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### **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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Openito Public Inspection
Open to Public Inspection

-	For the	2008 calend	dar year,	or tax year beginning 7/01	, 2008, and ending			, 2009
В	Check if a	applicable				D Empl	oyer Ident	ification Number
		ress change	Please use IRS label	ATLANTIC 10 CONFERENCE		22	-2985	527
	$\vdash$	-	or print	11827 CANON BLVD. #200			hone num	
	$\vdash$	ne change	or type. See_	NEWPORT NEWS, VA 23606		· ·		-3054
	Initia	al return	specific Instruc-				7-700	-3034
	Tern	nination	tions.					
	Ame	ended return				G Gros	receipts	<u>\$ 8,771,677.</u>
	App	lication pending	F Name a	and address of principal officer BERNADETT	E MCGLADE	I(a) Is this a group re	urn for affi	liates? Yes X No
		, ,	SAME A	AS C ABOVE	+	(b) Are all affiliates i		Yes No
_	Tay	exempt statu			17(a)(1) or 527	If 'No,' attach a li	st (see ins	tructions) —
÷				(c) ( 3 ) (macreno)   43-	1111	(4) O		•
<u>J</u>		site: ► N/				1076		
K		f organization	X Corpor	ation Trust Association Other	L Year of Formation	on 1970   N	State of I	egal domicile PA
Ŗa	<u>irt læ</u>	Summa						
		-		ganization's mission or most significant a		ATE, PROMO	TE_AN	ID_IMPROVE
0				<u> E COMPETITION AMONG ITS M</u>				- <b></b>
Governance				<u> OUALIFY OUTSTANDING TEA</u>				
Ě	_	(3) PROM	OTE,_A	SSIST AND CREATE INTEREST	_IN_VARIOUS_SPO	RTS_THAT_I	L_SUP	PORTS_THROUGH_
Š		Check this bo		if the organization discontinued its opera				
ğ	3 1	Number of vo	ting men	bers of the governing body (Part VI, line	e 1a)		3	14
<b>φ</b>	4 1	Number of in	depender	nt voting members of the governing body	(Part VI, line 1b)		4	14
<u>i</u>	5 T	Total number	of emplo	yees (Part V, line 2a)			5	13
Activities &	6 ⊺	Total number	of voluni	leers (estimate if necessary)			6	0
ĕ	7a ⊺	Total gross u	nrelated l	ousiness revenue from Part VIII, line 12,	column (C)		7a	0.
	b N	let unrelated	business	s taxable income from Form 990-T, line	34		7 b	0.
					···	Prior Yea	r	Current Year
	8 (	Contributions	and aran	nts (Part VIII, line 1h)		1,535		1,313,525.
ë				iue (Part VIII, line 2g)		6,376		7,862,646.
len		-					808.	73,905.
Revenue	1		-	art VIII, column (A), lines 3, 4, and 7d)	and 11a)	211	808.	
_	1			III, column (A), lines 5, 6d, 8c, 9c, 10c, a		0 100	076	<u>-478,399.</u>
_		-		nes 8 through 11 (must equal Part VIII,		8,122,	9/6.	8,771,677.
	13 (	Grants and s	ımılar am	ounts paid (Part IX, column (A), lines 1-	3)			20,000.
	14 E	Benefits paid	to or for	members (Part IX, column (A), line 4).		1,403,	108.	1,407,007.
	15 9	Salaries, othe	er compe	nsation, employee benefits (Part IX, colu	ımn (A), lines 5-10)	1,248,	402.	1,642,491.
Expenses	16a F	Professional	fundraisir	ng fees (Part IX, colu <u>mn (A),</u> line_11e)				
e L					VED	- 3	cric s. *	金融基层经沙心司
ŭ	י פ	otal tundrais	sing expe	nses (Part IX, column (D), line 25)	VLD			
				IX, column (A), lines 11a 11d, 11f-24f)	A)) (lune 25) O	2,859,		5,551,952.
	18 7	Total expense	es Add Ii	nes 13-17 (must equal Part IX, ¿column (	2 1001 11111111111111111111111111111111	8,043,		8,621,450.
	19 F	Revenue less	expense	s Subtract line 18 from line 12"	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	79,	027.	150,227.
b 8					The state of the s	Beginning of	Year	End of Year
캶	20 7	Total assets	(Part X I	ne 16) OGOE	1. U! 1	5,449		6,246,220.
A B		Total liabilitie	•			1,906		2,553,592.
S. S			•	· ·			1	
				ances Subtract line 21 from line 20		3,542	401.	3,692,628.
5 P	art II		ure Blo					
5		Under penaltie	es of perjury,	I declare that I have examined this return, including a Declaration of preparer (other than officer) is based	ccompanying schedules and state	ments, and to the bes	t of my kno	owledge and belief, it is
3		100,000	, /	Declaration of preparer (outer stain officer) is based	on an information of which propar	cr nas any knombago	/ , /	
· Sig	gn		uli	/ lich		2/	6/	10
, He	re	Signature	of officer	•		Date		
)		► DEBB	TE RTC	HARDSON		ASSOCIATE	COMM	TSSTON
			rint name an			11000011111		
· —	-	<del>†</del>	-		Date	Charles	Pr	reparer's identifying number
D <sub>2</sub>	id		_		54.0	Check if self-	(s	reparer's identifying number ee instructions)
Pa Pr		Preparer's	N	-12		employed	- □ _	00000100
	e- rer's	signature		00	4/29/10	)	JP	00383430
Us		Firm's name (	or CIT	RIN COOPERMAN & COMPANY,	LLP			
Or		yours if self- employed),	▶ 180	0 JFK BLVD FL 20		EIN ►	22-24	128965
U	<del>y</del>	address, and ZIP + 4		LADELPHIA, PA 19103-7412	-			-545-4800
Ma	v the IF			with the preparer shown above? (see in-	structions)			X Yes No

		ATLANTIC 10			_				22	-29855	27		Page 2
Par	t III State	ement of Prog	ram Servic	e Accon	nplishme	ents (see	instructi	ons)					
1		e the organizatior	n's mission:										
	SEE SCHED	ULE_O											
	Did the second												
2	Form 990 or 99	zation undertake a	any significan	program	services ai	uring the ye	ear which w	ere not liste	ea on the pri	or	Vaa	X	N.
		be these new sen	 uces on Sche	dula O	•	•	•	•	•	Ш	Yes	Δ	No
3		zation cease cond			ant channe	s in how it	conducts	any progran	n services?		Yes	X	No
•	-	be these changes	_	-	ant change	5 111 11011 11	conducts,	any program	17 307 71003	لــا		21	110
4	Describe the e	xempt purpose ad	chievements fo	or each of	the organiz	zation's thre	ee largest i	program sei	rvices by exi	enses. S	ection 5	501(c)	(3)
	and 501(c)(4)	organizations and revenue, if any,	l section 4947	(a)(1) trus	ts are requ	ared to repo	ort the amo	ount of gran	ts and alloca	itions to o	thers, t	he tot	àl
	expenses, and	revenue, ii any,	ior each progr	aili Seivici	e reporteu.								
	- Alexandra						<del></del>	<del></del>					
4 a	(Code:	(Expenses	\$ 7,9	25,657.	_ including	grants of	\$		) (Reveni	ie \$	7,86	52,6	<u>46.</u> )
		INCURRED IN									OFFE	GIA'	Έ
	ATHLETICS	FOR MEMBER	COTTEPE	2 AND (	NATAFK2	TITES O	r ATLAN	NITC TO	CONFERE	<u>NCF</u>			
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41	(Code.	) (Expenses	\$		including	grants of	\$		) (Revenu	ıe \$			)
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40	(Code Time	) (Expenses	\$		_ including	grants of	\$		) (Revenu	ie \$	-		)
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40		services (Descr						_					
	(Expenses	\$			ts of \$			) (Revenu				)	
46	· Total program	service expense	s <b>&gt;</b> \$	1,925	,657. (	Must equal	Part IX, Li	ne 25, colu	mn (B) )				

Form 990 (2008) ATLANTIC 10 CONFERENCE
Part 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			-10
1	Schedule A	1	X	
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		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III.	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the U.S?	14a		X
	<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part L	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		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		Х
17		17		Х
18		18	]	X
19		19		<u>X</u>
20		20		<u>X</u>
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	_X	
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5° If 'Yes,' complete Schedule J	23	х	
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 questions 24b-24d and complete Schedule K. If 'No, go to question 25	24a		x
1	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a		Ì	
	disqualified person during the year? If 'Yes,' complete Schedule L, Part I  b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from	25a		<u>X</u>
	a prior year? If 'Yes,' complete Schedule L, Part [	25b		<u>X</u>
	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		<u>X</u>
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27	000	<u>X</u>
BA/	A	Form	990 (	2008)

