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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2008</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

**A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009**

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization CONFERENCE USA		<b>D</b> Employer identification number 36-4021594
		Doing Business As		<b>E</b> Telephone number (214) 774-1300
		Number and street (or P O box if mail is not delivered to street address) 5201 NORTH OCONNOR BLVD No 300	Room/suite	<b>G</b> Gross receipts \$ 61,643,644
		City or town, state or country, and ZIP + 4 IRVING, TX 750393765		
<b>F</b> Name and address of Principal Officer BRITTON BANOWSKY 5201 NORTH OCONNOR BLVD SUITE 300 IRVING, TX 75039		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) <input type="checkbox"/> (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list See instructions )		
<b>J</b> Web site: <input checked="" type="checkbox"/> HTTP //CONFERENCEUSA.CSTV.COM/		<b>H(c)</b> Group Exemption Number <input type="checkbox"/>		
<b>K</b> Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> trust <input type="checkbox"/> association <input type="checkbox"/> other <input type="checkbox"/>			<b>L</b> Year of Formation 1996	<b>M</b> State of legal domicile IL

## Part I Summary

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities  See Schedule O for the Organization's Mission Statement and Most Significant Activities - Operate with integrity and advance high standards of academic performance, sportsmanship and equity - Organize, administer and promote intercollegiate athletics at nationally competitive levels on behalf of our members and their student-athletes		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	<u>12</u>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	<u>12</u>
	<b>5</b>	Total number of employees (Part V, line 2a) . . . . .	<b>5</b>	<u>24</u>
	<b>6</b>	Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	<u>5</u>
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, line 12, column (C) . . .	<b>7a</b>	<u>0</u>
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34 . . .	<b>7b</b>	<u>0</u>
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) . . . . .	4,296,891	4,161,440
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	40,031,057	41,731,345
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	616,422	-209,636
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	172,892	136,156
			45,117,262	45,819,305
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	32,949,833	37,362,894
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,059,468	2,152,319
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b>	(Total fundraising expenses, Part IX, column (D), line 25 <sup>0</sup> )		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	10,558,856	7,252,879
	<b>18</b>	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	45,568,157	46,768,092
	<b>19</b>	Revenue less expenses Subtract line 18 from line 12	-450,895	-948,787
Net Assets or Fund Balances			<b>Beginning of Year</b>	<b>End of Year</b>
	<b>20</b>	Total assets (Part X, line 16)	20,423,576	9,830,435
	<b>21</b>	Total liabilities (Part X, line 26)	11,695,688	2,189,598
	<b>22</b>	Net assets or fund balances Subtract line 21 from line 20	8,727,888	7,640,837

## Part II Signature Block

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge				
	***** Signature of officer		2010-03-19 Date		
	BRITTON BANOWSKY COMMISSIONER Type or print name and title				
<b>Paid Preparer's Use Only</b>	Preparer's signature Marshall Romine		Date	Check if self-employed <input type="checkbox"/>	Preparer's PTIN (See Gen Inst )
	Firm's name (or yours if self-employed), address, and ZIP + 4 RSM McGladrey Inc 13355 Noel Rd 8th Fl/LB 4 Dallas, TX 752406651				EIN <input type="checkbox"/>
					Phone no <input type="checkbox"/> (972) 764-7100

May the IRS discuss this return with the preparer shown above? (See instructions) . . . . . ☒ Yes ☐ No



Part IIIS

Statement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization's mission  
- Operate with integrity and advance high standards of academic performance, sportsmanship and equity - Organize, administer and promote intercollegiate athletics at nationally competitive levels on behalf of our members and their student-athletes

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . .

Yes

No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting or make significant changes in how it conducts any program services? . . . . .

Yes

No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code ) (Expenses \$ 46,231,749 including grants of \$ 37,314,894 ) (Revenue \$ 41,867,501 )

All C-USA institutions sponsor FBS Football, along with several other Men's and Women's Athletic programs C-USA sponsors competition in 19 sports -Nine for men (Baseball, Basketball, Cross Country, Football, Golf, Soccer, Tennis and Indoor and Outdoor Track and Field) and 10 for women (Basketball, Cross Country, Golf, Softball, Soccer, Swimming and Diving, Tennis, Indoor and Outdoor Track and Field and Volleyball)

4b

(Code ) (Expenses \$ 48,000 including grants of \$ 48,000 ) (Revenue \$ )

To promote academic excellence, C-USA annually awards twelve postgraduate scholarships, along with the Sport Academic Award, Scholar Athletes of the Year Award and the Institutional Academic Excellence Award

4c

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d

Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e












Total program service expenses \$ 46,279,749 Must equal Part IX, Line 25, column (B).

