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SCANNED JUL 2 1 2010

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2008

Department of the Treasury Internal Revenus Service

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

Open to Public Inspection

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		the 2008 calen	uar year,			uı ı	, 20	08, and	d ending	Jun			, 2009		
В		ıf applıcable	Please use	C Name of org							, .		itification Nu	mber	
	\exists'	ddress change	IRS label~ or print ~		_		DONOR ADV					0069			
	□ ¹	lame change	or type. See		-	box if mail is r	not delivered to stree	t addr)	Room/suite	e	E Telepho	one nun	nber		
	<u></u>	nitial return	specific Instruc-	BOX 8701	22				<u> </u>		(20	5) 3	48-476	7	
	Ц	ermination	tions.	City, town or	country		Sta	te ZIP	code + 4						
		mended return		TUSCALOO	SA		A:	ւ 35	487		G Gross r	eceipts	\$ 1,485	,106.	
		pplication pending	F Name a	and address of prin	ncipal officer				H	(a) Is this a	a group retur	n for af	filiates?	Yes	X No
			Lynda G	ilbert Box	870142	Tus	caloosa .	AL 35	5487 H		affiliates inc		[Yes	☐ No
$\overline{\mathbf{I}}$	Та	x-exempt statu	s X 501	(c) (3) ◀ (ınsert	no)	4947(a)(1) or	П	27	If 'No,'	attach a list	(see in	structions)	_	_
J	_	ebsite: > ww				,	1 (-2((c) Group e	exemption ni	umber l	-		
K		e of organization	X Corpora		Associa	tion Other	, ▶	l Year	of Formation	· · · · · · ·			legal domicil	ΔΤ.	
Pa		Summa		1100	7.530010	don't Calci		L Tear	or r ormation	2001	1,000	JIZIC OI	regar domicis	e AL	
	1			nanization's m	ussion or m	nost signific	ant activities	The	Univer	rgity	of Al	ahan	na		
	•						and suppo								
g l		Alabama						= = -		= 1010	707			-	
E.						<u> </u>									
Activities & Governance	2	Check this bo	x ► []	if the organiz	ation discor	tinued its c	perations or di			than 2	5% of its		 s		-
ğ	3	Number of vo						оросос	2 01 111010	o triair Et	570 O1 113	3	Ĭ 5		
80	4		-	•	•		body (Part VI, I	ne 1b)	•			4	2		
iţie	5	Total number		_				·				5	0		
훓	6	Total number	of volunt	eers (estimate	e if necessa	ary)						6	0		
ď	7 a	Total gross u	nrelated b	ousiness rever	nue from Pa	aft VIII, lime	ECENTE P)	7			7a			0.
	t	Net unrelated	business	taxable incoi	me from Fo	rm 990-1, i	ine 34					7b			
								080	SI 1	P	rior Year		Curi	rent Ye	ar
as l	8	Contributions	and gran	ts (Part VIII, I	line 1h)	8 M	AY 24 2010	S	2	1	,000,0	00.		20,	319.
Ž	9	Program serv	ice reven	ue (Part VIII,	line 2g)				2						
Revenue	10	Investment in	come (Pa	rt VIII, colum	n (A), lınes	3, 4, and 7	SDEN"O.		[251,5	98.	-	921,	439.
<u> </u>	11	Other revenue	e (Part VI	II, column (A)), lines 5, 6	d 8c, 9c-1	BC PULLIP	1	إ لـ						
	12	Total revenue	e – add lii	nes 8 through	11 (must e	qual Part V	/III, column (A)	line 1	2)	1	,251,5	98.	_	901,	120.
	13	Grants and si	mılar amo	ounts paid (Pa	art IX, colur	nn (A), line	s 1-3)		L		256,0	22.		169,	596.
	14	Benefits paid	to or for	members (Pa	rt IX, colum	nn (A), line	4)		L						
ெ	15	Salaries, othe	er comper	isation, emplo	yee benefi	ts (Part IX,	column (A), lin	es 5-10	0) [
- 3e	16 a	Professional i	fundraisin	g fees (Part I	X, column	(A), line 11e	e).								
Expenses	ь	Total fundrais	ina exper	nses (Part IX.	column (D). line 25) •	•		0.						
<u> </u>	17	Other expens									29,9	82		52	760.
	18						, nn (A), line 25)		ŀ		286,0			222,	
	19	Revenue less			-		iii (A), iiie 23)		ŀ		965,5				
- 8	1.5	ricveriae iess	Схрензе	3 Oubtract III	<u> </u>	IIIC IZ.			+					123,	
Net Assets or Fund Balancos	00	T-1-11- /	′OV 1.	16\					ļ		ning of Y			of Yea	
	20	Total liabilities	•	•						6	,162,8		5,	138,	
Ş Ş	21	Total liabilitie	•	•	•				}			<u> </u>			649.
	22	Net assets or			t line 21 fro	m line 20				6	<u>,162,8</u>	80.	5,	136,	<u>497.</u>
Pa	rt II	Signati	ire Bloc	K											
		Under penalties true, correct, a	s of perjury, nd complete	I declare that I have Declaration of pro	ve examined the parer (other the	is return, includi an officer) is b	ling accompanying s ased on all informati	chedules	and statem	nents, and t	to the best o	f my kn	owledge and	belief, it	IS
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Sig	ın	Sanatura	$\Delta \mathcal{O}$								<u> ၁//</u>	7_/	10		
He	e	Signature	or onicer							Dat	e /	/			
		Trop or or		I tallo			·-···			Lynda	Gilbe	ert			
		Type or pri	int name and	i title				1							
								Date		Ch set	eck if	(s	reparer's ider see instruction	itifying ni ns)	umber
Pai		Preparer's									ployed	Ш			
Pre	:- 'er's	signature						<u> </u>							
Us		Firm's name (c)r				- <u>-</u>								
On		yours if self- employed),	▶							EIN	v -				
		address, and ZIP + 4				·	<u>_</u>			Ph	one no				
May	the	IRS discuss the	ıs return v	with the prepa	rer shown	above? (see	e instructions)						Ye	s X	No
BAA	\ Fo	r Privacy Act a	nd Paper	work Reducti	on Act Not	ice, see the	separate instr	uction	s		TEEA0101	04/23	/09 Fo	rm 990	(2008)

