sponsoring organizations maintaining donor advised funds.					
	supporting organization, or a fund maintained by a sponsoring organization, have excess bus	siness holdings				
	at any time during the year?		l	89g		<u> </u>
	List the states with which a copy of this return is filed <b>AL</b>					
b	Number of employees employed in the pay period that includes March 12, 2007 (See		11			
	instructions)		90b	214		~_
91a	The books are in care of CURTIS LONG	Telephone	no ▶ 205-	314	-69	06
	3621 SIXTH AVE SOUT					
	Located at ▶ BIRMINGHAM, AL	ZIP + 4 ▶	35222			
b	At any time during the calendar year, did the organization have an interest in or a signature of				r	
	over a financial account in a foreign country (such as a bank account, securities account, or o	other financial	1		Yes	No
	account)?		į	91b		X
	If " Yes," enter the name of the foreign country▶				l	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of	Foreign Bank				
	and Financial Accounts					

- Orm		SIMPHONI ENDO	MEN	т.	03-0	<u> </u>	9	· · · · · · · · · · · · · · · · · · ·	Page 8
		ation (continued)			<u></u>			Y	es No
С	At any time during the calenda	· -	naıntaın	an office o	outside of the Unite	d States?		91c	<u> </u>
	If "Yes," enter the name of the	= •							_
92	Section 4947(a)(1) nonexempt	<del>-</del>				e	. 1 (		▶
<b></b>	and enter the amount of tax-ex						▶ 92		
		come-Producing Acti	vities				· · · · · · · · · · · · · · · · · · ·		
	: Enter gross amounts unless o	therwise	-		d business income		by section 512, 513, or 514	(E) Relate	d or
indica			Bu	(A) Isiness code	( <b>B</b> ) Amount	(C) Exclusion	(D) Amount	exempt fo	unction
93	Program service revenue		$\vdash$			code		incor	ne
a			-			_			
b		·	- ⊢			<del></del>			
C			-  -		<del></del>				
d			-				-		
e f	Medicare/Medicaid payments	··· <del>·</del>	-  -			-			
-		rnment agencies			· <del></del> · · · ·				
94	Membership dues and assess		<del>                                     </del>	-			<u>-</u> .		
95	Interest on savings and tempo					14	175,996		
96	Dividends and interest from se	•			·	14	158,785		
97	Net rental income or (loss) from		·····						
	debt-financed property		-	***************************************		·····			
	not debt-financed property					16	9,684		
	Net rental income or (loss) from	m personal property							
99		, , ,						-	
100	Gain or (loss) from sales of as	sets other than inventory				18	863,977		
	Net income or (loss) from spec								
	Gross profit or (loss) from sale								
103	Other revenue: a	-							
b									
C									
d			_						
е		·	_						
104	Subtotal (add columns (B), (D)	), and (E))	L			0	1,208,442		0
105	Total (add line 104, columns (	B), (D), and (E))					▶	1,208	3,442
	: Line 105 plus line 1e, Part I, s								
Pa		<u>of Activities to the Acc</u>							
Li		activity for which income is re					ortantly to the accompli	shment	
	<u> </u>	n's exempt purposes (other th	ian by p	providing ful	nas for such purpos	ses)		<del> </del>	
N	/A								<del> </del>
						<del></del>			
D»	rt IX Information R	egarding Taxable Sub	eidia:	rice and	Dierogardad E	ntition (S	see the instruction	ne )	
	(A)			lies allu	(C)	indices (S	(D)	(E)	
Name, address, and EIN of corporation, partnership, or disregarded entity ownership interesting		erest		ature of activities		Total income	End-of-yeasset:		
	N/A		%						
			<u>%</u>			<del></del>			
	<del></del>		<u>%</u>			-			
Ď~	rt X Information R	egarding Transfers A		1	Porconal Ban	ofit Cant	racte (See the inc	tructions	<u> </u>
		the year receive any funds						Yes	
	a) Did the organization, during		-			· ·	iai Denenii Contract/	Yes	X No
	<ul><li>b) Did the organization, during lote: If "Yes" to (b), file Form 88</li></ul>		-	-	ii a peisoliai beneli	it contract?		L 162	25) NO
	iote. II Tes to (b), lile Folili oc	oro and roini 4/20 (see inst	uctions	·/	<del></del>			Form Q	90 (2007)
								ronn <b>3</b>	- (2001)

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

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

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

Supplementary Information-(See separate instructions.)