Form 990 (2008)











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 Schedule A 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes	
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		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		No
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		No
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10		No
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	Yes	
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	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
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		No
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		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
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	Yes	
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25	24a		No
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		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No



**Part IV Checklist of Required Schedules** *(Continued)*

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
<b>a</b>	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)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>c</b>	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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . . 		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . . 		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . . 		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . . 	Yes	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . 		No
<b>36</b>	501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . 		No
<b>37</b>	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . . 		No



Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a384		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a24		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . <b>Note:</b> <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	4a		No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ? . . . . .	5c		
6a	Did the organization solicit any contributions that were not tax deductible? . . . . .	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b		
7	<i>Organizations that may receive deductible contributions under section 170(c).</i>			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? . . . . .	7a		No
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 file Form 8282? . . . . .	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	7h		No
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	8		No
9	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>			
a	Did the organization make any taxable distributions under section 4966? . . . . .	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b		No
10	<i>Section 501(c)(7) organizations.</i> Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b		
11	<i>Section 501(c)(12) organizations.</i> Enter			
a	Gross income from members or shareholders . . . . .	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	11b		
12a	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> 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		



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

		Yes	No
For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
<b>1a</b>	Enter the number of voting members of the governing body . . . . .	<b>1a</b>	12
<b>b</b>	Enter the number of voting members that are independent . . . . .	<b>1b</b>	12
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>	No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	<b>3</b>	No
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	<b>4</b>	No
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>	No
<b>6</b>	Does the organization have members or stockholders? . . . . .	<b>6</b>	Yes
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>	No
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>	No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b>	the governing body? . . . . .	<b>8a</b>	Yes
<b>b</b>	each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	Yes
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .	<b>9a</b>	No
<b>b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	<b>9b</b>	
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	<b>10</b>	No
<b>11</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<b>11</b>	No

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No", go to line 13 . . . . .	<b>12a</b>	Yes
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	No
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	Yes
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	No
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	Yes
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
<b>a</b>	The organization's CEO, Executive Director, or top management official? . . . . .	<b>15a</b>	Yes
<b>b</b>	Other officers or key employees of the organization? . . . . .	<b>15b</b>	Yes
Describe the process in Schedule O			
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	No
<b>b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>	

**Section C. Disclosure**

<b>17</b>	List the States with which a copy of this Form 990 is required to be filed <u>IL</u>
<b>18</b>	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> own website <input type="checkbox"/> another's website <input checked="" type="checkbox"/> upon request
<b>19</b>	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
<b>20</b>	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. CATRINA GIBSON 5201 NORTH OCONNOR BLVD SUITE 300 IRVING, TX 75039 (214) 774-1300



Part VII

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

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

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

\* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees 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) of more than \$100,000 from the organization and any related organizations.

\* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

\* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DR STEVE BALLARD , BOARD MEMBER	1.00	X						0	311,490	41,355
DR RENU KHATOR , BOARD MEMBER	1.00	X						0	411,825	95,776
DR STEPHEN J KOPP , BOARD MEMBER	1.00	X						0	231,475	158,487
DR SHIRLEY RAINES , BOARD MEMBER	1.00	X						0	303,158	0
MR DAVID LEEBRON , BOARD MEMBER	1.00	X						0	0	0
DR GERALD TURNER , BOARD MEMBER	1.00	X						0	2,427,186	346,814
DR SCOTT COWEN , BOARD MEMBER	1.00	X						0	708,567	26,927
DR STEADMAN UPHAM , BOARD MEMBER	1.00	X						0	588,051	1,034,178
DR CAROL GARRISON , BOARD MEMBER	1.00	X						0	633,076	93,787
DR JOHN HITT , BOARD MEMBER	1.00	X						0	516,464	57,232
DR DIANA NATALICIO , BOARD MEMBER	1.00	X						0	370,914	68,080
DR MARTHA SAUNDERS , BOARD MEMBER	1.00	X						0	362,564	46,000
BRITTON BANOWSKY , COMMISSIONER	38.00			X				389,381	0	145,197
JUDY MACLEOD , EXEC ASSOC COMMISSIONER	38.00				X			173,150	0	26,784
ALFRED WHITE , ASSOCIATE COMMISSIONER	38.00					X		144,395	0	31,936
KELLY CARNEY , ASSOCIATE COMMISSIONER	38.00					X		126,140	0	29,687



Part VII

Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total								833,066	6,864,770	2,202,240

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 4

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4 For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization		0