Form 990.(2008) ATLANTIC 10 CONFERENCE

Part IV | Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a		Х
	b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L. Part IV	28b		X
	c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I .	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		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? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	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		X
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
BA	4	Form	990 (	(2008)

		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S Information Returns. Enter -0- if not applicable	69		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <b>1b</b>	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	gaming	<b> </b>	
(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	13		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<u>2b</u>	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instruc	tions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	. <u>3b</u>		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authori financial account in a foreign country (such as a bank account, securities account, or other financial account)	ty over, a )? 4a		Х
<b>b</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 an Financial Accounts.	d		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	. <u>5b</u>		Х
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regardi Prohibited Tax Shelter Transaction?	ing . 5c		
6a Did the organization solicit any contributions that were not tax deductible?	6a		Х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gideductible?	ifts were not <b>6b</b>		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$7	75? <b>7a</b>		Х
<b>b</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 required to the self-action of the s	red to file 		Х
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 persona benefit contract?		<b></b>	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. 7f		Х
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	required? 7h		X
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization.	n, have		v
excess business holdings at any time during the year?  9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	. 8		Х
a Did the organization make any taxable distributions under section 4966?	9a		X
b Did the organization make any distribution to a donor, donor advisor, or related person?	9b	<del> </del>	X
10 Section 501(c)(7) organizations. Enter:	,   <u>30</u>		11
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
11 Section 501(c)(12) organizations. Enter.			
a Gross income from other members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year . 12b			
BAA	Form	n <b>990</b> (	2008)

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

		Governing Body and Management				
	For each	'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, s, or changes in Schedule O. See instructions.	describe the circumstances,		Yes	No
1	a Enter the	number of voting members of the governing body.	1a 14			
	<b>b</b> Enter the	number of voting members that are independent	16 14			
2	Did any officer, d	officer, director, trustee, or key employee have a family relationship or a business re irector, trustee or key employee?	elationship with any other	2		X
3	Did the o	rganization delegate control over management duties customarily performed by or its, directors or trustees, or key employees to a management company or other persi	under the direct supervision	3		x
4		rganization make any significant changes to its organizational documents		4		X
	since the	prior Form 990 was filed?				
5		rganization become aware during the year of a material diversion of the organizatio	n's assets?	_5		X
6	Does the	organization have members or stockholders?		6		X
7	a Does the governin	organization have members, stockholders, or other persons who may elect one or ig body?	more members of the	7a		X
	<b>b</b> Are any	decisions of the governing body subject to approval by members, stockholders, or o	ther persons? .	7b		<u> X</u>
8	Did the o	organization contemporaneously document the meetings held or written actions under wing:	ertaken during the year by			
	a The gove	erning body?		8a	X	
	<b>b</b> Each cor	nmittee with authority to act on behalf of the governing body?		8ь	X	
9	a Does the	organization have local chapters, branches, or affiliates?		9a		X
	<b>b</b> if 'Yes,' o and bran	does the organization have written policies and procedures governing the activities of ches to ensure their operations are consistent with those of the organization?	of such chapters, affiliates,	9b		
10	Was a co	ppy of the Form 990 provided to the organization's governing body before it was filed in Schedule O the process, if any, the organization uses to review the Form 990 $$ S	t? All organizations must EE SCHEDULE 0	10		Х
11	Is there a	any officer, director or trustee, or key employee listed in Part VII, Section A, who ca tion's mailing address? If 'Yes,' provide the names and addresses in Schedule O	nnot be reached at the	11		х
Se	ction B.	Policies				
					Yes	No
12	a Does the	and the second s				
	a Does the	organization have a written conflict of interest policy? If 'No,' go to line 13 .		12a		X
		ers, directors or trustees, and key employees required to disclose annually interests	that could give rise	12a 12b		<u>х</u>
	b Are office to conflict c Does the	ers, directors or trustees, and key employees required to disclose annually interests			:	
	b Are office to conflict c Does the Schedule	ers, directors or trustees, and key employees required to disclose annually interests its?		12b		<u>x</u>
	b Are officito conflict c Does the Schedule Does the	ers, directors or trustees, and key employees required to disclose annually interests its?  organization regularly and consistently monitor and enforce compliance with the pose O how this is done		12b 12c		<u>х</u>
13	b Are office to conflice c Does the Schedule Does the Does the	ers, directors or trustees, and key employees required to disclose annually interests its?  organization regularly and consistently monitor and enforce compliance with the pose O how this is done  organization have a written whistleblower policy?	olicy? If 'Yes,' describe in	12b 12c 13		х х х
13 14 15	b Are office to conflice c Does the Schedule Does the Does the Did the p persons,	ers, directors or trustees, and key employees required to disclose annually interests ets?  organization regularly and consistently monitor and enforce compliance with the pose O how this is done organization have a written whistleblower policy? organization have a written document retention and destruction policy?	olicy? If 'Yes,' describe in	12b 12c 13	X	х х х
13 14 15	b Are office to conflict to conflict C Does the Schedule Does the Does the Did the persons, a The organization to conflict the persons, a The organization to conflict the persons, a The organization to conflict the conflict th	ers, directors or trustees, and key employees required to disclose annually interests ets?  organization regularly and consistently monitor and enforce compliance with the position of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and desired.	olicy? If 'Yes,' describe in	12b 12c 13 14		х х х
13 14 15	b Are office to conflict to conflict to Conflict Codes the Does the Does the Did the persons, a The orgate b Other office to conflict the persons,	ers, directors or trustees, and key employees required to disclose annually interests ets?  organization regularly and consistently monitor and enforce compliance with the position of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and denization?	olicy? If 'Yes,' describe in	12b 12c 13 14		х х х
13 14 15	b Are office to conflict to conflict C Does the Schedule Does the Does the Did the persons, a The orgation b Other off Describe a Did the confliction to the confliction of the conflict	ers, directors or trustees, and key employees required to disclose annually interests its?  organization regularly and consistently monitor and enforce compliance with the policy? organization have a written whistleblower policy? organization have a written document retention and destruction policy? orocess for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de nization's CEO, Executive Director, or top management official? incers of key employees of the organization? SEE SCHEDULE O	approval by independent	12b 12c 13 14		х х х
13 14 15	b Are office to conflict to conflict to conflict C Does the Schedule Does the Does the Did the persons, a The orgate b Other off Describe a Did the centity dute b If 'Yes,' In joint v	organization regularly and consistently monitor and enforce compliance with the policy?  organization have a written whistleblower policy?  organization have a written document retention and destruction policy?  organization have a written document retention and destruction policy?  organization have a written document retention and destruction policy?  organization data, and contemporaneous substantiation of the deliberation and de nization's CEO, Executive Director, or top management official?  oricers of key employees of the organization? SEE .SCHEDULE O  the process in Schedule O (see instructions)  organization invest in, contribute assets to, or participate in a joint venture or similar ring the year?  organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard	arrangement with a taxable	12b 12c 13 14 15a 15b		x x x
13 14 15	b Are office to conflict to conflict to conflict C Does the Schedule Does the Does the Did the persons, a The orgate b Other off Describe a Did the centity dute b If 'Yes,' In joint vistatus with the conflict to the cent	ers, directors or trustees, and key employees required to disclose annually interests its?  organization regularly and consistently monitor and enforce compliance with the policy of the comparization have a written whistleblower policy?  organization have a written document retention and destruction policy?  orocess for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de nization's CEO, Executive Director, or top management official?  incers of key employees of the organization? SEE SCHEDULE O  the process in Schedule O (see instructions)  organization invest in, contribute assets to, or participate in a joint venture or similar ring the year?  onas the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard th respect to such arrangements?	arrangement with a taxable	12b 12c 13 14 15a 15b		x x x
13 14 15	b Are office to conflict to conflict to conflict C Does the Schedule Does the Does the Did the persons, a The orgation b Other office Describe a Did the centry dutin joint vistatus wiction C.	organization regularly and consistently monitor and enforce compliance with the policy of how this is done organization have a written whistleblower policy?  organization have a written document retention and destruction policy?  organization have a written document retention and destruction policy?  organization have a written document retention and destruction policy?  organization have a written document retention and destruction policy?  organization data, and contemporaneous substantiation of the deliberation and denization's CEO, Executive Director, or top management official?  organization's CEO, Executive Director, or top management official?  organization invest in Schedule O (see instructions)  organization invest in, contribute assets to, or participate in a joint venture or similar ring the year?  organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard the respect to such arrangements?  Disclosures	arrangement with a taxable	12b 12c 13 14 15a 15b		x x x
13 14 15 16	b Are office to conflict to conflict to conflict Codes the Schedule Does the Does the Did the persons, a The orgation b Other off Describe a Did the centity dutin joint vistatus with the status with the sta	organization regularly and consistently monitor and enforce compliance with the policy of how this is done organization have a written whistleblower policy?  organization have a written document retention and destruction policy?  orocess for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and denization's CEO, Executive Director, or top management official?  oricers of key employees of the organization? SEE SCHEDULE O  the process in Schedule O (see instructions)  organization invest in, contribute assets to, or participate in a joint venture or similar ring the year?  organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard the respect to such arrangements?  Disclosures  states with which a copy of this Form 990 is required to be filed NONE	approval by independent cision:  arrangement with a taxable to evaluate its participation the organization's exempt	12b 12c 13 14 15a 15b 16a 16b	X	x x x x
13 14 15 16	b Are office to conflict to conflict to conflict Codes the Schedule Does the Does the Does the Does the Did the persons, a The orgation b Other off Describe a Did the centity du bif 'Yes,' in joint vistatus with the Section C.  List the Section Conspection	organization regularly and consistently monitor and enforce compliance with the policy of how this is done organization have a written whistleblower policy?  organization have a written document retention and destruction policy?  orocess for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and denization's CEO, Executive Director, or top management official?  oricers of key employees of the organization? SEE SCHEDULE O  the process in Schedule O (see instructions)  organization invest in, contribute assets to, or participate in a joint venture or similar ring the year?  orac state organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard the respect to such arrangements?  Disclosures  states with which a copy of this Form 990 is required to be filed NONE  104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an indicate how you make these available. Check all that apply.	approval by independent cision:  arrangement with a taxable to evaluate its participation the organization's exempt	12b 12c 13 14 15a 15b 16a 16b	X	x x x x
13 14 15 16 17 18	b Are office to conflict to conflict to conflict to conflict C. Does the Schedule Does the Does the Did the persons, a The orgation b Other office Describe a Did the centity du in joint vistatus with the status with the st	organization regularly and consistently monitor and enforce compliance with the policy of how this is done organization have a written whistleblower policy?  organization have a written document retention and destruction policy?  organization have a written document retention and destruction policy?  orocess for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de nization's CEO, Executive Director, or top management official?  oricers of key employees of the organization? SEE .SCHEDULE O  the process in Schedule O (see instructions)  organization invest in, contribute assets to, or participate in a joint venture or similar ring the year?  oracle the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard the respect to such arrangements?  Disclosures  states with which a copy of this Form 990 is required to be filed NONE  1004 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an Indicate how you make these available. Check all that apply.  website Another's website X Upon request	approval by independent cision:  arrangement with a taxable to evaluate its participation the organization's exempt.	12b 12c 13 14 15a 15b 16a 16b	X e for p	X X X X
13 14 15 16 17 18	b Are office to conflict the second the second to conflict the second t	organization regularly and consistently monitor and enforce compliance with the policy of how this is done organization have a written whistleblower policy?  organization have a written document retention and destruction policy?  orocess for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and denization's CEO, Executive Director, or top management official?  oricers of key employees of the organization? SEE SCHEDULE O  the process in Schedule O (see instructions)  organization invest in, contribute assets to, or participate in a joint venture or similar ring the year?  orac state organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard the respect to such arrangements?  Disclosures  states with which a copy of this Form 990 is required to be filed NONE  104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an indicate how you make these available. Check all that apply.	approval by independent cision:  arrangement with a taxable to evaluate its participation the organization's exempt  and 990-T (501(c)(3)s only) averaged to the interest policies.	12b 12c 13 14 15a 15b 16a 16b	X e for p	X X X X

