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CHANGE OF ACCOUNTING PERIOD Return of Organization Exempt From Income Tax OMB No 1545-0047 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Department of the Treasury Internal Revenue Service Open to Public ▶ The organization may have to use a copy of this return to satisfy state reporting requirements 08/01/09 06/30/10 For the 2009 calendar year, or tax year beginning and ending Please C Name of organization Check if applicable Employer identification number use iRS ALABAMA SYMPHONY ENDOWMENT Address change label or 63-0965459 Doing Business As print or Name change Number and street (or P O box if mail is not delivered to street address) type. Room/suite Telephone number Initial return See 3621 SIXTH AVE SOUTH 205-314-6906 Specific Termination City or town, state or country, and ZIP + 4 G Gross receipts \$ Instructions. BIRMINGHAM AL35222 Amended return F Name and address of principal officer H(a) Is this a group return for Application pending affiliates? H(b) Are all affiliates included? If "No," attach a list (see instructions) X 501(c) Tax-exempt status ◀ (insert no) 4947(a)(1) or 527 N/A Website: ▶ H(c) Group exemption number ▶ Type of organization X Corporation Year of formation Trust Association M State of legal domicile Part I Summarv Briefly describe the organization's mission or most significant activities TO PROVIDE FUNDING AND SUPPORT FOR THE ALABAMA SYMPHONY Activities & Governance ASSOCIATION, INC (63-1103036) 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 12 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 Total number of employees (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T. line 34 7b Prior Year **Current Year** RECEIVED 30,000 8 Contributions and grants (Part VIII, line 1h) Revenue S 9 Program service revenue (Part VIII, line 2g) -505,4<u>12</u> 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) DEC 2 0 2010 37,732 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column -437,680 1,109,581 OGDEN 087,650 Grants and similar amounts paid (Part IX, column (A), lines 1-3) CANNED JAN 1 0 2011 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 34,418 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 1,122,068 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -1,559,748 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 11,871,671 12,053,481 20 Total assets (Part X, line 16) 68,723 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 802,948 12,053,481 Part II

Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of office Date Type or print name and title Preparer's identifying number Date Check if Preparer's (see instructions) signature 574-14-5013 employed > Preparer's ASSOCIATES gnow 63-1027759 FIN Firm's name (or yours **Use Only** 28 SHADÉS CREEK PKWY, SUITE if self-employed), address, and ZIP + 4 BIRMINGHAM. **▶** 205-870-1166

May the IRS discuss this return with the preparer shown above? (see instructions) For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Sign Here

Paid

Yes Form 990 (2009)

2009

Inspection

16,875,432

232,472

866,215

527,024

69,071

596,095

513,486

10,894

X No

orm	990 (2009) ALABAMA SYMPH		63-0965459	Page 2
Pa	rt III Statement of Program	Service Accomplishments		
	Briefly describe the organization's miss OF PROVIDE FUNDING ASSOCIATION, INC (63	ND SUPPORT FOR THE	ALABAMA SYMPHONY	
A	SSOCIATION, INC (63	-1103036)		
2	Did the organization undertake any sign the prior Form 990 or 990-EZ?	nificant program services during the ye	ear which were not listed on	Yes X No
	If "Yes," describe these new services of	on Schedule O		
3	Did the organization cease conducting, services?		conducts, any program	Yes X No
	If "Yes," describe these changes on Sc			
4		zations and section 4947(a)(1) trusts a	ree largest program services by expenses are required to report the amount of grants and m service reported	
D	(Code) (Expenses \$ ISTRIBUTED INCOME TO LABAMA SYMPHONIC AS		OPERATIONS OF THE	\$
40	(Code) (Expenses \$	including grants	of \$) (Revenue	,
4c	(Code) (Expenses \$	including grants	of \$) (Revenue	\$)
4d	Other program services (Describe in S			
	(Expenses \$	including grants of \$) (Revenue \$	
4 e	Total program service expenses ▶	527,024		

_ P	art IV Checklist of Required Schedules			
			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	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	-	 	
	Schedule C, Part 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	-	l	\vdash
	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,"	- '-		<u> </u>
Ü	complete Schedule D. Part III			x
9	•	8		_^
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,"			7.
40	complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			İ
44	quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	<u> </u>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	ļ
•	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 16? If "Yes," complete Schedule D, Part VII			
•	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			
•	Did the organization report an amount for other assets related 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			ĺ
	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 statements for the tax year? If "Yes," complete			ļ
	Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	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		X
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		X
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		X
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		Х