	990 (2008) UNIVERSITY OF ALABAMA DONOR ADVISED FUND	30-0069	848		Page 2
Pai	t III Statement of Program Service Accomplishments (see instructions)				
1	Briefly describe the organization's mission:				
	The University of Alabama				
	Donor Advised Fund exists to promote and support The University of		. _		
	Alabama and other public 501(c)(3) charities.				
2	Did the organization undertake any significant program services during the year which were not listed on the	prior			
	Form 990 or 990-EZ?	Γ	Yes	x	No
	If 'Yes,' describe these new services on Schedule O.	_	_	_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	s? [Yes	\mathbf{x}	No
	If 'Yes,' describe these changes on Schedule O.	_	_	_	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and all	expenses. Se	ection 50	1(c)(3))
	expenses, and revenue, if any, for each program service reported				
42	(Code) (Expenses \$147,641. including grants of \$147,641.) (Re	evenue \$			0.)
	Gifts to The University of Alabama to support the following programs	_			
	Chair for Integrity in Business; Center for Ethics and Social Respon		. 		
	Scholarships in the College of Commerce and Business Administration,	· •			
	School of Education, College of Continuing Studies, College of	. 			
	Community Health Services; general UA support (President's Cabinet B	und).			
	One half of any contributions must be designated for the University.	. = = <u>=</u> = = =	. – – – -		
					
	Gifts to other public charitable organizations, as follows: Crimson Tide Foundation to support the athletic department at The University of Alabama.			 	
	(Code: \(\sigma \) (Eupanese A \(\sigma \) (Pode: \(\sigma \)		-		$\overline{}$
40	(Code:) (Expenses \$ including grants of \$) (Re	venue \$			<u> </u>
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		· -			
				-	
		. – – – – –		- - -	
		. _			
		. 			
					
				- -	
					-
40	Other program services. (Describe in Schedule O.)				
	(Expenses \$ including grants of \$) (Revenue \$) .	
4e	Total program service expenses ► \$ 169,596. (Must equal Part IX, Line 25, column (B))			

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part I	4		х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III .	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6	х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		x
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the U.S?	14a		X
t	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		х
	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		<u> </u>
	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		<u> </u>
	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		<u> </u>
	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u> </u>
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23	х	
	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K If 'No,'go to question 25	24a		_x_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I .	25a		<u>x</u>
t	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I.	25b		х_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26_		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		x
		_		

Part IV Checklist of Required Schedules (continued)

	•		Yes	No
28	During, the tax year, did any person who is a current or former officer, director, trustee, or key employee			
;	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a		 X
I	have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		х
(c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		_x_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	- ··	х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	x	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		x
BAA		Form	990 (2008)