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

Check this box if the organization did not compensate any officer, director, trustee, or key employee

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

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

(A)	(B)	(B) (c) (D)						(E)	(F)	
Name and Title	Average hours		Position (check all that appl				_	Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	Ì	•	tee			sated				
BERNADETTE MCGLADE										
COMMISSIONER	60				X			436,828.	0.	0.
DR. DANIEL CURRAN										
TRUSTEE	1	Х						0.	0.	0.
DR. CHARLES DOUGHERTY										
TRUSTEE	1	X						0.	0.	0.
REV. JOSEPH M. MCSHANE, S.										
TRUSTEE	1	Х						0.	0.	0.
DR. STEVEN KNAPP										
TRUSTEE	1	Х						0.	0.	0.
BR. MICHAEL MCGINNISS, F.S										
TRUSTEE	1	Х						0.	0.	0.
DR PHIL DUBOIS										
TRUSTEE	1	Х					<u> </u>	0.	0.	0.
DR. ROBERT HOLUB										-
TRUSTEE	1	X						0.	0.	0.
DR. ROBERT CAROTHERS										
TRUSTEE	1	X						0.	0.	0.
DR. EDWARD L. AYERS										
TRUSTEE	1	Х						0.	0.	0.
SR. MARGARET CARNEY	}	1								
TRUSTEE	1	Х						0.	0.	0.
REV. TIMOTHY R. LANNON, S.	}									
TRUSTEE	1	Х		<u> </u>			<u> </u>	0.	0.	0.
REV. LAWRENCE A. BIONDI, S										
TRUSTEE	1	X						0.	0.	0.
DR. ANN WEAVER HART	j									
TRUSTEE	1	Х						0.	0.	0.
REV. MICHAEL J. GRAHAM, S.								·		
PRESIDENT	1	X	<u> </u>					0.	0.	0.
RAYMOND CELLA	]									
ASSOC. COMMISS.	60					X		118,740.	0.	0.
DEBBIE RICHARDSON	]									
ASSOC. COMMISS.	60	<u>L</u>				X		100,737.	0.	0.
BAA	_	-	TEEA	0107L	. 04	/24/09				Form <b>990</b> (2008)

Part VII   Section A. Officers, Directors, Trust	tees, F	(ey	Em	plg	ye	es,	and	d Highest Con	npensated Emp	loyees (cor	nt.)
(A)	(B)	l		(0				(D)	(E)	(F)	
Name and Title	Average hours			check	all t	hat a	pply)	Reportable compensation from	Reportable compensation from	Estimated amount of oth	er
	per week	ndıvıdual trustee or director	nstitutional trustee	Officer	Key e	Highest compensat	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensatio from the	
		dual :	tiona	'n	employee	st co	er			organization and related organization	<b>!</b>
		trust	al tru		yee	mper				organization	5
		%	stee			nsated					
						٦					
ED PASQUE					Ī						
ASSOC. COMMISS.	60					Х		84,187.	0.		0.
CELENE MCGOWAN											
DIRECTOR	45				<u> </u>	Х		63,018.	0.		<u>0.</u>
LINDA BRUNO							v	216 545	0		^
COMMISSIONER			Н			Н	Х	316,545.	0.	<u> </u>	0.
****			Н	_	$\vdash$	$\vdash$					
			Щ		L	Ш					
			├		⊢	-					
		-				Н					
										- · · · · · · · · · · · · · · · · · · ·	
						Ш					
							<b>_</b>	1 100 055			
1 b Total     2 Total number of individuals (including those in 1a) v	ubo roce	20101	1 m	3ro 1	than	¢10		1,120,055.	O.	l	0.
organization • 4	wilo reci	eive	a me	Jie i	man	ıφı	JU,U	oo iii reportable c	ompensation nom	ule	
organization 4			,							Yes	No
2. Did the executation list only former officer, director	or truct	ا ۵۰		^mn	.lo.u		ar bi	abact company	ad amplayaa		
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such ii	ndividua	il 1	\ey	emp	ioye	3E, C	, III		· · · · ·	3 X	
4 For any individual listed on line 1a, is the sum of re	portable	100	mpe	nsat	tion	and	oth	er compensation	from		
the organization and related organizations greater t	nan ֆis		JU /	IT Y	es (	com	pieti	e Schedule 3 for s	sucn	. 4 X	
5 Did any person listed on line 1a receive or accrue of	omnens	atio	n fra	nm s	anv	unre	alato	d organization for	r services		
rendered to the organization? If 'Yes,' complete Sci	hedule .	l for	suc	h pe	erso	<u>n</u>	,,,,,,			5	<u> X</u>
Section B. Independent Contractors									#100 000 · (		
<ol> <li>Complete this table for your five highest compensation from the organization.</li> </ol>	iea inae	pend	gent	cor	ntrac	ctors	tna	it received more t	nan \$100,000 of		
(A)								(R		(C)	
Name and business addres	s							Description (	of Services	Compensation	<u>n</u>
						_					
	···						_				
									<del></del>		
2 Total number of independent contractors (including	those "	າ 1)	who	lec.	eive	ed m	ore	than \$100 000 in		<u> </u>	<del></del>
compensation from the organization ► 0		,				11		\$100,000 III			