Part VIII

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . . . .		3,732,580			
			1b				
	c	Fundraising events . . . . .					
			1c				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above		428,860			
			1f				
g	Noncash contributions included in lines 1a-1f \$ 112,989						
h	Total (Add lines 1a-1f) . . . . .			4,161,440			
Program Service Revenue			Business Code				
	2a	TELEVISION AND MARKETI		900,099	12,763,608	12,763,608	
	b	NCAA TOURNAMENT REVENU		900,099	9,244,399	9,244,399	
	c	NCAA GRANTS-IN-AID		900,099	5,820,759	5,820,759	
	d	DISTRIBUTABLE BOWL REV		900,099	4,392,935	4,392,935	
	e	BOWL CHAMPIONSHIP SERI		900,099	2,659,200	2,659,200	
	f	All other program service revenue			6,850,444	6,850,444	
	g	Total. Add lines 2a-2f . . . . . \$ 41,731,345					
Other Revenue	3	Investment income (including dividends, interest other similar amounts) . . . . .					
				499,785			499,785
	4	Income from investment of tax-exempt bond proceeds . . . . .					
	5	Royalties . . . . .		131,986	131,986		
		(i) Real	(ii) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . .					
		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory		15,114,918			
	b	Less cost or other basis and sales expenses		15,824,339			
	c	Gain or (loss)		-709,421			
	d	Net gain or (loss) . . . . .		-709,421			-709,421
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 . . . . . a					
	b	Less direct expenses . . . . . b					
	c	Net income or (loss) from fundraising events . . . . .					
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 a					
	b	Less direct expenses . . . . . b					
	c	Net income or (loss) from gaming activities . . . . .					
10a	Gross sales of inventory, less returns and allowances . . . . . a						
b	Less cost of goods sold . . . . . b						
c	Net income or (loss) from sales of inventory . . . . .						
	Miscellaneous Revenue		Business Code				
11a	MISCELLANEOUS		900,099	4,170	4,170		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d . . . . . \$ 4,170						
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .			45,819,305	41,867,501	0	-209,636



Additional Data

Software ID:  
Software Version:  
EIN: 36-4021594  
Name: CONFERENCE USA

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a TELEVISION AND MARKETI	900,099	12,763,608	12,763,608		
b NCAA TOURNAMENT REVENU	900,099	9,244,399	9,244,399		
c NCAA GRANTS-IN-AID	900,099	5,820,759	5,820,759		
d DISTRIBUTABLE BOWL REV	900,099	4,392,935	4,392,935		
e BOWL CHAMPIONSHIP SERI	900,099	2,659,200	2,659,200		



Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).					
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	37,314,894	37,314,894		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	48,000	48,000		
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				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	746,628	634,634	111,994	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages	1,045,038	888,282		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	119,544	101,612	17,932	
9	Other employee benefits . . . . .	143,297	121,802	21,495	
10	Payroll taxes . . . . .	97,812	83,140	14,672	
11	Fees for services (non-employees)				
a	Management . . . . .				
b	Legal . . . . .	29,999	25,499	4,500	
c	Accounting . . . . .	22,585	19,197	3,388	
d	Lobbying . . . . .				
e	Professional fundraising See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .	70,392	59,833	10,559	
g	Other . . . . .				
12	Advertising and promotion . . . . .	895,466	895,466		
13	Office expenses . . . . .	277,251	235,663	41,588	
14	Information technology . . . . .	18,772	15,956	2,816	
15	Royalties . . . . .				
16	Occupancy . . . . .	160,824	136,700	24,124	
17	Travel . . . . .	79,917	67,929	11,988	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials . . . . .				
19	Conferences, conventions and meetings . . . . .	219,040	186,184	32,856	
20	Interest . . . . .	45,986	39,088	6,898	
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	27,371	23,265	4,106	
23	Insurance . . . . .	45,893	39,009	6,884	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	Bowls & Championship Ex	4,286,148	4,286,148		
b	Championships	449,098	449,098		
c	Support Services	411,564	411,564		
d	NCAA Classroom on the C	107,298	107,298		
f	All other expenses	105,275	89,488	15,787	
25	Total functional expenses. Add lines 1 through 24f	46,768,092	46,279,749	488,343	0
26	Joint Costs. Check <input type="checkbox"/> 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				