•		Yes	No
1 a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 1 a	0		
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable game (gambling) winnings to prize winners?		c X	-
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	0		
2 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2	b	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3	a	х
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule Q</i>	3	ь	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority ove financial account in a foreign country (such as a bank account, securities account, or other financial account)?	er, a 4	а	x
b If 'Yes,' enter the name of the foreign country: ▶			Ī
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5	a	х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5	ь	х
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5	С	
6a Did the organization solicit any contributions that were not tax deductible?	6	а	х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts we deductible?	ere not 6	ь	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7	a	x
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7	b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to Form 8282?	file 7	c	х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d		T	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7	e	x
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7		x
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7	a	
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as require			1
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		-	x
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9	a	x
b Did the organization make any distribution to a donor, donor advisor, or related person?	9		Х
10 Section 501(c)(7) organizations. Enter		1	
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			
11 Section 501(c)(12) organizations. Enter			
a Gross income from other 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.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	<u>a</u>	<u> </u>
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
BAA	For	m 990	(2008)

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A.	Governing Body and Management										
	For each processe	'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, es, or changes in Schedule O See instructions	describe the circumstances,		Yes	No						
1 :	a Enter the	number of voting members of the governing body	1a 5									
1	b Enter the	e number of voting members that are independent	1 b 2									
2	Did any o officer, d	officer, director, trustee, or key employee have a family relationship or a business re irector, trustee or key employee?	elationship with any other	2		_ x						
3	Did the o	organization delegate control over management duties customarily performed by or use, directors or trustees, or key employees to a management company or other person	under the direct supervision on?	3		x						
4	Did the o	rganization make any significant changes to its organizational documents		4		X						
	since the	prior Form 990 was filed?										
5	Did the o	rganization become aware during the year of a material diversion of the organizatio	n's assets?	5		х						
6	6 Does the organization have members or stockholders?											
7	7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?											
1	b Are any o	decisions of the governing body subject to approval by members, stockholders, or of	ther persons?	7b		Χ_						
8	Did the o	rganization contemporaneously document the meetings held or written actions unde ving	ertaken during the year by									
	•	erning body?		8a	х							
		nmittee with authority to act on behalf of the governing body?		8b	Х							
9	a Does the	organization have local chapters, branches, or affiliates?		9a		X						
	and bran	does the organization have written policies and procedures governing the activities of ches to ensure their operations are consistent with those of the organization?	, , ,	9b	_							
10	Was a co describe	ppy of the Form 990 provided to the organization's governing body before it was filed in Schedule O the process, if any, the organization uses to review the Form 990	d? All organizations must	10	,	x						
		any officer, director or trustee, or key employee listed in Part VII, Section A, who caltion's mailing address? If 'Yes,' provide the names and addresses in Schedule O	nnot be reached at the	11		x						
Sec	tion B.	Policies										
	.				Yes	No						
		organization have a written conflict of interest policy? If 'No,' go to line 13	• •	12a	х							
	to conflic		-	12b	<u>x</u>	i 						
	Schedule	organization regularly and consistently monitor and enforce compliance with the po of O how this is done	licy? If 'Yes,' describe in	12 c	x							
		organization have a written whistleblower policy?		13		<u> </u>						
14		organization have a written document retention and destruction policy?		14		<u>X</u>						
15		rocess for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and decomparability data, and contemporaneous substantiation of the deliberation and decomparability.	approval by independent cision									
		nization's CEO, Executive Director, or top management official?		15a		_X						
ı		icers of key employees of the organization?		15 b		<u>X</u>						
		the process in Schedule O (see instructions)				-						
16 a	Did the o entity dur	rganization invest in, contribute assets to, or participate in a joint venture or similar ring the year?	arrangement with a taxable	16a		X						
ı	in joint ve	nas the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard th respect to such arrangements?	to evaluate its participation the organization's exempt	16 b								
Sec	_	Disclosures										
17	List the s	tates with which a copy of this Form 990 is required to be filed ▶										
	Section 6	5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, ain Indicate how you make these available. Check all that apply.	nd 990-T (501(c)(3)s only) as	 ⁄aılabl	e for	oublic						
	Own	website Another's website X Upon request										
19	Describe statemen	in Schedule O whether (and if so, how) the organization makes its governing docunits available to the public	nents, conflict of interest pol	cy, ar	id fina	incial						
20	State the	name, physical address, and telephone number of the person who possesses the b	books and records of the orga	anızatı	on							
•	Regions	Morgan Keegan Trust 1901 6th Ave N, Ste 300 Birmingham A	L35203(20	25)_8	01-0	135						
	· · · · · · · · · · · · · · · · · · ·				000	(2008)						

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees; and former such persons

