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DISASTER EXTENSION

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)

2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	Ear th	o 2009 calone	dar voar	or tax year beginning	Jul	1		000 200	d ending	Jun	30		,2010	
			uar year, t	C Name of organization	our	<u>+</u>	,	oos, and	u enuni	j ouii		or Idon	tification Numb	
В	1-1	f applicable	Please use		- a-a-	ארא אדר	18481T 7	0000			1			••
	1 - 1	dress change	IRS label or print	UNIVERSITY Of Number and street (or					Room/su		E Telepho		380	
-	-1	me change	or type. See	1		mail is not dell	vereu to str	eet addr)	Roomisu	ite	l '			
S	子 ¦ Ini	tial return	specific Instruc-	P.O. BOX 861	928						(20)	5) 3	<u>348-4530</u>	
	a e	rmination	tions	City, town or country			S		code + 4					
MAKK	.≨An	nended return		TUSCALOOSA_			<i>I</i>	AL_3	5 <u>486</u>				\$ 6,634,	
	G Ap	plication pending	F Name a	and address of principal office					i		a group retur		⊢	Yes X No
M			127	ilbert Box 8701	.42	Tuscal	oosa	AL 3	5487		l affiliates incl ' attach a list		nstructions)	Yes No
<u> </u>	Tax	-exempt statu			ert no)	494	7(a)(1) o	r 5	527			•	•	
JS	<u>-</u> Wel	osite: ► ht		lumni.ua.edu		_				H(c) Group	exemption nu	ımber <u>İ</u>	<u> </u>	
K		of organization	X Corpora	ation Trust As	sociation	Other ►		L Year	of Formati	on 192	7 <u> </u>	state of	legal domicile	AL
P	yrt I	Summa												
C				ganization's mission o										
191		<u>The Univ</u>	rersity	y_of_Alabama_	hroug	g <u>h publ</u> i	catio	ns, 1	reuni	ons ar	<u>nd othe</u>	<u>er_a</u>	<u>ictiviti</u>	<u>es.</u>
Activities & Goverhance									·					
erb													 .	
Š	2	Check this bo		if the organization dis				isposed	of more	than 25	% of its as		lo-	
જ	3		-	bers of the governing t voting members of t			,	no 1h)				3	27 25	
es	5		•	yees (Part V, line 2a)	ne gover	ring body (r	ait VI, II	ne ru)				5	0	
Ę	6			eers (estimate if nece	ssarv)							6	0	
Ą	7a			ousiness revenue from		II, Icolumn (C), ine 12	2				7a	1	77,869.
	b	Net unrelated	business	taxable income from	Form 99	90-T, line 34	,					7 b		61,073.
										F	Prior Year		Currer	
	8	Contributions	and gran	ts (Part VIII, line 1h)							1,738,3	86.		76,429.
Revenue	1		_	ue (Part VIII, line 2g)							<u> </u>			
eve	10	Investment in	ncome (Pa	art VIII, column (A), lii	nes 3, 4,	and 7d)				1	,351,5	56.	1,7	47,562.
Œ	11	Other revenue	e (Part Vi	II, column (A), lines 5	, 6d, 8c,	9c, 10c, an	d 11e)			1	,268,0	41.	1,2	10,146.
	12	Total revenue	<u> — add lir</u>	nes 8 through 11 (mus	st equal	Part VIII, co	lumn (A)	, line 12	2)	7	7,357,9	83.	6,6	34,137.
	1			ounts paid (Part IX, co	-					2	2,568,0	83.	1,8	76,205.
	14	Benefits paid	to or for i	members (Part IX, co	lumn (A)	, line 4)								0.
ø	15	Salaries, other	er comper	nsation, employee ber	efits (Pa	art IX, colum	ın (A), lır	es 5-10))					0.
nse	16a	Professional	fundraisin	ig fees (Part IX, colun	ın (A), lı	ne 11e)								0.
Expenses	ь	Total fundrais	sing exper	nses (Part IX, column	(D), line	25) ►		531,	669.		# ** * * * * * * * * * * * * * * * * * *	, i,	x	*
Ú	17	Other expens	es (Part I	X, column (A), lines 1	1a-11d.	11f-24f)					979,0	48.	1.6	64,525.
	į.			nes 13-17 (must equa			Mile 28	,		3	3,547,1			40,730.
				s Subtract line 18 fro			# LD	l			8,810,8			93,407.
5 g					0			18			nning of Y		End o	
Net Assets or Fund Balancos	20	Total assets	(Part X. III	ne 16)	<u> </u>	JUL 05	2011	S-O			632,7			57,633.
A Be	1	Total liabilitie	s (Part X,	, line 26)]"						27,6			91,245.
캶	22	Net assets or	fund hala	ances Subtract line 2	from	MACON EN	1 117	-		28	3,605,1			66,388.
Pa	irt II		ure Blo			MULI	1, U 1				,,005,1	<u></u>	32/3	00,000.
					ed this reti	ırn, ıncludına ad	companyin	n schedule	es and stat	ements and	d to the hest of	of my ki	nowledge and h	elief itis
		true, correct, a	and complete	I declare that I have examine Declaration of preparer (of	her than of	ficer) is based of	n all inform	ation of w	hich prepa	rer has any	knowledge	or my Ki	nowicage and bi	cher it is
Sig	n	▶ G	NY X								6/24	וב/צ	DI l	
He		Signature	of officer							Da	ate			
		► Lynda	a Gilb	ert						Treas	surer			
			rint name an											
								Date			heck if	P	Preparer's identif	ying number
Pa		Prenarer's									elf mployed		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	'
Pr		Preparer's signature								•	-			
	rer's	Firm's name (or						-			•		
Üs Or		yours if self- employed),	•		<u> </u>						IN ►			
Ji	··y	address, and ZIP + 4	·								hone no			
Ma	y the I		ıs return v	with the preparer show	vn above	? (see instri	uctions)			<u>,,</u>			Yes	X No
_				work Reduction Act			<u></u>				TCE 40101	07/20		200 (2000)

			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		<u>X</u>
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		_X_
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 similar funds or 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		_X_
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		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		<u> </u>
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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	Х	
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	* ,	*	¥ ,
•	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part VII	**	4	1
•	Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	**	A	,
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	:	*	
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		*	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X		*	*
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х	-
12 <i>A</i>	Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Y			* :
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	_	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? 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
16	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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20_		X

Form 990 (2009) UNIVERSITY OF ALABAMA ALUMNI ASSOC.

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	X	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23	X_	
24 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 lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
	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		ļ
25 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		Х
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		X
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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		X
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? 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	X	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	 	X
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		Х
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? <i>If 'Yes,' complete Schedule R, Part I</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	х	
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
ВАА		Form	1 990 ((2009)

Page 5 Part VIII Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S 0 Information Returns Enter -0- if not applicable 1 a 1b 0 **b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c Х (gambling) winnings to prize winners? 2a 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 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3 a b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3b Х 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a Х **b** If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5_b Х c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 5с Tax Shelter Transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 6a X solicit any contributions that were not tax deductible? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7 a Х provided to the payor? 7b Х **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с 7 d d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7 e X benefit contract? 7 f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7 g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business 8 holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9a Х a Did the organization make any taxable distributions under section 4966? 9ь **b** Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter 11 a 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 11b amounts due or received from them)

Form 990 (2009)