**Part X**    **Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
Assets	<b>1</b> Cash—non-interest-bearing . . . . .	795,826	<b>1</b>	2,273,167
	<b>2</b> Savings and temporary cash investments . . . . .	1,434,749	<b>2</b>	69,125
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	73,174	<b>4</b>	44,600
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i> . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i> . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	2,400,000	<b>7</b>	1,200,000
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	55,483	<b>9</b>	156,781
	<b>10a</b> Land, buildings, and equipment cost basis			
		<b>10a</b> 168,897		
	<b>b</b> Less accumulated depreciation <i>Complete Part VI of Schedule D</i> . . . . .			
		<b>10b</b> 117,338	78,929	<b>10c</b> 51,559
	<b>11</b> Investments—publicly traded securities . . . . .	15,585,415	<b>11</b>	6,035,203
	<b>12</b> Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i> . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i> . . . . .		<b>13</b>	
<b>14</b> Intangible assets . . . . .		<b>14</b>		
<b>15</b> Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i> . . . . .		<b>15</b>		
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	20,423,576	<b>16</b>	9,830,435	
Liabilities	<b>17</b> Accounts payable and accrued expenses . . . . .	200,692	<b>17</b>	295,778
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	3,019,430	<b>19</b>	1,497,159
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow account liability <i>Complete Part IV of Schedule D</i> . . . . .		<b>21</b>	
	<b>22</b> Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i> . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	8,107,875	<b>23</b>	
	<b>24</b> Unsecured notes and loans payable . . . . .		<b>24</b>	
	<b>25</b> Other liabilities <i>Complete Part X of Schedule D</i> . . . . .	367,691	<b>25</b>	396,661
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	11,695,688	<b>26</b>	2,189,598
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	8,478,920	<b>27</b>	7,407,063
	<b>28</b> Temporarily restricted net assets . . . . .	248,968	<b>28</b>	233,774
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	8,727,888	<b>33</b>	7,640,837
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	20,423,576	<b>34</b>	9,830,435

**Part XI**    **Financial Statements and Reporting**

			Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other			
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	<b>2a</b>		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	<b>2b</b>	Yes	
<b>c</b>	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .	<b>2c</b>		No
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	<b>3a</b>		No
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? . . . . .	<b>3b</b>		



SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.  
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization CONFERENCE USA	Employer identification number 36-4021594
--	--

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization )

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

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
See Additional Data Table									
Total									37,314,894



Additional Data

Software ID:  
Software Version:  
EIN: 36-4021594  
Name: CONFERENCE USA

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section )	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
EAST CAROLINA UNIVERSITY	566000403	06		No	Yes		Yes		3924106
UNIVERSITY OF HOUSTON	746001399	06		No	Yes		Yes		3309475
MARSHALL UNIVERSITY	566000789	06		No	Yes		Yes		2765729
UNIVERSITY OF MEMPHIS	620648618	06		No	Yes		Yes		3887624
RICE UNIVERSITY	741109620	06		No	Yes		Yes		2921884
SOUTHERN METHODIST UNIVERSITY	750800689	06		No	Yes		Yes		2643910
UNIVERSITY OF SOUTHERN MISSISSIPPI	646000818	06		No	Yes		Yes		3021625
TULANE UNIVERSITY	720423889	06		No	Yes		Yes		2524462
UNIVERSITY OF ALABAMA-BIRMINGHAM	636005396	06		No	Yes		Yes		3076930
UNIVERSITY OF CENTRAL FLORIDA ATHLETIC ASSOCIATION	562334448	06		No	Yes		Yes		2869730
UNIVERSITY OF TEXAS - EL PASO	746000813	06		No	Yes		Yes		2457152
UNIVERSITY OF TULSA	730579298	06		No	Yes		Yes		3571757
UNC CHARLOTTE	560791228	06		No	Yes		Yes		42564
UNIVERSITY OF CINCINNATI	316000989	06		No	Yes		Yes		212819
DEPAUL UNIVERSITY	362167048	06		No	Yes		Yes		85127



Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 Total Support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>



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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Total of lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
13 Total Support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage			
15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15		
16 Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16		

Computation of Investment Income Percentage			
17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18		
19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			
b 33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			



Part IV

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

Facts and Circumstances Test



SCHEDULE D

(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2008

Open to Public Inspection

<b>Name of the organization</b> CONFERENCE USA	<b>Employer identification number</b>  36-4021594
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Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
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 donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)<input type="checkbox"/> Preservation of an historically importantly land area <input type="checkbox"/> Protection of natural habitat<input type="checkbox"/> Preservation of certified historic structure <input type="checkbox"/> Preservation of open space</div>										
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year <table><tr><th></th><th>Held at the End of the Year</th></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year										
a	Total number of conservation easements										
b	Total acreage restricted by conservation easements										
c	Number of conservation easements on a certified historic structure included in (a)										
d	Number of conservation easements included in (c) acquired after 8/17/06										
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►										
4	Number of states where property subject to conservation easement is located ►										
5	Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>										
6	Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ►										
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$										
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>										
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements										