Pai	t viii   Statement of Revenue				
		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns 1 a   b Membership dues 1 b   c Fundraising events 1 c   d Related organizations 1 d   e Government grants (contributions) 1 e   f All other contributions, gifts, grants, and				
NTRIBL ND OTH	similar amounts not included above .    1f 1,313,525.  g Noncash contribus included in lns 1a-1f: . \$				
<u>8</u> ₹	h Total. Add lines 1a-1f	1,313,525.			
늴	Business Code				<u></u> j
Ě	2a PROGRAM INCOME	7,862,646.	7,862,646.		
2	b				
5	с			·-	
E	d			-	
ν Σ					
RA	e				
စ္ကို	f All other program service revenue				
_=	g Total. Add lines 2a-2f ▶	7,862,646.			
	3 Investment income (including dividends, interest and	72 005			72 225
	other similar amounts)	73,905.			73,905.
	4 Income from investment of tax-exempt bond proceeds ►				
	5 Royalties		<u></u> .		
	(i) Real (ii) Personal				
	6a Gross Rents.				
	<b>b</b> Less: rental expenses.				!
	c Rental income or (loss)				
	d Net rental income or (loss) .			<del>, , .</del>	
	() Crawting () Other				
	7 a Gross amount from sales of assets other than inventory				
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
J.	8a Gross income from fundraising events (not including \$				
OTHER REVENU	of contributions reported on line 1c).				
ER	See Part IV, line 18 a				
H	<b>b</b> Less: direct expenses <b>b</b>				
Ŭ	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities. See Part IV, line 19 . a				
	<b>b</b> Less direct expenses <b>b</b>				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances				
	b Less: cost of goods sold b				
	-			<del></del>	
	c Net income or (loss) from sales of inventory .  Miscellaneous Revenue Business Code				
		_470_200	470 300		
	11a UNREALIZED LOSS ON INVEST	-478,399.	-478,399.	<u> </u>	
	с				
	d All other revenue				
	e Total. Add lines 11a-11d .	-478,399.			
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c,	<u> </u>	7,384,247.	0.	72 005
	10c, and 11e	8,771,677.	/,304,44/.	U.	73,905.

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).
An other organizations must complete column	i (A) but are not required to complete columns (b), (c), and (b).

	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
	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	-			0.100.1000
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	20,000.	20,000.		
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 .	1,407,007.	1,407,007.		
5	Compensation of current officers, directors, trustees, and key employees	436,828.	393,145.	43,683.	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	828,755.	745,880.	82,875.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	120,257.	108,231.	12,026.	
9	Other employee benefits .	176,320.	158,688.	17,632.	
10	Payroll taxes	80,331.	72,298.	8,033.	<del></del>
11	Fees for services (non-employees)				
ā	Management				
t	Legal .	19,300.		19,300.	
•	Accounting	56,963.		56,963.	<u>,-</u>
•	<b>i</b> Lobbying				
	Prof fundraising svcs. See Part IV, In 17				
	Investment management fees .	20 240	10 500		
	Other .	32,349.	10,500.	21,849.	
	Advertising and promotion .	133,259. 13,967.	133,259. 12,570.	1,397.	
13 14	Office expenses	13,307.	12,570.	1,391.	
15	Royalties		<del></del>		
16	Occupancy	163,799.		163,799.	
17	Travel	107,138.	107,138.	103, 133.	·
18		201,2000	20:,2000		
19	Conferences, conventions, and meetings	267,946.	267,946.		
20	Interest				
21	Payments to affiliates .	3,244,130.	3,244,130.		
22	Depreciation, depletion, and amortization	9,911.	01 001	9,911.	
-	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)	35,651.	21,391.	14,260.	
á	CHAMPIONSHIP ADMINISTRATION	917,779.	917,779.		
	OFFICIAL BUREAU	212,417.	212,417.		
	INFORMATION SYSTEMS EXPENSE	112,916.		112,916.	
	PRINTING AND PUBLICATIONS	77,698.	77,698.		
	RELOCATION EXPENSES	76,496.	45 505	76,496.	
	All other expenses	70,233.	15,580.	54,653.	
	Total functional expenses. Add lines 1 through 24f	8,621,450.	7,925,657.	695,793.	0.
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				
BAA					Form <b>990</b> (2008)

Pa	irt X	Balance Sheet				
			(A) Beginning of year		End o	<b>B)</b> of year
-	1	Cash – non-interest-bearing	127,161.	1		93,845.
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	183,696.	4	1	78,776.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5		<del></del>
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))		<del>                                     </del>		
	•	and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L .		6		
Ą	7	Notes and loans receivable, net		7		
Š	8	Inventories for sale or use	<del></del>	8		
A S E T S	9	Prepaid expenses and deferred charges	4,958.	9		10,898.
Ī	_	Land, buildings, and equipment cost basis .   10a   187,541.	-/			
		Less. accumulated depreciation. Complete Part VI of				
		Schedule D 10b 153,555.	24,721.	10 c		33,986.
	11	Investments — publicly-traded securities	5,086,605.	11	5,9	06,586.
	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	22,130.	15		22,129.
_	16	Total assets Add lines 1 through 15 (must equal line 34)	5,449,271.	16		46,220.
	17	Accounts payable and accrued expenses .	1,682,902.	17	2,3	18,387.
	18	Grants payable		18		
	19	Deferred revenue	223,968.	19	2	35,205.
Ĭ	20	Tax-exempt bond liabilities		20		
B	21	Escrow account liability. Complete Part IV of Schedule D		21		
Ļ	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II	· . · · <u>. · . · . · . · . · . · . · . ·</u>			
- 1		of Schedule L	· · · · · · · · · · · · · · · · · · ·	22		
E S	23			23		
	24	Unsecured notes and loans payable		24		
	25	Other liabilities Complete Part X of Schedule D		25		
	26	Total liabilities. Add lines 17 through 25	1,906,870.	26	2,5	53,592.
N E T	1	Organizations that follow SFAS 117, check here ► X and complete lines				
		27 through 29 and lines 33 and 34.	2 542 401		2 (	02 620
A S S	27	Unrestricted net assets	3,542,401.	27	3,0	92,628.
Ē	28	Temporarily restricted net assets		28		
O R	29	Permanently restricted net assets		25		
		lines 30 through 34.				
FUXD	30	Capital stock or trust principal, or current funds	· · · · · · · · · · · · · · · · · · ·	30	<del></del>	
	31	Paid-in or capital surplus, or land, building, and equipment fund	· · · · · · · · · · · · · · · · · · ·	31		
Ā	32	Retained earnings, endowment, accumulated income, or other funds	•	32		
BALAZCES	33	Total net assets or fund balances	3,542,401.	33	3.6	92,628.
Ĕ	34	Total liabilities and net assets/fund balances	5,449,271.	34		46,220.
Pá	art X					
تستا					-	Yes No
1	l Ac	counting method used to prepare the Form 990: Cash X Accrual	Other			
		re the organization's financial statements compiled or reviewed by an independent	accountant?		. 2a	Х
	<b>b</b> We	re the organization's financial statements audited by an independent accountant?			2b	X
	c If "	Yes' to 2a or 2b, does the organization have a committee that assumes responsibilit new, or compilation of its financial statements and selection of an independent acco	y for oversight of the a untant? .	udit,	2с	
:	a As	a result of a federal award, was the organization required to undergo an audit or au	idits as set forth in the			T.,
					. 3a	X
	b if '	Yes,' did the organization undergo the required audit or audits?	· · · · · · · · · · · · · · · · · · ·		3b	900 (2008)

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

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

leted by all section 501 (c)(3) organizations and section 4947(a)(1)