-	n 990 (2009) ALABAMA SYMPHONY ENDOWMENT 63-0965459		P	age
<u> P</u>	art IV Checklist of Required Schedules (continued)			
	D.14.	İ	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			ĺ
••	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			- V
	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	1	}	
• •	employees? If "Yes," complete Schedule J	23	 	X
24a	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, that was issued after December 31, 2002? If "Yes," answer lines		ļ	
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b	, para a managaran,	24b	 	<u> </u>
С	3g			
	to defease any tax-exempt bonds?	24c	 	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	 	<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	1		ĺ
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or		1	
	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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	İ		
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			ĺ
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	·		İ
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
Ь		ŀ		l
	Schedule L, Part IV	28b	ļ	X
С	, , , , , , , , , , , , , , , , , , , ,			ĺ
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	ļ		
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		1	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34	 -	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35	-	X
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	į	I	l

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,

19? Note. All Form 990 filers are required to complete Schedule O

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

X Form **990** (2009)

X

37

Part VI

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					age o
			· - · · · - · · - · · · · · · · · · · ·		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1 1				
	U.S. Information Returns. Enter -0- if not applicable	1a	0	ĺ		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re	oortabl	е			
	gaming (gambling) winnings to prize winners?			1c		X
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	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		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)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by				
	this return?			3a		X
	the state of the s			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancial		:		
	account)?			4a		X
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			_		7.7
ъа b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		$\frac{x}{x}$
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactif "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regardance.			5b		
·	Prohibited Tax Shelter Transaction?	iraing				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	_				
-	organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or		<u> </u>		
	gifts were not tax deductible?			6ь		
7	Organizations that may receive deductible contributions under section 170(c).					**********
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for o	oods				
	and services provided to the payor?			7a	İ	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s				
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a positive organization.	ersona	I			
	benefit contract?			7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ict?		.7f		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	as			ŀ	
	required?			7h		
8	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 holdings at any time during the year?					
9	Sponsoring organizations maintaining donor advised funds.			8		
	Did the organization make any taxable distributions under section 4966?			9a	Ì	
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
0	Section 501(c)(7) organizations. Enter			35		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
1	Section 501(c)(12) organizations. Enter				1	
а	Gross income from members or shareholders	11a			l	
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them)	11b				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a	_ 1	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Part VI

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.

Sec	tion A. Governing Body and Management					
4	Fortistics and the second of t	1.			Yes	No
1a	Enter the number of voting members of the governing body	1a	12			
b	Enter the number of voting members that are independent	1b	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					•
3	any other officer, director, trustee, or key employee?			2	X	├
3	Did the organization delegate control over management duties customarily performed by or under the direct					x
4	supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Form 990 wa	o 610al2		4	<u> </u>	X
5	Did the organization make any significant changes to its organizational documents since the prior Form 990 was Did the organization become aware during the year of a material diversion of the organization's assets?	s illeu /		5	 	X
6	Does the organization have members or stockholders?			6	 	X
7a	Does the organization have members of stockholders, or other persons who may elect one or more members			-	┼	<u> </u>
	of the governing body?			7a	x	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7b	12	x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			10	-	<u> </u>
Ū	the year by the following					
а	The governing body?			8a	x	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			100	1	-
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the	Intern	al		1	
	enue Code.)		. .			
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a	1.00	X
b	if "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?			10ь		•
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the				T	
	form?			11	x	i
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give					
	rise to conflicts?			12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this is done			12c	Х	<u> </u>
13	Does the organization have a written whistleblower policy?			13	X	<u> </u>
14	Does the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?				
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a	<u> </u>	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate					
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard					
	the organization's exempt status with respect to such arrangements?			16b	<u> </u>	<u> </u>
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ AL					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3	s only)				
	available for public inspection. Indicate how you make these available. Check all that apply.					
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of in	terest				
	policy, and financial statements available to the public					
20	State the name, physical address, and telephone number of the person who possesses the books and records					
	organization: CURTIS LONG 3621 SIXTH AVE SO			205 25		000
	RMINGHAM AL 352	44		205-31	4-6	906

