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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

Open to Public Inspection

	4 F	or the	2008 calendar year, or tax year beginning JUL 1, 2008 and ending	<u>JUN 30</u>	<u>, 2009</u>					
E	3 CI ap	heck if oplicabl	Please use IRS	D Emplo	yer identifi	cation number				
		Addre	s label or Print or Western Athletic Conference							
		Name chang	type		84-0	516838				
		Initial return	See Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite E Teleph	one numbe					
		Termir			303-	962- <u>4</u> 215				
		Ameno return		G Gross re	G Gross receipts \$ 15,311,357.					
		Applic	Englewood, CO 80112	H(a) Is th	is a group re	eturn				
		pendir	F Name and address of principal officer:Karl Benson	for a	ffiliates?	Yes X No				
_			same as C above	H(b) Are a	ıll affılıates ınc	luded? Yes No				
_			mpt status X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	If "N	o," attach a	list (see instructions)				
			e: > www.wacsports.com			n number				
				Year of formation	: 1962 N	State of legal domicile: CO				
L	Pa	rt I	Summary	3-1-0						
	e	1	Briefly describe the organization's mission or most significant activities See Sche	edule 0						
	Governance	_		Ab OFN/	-6-4					
	Ver		Check this box if the organization discontinued its operations or disposed of r	more than 25%		_				
			Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		4	9 9				
M:07 /	عة ي		Total number of employees (Part V, line 2a)		5	21				
7	ij		Total number of volunteers (estimate if necessary)		6	200				
	Activities		Total gross unrelated business revenue from Part VIII, line 12, column (C)		7a	0.				
7	آ ک		Net unrelated business taxable income from Form 990-T, line 34		7b	0.				
A A S	寸			Prior Y		Current Year				
3	<u>.</u>	8	Contributions and grants (Part VIII, line 1h)		7,566.	2,190,818.				
)	ğ		Program service revenue (Part VIII, line 2g)		0,250.	12,923,633.				
	Revenue		investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,274.	49,227.				
	۳		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19	1,035.	147,679.				
		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,24	4,125.	15,311,357.				
D.	- 1	13	Grants and similar amounts pate (Gatt IX) column (A), lines 1-3)	1,61	9,751.	1,468,076.				
			Benefits paid to or for members (Part IX, column (A), line 4)							
	e e		Salaries, other compensation employed benefits (Part IX, column (A), lines 5-10)	1,67	1,800.	1,724,134.				
	eus		Professional fundraising fees (Part IX, columna), line 11e)							
	Expenses		Total fundraising expenses (Part IX, column (b), Ine 25)	16 25	1 100	11 525 261				
	_	17	Other expenses (Part) (A, dolumn VA), lines 11a-11d, 11f-24f)		1,107.	11,537,361.				
			Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		2,658.	14,729,571.				
-	- S	19_	Revenue less expenses Subtract line 18 from line 12	1 "	8,533.	581,786.				
9	Balances	20	Fotal accete (Part V. line 16)	Beginning 1 2 2	of Year 0,863.	End of Year 1,660,003.				
è	200		Fotal assets (Part X, line 16) Fotal liabilities (Part X, line 26)		3,909.	141,263.				
\$			Net assets or fund balances. Subtract line 21 from line 20		6,954.	1,518,740.				
Ī	Pa	rt II	Signature Block		0,234.	1,310,740.				
_			Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement	ents, and to the best	of my knowledg	ge 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 of the complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	edge						
S	Sign)	I hal show	t _i	1-30-09					
	lere		Signature of officer	D	ate					
			Karl Benson, Commissioner							
_			Type or print name and title			··				
	aid		Preparer's Date	Check If self-		er's identifying number structions)				
_		arer's	signature 10-23-09	employed >						
	lse (_	Furn's name (or Kundinger, Corder & Engle, P.C.	EIN	<u> </u>					
•	•		self-employed), address, and 475 Lincoln Street, Suite 200			02 524 5052				
-			ZIP+4 Denver, CO 80234] Pho	ne no. ► 3	03-534-5953				
_			S discuss this return with the preparer shown above? (see instructions)			X Yes No				
8	3200	1 12-1	1-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate	instructions.		Form 990 (2008)				