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items						
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items <table><tr><td>(i)</td><td>Revenues included in Form 990, Part VIII, line 1</td><td>► \$</td></tr><tr><td>(ii)</td><td>Assets included in Form 990, Part X</td><td>► \$</td></tr></table>	(i)	Revenues included in Form 990, Part VIII, line 1	► \$	(ii)	Assets included in Form 990, Part X	► \$
(i)	Revenues included in Form 990, Part VIII, line 1	► \$					
(ii)	Assets included in Form 990, Part X	► \$					
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items <table><tr><td>a</td><td>Revenues included in Form 990, Part VIII, line 1</td><td>► \$</td></tr><tr><td>b</td><td>Assets included in Form 990, Part X</td><td>► \$</td></tr></table>	a	Revenues included in Form 990, Part VIII, line 1	► \$	b	Assets included in Form 990, Part X	► \$
a	Revenues included in Form 990, Part VIII, line 1	► \$					
b	Assets included in Form 990, Part X	► \$					



Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain why in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance . . . . .				
b	Contributions . . . . .				
c	Investment earnings or losses . . . . .				
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .				
g	End of year balance . . . . .				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations . . . . .

3a(i)

☐ Yes

☐ No

(ii)

related organizations . . . . .

3a(ii)

☐ Yes

☐ No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

☐ Yes

☐ No

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .		25,263	9,105	16,158
d Equipment . . . . .		143,634	108,233	35,401
e Other . . . . .				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				51,559



(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12 )		

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13 ) ▶		

(a) Description	(b) Book value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

(a) Description of Liability	(b) Amount
Federal Income Taxes	
DEFERRED LEASE INCENTIVE	120,962
DEFERRED COMPENSATION PAYABLE	275,699
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25 )	396,661

**Schedule D (Form 990) 2008**



Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	45,819,305
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	46,768,092
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-948,787
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-138,264
9	Total adjustments (net) Add lines 4 - 8	9	-138,264
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,087,051

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	45,625,843
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	-138,264
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	-70,392
e	Add lines 2a through 2d . . . . .	2e	-208,656
3	Subtract line 2e from line 1 . . . . .	3	45,834,499
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	-15,194
c	Add lines 4a and 4b . . . . .	4c	-15,194
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	45,819,305

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	46,697,700
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Losses reported on Form 990, Part IX, line 25 . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	0
3	Subtract line 2e from line 1 . . . . .	3	46,697,700
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	70,392
c	Add lines 4a and 4b . . . . .	4c	70,392
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	46,768,092

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		UNREALIZED LOSS ON INVESTMENTS
Part XII, Line 2d - Other Adjustments		INVESTMENT MANAGEMENT FEES INCLUDED IN INTEREST INCOME ON 990
Part XII, Line 4b - Other Adjustments		GRANTS - TEMPORARILY RESTRICTED
Part XIII, Line 4b - Other Adjustments		INVESTMENT MANAGEMENT FEES INCLUDED IN INTEREST INCOME ON 990



Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CONFERENCE USA

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

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

OMB No 1545-0047

2008

Open to Public  
Inspection

Employer identification number  
36-4021594

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed . . . . . ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

- 2

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

18
- 3

Enter total number of other organizations . . . . .

0



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.

(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
POST GRADUATE SCHOLARSHIP	12	48,000			

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.  
See Additional Data Table

Identifier	Return Reference	Explanation
Other Information	Part IV	The portion of assistance that is restricted is monitored through yearly reporting by the member and reviewed by the conference office



Software ID:

Software Version:

EIN: 36-4021594

Name: CONFERENCE USA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST CAROLINA UNIVERSITYWARD SPORTS MEDICINE BLDG FICKLEN DRIVE GREENVILLE,NC 278584353	56-6000403	501(c)(3)	3,924,106				NCAA and Conference USA Distributions
UNIVERSITY OF HOUSTON 3100 CULLEN BLVD HOUSTON,TX 772046002	74-6001399	501(c)(3)	3,309,475				NCAA and Conference USA Distributions
MARSHALL UNIVERSITYPO BOX 1360 HUNTINGTON,WV 25715	56-6000789	501(c)(3)	2,765,729				NCAA and Conference USA Distributions
UNIVERSITY OF MEMPHIS 101 ATHLETIC OFFICE BUILDING 570 NORMAL STREET MEMPHIS,TN 381523730	62-0648618	501(c)(3)	3,887,624				NCAA and Conference USA Distributions
RICE UNIVERSITYPO BOX 1892 HOUSTON,TX 772511892	74-1109620	501(c)(3)	2,921,884				NCAA and Conference USA Distributions
SOUTHERN METHODIST UNIVERSITYPO BOX 750315 DALLAS,TX 752750216	75-0800689	501(c)(3)	2,643,910				NCAA and Conference USA Distributions
UNIVERSITY OF SOUTHERN MISSISSIPPI 118 COLLEGE DR 5017 HATTIESBURG,MS 394060001	64-6000818	501(c)(3)	3,021,625				NCAA and Conference USA Distributions
TULANE UNIVERSITY JAMES W WILSON JR CENTER BEN WEINER DRIVE NEW ORLEANS,LA 70118	72-0423889	501(c)(3)	2,524,462				NCAA and Conference USA Distributions
UNIVERSITY OF ALABAMA - BIRMINGHAM617 S 13TH ST BIRMINGHAM,AL 35294	63-6005396	501(c)(3)	3,076,930				NCAA and Conference USA Distributions
UNIVERSITY OF CENTRAL FLORIDA ATHLETIC ASSOCIATIONPO BOX 163555 ORLANDO,FL 328163555	56-2334448	501(c)(3)	2,869,230				NCAA and Conference USA Distributions