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization'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 employee."
- 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

Check this box if the organization did not compensate any current officer, director, or trustee (B) (C) (F) Name and Title Average Position (check all that apply) Reportable Reportable Estimated hours per compensation compensation amount of Officer Individual trustee or director nstitutional righest compensated employee from related other week from organizations the compensation employee organization (W-2/1099-MISC) from the (W-2/1099-MISC) organization Itrustee and related organizations HAROLD ABROMS X X 0 0 TREASURER 0 HAROLD APOLINSKY 0 DIRECTOR X 0 0 DELL BROOKE X X 0 SECRETARY 0 0 H CORBIN DAY DIRECTOR X 0 0 0 K WOOD HERREN X 0 0 0 DIRECTOR CHARLES A MCCALLUM JR X 0 0 0 DIRECTOR HELEN MILLS DIRECTOR X 0 0 0 CHARLES PERRY X X 0 0 0 CHAIR, INVESTMT COMM JAMES T STEPHENS X X 0 0 0 PRESIDENT MIMI TYNES X 0 0 0 DIRECTOR STEVE WILLIAMS 0 X 0 0 DIRECTOR GLORIA MOODY X 0 0 DIRECTOR 0

Pa	rt VII Section A. Officers	, Directors, Trus	tee	s, Ke	y Er	nplo	yees	, an	nd Highest Compensated	Employees (continued)			
(A) (B) Name and Title Average		(C) Position (check all that ap					(vlac	(D) Reportable	(E) Reportable	1	(F) Estimated		
		hours per week	Individual trustee or director			Key employee	Highest compensated employee		componention	compensation from related organizations (W-2/1099-MISC)	amo ot compe fron organ and r	unt of her nsation n the ization elated zations	
	<u> </u>					ļ					<u> </u>		
			ļ 										
]				<u> </u>							
													
				_		····						-	
1b	Total					· · · · · ·		>					
2	Total number of individuals (in reportable compensation from				thos	e lis	ted a	bov	re) who received more than	\$100,000 in			
3	Did the organization list any fo	rmer officer dir	ecto	or t	ruete	אם ג	ov or	nnlc	ovee or highest compenses	ted		Yes	No
4	employee on line 1a? If "Yes," For any individual listed on line	complete Schede 1a, is the sum	dule of re	J for	sucl	h inc	lividu pens	al atio	on and other compensation	from	3	-	X
5	the organization and related o individual Did any person listed on line 1								·		4	-	x
	services rendered to the organistion B. Independent Contractor	nization? If "Yes,								··	5	1	x
1	Complete this table for your fix compensation from the organi	ve highest comp	ensa	ted !	ındep	end	ent c	onti	ractors that received more	than \$100,000 of			
		(A) business address							Descrip	(B) obton of services		(C) Compens	ation
								_					
		· · · · · · · · · · · · · · · · · · ·						_					
								_					
									· · · · · · · · · · · · · · · · · · ·				
2	Total number of independent		-				ed to	tho	se listed above) who receiv	ved			,,,,,,,,,,,,
DAA	more than \$100,000 in compe	ensation from the	org	anıza	ation	<u> </u>						0 991	0 (2009