12a

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

n A. Governing Body and Management			V T	
tes the number of veting members of the governing hadr	12/27		Yes	No
				×
·		*		ا. ا
icer, director, trustee or key employee?	ationship with any other	2		X
I the organization delegate control over management duties customarily performed by or ur officers, directors or trustees, or key employees to a management company or other persor	nder the direct supervision	3		Х
		4		X
•		_		
•	's assets?	\vdash		XX
·		Ь		<u>X</u>
	fore members of the	7a		Х
e any decisions of the governing body subject to approval by members, stockholders, or other	ner persons?	7b		X
	taken during the year by	-		A
•		8a	X	
ch committee with authority to act on behalf of the governing body?		8b	Х	
there any officer, director or trustee, or key employee listed in Part VII, Section A, who can panization's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	not be reached at the	9		Х
	required by the Internal	'	·	
e Code)				
			Yes	No
, , , , , , , , , , , , , , , , , , , ,		10a	_X	
Yes,' does the organization have written policies and procedures governing the activities of d branches to ensure their operations are consistent with those of the organization?	such chapters, affiliates,	10Ь	х	
	efore filing the form?	11	ļ	X
		40	- 4	<u> </u>
	L-4Id	12a	Х	
conflicts?	·	12b	Х	
ies the organization regularly and consistently monitor and enforce compliance with the poli chedule O how this is done	cy? If 'Yes,' describe in	12c	Х	
es the organization have a written whistleblower policy?		13		X
es the organization have a written document retention and destruction policy?		14		<u>X</u>
d the process for determining compensation of the following persons include a review and a resons, comparability data, and contemporaneous substantiation of the deliberation and deci	ipproval by independent ision?	, , , , , , , , , , , , , , , , , , ,		
e organization's CEO, Executive Director, or top management official		15a		<u>X</u>
		15b		X
Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)			,	
	arrangement with a taxable	16a		X
joint venture arrangements under applicable federal tax law, and taken steps to safeguard	to evaluate its participation the organization's exempt	16b	**,3	- Ž
	······································	,		
ection 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an spection. Indicate how you make these available. Check all that apply	nd 990-T (501(c)(3)s only) ava	ıılable	for pu	blic
Own website Another's website X Upon request				
scribe in Schedule O whether (and if so, how) the organization makes its governing documatements available to the public	ents, conflict of interest policy	, and	financ	ıal
·	ooks and records of the organi	zatıon		
ynda Gilbert 271 Rose Adm. Bldg, UA Tuscaloosa A	AL35487(2	05)_3	48-4	<u>4530</u>
The office of the contract of	ficer, director, trustee or key employée? If the organization delegate control over management duties customarily performed by or ur officers, directors or trustees, or key employées to a management company or other person of the organization make any significant changes to its organizational documents nee the prior Form 990 was filed? If the organization become aware during the year of a material diversion of the organization bees the organization have members or stockholders? If the organization have members, stockholders, or other persons who may elect one or moverning body? If the organization contemporaneously document the meetings held or written actions under e following If the organization contemporaneously document the meetings held or written actions under e following If the organization contemporaneously document the meetings held or written actions under e following If the organization contemporaneously document the meetings held or written actions under e following If the organization contemporaneously document the meetings held or written actions under e following If the organization contemporaneously document the meetings held or written actions under e following If the organization contemporaneously document the meetings held or written actions under e following If the organization for the governing body? If the any officer, director or trustee, or key employee listed in Part VII, Section A, who can ganization mailing address? If Yes, Yorvode the names and addresses in Schedule O. If B. Policies (This Section B requests information about policies not do branches to ensure their operations are consistent with those of the organization? If yes, 'does the organization have written policies and procedures governing the activities of do branches to ensure their operations are consistent with those of the organization? If yes, 'does the organization have a written conflict of interest policy? If 'No,' go to line 13 recofficers, directors or trustees, and key employees required to disclo	ter the number of voting members of the governing body ter the number of voting members that are independent d any officer, director, fusate or, or key employee have a family relationship or a business relationship with any other fincer, director, fusate or key employees? d the organization delegate control over management duties customarity performed by or under the direct supervision officers, directors or fusiteses, or key employees to a management company or other person? d the organization make any significant changes to its organizational documents nee the prior Form 990 was filed? d the organization become aware during the year of a material diversion of the organization's assets? set the organization have members or stockholders? set the organization have members or stockholders, or other persons who may elect one or more imembers of the verning body? e any decisions of the governing body subject to approval by members, stockholders, or other persons? d the organization contemporaneously document the meetings held or written actions undertaken during the year by efollowing the governing body? set committee with authority to act on behalf of the governing body? there any officer, director or frustee, or key employee listed in Part VII, Section A, who cannot be reached at the ganizations mailing address? If Yes, "provide the names and addresses in Schedule O in B. Policies (This Section B requests information about policies not required by the Internal e Code) Ones the organization have written policies and procedures governing the activities of such chapters, affiliates, of branches to ensure their operations are consistent with those of the organization? Pers, does the organization have a written conflict of interest policy? If Yo, "go to line 13 e officers, directors or trustees, and key employees required to disclose annually interests that could give rise conflicts? The set organization regularly and consistently monitor and enforce compliance with the policy? If Yes," describe in chi	ther the number of voting members that are independent left the number of voting members that are independent left the number of voting members that are independent left the number of voting members that are independent left the number of voting members that are independent left the number of voting members that are independent left in number of voting members that are independent left in number of voting members that are independent left in number of voting members that are independent left in number of voting members that are independent left in number of voting members that are independent left in number of voting members that are independent left in number of voting members are stockholders. It is a material diversion of the organization's assets? 5 de the organization have members or stockholders? 6 asset the organization have members or stockholders or other persons who may elect one or more members of the verning body? 7 as any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 but the organization contemporaneously document the meetings held or written actions undertaken during the year by etiolorism; and the organization of the governing body? 8 but organization ontemporaneously document the meetings held or written actions undertaken during the year by etiolorism; and the organization ontemporaneously document the meetings held or written actions undertaken during the year by etiolorism; and the organization are decisions in a material with a stockholders, or other persons? 7 but the organization that unbindity to act on behalf of the governing body? 8 but organization members of the governing body? 8 but organization have in the properson of the numbers and addresses in Schedule O 9 on B. Policies 10 and B. Policies 10 and B. Policies 10 and B. Policies 11 and B. Policies 12 are the organization have a written by the organization about policies and protections or consistent with those of the organization? 12 are officers, directors or furs	ter the number of voting members of the governing body ter the number of voting members that are independent ter the number of voting members that are independent ter the number of voting members that are independent ter the number of voting members that are independent ter the number of voting members that are independent ter the number of voting members that are independent ter the number of voting members that are independent ter the number of voting members that are independent ter the number of voting members that are independent ter the processor of trustees, or key employees to a management company or other person? the organization make any significant changes to its organizational documents note the prior form 990 was field; the organization become aware during the year of a material diversion of the organization's assets? 5 best the organization have members, stockholders? 6 costs the organization have members, stockholders, or other persons who may elect one or more members of the verning body? 7 a early decisions of the governing body subject to approval by members, stockholders, or other persons? 7 b of the organization contemporaneously document the meetings held or written actions undertaken during the year by following a governing body? 8 a X X b there are yofficer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the genization's handing address? If Vise, provide the names and addresses in Schedule O In B. Policies (This Section B requests information about policies not required by the Internal e Code) In B. Policies (This Section B requests information about policies not required by the Internal e Code) In B. Policies (This Section B requests information about policies not required by the Internal e Code) In B. Yes 10a X Yes, does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization. 10b X Yes, do

Check this boy if the organization did not companie to any ourrent officer, director, or trustee

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- 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) of 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