Department of the Treasury Internal Revenue Service

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

2007

OMB No 1545-0047

Name of the orga	anization	ALABAMA SYM	ирному	ENDOWMEN.	r I	63 - 09654!	tification numbe 59
Part I	Compensation of the Five Highest					and Trustee	es .
	(See page 1 of the instructions. List	each one. If the	<u>ere are r</u>	<u>none, enter '</u>	'None.")		<del></del>
	(a) Name and address of each employee paid in than \$50,000	nore		and average hou k devoted to posit	(a) Componentias	(d) Contributions to empl benefit plans & deferred comp	s account and other
NONE							
							<del> </del>
				· - · · · · · · · · · · · · · · · · · ·		-	<del> </del>
	6.000		-				
Part II-A	of other employees paid over \$50,000  Compensation of the Five Highest	Paid Independe	ent Con	tractors for	Professional S	ervices	
	(See page 2 of the instructions. List (a) Name and address of each independent contra			viduals or fi	ms). If there ar		er "None.")
NONE	(a) Name and address of each independent contact	actor paid more than 45			(b) Type of s	sivice (	
		· · · · · · · · · · · · · · · · · · ·	_				<del></del>
-							
<del></del>							
Total number o	of others receiving over \$50,000 for					<del></del>	***************************************
Part II-B	Compensation of the Five Highest	Paid Independ	ant Can	tractors for	Other Services		******
rait iru	(List each contractor who performed firms. If there are none, enter "None	d services other	than pro	ofessional s			s or
	(a) Name and address of each independent contra			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(b) Type of se	ervice (i	c) Compensation
NONE							
	<del></del>	·					<del></del>
		· · · · · ·		· -			<del></del>
		<del></del>	<del> </del>				
Fatal accept -	f abban and a share a						<del></del>
550,000 for oth	of other contractors receiving over ner services	<b>&gt;</b>					
or Pananuari	Paduction Act Notice see the Instructions for	or Form 990 and Fo	· 000 ⊏	7	Sabadul	A /Earm 000	ar 000 E7\ 200

Sch	edule A (Form 990 or 990-EZ) 2007 ALABAMA SYMPHONY ENDOWMENT 6	<u>3-0965459</u>		F	age 2
P	art III 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 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.)	i <b>e</b>			
а	Sale, exchange, or leasing of property?		2a		x
b	Lending of money or other extension of credit?		2b		х
c	Furnishing of goods, services, or facilities?		2c		х
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		2d		х
е	Transfer of any part of its income or assets?		2e		x
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanat of how the organization determines that recipients qualify to receive payments)	ion	3a		х
b	Did the organization have a section 403(b) annuity plan for its employees?		3b		х
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		3c		х
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		3d		х
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	•	4a		x
b	Did the organization make any taxable distributions under section 4966?		4b		
С	Did the organization make a distribution to a donor, donor advisor, or related person?		4c		
d	Enter the total number of donor advised funds owned at the end of the tax year	<b>&gt;</b>			
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	<b>&gt;</b>			
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 right to provide advice on the distribution or investment of amounts in such funds or accounts	•		0	
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year	• ——			0