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

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

2008

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2008

ATL	ANTIC	C 10 CONFE	RENCE						22-29	98 <u>5</u> 527	7	
Part	I R	eason for Pu	blic Charity Statu	s (All organizations	must d	comple	te this	part.)	(see i	nstruct	tions)	
The o	rganıza	ation is not a pri	vate foundation becau	se it is: (Please check o	nly <b>one</b>	organiz	ation)		· -			
1	[] A d	church, conventi	on of churches or asse	ociation of churches des	cribed in	section	n 170(b)	(1)(A)(i)	).			
2	A s	school described	in section 170(b)(1)(/	A)(ii). (Attach Schedule	E.)							
3	MA P	nospital or coop	erative hospital service	e organization described	ın secti	on 170(	<b>Ь</b> Х1ХАХ	iii <b>)</b> . (At	tach Sch	nedule H	l.)	
4	A r	medical research	h organization operate	d in conjunction with a h	ospital o	describe	d in sec	tion 17	0(b)(1)(A	)(iii) Er	nter the hospi	tal's
		me, city, and sta										
5	An 170	organızatıon op O(b)(1)(A)(iv). ((	perated for the benefit Complete Part II)	of a college or university	y owned	or oper	ated by	a gove	rnmental	unit de	scribed in see	ction
6				governmental unit descri								
7	;m:	section 1 <b>70(b)</b> (1	(Complete Page 1)			_	vernme.	ntal uni	t or from	the ger	neral public d	escribed
8	_=	-		170(b)(1)(A)(vi). (Comple								
9	froi	m activities relate estment income	ed to its exempt function	more than 33-1/3 % of its is – subject to certain exc iss taxable income (less omplete Part III)	eptions, a	and (2) r	no more t	han 33-	1/3 % of	its suppo	ort from gross	on after
10	An	organization or	ganized and operated	exclusively to test for pu	ublic safe	ety See	section	509(a)	<b>(4).</b> (see	e instruc	tions)	
11	mo	re publicly supp	orted organizations d	exclusively for the bene lescribed in section 509( zation and complete lines	a)(1) or	section	509(a)(2	ctions ( 2). See	of, or car <b>section</b>	ry out th <b>509(a)(3</b>	ne purposes on the contract of	of one or box that
	_ a	Type I	<b>b</b> Type II	c Type II	I – Fund	ctionally	ıntegrat	ed		d 🗌	Type III- O	ther
е	tha	checking this been foundation made (2).	ox, I certify that the or anagers and other tha	ganization is not control n one or more publicly s	led direc upportec	tly or in d organi	directly zations	by one describ	or more ed in sec	disquali ction 509	ified persons (a)(1) or sec	other tion
f	If t		received a written det	ermination from the IRS	that is a	a Type I	, Type II	or Typ	e III sup	porting o	organization,	
g	Sır	nce August 17, 2	2006, has the organiza	tion accepted any gift o	r contrib	oution fro	om any	of the f	ollowing	persons	;?	
											Y	es No
	(i)	a person who below, the go	o directly or indirectly overning body of the si	controls, either alone or upported organization?	together	with pe	ersons de	escribe	d ın (ıı) a	and (III)	11g (i)	
	(ii)	a family men	nber of a person desc	ribed in (i) above?							11g (ii)	$\bot$
	(iii)	) a 35% contro	olled entity of a person	described in (i) or (ii) a	bove?						11g (iii)	
h	Pro	ovide the followi	ng information about t	he organizations the org	anizatio	n suppo	rts		,			
	(i) Nai	me of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	Is the tion in cold in your erning ment?	(v) Did y the organ col o your su	ızatıon in (i) of	(vi) I: organizati (i) organiz U S	on in col	(vii) Amount o	i Support
					Yes	No	Yes	No	Yes	No		
												<u>-</u>
					<u> </u>							
										İ		
					<b>ļ</b>	<u> </u>						
			<u> </u>		ļ	<u> </u>						
					<del>                                     </del>	<u> </u>						
										ļ		
			ļ		<del> </del>		<b> </b> -					
Total												

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

	(Complete only if you checkettion A. Public Support	_					·//~/	<del></del>
Cale	ndar year (or fiscal year	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	8	(f) Total
_	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')							
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							,
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.							
4	Total. Add lines 1-3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support		,					
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	8	(f) Total
7	Amounts from line 4 .							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
9	Net income form unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activ	rities, etc. (see in	structions) .			•	12	
13	First five years. If the Form 990 organization, check this box and		ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section :	501(c)	(3)
	tion C. Computation of Pu					<del></del>		
	Public support percentage for 20				•		14	<u>%</u>
15	Public support percentage for 20	007 Schedule A, F	Part IV-A, line 26f	i			15	%
16 a	33-1/3 support test – 2008. If the and stop here. The organization	e organization did qualifies as a pu	d not check the bo blicly supported o	ox on line 13, and organization.	the line 14 is 33	-1/3 % or m	ore, c	heck this box
ŧ	33-1/3 support test — 2007. If the and stop here. The organization	e organization did qualifies as a pul	d not check a box blicly supported o	on line 13, or 16a organization.	a, and line 15 is 3 · · ·	3-1/3% or n	nore, c	check this box
17 a	1 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	es' test, check this	box and stop he	re. Explaın ı	n Part	IV how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test The organ	es' test, check this ization qualifies a	box and <b>stop he</b> s a publicly suppo	re. Explain in orted organization	n Part zation.	IV how the . ►
18	Private foundation. If the organi	zation did not che	eck a box on line	, 13, 16a, 16b <u>, 17</u>				
BAA					Sc	hedule A (F	orm 99	90 or 990-EZ) 2008

Section A. Public Support

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

Calendar year (or fiscal yr beginning in)►	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	<b>(e)</b> 2008	(f) Total
<ol> <li>Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')</li> </ol>	2,616,729.	1,264,765.	1,386,987.	1,535,099.	1,313,525.	8,117,105.
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	5,517,823.	6,947,625.	6,461,810.	6,376,069.	7,384,247.	32,687,574.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.		:				0.
6 Total. Add lines 1-5	8,134,552.	8,212,390.	7,848,797.	7,911,168.	8,697,772.	40,804,679.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11,						
and 12 for the year or \$5,000	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line						
7c from line 6).						40,804,679.
Section B. Total Support		*	<del> </del>	·	-	<del>* ***</del>
Calendar year (or fiscal yr beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	<b>(e)</b> 2008	(f) Total
9 Amounts from line 6	8,134,552.	8,212,390.		7,911,168.	8,697,772.	40,804,679.
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.	80,055.	328,756.	196,244.	211,998.	73,904.	890,957.
c Add lines 10a and 10b.	80,055.	328,756.	196,244.	211,998.	73,904.	890,957.
11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on					,	0.
Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13 Total support. (add Ins 9, 10c, 11, and 12	)					41,695,636.
14 First five years. If the Form 99 organization, check this box ar			nd, third, fourth,	or fifth tax year a	s a section 501(c	)(3) ▶ □
Section C. Computation of P					<del></del>	· · · · · · · · · · · · · · · · · · ·
15 Public support percentage for 2	2008 (line 8, colum	n (f) divided by lir	ne 13, column (f))		<u>15</u>	97.9%
16 Public support percentage from				<u>.</u>	16	98.0%
Section D. Computation of In	vestment Inco	me Percentage	e			
17 Investment income percentage	for 2008 (line 10c,	, column (f) divide	d by line 13, colu	mn (f))	17	2.1%
18 Investment income percentage					18	2.0%
19a 33-1/3 support tests – 2008. If the more than 33-1/3%, check this	box and stop here	. The organization	n qualifies as a pi	ublicly supported of	organization	<b>►</b> 🔀
<b>b 33-1/3 support tests</b> — <b>2007.</b> If is not more than 33-1/3%, chec	ck this box and <b>sto</b>	<b>p here.</b> The organ	iization qualifies a	as a publicly supp	orted organizatio	n <b>►</b> ∐
20 Private foundation. If the orga	nization did not che	eck a box on line	14, 19a, or 19b, c	neck this box and	see instructions	

Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 10;  Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)
<b>-</b>	

### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name of the organization		Employer Identification number
ATLANTIC 10 CONFERENCE		22-2985527
Part I Organizations Maintaining Dono	r Advised Funds or Other Similar Fun	ds or Accounts Complete if
the organization answered 'Yes' t	o Form 990, Part IV, line 6.	·
	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year).		
4 Aggregate value at end of year .		
5 Did the organization inform all donors and dor funds are the organization's property, subject	nor advisors in writing that the assets held in d to the organization's exclusive legal control?	onor advised Yes No
6 Did the organization inform all grantees, dono used only for charitable purposes and not for impermissible private benefit??	rs, and donor advisors in writing that grant fun the benefit of the donor or donor advisor or oth	ds may be ner Yes No
Part II   Conservation Easements Comple	ete if the organization answered 'Yes'	to Form 990, Part IV, line 7.
1 Purpose(s) of conservation easements held by	y the organization (check all that apply).	<del></del>
Preservation of land for public use (e.g., r	recreation or pleasure) Preservation	of an historically important land area
Protection of natural habitat	Preservation	of certified historic structure
Preservation of open space		
2 Complete lines 2a-2d if the organization held of the tax year	a qualified conservation contribution in the form	n of a conservation easement on the last day
of the tax your		Held at the End of the Year
a Total number of conservation easements		2a
<b>b</b> Total acreage restricted by conservation ease	ments	2b
c Number of conservation easements on a certi	fied historic structure included in (a)	2c
d Number of conservation easements included it	n (c) acquired after 8/17/06.	2d
3 Number of conservation easements modified,	transferred, released, extinguished, or termina	ted by the organization during the taxable
year ►		
4 Number of states where property subject to co	onservation easement is located >	_
5 Does the organization have a written policy re enforcement of the conservation easement it	garding the periodic monitoring, inspection, vice holds?	olations, and Yes No
6 Staff or volunteer hours devoted to monitoring	g, inspecting, and enforcing easements during	the year ►
7 Amount of expenses incurred in monitoring, in	nspecting, and enforcing easements during the	year ►\$
8 Does each conservation easement reported of 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of se	ection Yes No
9 In Part XIV, describe how the organization reports include, if applicable, the text of the footnote conservation easements	s conservation easements in its revenue and experto the organization's financial statements that of	nse statement, and balance sheet, and describes the organization's accounting for
Part III Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line	Other Similar Assets 8.
1a If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial statements.	lic exhibition, education, or research in furthera	
b If the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items:	r SFAS 116, not to report in its revenue statem lic exhibition, education, or research in further	ent and balance sheet works of art, historical ance of public service, provide the following
	, line 1	
2 If the organization received or held works of a amounts required to be reported under SFAS	116 relating to these items:	
a Revenues included in Form 990, Part VIII, line		<b>≻</b> \$
b Assets included in Form 990. Part X		<b>.≻\$</b>