(A) (B) (c) Name and Title Average Position (check all that a								(D)	(E)	(F)
Name and Title	Average hours				k all			Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	adividi el fruscee or director	mshluhomel kustee	Offi er	Key employee	High est coin-e-isated	roi nei	the organization (W-2/1099-MISC)	related organizations (W 2/1099 MISC)	compensation from the organization and related organizations
Pat Whetstone										
Exec. Secretary	40.00			Х				0.	159,774.	34,275.
Lynda Gilbert Treasurer	1.00			х				0.	331,973.	51,405.
Eddie Hardaway										
President	1.00			x				0.	0.	0.
Richard Coffee	+ =									
President-Elect	1.00	X						0.	0.	0.
Ben Shurett										
Past President	1.00	X						0.	0.	0.
Chad Coker										
Director	0.50	Х						0.	0.	0.
Linda Thomas										
Director	0.50	X	_					0.	0.	0.
W. Haig Wright, II	_									
Director	0.50	Х	ļ				<u> </u>	0.	0.	0.
Ginger Pegues	_				1	}				
Director	0.50	Х		ļ	ļ	<u> </u>	L.	0.	0.	0.
Charles Rice	_									
Director	0.50	X		<u> </u>	_	ļ		0.	0.	0.
Jonathan Garner	_			1						_
Director	0.50	X	<u> </u>		<u> </u>	ļ	<u> </u>	0.	0.	0.
James Patrenos, Jr.							1			•
Director	0.50	<u> X</u>		-	1	<u> </u>	_	0.	0.	0.
R. Wade Seamon	-				1					
Director	0.50	X_	<u> </u>	-	<u> </u>	 		0.	0.	0.
Scott Davis		İ		1						0
Director	0.50	X		├		_	<u> </u>	0.	0.	0.
Ann Scogin	-									^
Director	0.50	X	 	├-	├ -	ļ —	-	0.	0.	0.
Russell Fountain		١.,							0.	^
Director	0.50	X	 −		╁		-	0.	0.	0.
Warren_Williamson, Jr		.,								^
Director	0.50	X	<u> </u>	Ц.	<u>L</u>	<u> </u>	l	0.	0.	0 . Form 990 (2009

Part VII Section A. Officers, Directors, Trus	1	T				63,	ann			
(A)	(B)			-	c)		1.3	(D)	(E)	(F)
Name and Title	Average hours							Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	호호	Institutional trustee	Officer	Key employee	Highest compensa employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
		rect du	L to	역	emp	est o loye	Jet	(1.2.1000 11.100)	(,	organization and related
		l a	nal 1	1	δy	e om	1			organizations
•		stee	trust		16	Pen:				
		"	ee			ated				
		<u> </u>								
Charles Schaeffer]									
Director	0.50	Х			<u></u>			0.	0.	0.
James Murphree, Jr.									_	
Director	0.50	Х						0.	0.	0.
Donald Mansell										
Director	0.50	X		1				0.	0.	0.
Jill Gudger Howell			T							
Director	0.50	Х						0.	0.	0.
Ann Taylor Reed	1			T		Γ				
Director	0.50	x						0.	0.	0.
Ronald Coppock	1	 		<u> </u>	\vdash	 	_	<u>·</u>		<u>.</u>
Director	0.50	x						0.	0.	0.
James Bogan	10.50	- 21	\vdash	\vdash		╁╌				.
Director	0.50	v					İ	0.	0.	0.
Glynyss_Naro	0.50	Λ						- 0.	<u>_</u>	<u>·</u>
Director	0.50	v						٥.	0.	
Michelle Chauvin Johns	10.30	^		 	-	├-	-		0.	0.
	0.50	Ų,							0	
Director	0.50	Λ.	├	 		-	-	0.	0.	0.
Pamela Picard	1, 50								•	
Director	0.50	X	-					0.	0.	0.
	-									
	+			-	-		<u> </u>			
	-									
	+		-	-	-	ļ—				
	-			İ						
		<u> </u>	<u> </u>		<u> </u>	<u> </u>	<u> </u>		401 747	05 600
1b Total								0.	491,747.	85,680.
2 Total number of individuals (including but not limited	to thos	e IIS	ted a	abov	ve) v	vho	rece	eived more than \$	100,000 in reportabl	e compensation
from the organization 0										
										Yes No
3 Did the organization list any former officer, director	or truste	e, k	еу е	empl	oye	e, or	hig	hest compensated	employee	an had the had a second
on line 1a ⁵ If 'Yes,' compléte Schedule J for such in										3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater ti	portable han \$150	com	ipen	ısatı¢ f ′Y≏	on a	ind c	othei <i>lete</i>	r compensation fro Schedule I for su	om ch	
individual	ιαπ φισι	,,,,,,,,,	,,	, , ,	5 00	σπρ	1010	ochedate 5 for 3th	011	4 X
5 Did any person listed on line 1a receive or accrue c	omnens	ation	fro	m ar	nv 11	nrel:	hate	organization for s	ADUCAS	
rendered to the organization? If 'Yes,' complete Sch	nedule J	for s	uch	per.	son	i ii Cia	aicu	organization for s	el vices	5 X
Section B. Independent Contractors										
1 Complete this table for your five highest compensate	ed indep	ende	ent d	conti	racto	ors t	hat	received more tha	n \$100,000 of	
compensation from the organization										
(A) Name and business address (B) Description of Services Compensat										
Name and business address	55					_		Description	or Services	Compensation
					_			 		
								 		
2. Total number of independent anti-state (i.e.).	ht	uma di	د ام	, AL			d =1-	0.40		
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		mmte	eu IC	, mo	se I	ıstec	ı ab	ove) who received	more than	
problem compensation from the organization	U								I\$ ∵	B* 9 4 . !

	A VIII OLICINICITY OF TREVEITAGE	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	the Membership dues b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribns included in lns 1a-1f h Total. Add lines 1a-1f	3,676,429.	A		*
PROGRAM SERVICE REVENUE	Business Code 2 a b c d e 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 	1,747,562.	0.	0.	1,747,562.
	For a second to the second to	1,032,277.	O.	O.	1,032,277.
	d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses	² € ₄ ^ (* *	de de	
	c Gain or (loss) d Net gain or (loss)		** * *		(8° ° 60 ′)
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b c Net income or (loss) from fundraising events	, ,,	* '	· 	»
	9a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses b				
	c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances		*	ar de sua la re	
	b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code				
	11a Sales & Services 900004 b c	177,869.	0.	177,869.	0.
	d All other revenue e Total. Add lines 11a-11d ▶ 12 Total revenue. See instructions	177,869.		177.000	0.770.006
	12 Ioda revenue. See Instructions	6,634,137.	0.	⊥// , 869.l	2,779,839.

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).

	All other organizations must con	i i	•		
Do 1 6b, 2	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	502,320.	502,320.	***	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,373,885.	1,373,885.	,	
3	Grants and other assistance to governments, organizations, and individuals outside the	0.	0.		(
4	U.S. See Part IV, lines 15 and 16 Benefits paid to or for members	0.	0.		<u> </u>
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	0.	0.	0.	0.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0.	0.	0.	0.
9	Other employee benefits	0.	0.	0.	0.
10	Payroll taxes	0.	0.	0.	0.
11	Fees for services (non-employees)				
а	Management	0.	0.	0.	0.
b	Legal	0.	0.	0.	0.
c	Accounting	19,155.	0.	19,155.	0.
d	Lobbying	0.	0.	0.	0.
е	Prof fundraising svcs See Part IV, In 17	0.	,	· ***	0.
f	Investment management fees	12,893.	87.	0.	12,806.
g	Other	12,256.	7,300.	4,132.	824.
12	Advertising and promotion	2,698.	0.	1,281.	1,417.
13	Office expenses	649,558.	318,925.	69,969.	260,664.
14	Information technology	36,600.	25,876.	340.	10,384.
15	Royalties	0.	0.	0.	0.
16	Occupancy	2,556.	1,826.	130.	600.
17	Travel	66,413.	39,493.	23,412.	3,508.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.	0.	0.	0.
19	Conferences, conventions, and meetings	30,242.	29,535.	707.	0.
20	, ,	0.	0.	0.	0.
21	Payments to affiliates	0.	0.	0.	0.
22	Depreciation, depletion, and amortization	10,005.	0.	10,005.	0.
23	Insurance	20,280.	0.	1,665.	18,615.
24	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)				**************************************
a	Gifts to UA & Agency	653,132.	0.	456,170.	196,962.
	Schol/Prizes/Awards	4,114.	0.	2,172.	1,942.
	Business Entertainment	97,261.	75,543.	5,051.	16,667.
c	Dues & Subscriptions	12,315.	650.	11,665.	0.
	Other Expenses All other expenses	35,047.	8,704.	19,063.	7,280.
	Total functional expenses. Add lines 1 through 24f	3,540,730.	2,384,144.	624,917.	531,669.
26			, ,		<u> </u>
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA		·		·	Form 990 (2009)