Pai	rt IV	Reason for Non-Private Found	l <b>ation Status</b> (See	pages 4 through	8 of the ins	tructions.)				
certif	_	t the organization is not a private foundation by church, convention of churches, or associati		-	le box )	<del></del>				
6	_	A school Section 170(b)(1)(A)(ii) (Also compl		- X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X						
7	_ □	A hospital or a cooperative hospital service org	ganization Section 170(	b)(1)(A)(III)						
8	— □ 4	s federal, state, or local government or govern	mental unit Section 170	0(b)(1)(A)(v)						
9 [	 A	a medical research organization operated in co	onjunction with a hospita	al Section 170(b)(1)(A)	(III) Enter the	hospital's name	e, city.			
•		nd state ▶	•	, , , , ,	. ,	·	•			
10 [		on organization operated for the benefit of a co Also complete the <b>Support Schedule</b> in Part		ed or operated by a gov	/ernmental uni	t Section 170(b)	(1)(A)(ıv)			
11a (		on organization that normally receives a subst		from a governmental u	init or from the	general public	Section			
11ь [	A	community trust Section 170(b)(1)(A)(vi) (A	lso complete the Suppo	ort Schedule in Part IV	-A )					
12 [	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)									
13 [	re	in organization that is not controlled by any disequirements of section 509(a)(3). Check the b		pe of supporting organ	-	erwise meets the	•			
		Provide the following inform	ation about the suppor	rted organizations. (S	ee page 8 of th	ne instructions )				
		(a)				(d)				
	Na	ame(s) of supported organization(s)	Employer	Type of	Is the su		Amount of			
			identification	organization	organizatio		support			
			number (EIN)	(described in lines 5 through 12	tne sup organiz	porting ration's				
				above or IRC section)	governing o					
					Yes	No				
AL	ABA	AMA SYMPHONIC ASSOCIAT	ON, INC 63-1103036	12	x		903,126			
			. =				· · · · · · · · · · · · · · · · · · ·			
Total						<b>•</b>	903,126			
14	l A	n organization organized and operated to test	for public safety Section	on 509(a)(4) (See page	e 8 of the instru	uctions)				

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting Calendar year (or fiscal year beginning in) (a) 2006 (b) 2005 (c) 2004 (d) 2003 (e) Total 15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.) 16 Membership fees received 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 19 Net income from unrelated business activities not included in line 18 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge Other income Attach a schedule Do not include gain or (loss) from sale of capital assets 23 Total of lines 15 through 22 24 Line 23 minus line 17 25 Enter 1% of line 23 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26a b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts 26h c Total support for section 509(a)(1) test. Enter line 24, column (e) 26c Add Amounts from column (e) for lines 18 22 26d e Public support (line 26c minus line 26d total) 26e f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26f a For amounts included in lines 15, 16, and 17 that were received from a "disqualified Organizations described on line 12: person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return. Enter the sum of such amounts for each year N/A (2006)(2005)b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals ) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year N/A (2006)(2003)Add Amounts from column (e) for lines 15 27c d Add Line 27a total and line 27b total 27d e Public support (line 27c total minus line 27d total) 27e Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ 27f Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g % h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) % Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief

description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

Private School Questionnaire (See page 9 of the instructions.) (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, N/A 29 Yes No other governing instrument, or in a resolution of its governing body? 29 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 30 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) Does the organization maintain the following Records indicating the racial composition of the student body, faculty, and administrative staff? 32a Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 32b Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32c d Copies of all material used by the organization or on its behalf to solicit contributions? 32d If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) 33 Does the organization discriminate by race in any way with respect to Students' rights or privileges? 33a Admissions policies? 33b Employment of faculty or administrative staff? 33c Scholarships or other financial assistance? 33d Educational policies? 33e Use of facilities? 33f Athletic programs? 33g Other extracurricular activities? 33h If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) Does the organization receive any financial aid or assistance from a governmental agency? 34a b Has the organization's right to such aid ever been revoked or suspended? 34b If you answered "Yes" to either 34a or b, please explain using an attached statement 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