**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF TEXAS - EL PASO 500 W UNIVERSITY AVE BRUMBELOW BLDG BLDG EL PASO, TX 799680579	74-6000813	501(c)(3)	2,456,652				NCAA and Conference USA Distributions
UNIVERSITY OF TULSA 600 S COLLEGE AVE TULSA, OK 74104	73-0579298	501(c)(3)	3,571,257				NCAA and Conference USA Distributions
UNC CHARLOTTE 9201 UNIVERSITY CITY BLV CHARLOTTE, NC 28223	56-0791228	501(c)(3)	42,564				Conference USA Distributions
UNIVERSITY OF CINCINNATI PO BOX 210021 2624 CLIFTON AVE CINCINNATI, OH 45221	31-6000989	501(c)(3)	212,819				Conference USA Distributions
DEPAUL UNIVERSITY 2323 NORTH SHEFFIELD AVE CHICAGO, IL 60614	36-2167048	501(c)(3)	85,127				Conference USA Distributions
UNIVERSITY OF TULSA 600 S COLLEGE AVE TULSA, OK 74104	73-0579298	501(c)(3)	500				DRUG AND GAMBLING EDUCATION
UNIVERSITY OF CENTRAL FLORIDA PO BOX 163555 ORLANDO, FL 328163555	56-2334448	501(c)(3)	500				DRUG AND GAMBLING EDUCATION
UNIVERSITY OF TEXAS - EL PASO 500 W UNIVERSITY AVE BRUMBELOW BLDG BLDG EL PASO, TX 799680579	74-6000813	501(c)(3)	500				DRUG AND GAMBLING EDUCATION



Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization  
CONFERENCE USA

Employer identification number  
36-4021594

Part I	Questions Regarding Compensation		Yes	No
1a	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 <div><div><input type="checkbox"/> First class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
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	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply <div><div><input type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c		No
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5b		No
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	6b		No
7	For persons 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		No
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		No



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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DR STEVE BALLARD	(i)							
	(ii)	297,888		13,602	26,358	14,997	352,845	
DR RENU KHATOR	(i)							
	(ii)	410,202		1,623	95,776		507,601	
DR STEPHEN J KOPP	(i)							
	(ii)	210,043	180	21,252	13,978	144,509	389,962	
DR SHIRLEY RAINES	(i)							
	(ii)	297,848		5,310			303,158	
MR DAVID LEEBRON	(i)							
	(ii)							
DR GERALD TURNER	(i)							
	(ii)	534,866	264,739	1,627,581	219,223	127,591	2,774,000	
DR SCOTT COWEN	(i)							
	(ii)	625,000		83,567	23,000	3,927	735,494	
DR STEADMAN UPHAM	(i)							
	(ii)	585,000		3,051	1,030,165	4,013	1,622,229	
DR CAROL GARRISON	(i)							
	(ii)	528,535	104,541			93,787	726,863	
DR JOHN HITT	(i)							
	(ii)	461,724		54,740	46,000	11,232	573,696	
DR DIANA NATALICIO	(i)							
	(ii)	370,914			61,694	6,386	438,994	
DR MARTHA SAUNDERS	(i)							
	(ii)	362,564			27,800	18,200	408,564	
BRITTON BANOWSKY	(i)							
	(ii)	373,331		16,050	129,633	15,564	534,578	
JUDY MACLEOD	(i)							
	(ii)	167,750		5,400	20,130	6,654	199,934	
ALFRED WHITE	(i)							
	(ii)	138,995		5,400	16,679	15,257	176,331	
KELLY CARNEY	(i)							
	(ii)	120,740		5,400	14,489	15,198	155,827	