Part X | Balance Sheet

(A) End of year Beginning of year 257,598 1 251,213. 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 Accounts receivable, net 313,636 4 556,535. Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) 6 and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10 a 430,000. 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D **b** Less accumulated depreciation 10b 430,000 10 c 430,000. Investments - publicly-traded securities 27,488,688. 11 31,280,480. 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 15 142,874. 139,405. 16 Total assets Add lines 1 through 15 (must equal line 34) 28,632,796. 16 32,657,633. 17 Accounts payable and accrued expenses 27,658. 17 91,245. 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 27,658 26 91,245 Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34. Unrestricted net assets 8,303,186. 27 10,165,122. 28 Temporarily restricted net assets 2,342,080. 28 2,606,553. Permanently restricted net assets 17,959,872. 29 19,794,713. R Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, and equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 28,605,138. 33 32,566,388.

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34

Total liabilities and net assets/fund balances

32,657,633. Form **990** (2009)

28,632,796.

34

Faitty Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990 🔲 Cash 🗓 Accrual 📗 Other		* / //	. *.
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			,
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b Were the organization's financial statements audited by an independent accountant?	2b	Х	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	t of the audit,	х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	No.		~ * `
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were consolidated basis, separate basis, or both	issued on a		
X Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single 3a		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required audit		

BAA

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545 0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

	VERSITY OF ALA								011380	
Pär	Reason for Pu	blic Charity Statu	is (All organizations	must	comple	ete this	part.) See ı	<u>nstruct</u>	ions
The o	<u> </u>		se it is (For lines 1 throu	•			•			
1	A church, convente	on of churches or asso	ociation of churches descri	ribed in	section	1 70(b) (1)(A)(i).			
2	===		A)(ii). (Attach Schedule E	,						
3			e organization described i							
4	- The first the hospital of th									
5										
6	170(b)(1)(A)(iv). ((Complete Part II)	governmental unit describ		,		Ū			
7	An organization that		substantial part of its sur					or from t	he gener	ral public described
8	A community trust	described in section 1	70(b)(1)(A)(vi). (Complete	e Part II)					
9	from activities relations investment income June 30, 1975 See	ted to its exempt funct and unrelated busine e section 509(a)(2). (C	· · · · · · · · · · · · · · · · · · ·	exception 5	ons, and 511 tax) f	(2) no r from bus	nore the	an 33-1/3 s acquire	3 % of its	s support from gross
10			exclusively to test for pub							
11	describes the type	orted organizations d of supporting organiz	exclusively for the benefit escribed in section 509(a ation and complete lines)(1) or s 11e thro	section 5 ough 11h	09(a)(2) I	See s	or carry ection 5	out the 09(a)(3).	purposes of one or Check the box that
	a ∐ Type I	b Type II	c Type III		-	_			d 📙	Type III- Other
е	By checking this both than foundation ma 509(a)(2)	ox, I certify that the organizers and other than	ganization is not controlle n one or more publicly su	d direct pported	ly or indi organiza	rectly by	y one or escribed	more d I in secti	isqualifie on 509(a	ed persons other a)(1) or section
f	If the organization check this box	received a written dete	ermination from the IRS t	hat is a	Type I, 7	Гуре II с	r Type	III suppo	rting org	anization,
g	-	006, has the organiza	tion accepted any gift or	contribi	ution fror	n any of	the foll	owing p	ersons?	
	(i) a person who	directly or indirectly o	controls, either alone or to	. = . + h	سمم مالجين		لممطيسم	()	۷۲	Yes No
	below, the go	verning body of the si	ipported organization?	ogether	with pers	sons des	scribea	ın (ii) an	a (III)	11 g (i)
	(ii) a family mem	ber of a person desc	ribed in (i) above?							11 g (ii)
	(iii) a 35% contro	lled entity of a person	described in (i) or (ii) ab	ove?						11 g (iii)
h	Provide the following	ng information about th	ne supported organization	าร						
	(i) Name of Supported Organization	(ii) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiza (i) liste govi	Is the ation in coled in your erning ument?	the organ	rou notify nization in (i) of upport?	(vi) i organizat (i) organi U	s the ion in col zed in the S ?	(vii) Amount of Support
				Yes	No	Yes	No	Yes	No	
								ļ		
	"			ļ						
	<u>.</u>		!	<u> </u>						
				<u> </u>	 	<u> </u>				
			-		+	<u> </u>				
Total			, , , , , , , , , , , , , , , , , , ,		^	Â)	50.00	1 (Å)	**************************************	

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule A (Form 990 or 990-EZ) 2009

II ai	Complete only from the le						(VI)			
Sec	(Complete only if you checke tion A. Public Support	ed the box on line	5, 7, or 8 of Part	1)						
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	2,473,201.	2,876,172.	6,036,951.	4,738,386.	3,676,429.	19,801,139.			
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-through 3	2,473,201.	2,876,172.	6,036,951.	4,738,386.	3,676,429.	19,801,139.			
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			All Bright .	\$ pm	,				
	shown on line 11, column (f)	/s /s		*	á.		4,307,400.			
	Public support. Subtract line 5 from line 4			>		* \	15,493,739.			
Sec	tion B. Total Support	T								
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
7	Amounts from line 4	2,473,201.	2,876,172.	6,036,951.	4,738,386.	3,676,429.	19,801,139.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	2,024,500.	2,116,330.	2,295,162.	2,459,618.	2,779,839.	11,675,449.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on	82,090.	105,268.	128,206.	159,979.	177 , 869.	653,412.			
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)									
11	Total support. Add lines 7 through 10			TO A S	54.9% - ` '%4.7		32,130,000.			
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			12				
13	First five years. If the Form 990 organization, check this box and	is for the organiza stop here	tion's first, second	d, third, fourth, or	fifth tax year as a	section 501(c)(3)) ▶ □			
Sec	tion C. Computation of Pu	blic Support P	ercentage							
	Public support percentage for 20	•	• • •	e 11, column (f)		14	48.22%			
15	Public support percentage from 2	2008 Schedule A, I	Part II, line 14			15	51.20%			
16 a	33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a pub	not check the box licly supported org	on line 13, and t ganization	he line 14 is 33-1/	3 % or more, che	ck this box ► X			
ŧ	and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization L X									
17 a	17a 10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.									
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-ar d-circumstances' i	nd-circumstances' test The organiza	test, check this bation qualifies as a	ox and stop here. a publicly supporte	Explain in Part IV ed organization	/ how the ►			
18	Private foundation. If the organiz	zation did not chec	ck a box on line, 1	3, 16a, 16b, 17a,						
BAA					Sc	hedule A (Form 9	90 or 990-EZ) 2009			