Schedule A (Form 990 or 990-EZ) 2007 Part VI-A Lobbying Expension (To be completed	ditures by Electir	ng Public Chariti	es (See p		1 of the in	3-0965 struction N/A		Page 6
Check   a   If the organization below							control"	provisions apply
Limits o	n Lobbying Expe	nditures				a)		(b) To be completed for all electing
	itures" means amount							organizationš
36 Total lobbying expenditures to influence	· · · · · · · · · · · · · · · · · · ·	- •		36				
37 Total lobbying expenditures to influence		irect lobbying)		37			<del></del>	
38 Total lobbying expenditures (add lines	36 and 37)			38		<del>-</del>		<del></del>
39 Other exempt purpose expenditures	1d hare 20 and 20)			39 40			<del></del>	<del></del>
<ul><li>40 Total exempt purpose expenditures (ac</li><li>41 Lobbying nontaxable amount Enter the</li></ul>	•	nuuna tahla		40		<del></del>		
If the amount on line 40 is-		ontaxable amount is						
Not over \$500,000	20% of the amoun		ĺ П					
Over \$500,000 but not over \$1,000,000								
Over \$1,000,000 but not over \$1,500,000	·						İ	
Over \$1,500,000 but not over \$17,000,000	• •	of the excess over \$1,50		41	***************************************			· · · · · · · · · · · · · · · · · · ·
Over \$17,000,000	\$1,000,000							
42 Grassroots nontaxable amount (enter	25% of line 41)		_	42			İ	
43 Subtract line 42 from line 36 Enter -0-	ıf 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					4/6\			
(Como ornanimati		aging Period Un			• •	•		
(Some organizati	ons that made a section See the instructions for					e columns	s below	
		Lobbying Exp	enditures Du	uring 4	-Year Averag	jing Perio	đ	
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c 200	•		( <b>d</b> )		(e) Total
						-		
45 Lobbying nontaxable amount		***************************************						
46 Lobbying ceiling amount (150% of line 45(e))		<del></del>						
47 Total lobbying expenditures					_			
48 Grassroots nontaxable amount								
49 Grassroots ceiling amount (150% of		***************************************						
Ine 48(e))								
50 0								
50 Grassroots lobbying expenditures Part VI-B Lobbying Activity	, by Nonclecting	Public Charities	L				i	<del></del>
(For reporting onl				+ \/I_4	1) (See na	na 14 of	the in	etructione \N/A
During the year, did the organization attern					y (See pa	<u>ge 14 01</u>		Siluciions./M/ A
attempt to influence public opinion on a leg				y any		Yes N	lo	Amount
a Volunteers		andani, imaagii iila a					_	
b Paid staff or management (Include c	ompensation in expens	ses reported on lines	c through h.)				7	
c Media advertisements	•	•	J,					
d Mailings to members, legislators, or t	he public							
e Publications, or published or broadca	st statements							
f Grants to other organizations for lobb	ying purposes							
g Direct contact with legislators, their s	taffs, government offic	cials, or a legislative b	ody					
h Rallies, demonstrations, seminars, c		lectures, or any other	means					
i Total lobbying expenditures (Add line	• .					L		
If "Yes" to any of the above, also atta	ch a statement giving	a detailed description	of the lobby	ing act		-6	1/5	990 or 990-EZ) 2007

	AT ADAMA	CVMDUON	
Schedule A'(Form 990 or 990-EZ) 2007	ALADAMA	SIMPHONI	FUDOMMENT

Scho	edule A'(For			MA SYMPHONY ENDO		63-0965459		Р	age 7
P	art VII			ansfers To and Transac ee page 14 of the instruc		ships With Noncharita	ble		
 51	Did the rei			ectly engage in any of the following		vation described in section			
•			=	3) organizations) or in section 5	=				
а		•		noncharitable exempt organizat	•	<b>,</b>		Yes	No
_	(i) Cas	-					51a(i)	1.50	X
		er assets					a(ii)		X
b	Other tran								
_			ts with a nor	ncharitable exempt organization			b(i)		х
		chases of assets from a		• •			b(ii)		X
	• •	tal of facilities, equipme		, <del>-</del>			b(iii)	<b>†</b>	X
		nbursement arrangeme		200010			b(iv)		X
		ns or loan guarantees					b(v)	<del>                                     </del>	X
		-	membershir	or fundraising solicitations			b(vi)	<del>                                     </del>	X
c			•	other assets, or paid employees			c		X
ď	_		-	nplete the following schedule C	olumn (b) should always	show the fair market value o	<del></del>	L	
_				reporting organization. If the organization					
	=	_	•	olumn (d) the value of the goods		•			
	(a)	(b)	1	(c)	1	(d)			
	Line no	Amount involved	Name o	of noncharitable exempt organization	Description of t	ransfers, transactions, and sharin	g arrange	ments	
N/	A			-			·		
	<del>.</del>		<del> </del>						
		-							
		<del></del>							
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	-								
						<del></del>		-	
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		1							
				<del></del>					
		-							
		<del></del>	<u> </u>		<del>-  </del>		-		
		<u> </u>	ļ						
522	Is the orac	nization directly or indir	actly offiliate	d with, or related to, one or more					
JZa				than section 501(c)(3)) or in sec		ns 🕨	. 🗆 🗸	Tv	No
h		omplete the following so	<u>-</u>	than section 501(c)(5)) or in sec	Alon 527 F	•	' 📙 ''	es [X	i Mo
	11 103, 00	(a)	riedule	(b)		(0)			
		Name of organization		Type of organization		(c) Description of relationship			
	N/A				" · · · · · · · · · · · · · · · · · · ·	<u> </u>			
			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·					
			<del></del>		<del></del>				
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	<del></del>		<del></del>						
					<del></del>				