Check this box if the organization did no (A)	(B)	(c)						(D)	(E)	(F)
Name and Title	Average hours	ı	ition	(chec	k all t	that app	ly)	Reportable compensation from		Estimated amount of other
	per week	नर्वाणांदे से frastee or director	inshihonal lrustee	Offic er	Key amphyee	High est confidensated employee	Former	compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Pam Parker	1.00	x						0.	248,603.	50,526.
Lynda Gilbert	1.00		1					0.	240,003.	50,526.
Trustee	1.00	x						٥. ا	329,686.	45,566.
Robert Witt			İ							
Trustee	1.00	X						0.	608,825.	41,995.
Greg Hyde										
Trustee	1.00	X	ļ					0.	0.	0.
John McNeil										
Trustee	1.00	X	ļ					0.	0.	0.
						_			-	
					i					
										

Part VII Section A. Officers, Directors, Trus	·	(ey	En			es,	an			
, (A)	(B) Average	Posi	tion (C)	hat a	nnka	(D)	(E)	(F)
, Name and Title	hours per week			Officer		Highest compensated employee	_	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
	-								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	-									
									, , ,	
1 b Total	-						•	0.	0.	0.
2 Total number of individuals (including those in 1a) v	vho rece	eived	mo	re t	han	\$10	0,00	00 in reportable co	ompensation from t	he
organization • 0										
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in 4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater the individual 	ndıvıdua portable	l con	npei	nsat	ıon	and	oth	er compensation f	rom	3 X X 4 X
5 Did any person listed on line 1a receive or accrue c rendered to the organization? If 'Yes,' complete Sch	ompens nedule J	atior for	n fro suct	m a 1 pe	ny i rsor	unre 1	late	d organization for	services	5 x
Section B. Independent Contractors								 		. <u>.</u> .
Complete this table for your five highest compensation from the organization	ed inder	pend	lent	con	trac	tors	tha	t received more th	nan \$100,000 of	
(A) Name and business addres	s							Description o	of Services	(C) Compensation
					-					
2 Total number of independent contractors (including compensation from the organization ▶ 0	those in	1) \	who	rece	eıve	d m	ore	than \$100,000 in		

Pa	rt VIII Statement of Revenue		,	<u>, </u>	
	·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE 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 20,319.				
S AND	g Noncash contribns included in lns 1a-1f. \$	20,319.	1		
SERVICE REVENUE	Business Code 2 a b c d	20,313.			
¥¥.	e		-		
30GF	f All other program service revenue				
	 g Total. Add lines 2a-2f Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds 	160,454.	0.	0.	160,454.
	5 Royalties				
	(i) Real (ii) Personal 6a Gross Rents b Less rental expenses c Rental income or (loss).				
	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other 1,304,333.				
	b Less: cost or other basis and sales expenses 2,386,226. c Gain or (loss) -1,081,893.	1 001 002			1 001 002
OTHER REVENUE	d Net gain or (loss) 8a Gross income from fundraising events (not including \$	-1,081,893.	0.	0.	-1,081,893.
	9a Gross income from gaming activities. See Part IV, line 19				
	b Less: direct expenses c Net income or (loss) from gaming activities				-
	10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory ▶			-	-
į	Miscellaneous Revenue Business Code				-
	b c d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	-901,120.	0.	0.	-921,439.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	169,596.	169,596.		
2	Grants and other assistance to individuals in the U S See Part IV, line 22		100,390.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal .				
С	Accounting			_	
d	Lobbying				
е	Prof fundraising svcs. See Part IV, In 17				
f	Investment management fees	24,413.	0.	24,413.	0.
g	Other .				
12	Advertising and promotion	27,198.	0.	27,198.	0.
13	Office expenses	1,149.	0.	1,149.	0.
14	Information technology				•
15	Royalties				
16	Occupancy .				•
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
	Depreciation, depletion, and amortization				
	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				!
а	·				
b					
С					
d					
е					
f	All other expenses				
	Total functional expenses. Add lines 1 through 24f	222,356.	169,596.	52,760.	0.
	Joint Costs. Check here ► if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