P	art \	III Statement of Reve	enue		<u> </u>			rage 5
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
된 참	1a	Federated campaigns	1a					012,010,010
Contributions, gifts, grants	b	Membership dues	1b					
S, G	c	Fundraising events	1c					
£	d	Related organizations	1d					
S,E	e	Government grants (contributions)	1e		İ			
tion	f	All other contributions, gifts, grants,	1					
ĘĘ		and similar amounts not included above	1f	232,472				
50	a	Noncash contributions included in lines 1a-						
ပိုင်	h	Total. Add lines 1a-1f	•	▶ 1	232,472			
e				Busn. Code		1		
Program Service Revenue	2a							-
8	b							
ķ	C						<u>-</u>	
Ser	d							
E E	e							
g	f	All other program service reve	nue					
<u>~</u>	g	Total. Add lines 2a-2f		>				· · · · · · · · · · · · · · · · · · ·
	3	Investment income (including	dividend	ls, interest, and				
		other similar amounts)		•	291,310	1,588		289,722
	4	Income from investment of tax	-exemp	t bond proceeds 🕨 [
	5	Royalties		>				
		(ı) Real		(ii) Personal				
	6a		625					
	b		748					
	C	Rental inc or (loss) 8,	877					
	d 72	Net rental income or (loss) Gross amount from		> _	8,877			8,877
	l 'a	sales of assets (i) Securities		(II) Other				
		other than inventory 16,329,	008]				
	b	Less cost or other			ĺ			
		basis & sales exps 15,754,						
		Gain or (loss) 574,	905					
		Net gain or (loss)		•	574,905	574,905		
e	8a	Gross income from fundraising ever	nts					
ě		(not including \$			1			
Re		of contributions reported on line 1c)	1					
Other Reven		See Part IV, line 18	a -					
8		Less direct expenses	ь_					
		Net income or (loss) from fund	7-	events >				
	94	Gross income from gaming activitie See Part IV, line 19						
		Less direct expenses	a b					
		Net income or (loss) from gam						
		Gross sales of inventory, less	ing activ	vittes -				
	.04	returns and allowances	a		į			
	ь	Less cost of goods sold	6					
		Net income or (loss) from sales	~ ∟	entory		İ		
	_	Miscellaneous Revenue		Busn. Code				
	11a	MISCELLANEOUS REVENUE			2,017	2,017		
	b				=,:			
	С							
	d	All other revenue					· ···· ·· =-	
	е	Total. Add lines 11a-11d		•	2,017			
	12	Total Revenue. See instruction	ns	▶	1,109,581	578,510		298,599
								Earth 990 (2000)

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).

Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	527,024	527,024		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				· · · · · · · · · · · · · · · · · · ·
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
	Management				
b	Legal	7,152		7,152	
С	Accounting	500		500	
ď	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	60,978		60,978	
g	Other	441		441	
12	Advertising and promotion				
13	Office expenses				
14	Information technology			·	
15	Royalties				
16	Occupancy				
17	Travel				·
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other synamos Herring and	[
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)				
•	Under total expenses shown on line 20 below				
a b					
c					
d					
e	• •				
f	All other expenses				
25		596,095	527,024	69,071	
26	Joint costs. Check here ▶ if following				
	SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation			<u> </u>	- 000

			(A) Beginning of year	(B) End of year
	1	Cash—non-interest bearing	273,482 1	225,447
	2	Savings and temporary cash investments	3,195,784 2	138,887
	3	Pledges and grants receivable, net	70,000 3	40,000
	4	Accounts receivable, net	4	
	5	Receivables from current and former officers, directors, trustees, key		
		employees, and highest compensated employees. Complete Part II of Schedule L.		
	6	Receivables from other disqualified persons (as defined under section	5	
	ľ	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		
		Part II of Schedule L	6	
Assets	7	Notes and loans receivable, net	29,360 7	54,791
SSe	8	Inventories for sale or use	237300 7	34,731
Ÿ	9	Prepaid expenses and deferred charges	9	
		Land, buildings, and equipment cost or		
	'*-		,000	
	ь		,275 278,473 10c	266,725
	11	Investments—publicly traded securities	8,024,572 11	11,327,631
	12	Investments—other securities See Part IV, line 11	12	,
	13	Investments—program-related See Part IV, line 11	13	
	14	Intangible assets	14	
	15	Other assets See Part IV, line 11	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	11,871,671 16	12,053,481
	17	Accounts payable and accrued expenses	17	
	18	Grants payable	18	
	19	Deferred revenue	19	
	20	Tax-exempt bond liabilities	20	
es	21	Escrow or custodial account liability Complete Part IV of Schedule D	21	
Liabilities	22	Payables to current and former officers, directors, trustees, key		
abi		employees, highest compensated employees, and disqualified		
Ξ	1	persons Complete Part II of Schedule L	22	
	23	Secured mortgages and notes payable to unrelated third parties	23	
	24	Unsecured notes and loans payable to unrelated third parties	68,723 24	
	25	Other liabilities Complete Part X of Schedule D	25	
	26	Total liabilities. Add lines 17 through 25	68,723 26	
Net Assets or Fund Balances		Organizations that follow SFAS 117, check here ► X and		
ğ		complete lines 27 through 29, and lines 33 and 34.	11 000 040	12 052 401
3al	27	Unrestricted net assets	11,802,948 27	12,053,481
D E	28 29	Temporarily restricted net assets	28	
	25	Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □	29	
ᆫ				
Ō	30	and complete lines 30 through 34. Capital stock or trust principal, or current funds		†
et	31	Paid-in or capital surplus, or land, building, or equipment fund	30	
SS	32	Retained earnings, endowment, accumulated income, or other funds	32	
ř	33	Total net assets or fund balances	11,802,948 33	12,053,481
Š	34	Total liabilities and net assets/fund balances	11,871,671 34	12,053,481