Software ID:  
Software Version:  
EIN: 36-4021594  
Name: CONFERENCE USA

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DR STEVE BALLARD	(i) (ii)	297,888		13,602	26,358	14,997	352,845	
DR RENU KHATOR	(i) (ii)	410,202		1,623	95,776		507,601	
DR STEPHEN J KOPP	(i) (ii)	210,043	180	21,252	13,978	144,509	389,962	
DR SHIRLEY RAINES	(i) (ii)	297,848		5,310			303,158	
MR DAVID LEEBRON	(i) (ii)							
DR GERALD TURNER	(i) (ii)	534,866	264,739	1,627,581	219,223	127,591	2,774,000	
DR SCOTT COWEN	(i) (ii)	625,000		83,567	23,000	3,927	735,494	
DR STEADMAN UPHAM	(i) (ii)	585,000		3,051	1,030,165	4,013	1,622,229	
DR CAROL GARRISON	(i) (ii)	528,535	104,541			93,787	726,863	
DR JOHN HITT	(i) (ii)	461,724		54,740	46,000	11,232	573,696	
DR DIANA NATALICIO	(i) (ii)	370,914			61,694	6,386	438,994	
DR MARTHA SAUNDERS	(i) (ii)	362,564			27,800	18,200	408,564	
BRITTON BANOWSKY	(i) (ii)	373,331		16,050	129,633	15,564	534,578	
JUDY MACLEOD	(i) (ii)	167,750		5,400	20,130	6,654	199,934	
ALFRED WHITE	(i) (ii)	138,995		5,400	16,679	15,257	176,331	
KELLY CARNEY	(i) (ii)	120,740		5,400	14,489	15,198	155,827	



SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Non-Cash Contributions

To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization  
CONFERENCE USA

Employer identification number  
36-4021594

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .	X		112,989	MARKET VALUE
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution (historic structures) . . . . .				
14 Qualified conservation contribution (other) . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other (describe _____)				
26 Other (describe _____)				
27 Other (describe _____)				
28 Other (describe _____)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .			29	0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .	30a	No
b If "Yes", describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .	32a	No
b If "Yes", describe in Part II		
33 If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II		



**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

[illegible]



SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

► **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.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

CONFERENCE USA

Employer identification number

36-4021594

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		Membership consists of 12 universities that compete in NCAA FBS intercollegiate athletics

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		Conference USA's 990 is completed by an external accounting firm. Upon completion of the 990, the accounting firm sends to Conference USA for review. The Assistant Commissioner for Business Affairs reviews the 990 comparing it to the audited financial statements and Conference USA's financial system reports. Once reviewed by the Assistant Commissioner for Business Affairs, the Executive Associate Commissioner and Commissioner receive copies for final review and signature.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The business office consisting of the Assistant Commissioner of Business Affairs and the Assistant Director of Marketing and Business Affairs require employees to receive approval when they wish to use a new vendor. The employee must turn in at least two to three bids and an explanation as to why they request a specific vendor over another. If there appears to be a potential conflict of interest, the Executive Associate Commissioner or Commissioner have final approval.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The Board of Directors has the charge of appointing and executing an employment contract with the Commissioner. The Board of Directors meets yearly with the Commissioner to evaluate his/her performance. The chair of the Board of Directors documents this evaluation and it is placed in the Commissioner's personnel file.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		CONFERENCE USA MAKES ITS 990 AVAILABLE TO THE PUBLIC UPON REQUEST.

Identifier	Return Reference	Explanation
FORM 990, PART V, LN 7G		THE ORGANIZATION DID NOT HAVE ANY CONTRIBUTIONS OF QUALIFIED INTELLECTUAL PROPERTY. ACCORDINGLY, NO FORMS 8899 WERE REQUIRED.

Identifier	Return Reference	Explanation
FORM 990, PART V, LN 7H		THE ORGANIZATION DID NOT HAVE ANY CONTRIBUTIONS OF CARS, BOATS, AIRPLANES, OR OTHER VEHICLES. ACCORDINGLY, NO FORMS 1098-C WERE REQUIRED.

Identifier	Return Reference	Explanation
FORM 990, PART VI, LN 13		CONFERENCE USA WILL IMPLEMENT A WHISTLEBLOWER POLICY IN THE NEXT FISCAL YEAR.

Identifier	Return Reference	Explanation
FORM 990, PART VII		Other compensation for R. Gerald Turner includes a one-time payment to him of \$1,586,108 in connection with the early termination of a nonqualified deferred compensation arrangement entered into in 1999. This early termination was effected in order to meet a December 31, 2008 IRS deadline for avoiding material adverse tax consequences that would have otherwise resulted from changes in federal tax law made in 2004 with respect to such existing deferred compensation arrangements.