7	art A	Balance Sheet					
			(A) Beginning of year		(B) End of) year	
	1	Cash — non-interest-bearing		1			
	2	Savings and temporary cash investments	225,337.	2	26	8,3	21.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4		_	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	-		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))					
		and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6			
ASSETS	7	Notes and loans receivable, net		7			
S	8	Inventories for sale or use.		8			
T S	9	Prepaid expenses and deferred charges	621.	9			0.
	10a	Land, buildings, and equipment cost basis 10a					
		Less. accumulated depreciation Complete Part VI of					
		Schedule D 10b		10 c			
	11	Investments – publicly-traded securities	5,936,922.	11	4,85	1,8	60.
	12	Investments – other securities, See Part IV, line 11		12			
	13	Investments – program-related See Part IV, line 11		13			
	14	Intangible assets	•	14			
	15	Other assets See Part IV, line 11	0.	15	1	7.9	65.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,162,880.	16	5,13		
	17	Accounts payable and accrued expenses	0.	17			49.
	18	Grants payable		18		_, -	
	19	Deferred revenue		19			
Ļ	20	Tax-exempt bond liabilities		20			
Ä	21	Escrow account liability. Complete Part IV of Schedule D		21			
L-AB-L-T-ES	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II					
Ť		of Schedule L .		22			
É	23	Secured mortgages and notes payable to unrelated third parties		23			
-	24	Unsecured notes and loans payable	 	24			
	25	Other liabilities. Complete Part X of Schedule D		25	_		
	26	Total liabilities. Add lines 17 through 25	0.	26		1.6	49.
N		Organizations that follow SFAS 117, check here ► and complete lines	-			1,0	17.
E E		27 through 29 and lines 33 and 34.					
	27	Unrestricted net assets		27			•
A SOUTH S		Temporarily restricted net assets		28			
Ĭ	29	Permanently restricted net assets		29			
R		Organizations that do not follow SFAS 117, check here ► X and complete				_	
		lines 30 through 34.					
FOZD BALAZOEN	30	Capital stock or trust principal, or current funds	6,162,880.	30	5,13	6.4	97.
R	31	Paid-in or capital surplus, or land, building, and equipment fund	0,102,000.	31	3,13	<u> </u>	<u> </u>
Ē	32	Retained earnings, endowment, accumulated income, or other funds		32	-		
Ñ	33	Total net assets or fund balances.	6,162,880.	33	5,13	<u> </u>	97
Ĕ	34	Total liabilities and net assets/fund balances	6,162,880.	34	5,13	-	
	irt XI		0,102,880.	 	3,13	0, <u>+</u>	40.
1 6	11 ()	T mancial Statements and Reporting				res	No
1	Δα	counting method used to prepare the Form 990. Cash X Accrual	Other			163	110
					20	İ	v
		re the organization's financial statements compiled or reviewed by an independent are the organization's financial statements audited by an independent accountant?	iccountant: .		2a	,	<u> </u>
		re the organization's financial statements audited by an independent accountant?.	for aversight of the a	udit	2b	X	
		Yes' to 2a or 2b, does the organization have a committee that assumes responsibility lew, or compilation of its financial statements and selection of an independent accordance a result of a federal award, was the organization required to undergo an audit or au-			2c	x	
3	Au	a result of a federal award, was the organization required to undergo an audit of audit Act and OMB Circular A-133? .	שונם מם שבנ וטונוו וווו נחפ	Jingle	3a		x
		res,' did the organization undergo the required audit or audits?			3b		
BA					Form 9	990 (2008

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047 2008

Open to Public

Name of the organization Employer identification number UNIVERSITY OF ALABAMA DONOR ADVISED FUND 30-0069848 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is (Please check only one organization) 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) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(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) 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 9 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) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h x 11 c Type III — Functionally integrated d | | Type III - Other e X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? X 11 g (i) a family member of a person described in (i) above? 11 g (ii) X a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) X Provide the following information about the organizations the organization supports (i) Name of Supported (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the nization in col (v) Did you notify the organization in col (i) of _ (vi) Is the (vii) Amount of Support organization in col (i) organized in the US? rganization in co (i) listed in your your support? governing document? Yes No Yes No Yes No The University of Alabama 63-6001138 ln 2 above х X X 147,641. **Total** 147,641.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