832001 12-18-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. See Schedule O for Organization Mission Statement Continuation

	m 990 (2008) Western Athletic Conference	84-0516838 Pa	ge 2
Pa	rt III Statement of Program Service Accomplishments (see instructions)		
1	Briefly describe the organization's mission		
	See description on Form 990, Part I, Line 1.		
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 X	No
	If "Yes", describe these new services on Schedule O		,
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es? Yes X	No
	If "Yes", describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	t of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
	See Schedule O for Continuation		
4a) (Revenue \$ 12,923,63)	3.)
	The Conference establishes the regular season schedule		
	sponsored sports as well as participatory guidelines f	for each sponsore	ed_
	sport. The Conference also incurs travel, hotel, meal,		
	ancillary expenses for at least three football teams r		
	represent the Conference and participate in postseason	n bowls. Every	
	year the Conference distributes monies to the nine men		5
	based upon established guidelines. These monies are re	elated to the	
	overall competitiveness of WAC football teams and its	appearances on	
	ESPN and overall competitiveness and participation of		
	and women's basketball teams, both regular and post se		
	Conference also hosts 13 Championships in the sports of	of cross country	.
4b	women's soccer, volleyball, women's swimming and divir (Code)(Expenses \$ 1,731,855. including grants of \$		
40	As part of the NCAA structure, each Conference received) (Revenue \$)
	Assistance and Opportunity Funds that are distributed		
	members and are intended to provide benefits to studer		
	their families, in meeting financial needs that arise		
	with participation in intercollegiate athletics, enrol		
	academic curriculum, or that recognize academic achiev		
	Conference also incurs expenses in this area that ensured		
	our schools and its entire athletic programs, including		
	student-athletes, administrators and staff remain in o	compliance with	
	bylaws and rules established by the NCAA.		
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
			
4d	Other program services (Describe in Schedule O)	,	
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ▶ \$ 13,285,978. (Must equal Part IX, Line 25, column (B))	

Form 990 (2008) Western Athletic Conference
Part IV Checklist of Required Schedules 84-0516838 Page **3**

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4_		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	N/	<u> </u>
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	_	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		1	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	_8_		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	_	X
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	<u> </u>	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was		.,,	
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Х	37
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			v
45	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	ıə		Δ.
10	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
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		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
 23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Х	
24a			_	
	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		X _
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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		X
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		_X_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	_26_		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	200	X
		Form	990 (2008)

Form 990 (2008) Western Athletic Conference
Part IV Checklist of Required Schedules (continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an		.	
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		_X_
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		_X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	_29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	_30_		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	_31_		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	_34_		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35	_	Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X

Form **990** (2008)

Form 990 (2008) Western Athletic Conference
Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable 1a 47			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 21			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<u>3</u> a		<u>X</u>
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		_X_
b	If "Yes," enter the name of the foreign country.			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and			
	Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
	Did the organization solicit any contributions that were not tax deductible?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b_		
7	Organizations that may receive deductible contributions under section 170(c).	_		77
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
_	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7.		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7 <u>9</u> 7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)	711		
•	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
	excess business holdings at any time during the year? N/A	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	Ť		
а	Did the organization make any taxable distributions under section 4966? N/A	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b		-
10	Section 501(c)(7) organizations. Enter N/A			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: N/A			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			
		Form	990 (2008)

Form 990 (2008) Western Athletic Conference 84-0516838 Pa

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

Sec	tion A. Governing Body and Management		Т	
			Yes	<u>No</u>
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,	Ì		
	processes, or changes in Schedule O. See instructions.		- 1	
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent		ł	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		Ì	
	officer, director, trustee, or key employee?	2		<u>X</u> _
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		- 1	
	of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u>X</u> _
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	{	<u>X</u> _
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		<u>X</u>
ь	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?	9b		
10	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	10	X	
11	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	11		_X_
Sec	tion B. Policies			
			Yes	No_
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	_X_	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	'		
	to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13		_X_
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a	X	_
b	Other officers or key employees of the organization?	15b	X	
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
-	public inspection. Indicate how you make these available. Check all that apply.			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, as	nd fina	ıncial	
.5	statements available to the public.	-		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:	•	
	Mollie Lehman - 303-962-4215			
	9250 E. Costilla Avenue, Englewood, CO 80112			
			200	