•								
Schedule D (Form 990) 2008 ATLA							985527	Page <b>2</b>
Part III Organizations Mainta	ining Colle	ctions of I	Art, Histo	orical	Treasures, o	r Other Similar A	ssets (con	itinued)
3 Using the organization's accession that apply):	on and other i	records, chec	k any of th	he follo	wing that are a s	significant use of its o	collection item	ns (check all
a Public exhibition		d	Loan	or excl	nange programs			
<b>b</b> Scholarly research		е	Other					
c Preservation for future gener	ations		_					
4 Provide a description of the orga Part XIV.	nızatıon's col	lections and e	explain ho	w they	further the organ	nization's exempt pui	pose in	
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or ather than to	receive dona be maintaine	itions of a	rt, histo	orical treasures, organization's co	or other similar illection?	Yes	No
Part IV Trust, Escrow and Cu IV, line 9, or reported	stodial Ari	rangement on Form S	<b>s</b> Compl 990, Par	lete ıf t X, lıı	organization ne 21.	answered 'Yes' t	o Form 990	), Part
1a Is the organization an agent, trus included on Form 990, Part X?	itee, custodia	n, or other in	termedian	y for co	entributions or ot	her assets not		
<b>b</b> If 'Yes,' explain the arrangement						• •	. [ Yes	∐No
bit res, explain the arrangement	III Fait Aiv a	ina compiete	ule lollow	ning tau	ne.		Amount	
c Beginning balance						1c	Amount	
<b>d</b> Additions during the year .		•		•	•	10	-	
e Distributions during the year		• •	•	•	••	1e		
f Ending balance	•	- • •	•	••		16		<del></del>
2a Did the organization include an a	mount on Fo	rm 990 Part	X. line 21	7	• •	<u> </u>	Yes	No
<b>b</b> If 'Yes.' explain the arrangement		iiii 550, i ait	/, iiiic 21	•	•	•		
Part V Endowment Funds Co		rganization	answer	ed 'Y	es' to Form 9	0 Part IV line 1	0	
Tare V Line Swill enter a line S	(a) Current		(b) Prior year		(c) Two years bad			r years back
1 a Beginning of year balance			<u> </u>		- (- <i>I</i>	(1)	107.55	7
<b>b</b> Contributions								
c Investment earnings or losses								
<b>d</b> Grants or scholarships								
e Other expenditures for facilities and programs								
f Administrative expenses								
g End of year balance								
2 Provide the estimated percentag	e of the year	end balance	held as:		•			
a Board designated or quasi-endov	vment ►		ક					
<b>b</b> Permanent endowment ►	-8		<del>-</del>					
c Term endowment ►	<b>8</b>							
3a Are there endowment funds not organization by.	n the posses	sion of the or	ganızatıor	n that a	re held and adm	inistered for the	۲	'es No
(i) unrelated organizations							3a(i)	<del></del>
***							3a(ii)	$\overline{}$
<b>b</b> If 'Yes' to 3a(II), are the related of				chedule		·	3b	$\neg$
4 Describe in Part XIV the intender	_						<u> </u>	
Part VI Investments—Land, B						, line 10.		
Description of investment		(a) Cost or o	ther basis	(b)	Cost or other asis (other)	(c) Depreciation	(d) Boo	ok Value
<b>1a</b> Land		\					1	
<b>b</b> Buildings	• •							

2,014. 10,500. 8,486. c Leasehold improvements . 151,541. 25,500. 177,041. **d** Equipment . e Other . . 33,986. Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

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Schedule **D** (Form 990) 2008

Part VII	Investments-Other Securities See Fo	orm 990, Part X, line	e 12. N/A	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	tion ket value
	derivatives and other financial products			
Closely-he	Id equity interests			
Other				
				<u> </u>
			····	
	mn (b) should equal Form 990 Part X, col. (B) line 12)			
Part VIII	Investments-Program Related (See	Form 990, Part X, III	ne 13) N/A	
	(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mark	tion ket value
				<del></del>
	nn (b)(should equal Form 990, Part X, Col. (B) line 13)			
Part IX	Other Assets (See Form 990, Part X,	line 15) N/A		
	<b>(a)</b> De	scription		(b) Book value
<del></del>				
		···-		
		<del></del>		· · · · · · · · · · · · · · · · · · ·
		·		
		<del></del>		
		<del></del>		
_	umn (b) Total (should equal Form 990, Part X, co		<b>&gt;</b>	
Part X	Other Liabilities (See Form 990, Part			
	(a) Description of Liability	(b) Amount	_	
Federal in	come Taxes		_	
			→	
		<del></del>		
			_	
		<del>-</del>	$\dashv$	
		<del></del>		}
-		<del></del> -		
_				
			<b>⊣</b>	
<del></del>	ALTERIA II AE		l l	
	on (b) Total (should equal Form 990, Part X, col. (B) line 25)  V, provide the text of the footnote to the organiza	Accele francial atataman	As Abot consider the constant	.h. 6a

Schedule **D** (Form 990) 2008 ATLANTIC 10 CONFERENCE

22-2985527

Page 3

Sche	edule.D (Form 990) 2008 ATLANTIC 10 CONFERENCE	22-298	5527	Page 4
Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		N/A	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			
2	Total expenses (Form 990, Part IX, column (A), line 25)			
3	Excess or (deficit) for the year. Subtract line 2 from line 1.			
4	Net unrealized gains (losses) on investments	Ċ		
5	Donated services and use of facilities	i		
6	Investment expenses		-	
7	Prior period adjustments		_	
,	OIL OLL DILYNA	.		
0	The bound of the Add	•		<del></del> _
10				
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9 .  rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Poturn	NI / N	
		Return	N/A	
1	Total revenue, gains, and other support per audited financial statements	<del>  '  </del>		
2	1	1 [		
	a Net unrealized gains on investments			
	b Donated services and use of facilities 2b			
	c Recoveries of prior year grants			
	d Other (Describe in Part XIV)			
(	e Add lines 2a through 2d	. 2e	·	
3	Subtract line 2e from line 1	. 3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investments expenses not included on Form 990, Part VIII, line 7b			
1	b Other (Describe in Part XIV)			
	c Add lines <b>4a</b> and <b>4b</b>	4c		
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5		
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Retu	rn N/A	
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:			
i	a Donated services and use of facilities 2a			
	b Prior year adjustments			
	c Losses reported on Form 990, Part IX, line 25			
	d Other (Describe in Part XIV)			
	e Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
-	a Investments expenses not included on Form 990, Part VIII, line 7b			
	b Other (Describe in Part XIV) 4b			
		- 40		
	c Add lines 4a and 4b.	4c	<del></del>	
	Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18)  rt XIV   Supplemental Information	] 3		
Con	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 4, Part X, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	IV, lines	1b and 2b; F	'art V,
line	4, Part X, Part XI, line 8; Part XII, lines 2d and 40; and Part XIII, lines 2d and 40.			
			<del>_</del>	

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Schedule **D** (Form 990) 2008

Scriedule J	(FOIII 990) 2008	Page 5
Part XIV	Supplemental Information (continued)	

		•						OMB No
(Form 990)		5	Governmen	Governments and Individuals in the U.S.	o Organization als in the U.S.	is,	1	70
Department of the Treasury Internal Revenue Service		■ Comple	te if the organizatio	<ul><li>Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.</li><li>Attatch to Form 990.</li></ul>	orm 990, Part IV, lines 0.	s 21 or 22.		Open to
Name of the organization ATLANTIC 10 CC	CONFERENCE		,				Employer identification numbe 22-2985527	ation numbe
Part   General Ir	General Information on Grants and Assistance	ants and Assist	ance					
	ation maintain record	ds to substantiate the	e amount of the grai	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?	rantees' eligibility for t	he grants or assistano	e, and	Yes
2 Describe in Part	IV the organization's	procedures for mon	toring the use of gr	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	States.			:
Part II Grants an 990, Part Part IV an	<b>Grants and Other Assistar</b> 990, Part IV, line 21 for any Part IV and Schedule I-1 (F	ance to Governments and Organizations any recipient that received more than \$5,0 (Form 990) if additional space is needed	ents and Organi eceived more the Itional space is r	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on F 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 Part IV and Schedule I-1 (Form 990) if additional space is needed	ed States. Comple this box if no one r	te if the organizati recipient received	ion answered 'Y more than \$5,0	es' on F 30. Use
1 (a) Name and address of organization or government		(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purp or as
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
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	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations	3) and government o	rganizations			•	- :	

Schedule I (Form 990) 2008

TEEA3901L 12/19/08

3 Enter total number of other organizations

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

×

(h) Purpose of grant or assistance

**≗** □

Yes

on answered 'Yes' on Form

Open to Public Inspection

Employer identification number

OMB No 1545-0047 2008

Page 2 Schedule I (Form 990) 2008 ATLANTIC 10 CONFERENCE

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22.