·Sch	edule A (Form 990 or 990-EZ) 200	08 UNIVERSI	TY OF ALABAI	MA DONOR AD	VISED FUND	30-006984	
Pa	rt II Support Schedule for	_			(b)(1)(A)(iv) ar	nd 170(b)(1)(A)	(vi)
<u></u>	(Complete only if you check	ted the box on line	e 5, 7, or 8 of Par	t1)			
	tion A. Public Support		<u> </u>	Τ.	<u> </u>	·	
begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					_	
3	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						
4	Total. Add lines 1-3						
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)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support	T	r		T	1	1
	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income form unrelated business activities, whether or not the business is regularly carried on .						
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	
13	First five years. If the Form 990 organization, check this box and		ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 501(c))(3) ► <u> </u>
	tion C. Computation of Pu						
14 15	Public support percentage for 20 Public support percentage for 20	·	•			14 15	<u>%</u> %
16 a	33-1/3 support test – 2008. If the				d the line 14 is 33	-1/3 % or more, o	check this box
ŀ	33-1/3 support test — 2007. If the and stop here. The organization	e organization did	not check a box	on line 13, or 16	a, and line 15 is 3	3-1/3% or more,	check this box
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	r e. Explain in Par	t IV how
ŀ	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	and-circumstance:	s' test, check this	box and stop her	r e. Explain in Par	t IV how the
_18	Private foundation. If the organi		_			-	
BAA							990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 Page 3 UNIVERSITY OF ALABAMA DONOR ADVISED FUND 30-0069848 | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal yr beginning in)▶ (a) 2004 **(b)** 2005 (d) 2007 (c) 2006 (e) 2008 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1-5 7a Amounts included on lines 1, 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (add ins 9, 10c, 11, and 12) First five 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 ▶ Section C. Computation of Public Support Percentage 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) % 17 % 18 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 19a 33-1/3 support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests - 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name of the organization Employer Identification number UNIVERSITY OF ALABAMA DONOR ADVISED FUND 30-0069848 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 5 1 2 Aggregate contributions to (during year) 20,319. 3 Aggregate grants from (during year) 169,596. Aggregate value at end of year 5,138,146. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? X Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?? Part II | Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a a Total number of conservation easements b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06. 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable vear ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990. Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Schedule D (Form 990) 2008 UNIV					069848 Page
Part III Organizations Mainta	ining Collection	ons of Art, Hist	orical Treasures,	or Other Similar A	ssets (continued)
3 Using the organization's accession that apply)	on and other reco	rds, check any of th	ne following that are	a significant use of its c	ollection items (check
a Public exhibition		d 🗌 Loan	or exchange progran	ns	
b Scholarly research		e 🗌 Other	·		
c Preservation for future gener	rations				
4 Provide a description of the organ Part XIV.					oose in
5 During the year, did the organiza assets to be sold to raise funds in					Yes No
Part IV Trust, Escrow and Cu IV, line 9, or reported	istodial Arrang	gements Compl Form 990, Par	ete if organization	on answered 'Yes' to	Form 990, Part
1a is the organization an agent, trus				other assets not	
included on Form 990, Part X? b If 'Yes,' explain the arrangement	in Part XIV and o	complete the follow	ıng table		∐ Yes ☐ No
					Amount
c Beginning balance				1c	
d Additions during the year				1d	
e Distributions during the year				1e	
f Ending balance				1f	
2a Did the organization include an a	mount on Form 9	90, Part X, line 211	?	' 	Yes No
b If 'Yes,' explain the arrangement					
Part V Endowment Funds Co	mplete if orgai	nization answer	ed 'Yes' to Form	990, Part IV, line 1	0.
	(a) Current year	(b) Prior yea			
1 a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities					
and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage	e of the year end	balance held as			
a Board designated or quasi-endov	vment ►	%			
b Permanent endowment ►					
c Term endowment ►	%				
3a Are there endowment funds not a organization by	n the possession	of the organization	that are held and ac	dministered for the	Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
b If 'Yes' to 3a(II), are the related of	organizations liste	d as required on Se	chedule R?.		3b
4 Describe in Part XIV the intended	-	· ·			
Part VI Investments-Land, B	uildings, and	Equipment. See	Form 990, Part	X, line 10.	
Description of investment	(a)	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land .					
b Buildings					
c Leasehold improvements	-				
d Equipment					
e Other					
Total, Add lines 1a-1e (Column (d) sho	ould equal Form 9	90. Part X. column	(B), line 10(c))	.	•

BAA

Schedule **D** (Form 990) 2008

Part VII Investments—Other Securities See		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products.		
Closely-held equity interests		
Other		
		
		
Total. (Column (b) should equal Form 990 Part X, col. (B) line 12.)		
Part VIII Investments-Program Related (Se		3)
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	<u> </u>	
		
	 -	
		- · · · · · · · · · · · · · · · · · · ·
Total. Column (b)(should equal Form 990, Part X, Col. (B) line 13.)	<u> </u>	
Part IX Other Assets (See Form 990, Part		
) Description	(b) Book value
Accrued Income Receivable		17,965.
		