Form **990** (2009)

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

2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization Employer Identification number ALABAMA SYMPHONY ENDOWMENT 63-0965459 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h b | Type II c Type III-Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?				organizat (i) organi	s the ion in col zed in the S ?	(vii) Amount of support
		(see manachons),	Yes	No	Yes	No	Yes	No	
ALABAMA SYN	PHONIC ASSOCI	ATION, INC							
	63-1103036	9	x		x		Х		527,024
					<u> </u>	<u> </u>	<u> </u>		
			ļ	ļ					
			ļ	<u> </u>			ļ	ļļ	
Total									527,024

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

Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Parl IV.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2008 Schedule A, Parl II, line 14 15 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization did not check box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. 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 Parl IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Parl IV how the organization meets the "facts-and-circumstances" test, check this box on of the organization 10 10 10 10 10 10 10 10	Pa	Support Schedule for (Complete only if you co)(1)(A)(iv) and	170(b)(1)(A)(vi)
Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total membership fees receaved (Do not include any "unusual grants") The value of services or facilities furnished by a governmental unit to the organization without charge or general and ether paid for expanded on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge or general or expanded on the fact and the paid to respond on the furnished by a governmental unit to the organization without charge or general or expanded on the fact and the paid to respond to the organization of total contributions by each person (other than a governmental unit or publicly support diagrazation) included on time if that exceeds 2% of the amount about on time if collision of the if collision of the including the paid of the including the paid of the including the paid of the including the paid of the including the paid of the including the paid of the including the paid of the including the paid of the paid	Sec		HECKEU IHE DOX	. On mie 5, 7, c	il O OI Fait I.)			
1 Gifs, grants, contributions, and membership fees received ((0) not include any "unusual grants") 2 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf. 3 The value of services or facilities furnished by a governmental unit to the organization without charge. 4 Total, Add lines I through 3 5 The portion of total contributions by each person (other than a governmental unit to the organization without charge. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 flat exceeds 2% of the amount in publicly supported organization in the state exceeds 2% of the amount in the public support decreases 2% of the amount in the public support subtract line in 5 form line 4 6 Public support Subtract line 5 form line 4 5 Section B. Total Support Calendary are (of fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total organization on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carned on line 1 flat flow organization of Public Support Percentage 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 12 Gross receipts from related activities, etc. (see instructions) 13 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (fine 8, column (f) divided by line 11, column (f)) 15 Public support percentage from 2008 Schedules, Part II, line 14 16 33 1/3 % support test—2008. If the organization did not check the box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization 10 W-facts-and-circumstances test—2008.			(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of lotal confributions by each person (office than a governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (i) 6 Public support. Subtract line 5 from line 4 8 Gross income from interest, dividends, payments from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (capital in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 16 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 17 Support settled activities as a publicly supported organization 18 Ji 13 % support test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, 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, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how the		Gifts, grants, contributions, and membership fees received (Do not	10, 2022	(5,233)	(0, 200	(6, 2000	(0, 2000	
furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of lotal contributions by each person (other than a governmental unit or publicly supported organization of unit of that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carned on loss from the sale of capital assets (Explain in Part IV.) 10 Total support. Add lines 7 through 10 10 Cher 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 12 Gross receipts from related activities, etc (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage for 2008 Schedule A, Part II, line 14 16 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization dualifies as a publicly supported organization 17 a 10%-facts-and-circumstances' test The organization qualifies as a publicly supported organization in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization in Part IV how 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, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualif	2	benefit and either paid to or expended on						
5 The pottion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 5 Public support. Subtract line 5 from line 4 Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 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 12 Gross receipts from related activities, etc (see instructions) 13 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 16 Public support percentage from 2008 Schedule A. Part II, line 14 17 Public support percentage from 2008 Schedule A. Part III, line 14 18 Public support percentage from 2008 Schedule A. Part III, line 14 19 Public support percentage from 2008 Schedule A. Part III, line 14 19 Public support percentage from 2008 Schedule A. Part III, line 14 19 Public support percentage from 2008 Schedule A. Part III, line 14 19 Public support percentage from 2008 Schedule A. Part III, line 14 10 Juniford Schedule A. Part III, line 14 11 Public support percentage from 2008 Schedule A. Part III, line 14 11 Sala Sala Schedule A. Part III, line 14 12 Sala Sala Schedule A. Part III, line 14 13 Sala Schedule A. Part III, line 14 14 Public support percentage from 2008 Schedule A. Part III, line 14 15 Sala Schedule A. Part	3	furnished by a governmental unit to the						
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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	b	•		•		, .		
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			•					
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		•			-	· ·		▶ [
	18	Private foundation. If the organization of	lid not check a box	on line 13, 16a, 16	6b, 17a, or 17b, ch	eck this box and se	e instructions	▶ [