:63-0965459

## **Federal Statements**

### Statement 1 - Form 990, Part I, Line 6b - Rental Expenses

Description	Deduction
BUILDING DEPRECIATION	12,816
TOTAL	12,816

•63-0965459

### **Federal Statements**

### Statement 3 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
UNREALIZED LOSS ON SECURITIES	\$-1,029,290
TOTAL	\$-1,029,290

•63-0965459

### **Federal Statements**

### Statement 5 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses_	Program Service	Mgt & General	Fund- Raising
EXPENSES	\$	\$	\$	\$
MANAGEMENT FEES	198,372		198,372	,
BAD DEBTS	247,066		247,066	
MISC EXPENSES	3,752		3,752	
TOTAL	\$ 449,190	50	\$ 449,190	\$ 0

	•						
ร.3	-0	9	6	5	4	5	q

### **Federal Statements**

#### Statement 6 - Form 990, Part III - Organization's Primary Exempt Purpose

Description

TO PROVIDE FUNDING AND SUPPORT FOR THE ALABAMA SYMPHONIC ASSOCIATION, INC (63-1103036)

	٠.				
<b>•</b> 6	3-	09	165	45	9

### **Federal Statements**

#### Statement 7 - Form 990, Part IV, Line 54a - Publicly Traded Securities

Description	Beginning of Year	End of Year	Basis of Valuation
CORPORATE STOCK	\$	\$	
CORPORATE STOCK	6,104,476	3,941,055	MARKET
CORPORATE STOCK	119,535		MARKET
CORPORATE STOCK	599,632	631,852	MARKET
CORPORATE BONDS			
CORPORATE BONDS	1,481,411	1,577,144	MARKET
TOTAL	\$ 8,305,054	\$ 6,150,051	

### Statement 8 - Form 990, Part IV, Line 56 - Other Investments

Description	Beginning	End of	Basis of
	of Year	Year	Valuation
PARTNERSHIP INVESTMENTS	\$ 2,984,109	\$ 2,920,411	MARKET
REAL ESTATE INVESTMENTS	1,422,429		MARKET
TOTAL	\$ 4,406,538	\$ 2,920,411	

#### Statement 9 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description

Description							
	 Beginning of Year		Accum Depr	_	End of Year	_	Accum Depr
	\$ 260,000	\$	55,895	\$	260,000	\$	68,711
	 100,000	_		_	100,000	_	
TOTAL	\$ 360,000	\$_	55,895	\$_	360,000	\$_	68,711

63-0965459	Federal S	Federal Statements			• •
Statement 10 - Form 990, Part V-A	990, Part V-A - List	- List of Officers, Directors, Trustees, and Key Employees	, Trustees, and Key		
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
HAROLD ABROMS 3132 GUILFORD RD BIRMINGHAM AL 35223	TREASURER	0	0	0	0
HAROLD APOLINSKY PO BOX 55727 BIRMINGHAM AL 35255	DIRECTOR	0	0	0	0
DELL BROOKE 3204 FERNWAY ROAD BIRMINGHAM AL 35223	DIRECTOR	0	0	0	0
H CORBIN DAY 2001 PARK PLACE BIRMINGHAM AL 35203	DIRECTOR	0	0	0	0
K WOOD HERREN 1819 FIFTH AVE NORTH BIRMINGHAM AL 35203	DIRECTOR	0	0	0	0
CHARLES A MCCALLUM JR 2328 GARLAND DRIVE BIRMINGHAM AL 35216	DIRECTOR	0	0	0	0
HELEN MILLS 4604 DOLLY RIDGE RD BIRMINGHAM AL 35243	DIRECTOR	0	0	0	0
CHARLES PERRY 2545 HIGHLAND AVE BIRMINGHAM AL 35205	EX OFFICIO	0	0	0	0
JAMES T STEPHENS PO BOX 1943 BIRMINGHAM AL 35201	PRESIDENT	0	0	0	0
MIMI TYNES 2217 BROOKSHIRE PL	DIRECTOR	0	0	0	0
					10