Total. Column (b) Total (should equal Form 990, Part X		► 17,965.
Part X Other Liabilities (See Form 990, Pa	· · · · · · · · · · · · · · · · · · ·	
(a) Description of Liability	(b) Amount	
Federal Income Taxes		
Total. Column (b) Total (should equal Form 990, Part X, col. (B) line 25) -	
In Part XIV, provide the text of the footnote to the organ	nization's financial statements that	at reports the organization's liability for uncertain tax
positions under FIN 48.		•

UNIVERSITY OF ALABAMA DONOR ADVISED FUND

Schedule **D** (Form 990) 2008

30-0069848

Page 3

	30-0069848	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1 Total revenue (Form 990, Part VIII, column (A), line 12)	<u> </u>	-901,120.
2 Total expenses (Form 990, Part IX, column (A), line 25)		222,356.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	<u> </u>	L,123,476.
4 Net unrealized gains (losses) on investments		
5 Donated services and use of facilities		
6 Investment expenses .		
7 Prior period adjustments		
8 Other (Describe in Part XIV)		
9 Total adjustments (net) Add lines 4-8		
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	-:	L,123,476.
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments		
b Donated services and use of facilities 2b		
c Recoveries of prior year grants		
d Other (Describe in Part XIV)	_	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investments expenses not included on Form 990, Part VIII, line 7b		
	-	
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		-
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p		
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities		
b Prior year adjustments 2b	<u> </u>	
c Losses reported on Form 990, Part IX, line 25	_	
d Other (Describe in Part XIV)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIV)		
c Add lines 4a and 4b	4c	
5 Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18)	5	
Part XIV Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part line 4, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b	IV, lines 1b and	2b, Part V,
		-
		
		

TEEA3304 12/23/08

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Schedule **D** (Form 990) 2008

SCHEDULE I

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.
 Attatch to Form 990.

2008

Open to Public Inspection Employer Identification number 30-0069848 Part I | General Information on Grants and Assistance UNIVERSITY OF ALABAMA DONOR ADVISED FUND Department of the Treasury Internal Revenue Service Name of the organization

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form X Yes 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

≗ □

Part IV and Schedule I-1 (Form 990) if additional space is needed	(Form 990) If add	itional space is	1 (Form 990) if additional space is needed				▼
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
井		}					
Tuscaloosa, AL 35487	63-6001138	501(c)(3)	147,641.				educational
Crimson Tide Foundation Box 870136							
	20-1715023	501(c)(3)	21,954.				charitable
	•						
	•						
1	(3) and government of	rganizations					
3 Enter total number of other organizations	tions						

Schedule I (Form 990) 2008

TEEA3901 12/19/08

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance 30-0069848 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance UNIVERSITY OF ALABAMA DONOR ADVISED FUND (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule 1 (Form 990) 2008 Part III

Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. University of Alabama. For the other half, the donor can designate restrictions. The fund managers ensure that restrictions are met to any public 501(c)(3) charity of their choosing, with certain At least one-half of contributions must be designated for The including verification of the charity's exempt status. Pt_I_Line_2 Pt_I_Line_2 Pt_I_Line_2 Pt_I_Line_2 Pt_I_Line_2

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Schedule I (Form 990) 2008

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, line 23.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

UNIVERSITY OF ALABAMA DONOR ADVISED FUND

Employer identification number

30-0069848

Part I Questions Regarding Compensation			
		Yes	No
1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Pa VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items	rt		
First-class or charter travel Housing allowance or residence for personal use			İ
Travel for companions Payments for business use of personal residence			
Tax indemnification and gross-up payments Health or social club dues or initiation fees			
Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
<u> </u>			
b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all			Í
of the expenses described above? If 'No,' complete Part III to explain	1 b		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3 Indicate which, if any, of the following organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.			
Compensation committee Written employment contract			i
Independent compensation consultant Compensation survey or study			
Form 990 of other organizations Approval by the board or compensation committee			·
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a			1
a Receive a severance payment or change of control payment?	4a		x
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		х
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
If 'Yes' to any of 4a-c, list the persons and provide the applicable amounts for each item in Part III			
Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?	5a		X
b Any related organization?	5ь		X
If 'Yes' to line 5a or 5b, describe in Part III.			
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?	6a		'
b Any related organization?	6b		X
If 'Yes' to line 6a or 6b, describe in Part III	60		
	-		
7 For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III	7		х
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If 'Yes,' describe in Part III	8		х

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Schedule J (Form 990) 2008

Page 2

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII Schedule J (Form 990) 2008 UNIVERSITY OF ALABAMA DONOR ADVISED FUND

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	I	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other compensation	compensation	benefits	(D)·(I)(B)	reported in prior Form 990 or Form 990-EZ
]())	0	0	l i	0.	0.		0.
Pam Parker	(E)	234,262	0 0	14,341	<u></u>	10,555.	299,12	0.
	Θ	0	0	0	0	.0	0	0.
Lynda Gilbert	€	326,264	0	3,422	0,28	5,286.	375,253.	.0
	Ξ	0	0	0	0	0.		0.
Robert Witt	(3)	591,699	0	17,126.	39,261.	2,7:	650,82	-
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