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support	Jones In Jon		211.1./			
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any 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						
4	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						
6	Total. Add lines 1 through 5			ļ			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
þ	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b				· · · · · · · · · · · · · · · · · · ·		
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support		1		· · · · · · · · · · · · · · · · · · ·	I	
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	-					-
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		 - 				
13	Total support. (Add lines 9, 10c, 11,						·
	and 12)		<u> </u>	<u> </u>			
14	First five years. If the Form 990 is for the organization, check this box and stop here		st, second, third, fo	urth, or fifth tax yea	ar as a section 50	1(c)(3)	▶ [
Sec	tion C. Computation of Public Su	pport Percen	itage				
15	Public support percentage for 2009 (line 8	, column (f) divide	ed by line 13, colun	nn (f))		15	%
16	Public support percentage from 2008 Scho					16	<u>%</u>
<u>Sec</u>	tion D. Computation of Investme	nt Income Pe	rcentage			-,-, -	
17	Investment income percentage for 2009 (I		· -	3, column (f))		17	
18	Investment income percentage from 2008					18	%
19a	33 1/3 % support tests—2009. If the orga						
L	17 is not more than 33 1/3 %, check this b		-		· · · · · ·		▶ [_
b	33 1/3 % support tests—2008. If the orga						▶ □
20	line 18 is not more than 33 1/3 %, check to Private foundation. If the organization did		_	•		=	

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

2009

Employer identification number

Open to Public Inspection

ALABAMA SYMPHONY ENDOWMENT 63-0965459 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I 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) 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? 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 Preservation of certified historic structure Protection of natural habitat 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 Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b 2c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year 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 Yes No violations, and enforcement of the conservation easements it holds? 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 Yes No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements 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 Assets included in Form 990, Part X

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).

Schedule D (Form 990) 2009

266,725

	Form 990) 2009 ALABAMA SYMPHONY EN		63-0965459	Page 3
Part VII	Investments—Other Securities. See Form	990, Part X, line 12.		
	(a) Description of security or category	(b) Book value	(c) Method of	valuation
	(including name of security)		Cost or end-of-year	r market value
Financial deri				
	equity interests			
Other		_		
		_		
		-		· · · · · · · · · · · · · · · · · · ·
		-		
		_		
		-		
		_		
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12)	• 000 Part V line 40		
Part VIII	Investments—Program Related. See Form		1	· · · · · · · · · · · · · · · · · · ·
	(a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-yea	
			Cost of end-or-year	market value
	· · · · · · · · · · · · · · · · · · ·			
				· · · · · · · · · · · · · · · · · · ·
			<u> </u>	
		-	,	· · · · · · · · · · · · · · · · · · ·
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 13.)	>		
Part IX	Other Assets. See Form 990, Part X, line 1	15.		
	(a) Description	1		(b) Book value
		- -		
		 		