Statement 10 - Form 99					
	90, Part V-A - List o Employees (	Statement 10 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key <u>Employees (continued)</u>	, Trustees, and Key		,
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
35223	DIRECTOR	0	0	0	0
CHARLES BROWN 1400 RED HOLLOW RD BIRMINGHAM AL 35215	DIRECTOR	0	0	0	0
WILLIAM MCDONALD 1 OFFICE PARK CIRCLE BIRMINGHAM AL 35223	DIRECTOR	0	0	0	0
BIRMINGHAM AL 35223	DIRECTOR	0	0	0	0 01

# · 4562

Department of the Treasury Internal Revenue Service

### Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172 2007

Attachment Sequence No 67

Name(s) shown on return

ALABAMA SYMPHONY ENDOWMENT

Identifying number 63-0965459

	ess or activity to which this form relates		•							
	rt i Election To Expen	•	•			con	nolete P	art I		
1	Maximum amount See the instruc				,, o , o u		ipioto i	<u> </u>	1	125,000
2	Total cost of section 179 property			00000					2	
3	Threshold cost of section 179 property								3	500,000
4	Reduction in limitation Subtract life	•		<b>)</b> _					4	
5	Dollar limitation for tax year Subtract lin				arately se	ee insti	uctions		5	
<u> </u>	(a) Descriptio		1000, 01101 0 : 11 1110	(b) Cost (bus				Elected cos		
6	(5)					- "				
<u> </u>										
7	Listed property Enter the amount	from line 29				7	<del></del>			
8	Total elected cost of section 179 p		te in column (c) lin	nec 6 and 7	ι				8	
9	Tentative deduction Enter the sm	• •		ies o aliu i					9	
									10	
10	Carryover of disallowed deduction	•		than	or line F	. /200	ınatrııatıan	\	11	
11	Business income limitation Enter		•	•		) (SEE	ii i Structioi	13)	12	
12	Section 179 expense deduction A	•			' <b>.</b> i	13			12	<del> </del>
I3 Vote	Carryover of disallowed deduction : Do not use Part II or Part III below					13				
	et II Special Depreciati				(Do no	t inc	luda liete	ad prope	orty )	(See instructions )
	······································							su prope	51 LY./	(Occ manachons.)
14	Special allowance for qualified Ne									
	property) and cellulosic biomass e	, , , ,	piaced in service	during the ta	x year (s	see m	structions)		14	
15	Property subject to section 168(f)(	•							15	
16	Other depreciation (including ACR		ida liatad man		a in atro	.atia			16	<del>-</del> -
Pe	rt III MACRS Depreciat	ion (Do not incid	<u>Jae iistea prop</u> Secti		e msu c	uctio	115.)			
	MACDO deductions for secretarile								17	12,816
17	MACRS deductions for assets pla	· ·					abaal, baa	. ⊾⊓l		12,010
18	If you are electing to group any assets p	ssets Placed in Service							tem	
	Gection B-A	(b) Month and	(c) Basis for depi			Jener	ar Bepree	unon Oys		
	(a) Classification of property	year placed in service	(business/investm only-see instruc	ent use	Recovery period	(e) (	Convention	(f) Met	hod	(g) Depreciation deduction
19a	3-year property									
b	5-year property									
С	7-year property									
d	10-year property									
е	15-year property									
f	20-year property									
g	25-year property			25	5 yrs			S/L		
h	Residential rental		·	27	5 yrs		MM	S/L		
	property			27	5 yrs		ММ	S/L		
i	Nonresidential real			39	yrs_		MM	S/L		
	property						MM	S/L		
	Section C-Ass	ets Placed in Service	e During 2007 Ta	x Year Using	g the Alt	ternat	ive Depre	ciation Sy	stem	
20a	Class life							S/L		
b	12-year			12	2 yrs			S/L		
	40-year			4	0 yrs		мм	S/L		
Pa	rt IV Summary (see ins	tructions)								,— <u>,— ,,</u>
21	Listed property Enter amount from	n line 28	· · · · · · · · · · · · · · · · · · ·						21	
22	Total. Add amounts from line 12,		ines 19 and 20 in	column (g), a	and line 2	21				
	Enter here and on the appropriate	=							22	12,816
23	For assets shown above and place	=			ſ					
	enter the portion of the basis attrib					23		_		