UNIVERSITY OF ALABAMA DONOR ADVISED FUND	30-0069848
Pt VI-A, Line 10 The tax return is prepared in-house by tax offic	e
personnel at The University of Alabama (UA). Th	e
return goes through a three-step review process.	It_is
reviewed_by_the_UA_Director_of_Financial_Account	ing
and Reporting, the UA Associate Vice President f	or
Finance, and finally the UA Vice President for F	inance
who is also the board member who signs the retur	n.
	· -
Pt VI-B, Line 12c Trustees are required at the annual meeting to d	isclose
any possible conflict of interest to the other t	rustees.
	·
Pt_VI-B, Line_15 _ The organization_does_not_have_its_own_employees	and
does not pay compensation to officers/trustees.	
·	
·	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 See separate instructions.

2008

OMB No 1545-0047

Open to Public Inspection

(F)
Direct controlling
entity Employer identification number 30-0069848 (E) End-of-year assets (**D)** Total income (C)
Legal domicile (state or foreign country) (B) Primary activity UNIVERSITY OF ALABAMA DONOR ADVISED FUND (A) Name, address, and EIN of disregarded entity Part I Identification of Disregarded Entities Department of the Treasury Internal Revenue Service Name of the organization

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(C) (E) Exempt Code section Public charity status or foreign counity)	(F) Direct controlling entity
The University of Alabama 63-6001138	education				
		AL	501(c)(3)	7	N/A

Schedule R (Form 990) (2008)

TEEA5001 12/23/08

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UNIVERSITY OF ALABAMA DONOR ADVISED FUND	lentification of Related Organizations Taxable as a Partnershi
Schedule R (Form 990) 2008	Identification
Schedule R	Part III

General or managing partner?		
(J) Genera manag partn		
Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)		
(H) Disproportionate tionate allocations?		
Share of total income Share of end-of-year assets		
(F) Share of total income		
(E) Predominant income (related, investment, unrelated)		
(D) Direct controlling entity		
(C) Legal domicile (state or foreign		
(B) Primary Activity		
Name, address, and EIN of related organization related organization (B) (C) (D) (D) (C) (State or foreign country)		

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Part IV	
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(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign coountry)	(D) Direct ontrolling entity	Type of entity (C corp, S corp, or trust)	(B) (C) (D) Type of entity Activity (C) corp. S corp. (C) country) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(G) Share of end-of-year assets	(H) Percentage ownership
	<u> </u>						
ВАА		TEEA5002 12/23/08	3/08			Schedule R (Form 990) (2008)	(2008)

Part V Transactions With Related Organizations

Note Complete line 1 if any entity is listed in Parts II. III. or IV.		Yes	2
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV		 	↓
 a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity b Gift grant or capital contribution to other organization(s) 		1a 4	×
c Gift, grant, or capital contribution from other organization(s)		┞.	×
d Loans or loan quarantees to or for other organization(s)		Jd.	×
e Loans or loan guarantees by other organization(s)		1e	×
f Sale of assets to other organization(s)		- 11] x
		19	×
		1- 1-	×
i Lease of facilities, equipment, or other assets to other organization(s)		1i	×
j Lease of facilities, equipment, or other assets from other organization(s) k Performance of services or membership or fundrasing solicitations for other organization(s)		11:	××
Performance of services or membership or fundraising solicitations		1	
m Sharing of facilities, equipment, mailing lists, or other assets		E X	
n Sharing of paid employees		- L	×
o Reimbursement paid to other organization for expenses		10	×
p Reimbursement paid by other organization for expenses		1p	×
			×
r Other transfer of cash or property from other organization(s) 2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	nd transaction threshold	ds.	×
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved	ved
(1)			
(2)			
(3)			
(4)		,	
(5)			
(9)			
BAA TEEA5003 07/02/08	Schedule R	Schedule R (Form 990) (2008)	(2008)

Schedule R (Form 990) 2008 UNIVERSITY OF ALABAMA DONOR ADVISED FUND

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

(B) (C) (C) (B) Legal Domicile Are all partin section (State or Foreign 501(c)(3) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Are all partners section 501(c)(3)	(E) Share of end-of-year assets	(F) Disproportionate allocations?	(G) Code V-UBI amount in Box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?	l or ing ir?
			Yes No		Yes No	,	Yes	2
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