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you chec	ked the box on lin	e 9 of Part I)		<u> </u>			
<u>Sec</u>	tion A. Public Support							
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
1	membership fees received (Do not include 'unusual grants')							
2	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							
3	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							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons Amounts included on lines 2							
	and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support (Subtract line			<u> </u>	4 34 2 344		.3% Y	
	7c from line 6)					>	* 42	
	tion B. Total Support							
Cale	ndar year (or fiscal yr beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
	Amounts from line 6							
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b 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 14	Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	s for the organizat		third, fourth, or	fifth tax year as a	section 50		▶ []
Sec	tion C. Computation of Pul	blic Support P	ercentage					
	Public support percentage for 200	-	•	13, column (f))			15	%
16	Public support percentage from 2	:008 Schedule A, F	Part III, line 15				16	%
Sec	tion D. Computation of Inv	estment Incon	ne Percentage					
17	Investment income percentage for	r 2009 (line 10c, d	column (f) divided	by line 13, colum	nn (f))		17	%
18	Investment income percentage from	om 2008 Schedule	e A, Part III, line 17	7			18	%
	33-1/3 support tests – 2009. If the more than 33-1/3%, check this bound	ox and stop here.	The organization of	_l ualifies as a pub	ficly supported org	janization		▶ 📗
	33-1/3 support tests – 2008. If the is not more than 33-1/3%, check	this box and stop	here. The organiza	ation qualifies as	a publicly support	ted organiza	ition	l line 18
20	Private foundation. If the organiz	ation did not chec	k a box on line 14	<u>, 1</u> 9a, or 19b, ch	eck this box and se	ee instructio	ns	<u> </u>

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

 Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990.
 ► See separate instructions 2009

Open to Public Inspection

Name of the organization Employer Identification number UNIVERSITY OF ALABAMA ALUMNI ASSOC. 63-0011380 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 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 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 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 for any other purpose conferring impermissible private benefit?? No Part II | Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV 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 through 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 a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2с 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 tax Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year > Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 Part III 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, 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) 2009 UNIVE						63-001			Page 2
Part III Organizations Mainta	ining Collection	ons of Art, Hist	orical	Treasures, or 0	Other S	Similar Ass	ets (c	ontını	ıed)
3 Using the organization's acquisition items (check all that apply)	on accession and	other records, chec	ck any c	of the following that	are a si	gnificant use	of its co	llection	
a Public exhibition		d 🔲 Loan	or exch	ange programs					
b Scholarly research		e 🗌 Other	r	T					
c Preservation for future genera	ations								
4 Provide a description of the organ Part XIV	nization's collectio	ns and explain how	they fu	irther the organizati	ion's exe	empt purpose	ın		
5 During the year, did the organizat assets to be sold to raise funds ra	ather than to be m	iaintained as part o	of the or	ganızatıon's collect	ion ²	_	Yes		No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangemen unt on Form 9	ts Complete if 6 90, Part X, line	organı 21.	zatıon answere	d 'Yes'	to Form 9	90, Pa	rt IV,	line
1 a Is the organization an agent, trusincluded on Form 990, Part X?	tee, custodian, or	other intermediary	for con	tributions or other a	ssets no	ot	Yes	Γ	No
b If 'Yes,' explain the arrangement	ın Part XIV and co	omplete the following	ng table						
							Amoun	<u>t</u>	
c Beginning balance					1 c			 -	
d Additions during the year					1 d				
e Distributions during the year					1 e				
f Ending balance					1f				
2a Did the organization include an ai		90, Part X, line 217					Yes	L	No
b If 'Yes,' explain the arrangement		nization analysis		ad to Farm 000	D	N/ loss 10	-		
Part V Endowment Funds Co							1 ()		
1 - Danmana of was halans	(a) Current year	(b) Prior yea		(c) Two years back		hree years back	(e)	Four year	s back
1 a Beginning of year balance	26,851,08				****	****	*	<u>*</u>	
b Contributions	3,269,00	8. 3,651,4	404.	<u>, , , , , , , , , , , , , , , , , , , </u>	-	* *			
 c Net Investment earnings, gains, and losses 	2,552,44	94,442,3	175.	**************************************	se ,	* *	<i>*</i> [ja
d Grants or scholarships	1,310,99	7. 1,233,3	301.	<u>x</u>	,4	2	~	B .3	ş
 Other expenditures for facilities and programs 				ik k					₹
f Administrative expenses				***			`		.,,
g End of year balance	31,361,54	8. 26,851,0	088.			^ \$	1		
2 Provide the estimated percentage	of the year end b	alance held as							
a Board designated or quasi-endow	ment 🕨	31.00%							
b Permanent endowment ►	63.00%								
c Term endowment ►6	.00%								
3a Are there endowment funds not in organization by	the possession o	of the organization t	that are	held and administe	ered for t	he	Г	Yes	No
(i) unrelated organizations							3a(i)	163	X
(ii) related organizations							3a(ii)	X	
b If 'Yes' to 3a(ii), are the related or	raanizations lister	Las required on Sci	hadula l	⊃?			3b	X	
4 Describe in Part XIV the intended	_						1 30 1		
Part VI Investments-Land, B					ine 10				
Description of investment		Cost or other basis (investment)	(b)	Cost or other	(c) Acci	umulated eciation	(d) E	Book Va	alue
1a Land		430,000.		0.	,			430	,000.
b Buildings									
c Leasehold improvements		···							
d Equipment			<u> </u>						
e Other		-	T -						
Total. Add lines 1a through 1e (Column	ı (d) must eaual F	orm 990, Part X co	olumn (i	B), line 10(c))		•		430	,000.
BAA	. ,	,	/-		-	Sched	lule D (F		0) 2009

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	on
Financial derivatives		Cost or end-of-year marke	t value
Closely-held equity interests			
Other			
			
Total (Column (b) must equal Form 990 Part X, col (B) line 12)			
Part VIII Investments-Program Related (Se	ee Form 990, Part X, line	13)	
(a) Description of investment type	(b) Book value	(c) Method of valuation	on
		Cost or end-of-year marke	t value
	<u> </u>		
Part IX Other Assets (See Form 990, Part			
	Description		(b) Book value
Football ticket inventory Other receivables		1500	106,515
Other receivables			32,890.
			
Total (Column (h) must equal Form 900 Part V. col (P)	log 15)		
Total. (Column (b) must equal Form 990, Part X, col (B)	, line 15)	>	139,405
Part X Other Liabilities (See Form 990, Pa	art X, line 25)	A	139,405
Part X Other Liabilities (See Form 990, Part X Description of Liability	, line 15) art X, line 25) (b) Amount		139,405
Part X Other Liabilities (See Form 990, Part X Description of Liability	art X, line 25)	>	139,405
Part X Other Liabilities (See Form 990, Part X Description of Liability	art X, line 25)		139,405
Part X Other Liabilities (See Form 990, Part X Description of Liability	art X, line 25)	· *	139,405
Part X Other Liabilities (See Form 990, Part X Description of Liability	art X, line 25)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	139,405
Part X Other Liabilities (See Form 990, Part X Description of Liability	art X, line 25)	· *	139,405
Part X Other Liabilities (See Form 990, Pa	art X, line 25)	· *	139,405
Part X Other Liabilities (See Form 990, Pa	art X, line 25)	· *	139,405
Part X Other Liabilities (See Form 990, Pa	art X, line 25)	· *	139,405
Part X Other Liabilities (See Form 990, Pa	art X, line 25)	· *	139,405
Total. (Column (b) must equal Form 990, Part X, col (B) Pårt X Other Liabilities (See Form 990, Part X) (a) Description of Liability Federal Income Taxes	art X, line 25)	· *	139,405
Part X Other Liabilities (See Form 990, Pa	art X, line 25)	· *	139,405