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

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

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

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

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

Check this box if the organization did not co	ompensate an	y of	ficer	, dire	ecto	or, tn	ıste	e, or key employee.		
(A)	(A) (B)								(E)	(F)
Name and Title	Average	Position						Reportable	Reportable	Estimated
	hours	(c	(check all that ap					compensation	compensation	amount of
	per	à						from	from related	other
	week	볉				12		the	organizations	compensation
		캃	뵲	l		z		organization	(W-2/1099-MISC)	from the
		ndividual trustee or director	nstitutional trustee	Officer	툁	Ē		(W-2/1099-MISC)		organization and related
	I	를	를	.	Ē	o ste	Ē			organizations
		Ē	ş	ğ	ž.	Highest compensaled employee	5 a			J. 5
Dan Reneau					Г					
Board Chair	2.00	X		X	L_			0.	0.	0.
Bob Kustra		l		[1				
Board Member	2.00	X					Ĺ	0.	0.	0.
John Welty		Γ	Ι							
Board Member	2.00	X	1					0.	0.	0.
Virginia Hinshaw										
Board Member	2.00	x	1					0.	0.	0.
Stephen Daley-Laursen		Γ								
Board Member	2.00	X						0.	٥.	0.
Milt Glick										
Board Member	2.00	X				İ	İ	0.	0.	0.
Waded Cruzado										
Board Member	2.00	x			L		1	0.	0.	0.
Jon Whitmore		Γ		[
Board Member	2.00	X					ļ	0.	0.	0.
Stan Albrecht		1	Į		l			_		
Board Member	2.00	X	L	L				0.	0.	0.
Karl Benson										
Commissioner	40.00	L.		X				305,979.	0.	101,166.
Jeffrey Hurd		ĺ								,
Senior Associate Commiss	40.00	L	<u> </u>	X				135,056.	0.	33,986.
Darlene Bailey			-		İ	1			-	
Associate Commissioner	40.00	L.		X	L			133,073.	0.	24,694.
Mollie Lehman			l							
Director of Business and	40.00		L	X		<u> </u>		55,253.	0.	11,628.
		i .	1	1	Ì	ĺ	1			
		 _	4_	$oxed{igspace}$	┖	╄	_			
					ļ					
		\vdash	+	┢	\vdash	\dagger	\vdash	 		
		\perp	_							
	ــــــــــــــــــــــــــــــــــــــ			L	1			<u> </u>	<u></u>	<u> </u>

	(A) Name and title	(B) (C) Average Position hours (check all that apply)							(D) Reportable compensation	(E) Reportable compensatio		(F) Estimated amount of		
		per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	. Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	s	fi org an	other other other rom th ganizat d relat anizati	ation e ion ed
_														
				-										
											-			
												<u>_</u>		
							Ļ		600 261			1.0	1 4	7.4
1b 2	Total Total number of individuals (including those	ın 1a) who re	ceiv	ed n	nore	tha	_ ın \$1	00,0	629,361.	<u></u>	0.	1/	1,4	74.
	compensation from the organization										<u> </u>		Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>		stee	e, ke	y en	nplo	yee,	or h	nighest compensated er	nployee on		3		x
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" co	mpl	ete S	Sch	edul	e J f	for such individual	•	-	4	х	
	the organization? If "Yes," complete Sched					any	y um	Cial	ed organization for serv			5		X
Sec 1	tion B. Independent Contractors Complete this table for your five highest co	mnensated inc	dene	ende	ent c	ont	racto	nre t	hat received more than	\$100,000 of com	nens	ation :	from	
	the organization		ДСРС						That received more than	ψ100,000 01 00III	ропос	20011		
	(A) Name and business	address							(B) Description of s	services	C		C) insatio	n
										-				
	<u> </u>													
2	Total number of independent contractors (if	ncluding those 0	n ·	1) W	no re	ecei	ved	mor	e than \$100,000 in com 	pensation			000	