Identifier	Return Reference	Explanation
SCHEDULE J, PART II		CONFERENCE USA HAS MADE A REASONABLE EFFORT TO COLLECT ALL INFORMATION REQUIRED ON PART II OF SCHEDULE J



SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public Inspection

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

Name of the organization  
CONFERENCE USA

Employer identification number  
36-4021594

Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations					
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
See Additional Data Table					



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 country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H) Disproporionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership



Part V

Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

No

Yes

No

Yes

No

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

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2008



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 assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]



Software ID:

Software Version:

EIN: 36-4021594

Name: CONFERENCE USA

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
EAST CAROLINA UNIVERSITY					
WARD SPORTS MEDICINE BLDG FICKLEN D GREENVILLE, NC278584353 56-6000403	EDUCATION	NC	501(c)(3)		N/A
UNIVERSITY OF HOUSTON					
3100 CULLEN BLVD HOUSTON, TX772046002 74-6001399	EDUCATION	TX	501(c)(3)		N/A
MARSHALL UNIVERSITY					
PO BOX 1360 HUNTINGTON, WV25715 56-6000789	EDUCATION	WV	501(c)(3)		N/A
UNIVERSITY OF MEMPHIS					
101 ATHLETIC OFFICE BUILDING 570 NO MEMPHIS, TN381523730 62-0648618	EDUCATION	TN	501(c)(3)		N/A
RICE UNIVERSITY					
PO BOX 1892 HOUSTON, TX772511892 74-1109620	EDUCATION	TX	501(c)(3)		N/A
SOUTHERN METHODIST UNIVERSITY					
PO BOX 750315 DALLAS, TX752750216 75-0800689	EDUCATION	TX	501(c)(3)		N/A
UNIVERSITY OF SOUTHERN MISSISSIPPI					
118 COLLEGE DR 5017 HATTIESBURG, MS394060001 64-6000818	EDUCATION	MS	501(c)(3)		N/A
TULANE UNIVERSITY					
JAMES W WILSON JR CENTER BEN WEINER NEW ORLEANS, LA70118 72-0423889	EDUCATION	LA	501(c)(3)		N/A
UNIVERSITY OF ALABAMA - BIRMINGHAM					
617 S 13TH ST BIRMINGHAM, AL35294 63-6005396	EDUCATION	AL	501(c)(3)		N/A
UNIVERSITY OF CENTRAL FLORIDA ATHLETIC ASSOCIATION					
PO BOX 163555 ORLANDO, FL328163555 56-2334448	EDUCATION	FL	501(c)(3)		N/A
UNIVERSITY OF TEXAS - EL PASO					
500 W UNIVERSITY AVE BRUMBELOW BLDG EL PASO, TX799680579 74-6000813	EDUCATION	TX	501(c)(3)		N/A
UNIVERSITY OF TULSA					
600 S COLLEGE AVE TULSA, OK74104 73-0579298	EDUCATION	OK	501(c)(3)		N/A
UNC CHARLOTTE					
9201 UNIVERSITY CITY BLV CHARLOTTE, NC28223 56-0791228	EDUCATION	NC	501(c)(3)		N/A
UNIVERSITY OF CINCINNATI					
PO BOX 210021 2624 CLIFTON AVE CINCINNATI, OH45221 31-6000989	EDUCATION	OH	501(c)(3)		N/A
DEPAUL UNIVERSITY					
2323 NORTH SHEFFIELD AVE CHICAGO, IL60614 36-2167048	EDUCATION	IL	501(c)(3)		N/A



Form **4562**

Department of the Treasury  
Internal Revenue Service

Depreciation and Amortization  
(Including Information on Listed Property)

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

OMB No 1545-0172

**2008**

Attachment  
Sequence No **67**

Name(s) shown on return CONFERENCE USA	Business or activity to which this form relates  Form 990 Page 10	Identifying number  36-4021594
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See the instructions for a higher limit for certain businesses . . . . .	1	250,000
2 Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	3	800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- . . . . .	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions . . . . .	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7 Listed property Enter the amount from line 29 . . . . .	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 . . . . .	8	
9 Tentative deduction Enter the <b>smaller</b> of line 5 or line 8 . . . . .	9	
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 . . . . .	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 .▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions )

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election . . . . .	15	
16 Other depreciation (including ACRS) . . . . .	16	24,293

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2008 . . . . .	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . ▶		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System						
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System						
20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)			
21 Listed property Enter amount from line 28 . . . . .	21		
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr . . . . .	22		24,293
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23		



Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%			S/L -			
		%			S/L -			
		%			S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person  
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year ( <b>do not</b> include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions )		
<b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) A mortization period or percentage	(f) A mortization for this year
42 A mortization of costs that begins during your 2008 tax year (see instructions)					
43 A mortization of costs that began before your 2008 tax year				43	3,078
44 <b>Total.</b> Add amounts in column (f) See the instructions for where to report				44	3,078