Schedule D (Form 990) 2009 UNIVERSITY OF ALABAMA ALUMNI ASSO		3-00113	80	Page 4
Partix Reconciliation of Change in Net Assets from Form 990 to	-inancial Statements			
1 Total revenue (Form 990, Part VIII,column (A), line 12)				,137.
2 Total expenses (Form 990, Part IX, column (A), line 25)				730.
3 Excess or (deficit) for the year Subtract line 2 from line 1				3,407.
4 Net unrealized gains (losses) on investments			867	,843.
5 Donated services and use of facilities				
6 Investment expenses				
7 Prior period adjustments				
Other (Describe in Part XIV) Tatal advistage to (act). Add lease 4 through 8.				
9 Total adjustments (net) Add lines 4 through 8	10			,843 <u>.</u>
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 Part XIII Reconciliation of Revenue per Audited Financial Statement		Poturn	_ 3,961	,250.
1 Total revenue, gains, and other support per audited financial statements	its with Nevenue per i	Teturii	7 501	,980.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.			7,301	, 900.
a Net unrealized gains on investments	2a 867,843			
b Donated services and use of facilities	2b			
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIV)	2d			
e Add lines 2a through 2d	[20]		067	0.42
3 Subtract line 2e from line 1		2e 3		127
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	3	_ 0,034	,137.
a Investments expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIV)	4b			
c Add lines 4a and 4b	40	4c		
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	6 621	,137.
Partixille Reconciliation of Expenses per Audited Financial Statement	ents With Expenses no		0,034	,13/.
Total expenses and losses per audited financial statements	AND WITH EXPENSES PO	1	3 540	,730.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		C. C. C. C. C. C. C. C. C. C. C. C. C. C	<u> </u>	, 130.
a Donated services and use of facilities	2a			
b Prior year adjustments	2b	<u> </u>		
c Other losses	2c	- . * .		
d Other (Describe in Part XIV)	2d			
e Add lines 2a through 2d		2e		
3 Subtract line 2e from line 1		3	3 540	,730.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			3,340	, 130.
a Investments expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIV)	4b			
c Add lines 4a and 4b	40	4c		
5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)		5	3 540	,730.
Part XIV Supplemental Information		<u> </u>	3,340	, 130.
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Par line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d ar information	t III, lines 1a and 4; Part IV, nd 4b Also complete this pa	lines 1b and rt to provide	2b, Part \ any addition	/, onal
	·	· ·		
	· 			- -

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047 2009

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

Employer identification number

ջ □ (h) Purpose of grant or assistance education Rantill Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to 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 63-0011380 (g) Description of non-cash assistance n/a 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? (f) Method of valuation (book, FMV, appraisal, other) n/a 0 (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 502,319 (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable 501(c)(3)Part le General Information on Grants and Assistance 63-6001138 UNIVERSITY OF ALABAMA ALUMNI ASSOC (b) EIN

The University of Alabama

Box 870136

Tuscaloosa AL 35487

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1 (a) Name and address of organization or government

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Enter total number of section 501(c)(3) and government organizations

1

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations

TEEA3901 02/10/10

Schedule I (Form 990) 2009

Page 2 **Rational Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (f) Description of non-cash assistance Part I line 2, and any other additional information. Complete this part to provide the information required in Part I, line 2, and any other additional information 63-0011380 n/a (e) Method of valuation (book, FMV, appraisal, other) _are_awarded_and_used_in_accordance_with_the_stated_purpose_of_the_ Alabama to ensure that grants to the University and its students _The_Alumni Association_works_closely_with_The_University_of n/a particular gift and the mission of the Alumni Association. (d) Amount of non-cash assistance 1,373,885. (c) Amount of cash grant UNIVERSITY OF ALABAMA ALUMNI ASSOC. (b) Number of recipients Student aid, scholarships and awards (a) Type of grant or assistance Schedule I (Form 990) 2009 Pt_I_Line_2 Pt_I_Line_2 Pt_I_Line_2 Pt_I_Line_2

Schedule I (Form 990) 2009

BAA

SCHEDULE J (Form 990)

Compensation Information

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

► Attach to Form 990. ► See separate instructions.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.

OMB No 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

UNIVERSITY OF ALABAMA ALUMNI ASSOC.

Employer identification number 63-0011380

Par	t I Questions Regarding Compensation				
				Yes	No
1 a	Check the appropriate box(es) if the organization provided any of tVII, Section A, line 1a Complete Part III to provide any relevant in	the following to or for a person listed in Form 990, Part information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			l`
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization fol reimbursement or provision of all of the expenses described above	llow a written policy regarding payment or e? If 'No,' complete Part III to explain	1 b		
2	Did the organization require substantiation prior to reimbursing or trustees, and the CEO/Executive Director, regarding the items che	allowing expenses incurred by all officers, directors, cked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to est CEO/Executive Director Check all that apply	ablish the compensation of the organization's		5	*
	Compensation committee	Written employment contract	, ,		l.
	Independent compensation consultant	Compensation survey or study	*	*	ľ
	Form 990 of other organizations	Approval by the board or compensation committee	-	,cs	*
	_ · · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,		*	» ·
	D	A London Herman Albertan			42
	During the year, did any person listed in Form 990, Part VII, Section a related organization	on A, line ta with respect to the filing organization	š		<u> </u>
а	Receive a severance payment or change-of-control payment?		4a		X
b	Participate in, or receive payment from, a supplemental nonqualifi	ied retirement plan?	4b		Х
C	Participate in, or receive payment from, an equity-based compens	sation arrangement?	4c		X
	If 'Yes' to any of lines 4a-c, list the persons and provide the application	cable amounts for each item in Part III	`	**	
				*	l,
	Only section 501(c)(3) and 501(c)(4) organizations must complete	e lines 5-9.	- 1	**/	
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the contingent on the revenues of $$	e organization pay or accrue any compensation	4. 	} ~&.~.	. ,
а	The organization?		5a		X
Ŀ	Any related organization?		5b		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 contingent on the net earnings of	e organization pay or accrue any compensation	*	48 . 4.	
a	The organization?	!	6a	< 176.4	X
	Any related organization?		6b		X
_	If 'Yes' to line 6a or 6b, describe in Part III		` `		
7	For person listed in Form 990, Part VII, Section A, line 1a, did the described in lines 5 and 6? If 'Yes,' describe in Part III	organization provide any non-fixed payments not	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued contract exception described in Regs section 53 4958-4(a)(3)? If '	pursuant to a contract that was subject to the initial Yes,' describe in Part III	8		Х
۵	If 'Yes' to line 8, did the organization also follow the rebuttable pre	esumption procedure described in Regulations	9		

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

Schedule J (Form 990) 2009

Page 2

Schedule J (Form 990) 2009 UNIVERSITY OF ALABAMA ALUMNI ASSOC.

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

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

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 o	(B) Breakdown of W-2 and/or 1099-MISC	MISC compensation	(C) Retirement and	(n) Nontaxable	(F) Total of columns	(F) Compensation
(A) Name		() Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)·(D)	reported in prior Form 990 or Form 990-EZ
	ε	0	0	0			0.	0.
Pat Whetstone	€	151	00	8,085	26	7,64	194,049.	0.
	Ξ		0	0		1		0.
Lynda Gilbert	€	326,189.	0	5,784	39	11,51	383, 3	
	Ξ	 			- 	 	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	3							
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BAA				TEEA4102 02/0	02/02/10		Sched	Schedule J (Form 990) 2009

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

OMB No 1545-0047

2009

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

UNIVERSITY OF ALABAMA ALUMNI ASSOC.