_	m 990 (2008) Western Athletic Conference 84-05168: art VIII Statement of Revenue											
Pa	rt VI	II Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,				
Contributions, gifts, grants and other similar amounts	b c c	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions All other contributions, gifts, grants, ar similar amounts not included above	nd	190818.				513, or 514				
and		Noncash contributions included in lines 1a-1f	\$		2 100 010							
Program Service Revenue	2 a b c c c c c c c c c c c c c c c c c c	Member assessment BCS payments NCAA basketball t Bowl games revenue ESPN television c All other program service revenue Total. Add lines 2a-2f	ourne	Business Code 711300 711300 711300	2,190,818. 3,600,000. 3,224,000. 3,090,300. 1,302,434. 900,000. 806,899. 12923633.	3,224,000. 3,090,300. 1,302,434. 900,000.						
	3	Investment income (including divid	dends, intere	est, and	12323033.							
	4	other similar amounts) Income from investment of tax-exe	empt bond p	proceeds	49,227.			49,227.				
	b	Royalties Gross Rents Less rental expenses Rental income or (loss)	(i) Real	(II) Personal	147,679.			147,679.				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less cost or other basis	Secunties	(II) Other								
evenue	d	and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising even including \$ contributions reported on line 1c).	of	•								
Other Revenue	С	Part IV, line 18 Less direct expenses Net income or (loss) from fundraisi Gross income from gaming activiti	a b ing events	>								
	С	Part IV, line 19 Less direct expenses Net income or (loss) from gaming a		•			to the second se	····				
	b	Gross sales of inventory, less returned allowances Less: cost of goods sold Net income or (loss) from sales of	a b	.								
Ļ		Miscellaneous Revenue		Business Code								
	11 a b c											
83200	12	All other revenue Total. Add lines 11a-11d Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6	d, 7d, 8c, 9c, 10	Dc, and 11e	15311357.	12923633.	0.	196,906.				
02-02-	09							Form 990 (2008)				

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

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).											
	not include amounts reported on lines 6b, 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	1,468,076.	1,468,076.									
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22											
3	Grants and other assistance to governments,											
•	organizations, and individuals outside the U.S.											
	See Part IV, lines 15 and 16											
4	Benefits paid to or for members											
5	Compensation of current officers, directors,											
	trustees, and key employees	842,809.	317,053.	525,756.								
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	691,923.	390,390.	301,533.								
8	Pension plan contributions (include section 401(k)	50 054	42 254	10 000								
	and section 403(b) employer contributions)	53,951.	43,071.	10,880.								
9	Other employee benefits	135,451.	69,484.	65,967.								
10	Payroll taxes											
11	Fees for services (non-employees)											
a	Management Legal											
b	Accounting	26,205.		26,205.								
c d	Lobbying	20,203.		20,203.								
u e	Professional fundraising services. See Part IV, line 17											
f	Investment management fees											
g g	Other	178,983.	174,483.	4,500.								
12	Advertising and promotion	300,779.	,	300,779.								
13	Office expenses	188,398.	89,603.	98,795.								
14	Information technology											
15	Royalties											
16	Occupancy	82,567.	39,269.	43,298.								
17	Travel	219,714.	219,714.									
18	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials		1.1= 1.5									
19	Conferences, conventions, and meetings	211,330.	145,450.	65,880.								
20	Interest											
21	Payments to affiliates											
22	Depreciation, depletion, and amortization											
23	Insurance											
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.)											
а	Member payouts	8,714,508.										
b	Athletic Events	1,614,877.	1,614,877.									
С												
d												
е				_								
f	All other expenses				·							
25	Total functional expenses Add lines 1 through 24f	14,729,571.	13,285,978.	1,443,593.	0.							
26	Joint Costs. Check here If following											
	SOP 98-2. Complete this line only if the organization											
	reported in column (B) joint costs from a combined											
	educational campaign and fundraising solicitation				Form 990 (2008)							