·				
Total (Colum	nn (b) must equal Form 990, Part X, col (B) line 15)		•	
Part X	Other Liabilities. See Form 990, Part X, lin	ne 25		
1.	(a) Description of liability	(b) Amount		
Federal incom		(4)/		
	110 (4)(0)			
			1	
			1	
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 25)	>	<u> </u>	1.1
2. FIN 48 Fo	potnote. In Part XIV, provide the text of the footnote to the	organization's financial stateme	ents that reports the	
2. FIN 48 Fo			ents that reports the	

Schedule D (Form 990) 2009

******	edule D (Form 990) 2009 ALABAMA SYMPHONY ENDOWMENT	A 111	63-096545		Page 4
- PE	art XI Reconciliation of Change in Net Assets from Form 990 t	o Audit	ed Financial Stater	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	 _
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	· · · · · · · · · · · · · · · · · · ·
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	·
9	Total adjustments (net) Add lines 4 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	19		10	
Pa	at XII Reconciliation of Revenue per Audited Financial Statem	ents W	ith Revenue per Re	eturn_	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a		1 1	
b	Donated services and use of facilities	2b]]	
С	Recoveries of prior year grants	2c		1	
d	Other (Describe in Part XIV)	2d		1	
е		——		20	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b		4b	 -	† {	
_	Add lines 4a and 4b	<u></u>	····	4c	
5				5	
	art XIII Reconciliation of Expenses per Audited Financial Stater	nents V	Vith Expenses per	4	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			· ·	
a	Donated services and use of facilities	2a			
h	Prior year adjustments	2b		1 !	
c		2c		1 1	
d		2d		_	
				1	
_	·	20		20	
3	Add lines 2a through 2d	(_20_		2e	
3 4	Add lines 2a through 2d Subtract line 2e from line 1			2e 3	
4	Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			$\overline{}$	
4 a	Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a		$\overline{}$	
4 a b	Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.)			3	
4 a b	Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b	4a		3 4c	
4 a b c	Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	4a		3	
4 a b c 5	Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Int XIV Supplemental Information	4a 4b	and 4 Part IV I mad 4	3 4c	
4 a b c 5 Pa	Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) INT XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,	4a 4b		3 4c	
4 a b c 5 Pa	Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Int XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII,	4a 4b		3 4c	
4 a b c 5 Pa	Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) INT XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,	4a 4b		3 4c	
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4 a b c 5 Pa	Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Int XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII,	4a 4b		3 4c	
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4 a b c 5 Pa	Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Int XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII,	4a 4b		3 4c	
4 a b c 5 Pa	Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Int XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII,	4a 4b		3 4c	

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Sch P	art	XI	٧	Su	ppl	lem	en	tal	Info	orn	nati	on	(co	ntir	nue	d)																						
_	_			_	_	_	_	_	_	_	_	_		_	_	_	_	_	-	_	_	_	_	_		_	_	_		_	_	_	_	_	_	_	_	_
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	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	
	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_
	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	_		_	_		_
		_	_	_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_
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1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (d) Amount of cash grant (e) Amount of non-cash assistance ▶ Attach to Form 990. 527,024 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Governments and Organizations in the U Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable 63-1103036 General Information on Grants and Assistance ALABAMA SYMPHONY ENDOWMENT (p) EIN the selection criteria used to award the grants or assistance? AL 35222 (a) Name and address of organization ALABAMA SYMPHONIC ASSOC or government 3621 SIXTH AVE S Department of the Treasury Internal Revenue Service Name of the organization BIRMINGHAM SCHEDULE (Form 990)

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

63-0965459

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X

☐ Yes

FINANCIAL SUPPORT Form 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 (h) Purpose of grant or assistance Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations

Schedule I (Form 990) 2009

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

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Schedule I (Form 990) 2009 ALABAMA SYMPHONY ENDOWMENT 63-0965459

Part III 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.	(Form 990) if addition	nal space is needed			
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
						,
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	complete this part to p	provide the information	on required in Part I,	line 2, and any other additi	onal information.