Employer identification number

63-0011380

	ttl ∄Types of Property	(2)	(b)	(a)	(4)
		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art-Works of art				
2	Art—Historical treasures	<u> </u>			
3	Art-Fractional interests				
4	Books and publications		· .		
5	Clothing and household goods		· · · · · · · · · · · · · · · · · · ·		
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities-Publicly traded	Х	3	39,315.	stock mkt quote
10	Securities-Closely held stock				
11	Securities-Partnership, LLC, or trust interests				
12	Securities-Miscellaneous				
13	Qualified conservation contribution— Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate-Residential				
16	Real estate—Commercial				
17	Real estate-Other	Х	1	9,000.	appraised value
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► ()				
26	Other ► ()				
27	Other ► ()				
28	Other ► (
29	Number of Forms 8283 received by the organization completed Form 8283, Part IV, Done	on during the e Acknowledo	tax year for contributio gement	ns for which the	Yes No
30 a	During the year, did the organization receive by cohold for at least three years from the date of the ii	ontribution an nitial contribu	y property reported in F tion, and which is not re	Part I, lines 1-28 that it i equired to be used for e	must exempt

purposes for the entire holding period?

b If 'Yes,' describe the arrangement in Part II

- 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?
- **32a** Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
 - b If 'Yes,' describe in Part II
- 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

		Yes	No
		ANTAN SIA	·65.
	30 a		X
	* 		
	31	Х	
;	32a		Х
		* *	*
_			

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

Schedule M (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

UNIVERSITY OF ALABAMA ALUMNI ASSOC.	63-0011380
Pt VI-B, Line 11A The tax return is prepared by tax office pers	sonnel at
The University of Alabama. The tax return is	
the UA Director of Financial Accounting and F)
the UA Assoc. VP for Finance, and finally by	
for Financial Affairs, who is also the board	member
who signs the return.	
Pt VI-B, Line 12c Directors are required to disclose any potent	ial
conflicts of interest at the annual board of	directors
meeting.	
Pt VI-B, Line 15 The Alumni Association does not have employee	es of its
own, and does not pay compensation to its off	icers and
directors.	
Pt VI-C, Line 19 A copy of these items would be provided to a	member
of the public upon request.	

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4d (continued)

4d Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

Code [.]	Description.	\$34,096	special events
Expenses	183,617.	\$20,045	member services
Grants Of	0.	\$28,094	University of Alabama Homecoming
Revenue	0.	\$25,457	Alumni Weekend
		\$48,237	Executive Committee
		\$27,688	Student and Young Graduate Programs

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

2009

OMB No 1545-0047

Employer identification number

(F)
Direct controlling
entity 63-0011380 (End-of-year assets Part Marking Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.) Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 Attach to Form 990. See separate instructions. (**D)** Total income (C) Legal domicile (state or foreign country) (B) Primary activity (A) Name, address, and EIN of disregarded entity UNIVERSITY OF ALABAMA ALUMNI ASSOC Name of the organization

(F)
Direct controlling
entity Identification of Related Tax-Exempt Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) n/a (E)
Public charity status (if section 501(c)(3)) Ľ (**D)** Exempt Code section 501(c)(3) (C)
Legal domicile (state or foreign country) AL (B) Primary activity education (A) Name, address, and EIN of related organization The University of Alabama 63-6001138 35487 Tuscaloosa AL Box 870136, Part II

Schedule R (Form 990) (2009)

TEEA5001 02/05/10

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

Page 2

63-0011380

Schedule R (Form 990) 2009 UNIVERSITY OF ALABAMA ALUMNI ASSOC.

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

ı	جم خر ا	_	1		l				
	J) sral o aging ner?	°N							
	(J) General or managing partner?	Yes							
	Code V-UBI amount in box 20 of Schedule K-1	(Form 1065)							
	Disproportionate allocations?	Ŷ		 -					
	Dispre tions allocat	Yes		-				 	
ar.)	(G) Share of end-of-year assets								
reated as a partifiership during the tax year.)	(F) Share of total income								
eu as a partifiersill	(E) Predominant income (related, unrelated, excluded from tax under	sections 512-514)							
aliizaliolis irea	(C) (D) Legal Direct domicile controlling entity (state or foreign						;		
aten orga	(C) Legal domicile (state or	country)					:		
one or more re	(B) Primary Activity								
Decause It Had offe of High elated organizations	(A) Name, address, and EIN of related organization						 		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answer) line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	axable as a Cor	a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, stions treated as a corporation or trust during the tax year.)	iplete if the organi n or trust during th	zation answered 'Ye tax year.)	ss' to Form 990, Pa	rt IV,
Name, address, and EIN of related organization	(B) Primary Activity	Primary Activity (B) (Corp., Sorp.)	Type of entity (C corp, S corp, or trust)	Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Schedule R (Form 990) (2009)

TEEA5002 02/05/10

63-0011380

Schedule R (Form 990) 2009 UNIVERSITY OF ALABAMA ALUMNI ASSOC.

REALINAL Transactions With Related Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes	≗
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			ŀ	
a Receipt of (i) interest (ii) annuities (iii) royalities (iv) rent from a controlled entity		1a		×
b Gift, grant, or capital contribution to other organization(s)		1 b	×	
c Gift, grant, or capital contribution from other organization(s)		ا د		×
d Loans or loan guarantees to or for other organization(s)		7		×
e Loans or loan guarantees by other organization(s)		<u>-</u>		×
f Sale of assets to other organization(s)		1.		×
g Purchase of assets from other organization(s)		1g		×
h Exchange of assets		<u>۔</u>		×
i Lease of facilities, equipment, or other assets to other organization(s)		=		∣×
				*
j Lease of facilities, equipment, or other assets from other organization(s)		1		×
k Performance of services or membership or fundraising solicitations for other organization(s)		1 k		×
l Performance of services or membership or fundraising solicitations by other organization(s)		1	×	
m Sharing of facilities, equipment, mailing lists, or other assets		_ E	×	
n Sharing of paid employees		-		×
		1		1
o Reimbursement paid to other organization for expenses		10		×
p Reimbursement paid by other organization for expenses		1p		×
		*,		77429
q Other transfer of cash or property to other organization(s)		19		×
r Other transfer of cash or property from other organization(s)		11		×
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	saction threshold	40	'	
(A) Name of other organization ty	(B) Transaction type (a-r)	(C) Amount involved) involve	ъ
(2)				
(3)				
(4)				
· (9)				
(9)				
TEEA5003 02/05/10	Schedule	Schedule R (Form 990) (2009	2) (2	18

Schedule R (Form 990) 2009 UNIVERSITY OF ALABAMA ALUMNI ASSOC.

Rankin Unrelated Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 37.)