Use Schedule I-1 (Form 990) if additional space is needed. 22-2985527 ATLANTIC 10 CONFERENCE

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
provide the information required in Part I, line 2, and any other additional information.						
provide the information required in Part I, line 2, and any other additional information.						
provide the information required in Part I, line 2, and any other additional information.						
provide the information required in Part I, line 2, and any other additional information.						
provide the information required in Part I, line 2, and any other additional information.		- -				
provide the information required in Part I, line 2, and any other additional information.						
	ompl		provide the informat	tion required in Par	I, line 2,	ier additional information.
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### **SCHEDULE J** (Form 990)

### **Compensation Information**

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

OMB No 1545-0047 2008

Department of the Treasury Internal Revenue Service Name of the organization

ATLANTIC 10 CONFERENCE

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

Open to Public Inspection

Employer identification number

22-2985527

Par	t I   Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant 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			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)		ł	
		1	ļ	
b	of line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all			
	of the expenses described above? If 'No,' complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.			
	Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study		1	
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
а	Receive a severance payment or change of control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	: Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If 'Yes' to any of 4a-c, list the persons and provide the applicable amounts for each item in Part III		- 1	
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
,	contingent on the revenues of.			
а	The organization?	5a		X
þ	Any related organization?	5ь		X
	If 'Yes' to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	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 organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х

Schedule J (Form 990) 2008

Page 2

22-2985527

ATLANTIC 10 CONFERENCE Schedule **J** (Form 990) 2008

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

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

	-	(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MIS(	MISC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	,	(l) Base compensation	(ii) Bonus and incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)·(D)	reported in prior Form 990 or Form 990-EZ
BERNADETTE MCGLA	€ €	436,828.	000	0	0 0	· O C C C C C C C C C C C C C C C C C C	436,828.	0.
LINDA BRUNO	€	316,545		00	0	0	316,545.	
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ВАА				TEEA4102L 08/1	08/11/08		Sched	Schedule J (Form 990) 2008

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

(F)
Direct controlling entity (F)
Direct controlling
entity Open to Public Inspection N/A Employer identification number 22-2985527 (E)
Public charity status
(if section 501(c)(3)) (E) End-of-year assets Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 See separate instructions. σ (D) Exempt Code section (**D)** Total income 510(C)(3) (C)
Legal domicile (state or foreign country) (C) Legal domicile (state or foreign country) PA CONFERENCE Primary activity (B) Primary activity FOOTBALL Part II Identification of Related Tax-Exempt Organizations (A) (A) Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity Part I Identification of Disregarded Entities ATLANTIC 10 FOOTBALL CONFERENCE 11827 CANON BLVD. ATLANTIC 10 CONFERENCE NEWPORT NEWS, VA 23606 23-2867658 Name of the organization

Schedule R (Form 990) (2008)

TEEA5001L 12/23/08

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

22-2985527

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign	(C) (D) Legal Direct domicile controlling entity foreign	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	Share of total income Share of end-of-year assets	(H) Disproportionate allocations?	Code V-UBI amount in Box 20 of Schedule		ing ser?
		country)					Yes No	(FORM 1085)	, kes	o <mark>N</mark>
										,

Part IV Identification of Related Organizations Taxable as a Corporation or Trust	axable as a Cor	poration or Trus	st				
(A) Name, address, and EIN of related organization	( <b>B)</b> Primary Activity	(C) Legal domicile (state or foreign co	( <b>D)</b> Direct ontrolling entity	(E) Type of entity (C corp, S corp, or trust)	(B) (C) (D) (D) (E) (F) (F) (G) (G) (G) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(G) Share of end-of-year assets	(H) Percentage ownership

Schedule R (Form 990) (2008)

TEEA5002L 12/23/08

BAA

Page 3

# Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.			Yes	ŝ
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:	:≥			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	:	1a		×
<b>b</b> Gift, grant, or capital contribution to other organization(s)		1 b		×
		. 1c		×
d Loans or loan quarantees to or for other organization(s)		<b>1</b> 9		×
		-		>
e Loans of loan guarantees by otner organization(s)	:		<del> </del>	<
f Sale of assets to other organization(s)	•	=		×
		-	<u> </u>	×
Exchange of assets		=		×
				: >
I Lease of facilities, equipment, or other assets to other organization(s)		=	+	⇃
i Lease of facilities equinoment or other assets from other organization(s)		=	_	×
k Performance of services or membership or fundraising solicitations for other organization(s).		ž	$\dagger$	: ×
1 Performance of services or membership or fundraising solicitations by other organization(s)		=	-	$ \times$
m Sharing of facilities, equipment, mailing lists, or other assets	•	E		×
n Sharing of paid employees	•	=		×
o Reimbursement paid to other organization for expenses		10		×
p Reimbursement paid by other organization for expenses	:	1 1 a		×
<b>q</b> 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	s and transaction thresh	splo	:	
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved	;) involved	-5
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
BAA TEEA5003L 07/02/08	Schedule	Schedule R (Form 990) (2008	330) (20	88

22-2985527

# Part VI Unrelated Organizations Taxable as a Partnership

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

revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships	rding exclusion for	certain investment pa	rtnerships					
(A) Name, address, and EIN of entity	(B) Primary activity	Legal Domicile	(D) Are all partners	(E) Share of end-of-year	(F) Dispropor-	Code V-UBI amount	(H) General or	al or
		Country)	501(c)(3) organizations?	50000	allocations?	Schedule K-1 Form (1065)	partu	er?
			Yes No		Yes No	•	Yes	<u>٩</u>
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	,				-			
	•							
					<del>-</del>			
	· •							
ваа		TEEA5004L 01/21/09				Schedule R (Form 990) (2008)	(066 u	(2008)

## SCHEDULE O (Fprm 990)

### **Supplemental Information to Form 990**

OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number

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

ATLANTIC 10 CONFERENCE	22-2985527
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION	
(1) INITIATE, PROMOTE AND IMPROVE INTERCOLLEGIATE COMPE	TITION AMONG ITS MEMBERS
(2) PROMOTE AND QUALIFY OUTSTANDING TEAMS TO REPRESENT	IT
(3) PROMOTE, ASSIST AND CREATE INTEREST IN VARIOUS SPOR	TS THAT IT SUPPORTS THROUGH
IN-SEASON PLAY, CONFERENCE CHAMPIONSHIPS, AND OTHER EVE	NTS
(4) ESTABLISH STANDARDS AND PROMOTE SCHOLARSHIP AND HIGH	H IDEAS IN SPORTMANSHIP IN
ITS MEMBERS AND	
(5) FORMULATE PRINCIPLES AND DISSEMINATE INFORMATION REC	GARDING THE PROPER PLACE OF
ATHLETICS IN ITS MEMBERS	
FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS	
NO REVIEW WAS OR WILL BE CONDUCTED.	
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL	PROCESS FOR OFFICERS & KEY EMPLOYEE
THE ORGANIZATION'S BOARD REVIEWS AND APPROVES ALL COMPE	NSATION.
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUB	BLICLY AVAILABLE
ALL DOCUMENTS ARE AVAIALBLE TO THE PUBLIC UPON WRITTEN	REQUEST TO THE ORGANIZATION
AT THE REGISTERED ADDRESS.	