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009 Open to Public inspection

ALABAMA SYMPHONY ENDOWMENT

Employer identification number

63-0965459

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

JAMES STEPHENS - PRESIDENT DELL BROOKE - SECRETARY

SIBLINGS

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

THE NOMINATING COMMITTEE OF THE BOARD OF DIRECTORS NOMINATES FUTURE BOARD

MEMBERS. THEY MUST BE APPROVED BY THE BOARD OF THE ENDOWMENT AS WELL AS

THE BOARD OF DIRECTORS OF THE ALABAMA SYMPHONIC ASSOCIATION, INC

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990

A COPY OF THE COMPLETED 990 FORM WAS MAILED TO ALL BOARD MEMBERS FOR THEIR
REVIEW AND COMMENTS PRIOR TO THE FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THIS POLICY WAS JUST ADOPTED. THE PLANS ARE FOR AN ANNUAL QUESTIONNAIRE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
ALL LISTED DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

• •						
Forms	Ot	her Notes and	Loans Receiv	/able		0000
990 / 990-PF	F	4	09/01/00	0.6	/20/10	2009
Name	For calendar year 2009,	or tax year beginning	08/01/09	, and ending Ub	/30/10 Employer Ide	ntification Number
ALARAMA SYME	HONY ENDOWMENT				63-0965	
	HOW DINDOMNENT	v	.,_,,		03-090.	7477
FORM 990, PA	RT X, LINE 7 -	ADDITIONAL	INFORMATIO	N		
	Name of borrower			Relationship to dis	squalified perso	n
(1) REC FROM A	L SYMPHONIC ASS	SOC		t to lation only to old	rquamica porso	
(2) INTEREST R	EC				· · ·	
(3)						
(4)						
(5)						
(6)						
(7)						
(8)				····		
(9) (10)					· ···,	
,10)						
Original amour	nt	Maturity	_			Interest
borrowed	Date of loan	date	R	epayment terms	<u> </u>	rate
(1)						
(2)						
(3) (4)			<u> </u>		· · · · · · · · · · · · · · · · · · ·	
(5)						
(6)						
7)						1
(8)						
9)						
(10)						
	····		<u> </u>			
Se	curity provided by borrower			Purpose o	f loan	
1)						
2)	·····	·				·
3)						
(4)	· ··					
5)	,		-			
6) 7)		· · · · · · · · · · · · · · · · · · ·				
8)						<u>, , , , , , , , , , , , , , , , , , , </u>
9)						
10)						

Consider	ration furnished by lander		Balance due at	Balance due a	t Faii	market value
(1)	ration furnished by lender		beginning of year 11,250	end of year	479	(990-PF only)
2)			18,110	18,	312	
						.
(3)						
(3) (4)			······			

29,360

54,791

(6) (7) (8) (9) (10)

Totals

Form 8868

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

File a separate application for each return.

OMB No 1545-1709

	filing for an Automatic 3-Month Extension, complete only Part I and check this box	-		▶ X
	filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form	•		
	lete Part II unless you have already been granted an automatic 3-month extension on a previously filed Fo			
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
A corporation Part I only	required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete			▶ □
All other corpo	orations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an exter orne tax returns	nsion of		٠ ـــا
		4 61		
	ing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of ti irns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 88			
	f (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870,			
	omposite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Pai	•	m	
	e details on the electronic filing of this form, visit www irs.gov/efile and click on e-file for Chanties & Nonprol			
Type or print	Name of Exempt Organization	Employ	er identification nur	nber
File by the	ALABAMA SYMPHONY ENDOWMENT	63-0	965459	
due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions. 3621 SIXTH AVE SOUTH			
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BIRMINGHAM AL 35222			
Form 99 Form 99 Form 99 The books Telephone If the orga If this is for	Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) Form 1041-A Form 1041-A Fare in the care of CURTIS LONG No. > 205-314-6906 FAX No > nization does not have an office or place of business in the United States, check this box or a Group Return, enter the organization's four digit Group Exemption Number (GEN) I this for part of the group, check this box and	If this is attach	Form 4720 Form 5227 Form 6069 Form 8870	▶ □
	names and EINs of all members the extension will cover			
until 0 for the c ► X	t an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time $5/15/11$, to file the exempt organization return for the organization named above. The extension is reganization's return for calendar year or tax year beginning $08/01/09$, and ending $06/30/10$			
		n account	ting penod	%
	plication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,			
	nonrefundable credits. See instructions.	3a	\$	
	plication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax is made. Include any prior year overpayment allowed as a credit.	26		
	Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	3b	\$	
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment			
	See instructions.	3с	s	
Caution. If yo	are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-		·····	

for payment instructions.