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

revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships	ding exclusion for ce	rtain investment parti	erships					
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile	(D) Are all partners	(E) Share of end-of-year	(F) Dispropor-	(G) Code V-UBI amount	G ener	al or
			section 501(c)(3) organizations?	assets	tionate allocations?	In box 20 of Schedule K-1 Form (1065)	managing partner?	agıng ner?
			Yes No		Yes No		Yes	Š
					•			
			₹					
					-			
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UNIVERSITY OF ALABAMA ALUMNI ASSOC 63-0011380 2009 Form 990 Schedule B, Part I Contributors

(0)		(B)		_		(5)	-	(P)	
3						Aggregate	Type of	of Contribution	on
No.	Nan	Name, address, and ZIP + 4		-		Contributions		Payroll Nonc	Noncash
					; ;				
_	1 UA Alumni Chapter - Jefferson County, AL	1901 6th Avenue N Suite 1900	Birmingham	AL	35203-2623	7,500.00	X		
2	2 Holt High School	3801 Alabama Avenue, NE	Holt	٦	35404-1436	5,000.00	×		
က	3 UA Alumni Chapter - Walker County, AL	Post Office Box 1671	Jasper	٩F	35502-1671	7,000.00	×		
4	State of Alabama	Office of State Comptroller	Montgomery	AL	36130-0001	16,078.00	×		
2	5 UA Alumni Chapter - Houston & Henry, AL	Post Office Box 6051	Dothan	AL	36302-6051	20,800.00	×		
9	6 UA Alumni Chapter - Atlanta, GA	not available				8,948.60	×		
7	7 UA Alumni Chapter - Covington County, AL	Post Office Box 236	Andalusia	AL	36420-1204	8,012.55	×		
8	8 UA Alumni Chapter - Jackson County, AL	1233 Campground Circle	Scottsboro	ΑL	35769-3448	7,000.00	×		
6	9 UA Alumni Chapter - Dallas-Ft. Worth	Post Office Box 551081	Dallas	ĭ	75355-1081	5,000.00	×		
10	10 UA Alumni Chapter - Mtgy & Lowndes Co, AL	770 Washington Ave, Ste 180	Montgomery	¥	36104-3816	23,000.00	×		
7	Halliburton Foundation, Inc.	10200 Bellaire Boulevard	Houston	ĭ	77072-5206	5,000.00	×		
12	12 UA Alumni Chapter - Russell/Muscogee	2101 Second Avenue	Columbus	ВA	31901-1017	15,551.45	×		
13	13 UA Alumni Chapter - Escambia County, AL	420 Douglas Avenue	Brewton	AL	36426-2052	8,538.30	×		
14	14 Pfizer Foundation	Post Office Box 2072	Princeton	3	08543-2072	7,000.00	×		
15	15 UA Alumni Chapter - Chattanooga Area, TN	Post Office Box 328	Chattanooga	Z	37401-0328	6,615.00	×		ĺ
16	16 Intergraph Corporation	Post Office Box 6695	Huntsville	₹	35813-0695	10,000.00	×		
17	17 UA Alumni Chapter - Dale County, AL	187 Trotman Drive	Ozark	¥	36360-1552	7,465.00	×		
18	18 Alabama Credit Union	Box 862998	Tuscaloosa	₹	35486-0027	10,000 00	×		
19	19 Louise and Grantland Rice II Charitable Fdn	118 Club Village Drive	Birmingham	¥	35213-2942	10,000.00	×		
20	20 UA Alumni Chapter - Madison County, AL	Post Office Box 182	Huntsville	¥	35804-0182	24,000.00	×		
21	21 UA Alumni Chapter - Houston, TX					5,000.00	×		
22	22 Cobb Family Foundation	2000B S'bridge Pkwy, Ste 100	Birmingham	٦	35209-7723	69,500.00	×		
23	23 UA Alumni Chapter - Charlotte, NC	14015 Pine Harbor Road	Charlotte	2	28278-7340	2,000.00	×		
24	24 UA Alumni Chapter - Columbia, SC	2109 Bayberry Court	Columbia	ပ္တ	29206	5,100.00	×		
25	25 The Curtis Finlay Foundation Inc.	Post Office Box 298	Brewton	¥	36427-0298	25,000.00	×		
26	26 Regions Financial Corporation Foundation	Post Office Box 11007	Birmingham	₹	35288-0002	9,000.00	×		
27	27 Ms. Kelley Clegg Neal	8659 Stewart Drive	Trussville	F	35173-5234	5,000.00	×		
78	28 Mrs. Marion S. Woodham	2328 Cutler Avenue, NE	Albuquerque	ΣZ	87106-2506	5,000.00	×		
53	29 The Book Club	147 Scenic Bluff Drive	Guntersville	A	35976-5534	8,100.00	×		
30	30 Helicopter Support Company, Inc.	Post Office Box 6356	Dothan	귐	36302-6356	00.000,9	×		
31	31 Mr. Kenneth M. Carnathan, Estate	177 Oakmont Road	Birmingham	٩٢	35244-2286	450,000.00	×		
32	32 Mr. William C. Decas	18 High Street	Wareham	¥	02571-2014	14,900.00	×		
33	33 Mrs. Evelyn T. Shriner, Estate	177 Oakmont Road	Birmingham	٦	35244-2286	242,354.84	×		
34	34 Mr. Raymon J. Baker, Trust	177 Oakmont Road	Birmingham	¥	35244-2286	200,000.00	×		•
35	35 Mr. Robert S. McKay II Estate	177 Oakmont Road	Birmingham	٦	35244-2286	10,000.00	×		
36	36 Miss Marine L. Brown, Estate	177 Oakmont Road	Birmingham	¥	35244-2286	9,000.00	×	_	×
37	37 Mr. Raymond Larry Ward	4460 Clairmont Ave. S.	Birmingham	٩Ľ	35222-3756	13,500.00	×		
38	38 Mr. Melvin Wyatt Joiner	130 East State Street	Jackson	귐	36545-3600	19,734.92	×	^	×
33	39 Mrs. Mitchie Neel	5041 Gold Leaf Lane	Pinson	A	35126-2888	5,000.00	×		
4	40 Mr. James Ralph Sides	2324 Sawdust Road	Vienna	\$	22181-3027	10,000.00	×		

UNIVERSITY OF ALABAMA ALUMNI ASSOC 63-0011380 2009 Form 990 Schedule B, Part I Contributors

(a)	(q)				(0)		(p)	
					Aggregate	Type	Type of Contribution	ibution
No.	Name, address, and ZIP + 4				Contributions	Person	Payroll	Noncash
41 Mrs. Elizabeth Ratliff	275 Carter Road	Madison	AL	35758-8213	15,000.00	×		
42 Mrs. Lois Cooper Joiner	130 East State Street	Jackson	AL	36545-3600	7,734.92	×		×
43 Mr. David A. Boutwell	2575 Willowbrook Circle	Bırmingham	٩٢	35242-3441	10,000.00	×		
44 Mr. D. C. Moore	2258 Ascot Lane	Birmingham	AL	35216-6173	20,000.00	×		
45 Mr. Daniel Alford Riley, Jr.	2355 Ivanhoe Street	Denver	00	80207-3404	5,900.00	×		
46 Mr. James V. Roberts, Jr.	31490 Tara Boulevard West	Spanish Fort	AL	36527-5130	6,000.00	×		
47 Mrs. Tracy T. Roberts	31490 Tara Boulevard West	Spanish Fort	AL	36527-5130	6,000.00	×		
48 Mr. Harold M. Anderson	3101 Clairmont Rd NE, Ste C	Atlanta	ВA	30329-1044	5,000.00	×		
49 Mr. David E. Roberts, Jr.	11902 Cobblestone Drive	Houston	ΤX	77024-5003	23,845.00	×		×
50 Ms. Melanie C. Davis	218 Homewood Avenue	Troy	AL	36081-4520	7,000.00	×		
51 Mrs. Lindsay J. Reddick	not available				13,000.00	×		

UNIVERSITY OF ALUMNI ASSOC 63-0011380 2009 Form 990 Schedule B, Part II Noncash Property

(a) No. (b)	(၁)	(p)
from Description of noncash property given	FMV	Date received
Parti		
	00.000.6	12/22/2009
	7 734 92	6/30/2010
	7 734 92	6/30/2010
	70.101.1	010700
	22 045 00	2/24/2040
	23,043.00	0/07/150/10
	48,314.84	