# Form **8868** (Rev April 2009)

Department of the Treasury

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Internal Ive venue	OCIVICO					
If you are	filing for an Automatic 3-Month	Extension, complete only Part I and check this box	ζ.		► X	
<ul><li>If you are</li></ul>	filing for an Additional (Not Auto	omatic) 3-Month Extension, complete only Part II (	on page 2 of the	ıs form).		
Do not comp	olete Part II unless you have airea	dy been granted an automatic 3-month extension of	on a previously f	filed Form 8868		
Part I	Automatic 3-Month Extens	ion of Time. Only submit original (no copi	es needed).			
		, , , ,	•			
•	•	requesting an automatic 6-month extension — chec		•	_	
All other corp income tax re		, partnerships, REMICS, and trusts must use Form	7004 to request	t an extension of ti	me to file	
returns noted	I below (6 months for a corporation of the corporat	ectronically file Form 8868 if you want a 3-month a on required to file Form 990-T) However, you cannon on or (2) you file Forms 990-BL, 6069, or 8870, gro or completed and signed page 2 (Part II) of Form 88 -file for Charities & Nonprofits	ot file Form 886	8 electronically if (	(1) you want	
	Name of Exempt Organization			Employer identification	n number	
Type or						
print	ATLANTIC 10 CONFEREN	CE		22-2985527		
File by the due date for	Number, street, and room or suite number					
filing your return See	11827 CANON BLVD. #2	00				
return See instructions. City, town or post office, state, and ZIP code For a foreign address, see instructions.						
	NEWPORT NEWS, VA 236	06				
Check type of	of return to be filed (file a separat	·				
X Form 990	` -	Form 990-T (corporation)	Form 472	20		
Form 990	<u> </u>	Form 990-T (section 401(a) or 408(a) trust)	Form 522	27		
Form 990	<b>}</b> _	Form 990-T (trust other than above)	Form 606			
Form 990		Form 1041-A	Form 887			
Telephone If the org If this is the check this	for a Group <u>R</u> eturn, enter the orga		N) If			
1 I reque	st an automatic 3-month (6 montl	ns for a corporation required to file Form 990-T) ext	tension of time			
	2/15, 20_10, to file tension is for the organization's re	the exempt organization return for the organization	named above.			
_		EGITI TO				
	calendar year 20 or	20 00 and and an 6/20 20	00			
- A	tax year beginning	, 20 _08, and ending6/30, 20	_09_			
2 If this t	ax year is for less than 12 months	s, check reason	eturn C	Change in accountii	ng period	
3a If this a nonrefu	application is for Form 990-BL, 99 indable credits. See instructions.	0-PF, 990-T, 4720, or 6069, enter the tentative tax,	less any	3a \$	0.	
<b>b</b> If this a made.	application is for Form 990-PF or Include any prior year overpayme	990-T, enter any refundable credits and estimated to allowed as a credit	tax payments	3ь\$	0.	
deposit	e Due. Subtract line 3b from line with FTD coupon or, if required, structions	3a. Include your payment with this form, or, if requiby using EFTPS (Electronic Federal Tax Payment S	rred, System)	3c \$	0.	
Caution. If you		c fund withdrawal with this Form 8868, see Form 8	453-EO and For	rm 8879-EO for		
BAA For Pri	vacy Act and Paperwork Reducti	on Act Notice, see instructions.		Form 8868 (	(Rev 4-2009)	

■ If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box.  ■ If you are filing for an Automatic 3-Month Extension, complete only Part II on page 1).  ■ If you are filing for an Automatic 3-Month Extension of Time. Only file the original (no copies needed).  ■ If you are filing for an Automatic 3-Month Extension of Time. Only file the original (no copies needed).  ■ ATLANTIC 10 CONFERENCE    Number, sneet, and room or suite number If a P 0 box, see instructions   Number, sneet, and room or suite number If a P 0 box, see instructions   Philantic 10 CONFERENCE   22 - 2985527	Form 8868	(Rev 4-2009)			Page <b>2</b>
Part II   Additional (Not Automatic 3-Month Extension, complete only Part I (on page 1).	• If you a	re filing for an Additional (Not Automatic) 3-Month Extension, complete only	y Part II and check th	ns box .	. ► X
Rank   Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	Note. Only	complete Part II if you have already been granted an automatic 3-month exte	ension on a previous	ly filed For	m 8868.
Name of Exempt Organization   Employer identification number   Type or print					
Type or print  ATLANTIC 10 CONFERENCE  Number, street, and room or suler number If a P O box, see instructions  CITRIN COOPERMAN & COMPANY, LLP  1800 JFK BLVD FL 20  CITRIN COOPERMAN & COMPANY, LLP  1800 JFK BLVD FL 20  Check type of return to be filed (File a separate application for each return):  Form 990 Form 990 Form 990-F, Form 990-F, 990-T, (trust other than above)  **TOPI Do not complete Part III if you were not allready granted an automatic 3-month extension on a previously filed Form 8868.  **The books are in care of ** THE ORGANIZATION  Telephone No. **757-706-3054 Form 990-1 (file to file or place of business in the United States, check this box.  **If the organization does not have an office or place of business in the United States, check this box.  **If the organization does not have an office or place of business in the United States, check this box.  **If the organization does not have an office or place of business in the United States, check this box.  **If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN).  **If this is for the whole group, check this box.  **If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN).  **If this is for the whole group, check this box.  **If this is for the whole group, check this box.  **If this is for the whole group, check this box.  **If the group is an additional 3-month extension of time until 5/15	Part II		file the original (	no copie	s needed).
Print by the streeted of the date of the control o		Name of Exempt Organization	]	Employer ider	ntification number
Stephen view of the control of the c		ATLANTIC 10 CONFERENCE		22-2985	5527
CITRIN COOPERMAN & COMPANY, LLP described by the characteristics of the characteristic constitutions of the characteristic constitutions of the company of the company of the characteristic constitutions of the company of the compan	File by the	Number, street, and room or suite number. If a P O box, see instructions	]	For IRS use or	nly
Check type of return to be filed (File a separate application for each return):    Form 990	extended due date for filing the		<u>[</u>		
Check type of return to be filed (File a separate application for each return)    Form 990	return See instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions			
Form 990-BL Form 990-PF Form 990-PF Form 990-BL Form 990-PF Form 990-BL Form 990-BL Form 990-T (section 401(a) or 408(a) trust) Form 4720 Form 4720 Form 8870 Form 990-BL Form 990-T (trust other than above) Form 5227  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  • The books are in care of THE ORGANIZATION Telephone No. 757-706-3054 FAX No. •  • If the organization does not have an office or place of business in the United States, check this box. •  • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box II if it is for part of the group, check this box II if it is for part of the group, check this box II and attach a list with the names and EINs of all members the extension is for.  4 I request an additional 3-month extension of time until 5/15		PHILADELPHIA, PA 19103-7412			
Form 990-BL Form 990-T (section 401(a) or 408(a) trust) Form 4720 Form 8870  Form 990-EZ Form 990-T (trust other than above) Form 5227  **TOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  **The books are in care of ▶ THE ORGANIZATION  Telephone No. ▶ 757-706-3054 FAX No. ▶  **If the organization does not have an office or place of business in the United States, check this box.	Check type	of return to be filed (File a separate application for each return)			
Form 990-EZ   Form 990-T (trust other than above)   Form 5227  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  • The books are in care of • THE ORGANIZATION  Telephone No. • 757-706-3054   FAX No. •    • If the organization does not have an office or place of business in the United States, check this box. •    • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box •   If this is for part of the group, check this box •   and attach a list with the names and EINs of all members the extension is for.  4 I request an additional 3-month extension of time until   5/15   ,20 10.  5 For calendar year   , or other tax year beginning 7/01   ,20 08 , and ending 6/30   ,20 09.  6 If this tax year is for less than 12 months, check reason:   Initial return   Final return   Change in accounting period  7 State in detail why you need the extension   TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO    GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.  8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.  b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.  c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instrs.  8c \$  Signature and Verification  Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form	X Form 9	90 Form 990-PF	Form 1041-A		Form 6069
The books are in care of ► THE ORGANIZATION Telephone No. ► 757-706-3054 FAX No. ►  If the organization does not have an office or place of business in the United States, check this box. ► □  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN). If this is for the whole group, check this box ► □ and attach a list with the names and EINs of all members the extension is for.  If it is for part of the group, check this box ► □ and attach a list with the names and EINs of all members the extension is for.  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN). If this is for the whole group, check this box ► □ and attach a list with the names and EINs of all members the extension is for.  If this is for part of the group, check this box ► □ and attach a list with the names and EINs of all members the extension is for.  If this is for part of the group, check this box ► □ and attach a list with the names and EINs of all members the extension is for.  If this is for part of the group, check this box ► □ and attach a list with the names and EINs of all members the extension is for.  If this is for head attach a list with the names and EINs of all members the extension is for less than 12 months, check reason: □ Initial return □ frinal return □ Change in accounting period is the state of the extension TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.   8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions 8a \$\frac{1}{8}\$\$  b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	Form 9	90-BL Form 990-T (section 401(a) or 408(a) trust)	Form 4720		Form 8870
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### Members the extension is for.  ### I request an additional 3-month extension of time until5/15, 2010.  ### To calendar year, or other tax year beginning7/01, 2008_, and ending6/30, 2009  ### It his tax year is for less than 12 months, check reason:	• If this is	for a Group Return, enter the organization's four digit Group Exemption Nur	mber (GEN) .		. If this is for the
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Form **8868** (Rev 4-2009)