· u		Dalance Officet						
				(A) Beginning of year		(B) End of	year	
	1	Cash - non-interest-bearing			1			
	2	Savings and temporary cash investments		447,246.	2	35	8,9	20.
	3	Pledges and grants receivable, net			3		<u> </u>	
	4	Accounts receivable, net			4	5	5,8	55
	5	Receivables from current and former officers, di	rootore trueteee key				<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>
	3	employees, or other related parties Complete P.		5				
					-			
	6	Receivables from other disqualified persons (as						
		4958(f)(1)) and persons described in section 495	58(C)(3)(B) Complete					
	_	Part II of Schedule L			7			
šets	7	Notes and loans receivable, net						
Assets	8	Inventories for sale or use		8	<u> </u>	6,7	75	
-	9	Prepaid expenses and deferred charges	ا مه ا		9		0,1	15.
		Land, buildings, and equipment cost basis	10a	-				
	D	Less accumulated depreciation Complete						
		Part VI of Schedule D	10b	772 617	10c	1 01	0 4	<u> </u>
	11	Investments - publicly traded securities		773,617.	11	1,21	8,4	<u> 33.</u>
	12	Investments - other securities See Part IV, line 1			12			
	13	Investments program-related See Part IV, line	11		13			
	14	Intangible assets			14			
	15	Other assets See Part IV, line 11		1 000 060	15	1 66		
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	1,220,863.	16	1,66		
	17	Accounts payable and accrued expenses	191,159.	17	3	0,0	<u>49.</u>	
	18	Grants payable		18				
	19	Deferred revenue		19				
	20	Tax-exempt bond liabilities		20				
es	21	Escrow account liability. Complete Part IV of Sci			21			
Liabilities	22	Payables to current and former officers, director		i				
ja;		highest compensated employees, and disqualific	:					
-		of Schedule L		22				
	23	Secured mortgages and notes payable to unrela		23				
	24	Unsecured notes and loans payable		24				
	25	Other liabilities Complete Part X of Schedule D	92,750.	25		<u>1,2</u>		
	26	Total liabilities. Add lines 17 through 25		283,909.	26	14	<u>1,2</u>	<u>63.</u>
i		Organizations that follow SFAS 117, check he	ere X and complete					
es		lines 27 through 29, and lines 33 and 34.						
a	27	Unrestricted net assets		936,954.	27	1,28		
Bal	28	Temporarily restricted net assets			28	23	<u>3,7</u>	<u>74.</u>
Net Assets or Fund Balanc	29	Permanently restricted net assets			29			
교		Organizations that do not follow SFAS 117, cl	heck here 🕨 📖 and					
Ď.		complete lines 30 through 34.						
ets	30	Capital stock or trust principal, or current funds			30			
Ass	31	Paid-in or capital surplus, or land, building, or eq	uipment fund		31			
ig	32	Retained earnings, endowment, accumulated in	come, or other funds		32			
z	33	Total net assets or fund balances		936,954.	33	<u>1,51</u>		
	34	Total liabilities and net assets/fund balances		1,220,863.	34	1,66	<u>0,0</u>	<u>03.</u>
Par	t XI	Financial Statements and Reporting				·		
		F		_			Yes	No
1	Acco	unting method used to prepare the Form 990	Cash X Accrual	Other				
2a		the organization's financial statements compiled	•	accountant?		2a		Х
		the organization's financial statements audited b				2b	_X_	ļ
С	If "Ye	es" to lines 2a or 2b, does the organization have a	a committee that assumes respo	nsibility for oversight of the	audıt,			
	reviev	w, or compilation of its financial statements and s	election of an independent acco	ountant?		2c	_X_	
За	As a	result of a federal award, was the organization red	quired to undergo an audit or au	dits as set forth in the Sing	le Audr	t		
	Act a	nd OMB Circular A-133?				3a		X
b	If "Ye	es," did the organization undergo the required aud	dit or audits?			3b		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

Employer identification number

Schedule A (Form 990 or 990-EZ) 2008

		Wester	n Athletic Co	nfere	nce				84	4-051	5838			
Part I	Reason	for Public Cha	rity Status (All organiz	zations mu	st complet	te this par	t) (see ins	tructions)						
The orga	anization is not	a private foundation	n because it is. (Please ch	eck only o	ne organi	zation)								
1	A church, c	onvention of church	es, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(ı)).						
2	A school de	scribed in section 1	70(b)(1)(A)(ii). (Attach So	hedule E)										
з 🗀	A hospital o	r a cooperative hosp	oital service organization	described	ın section	170(b)(1)	(A)(iii). (At	tach Sche	dule H)					
4 🗀	A medical re	esearch organization	operated in conjunction	with a hos	pital desc	rıbed ın se	ction 170	(b)(1)(A)(ii	ii). Enter t	he hospita	al's name,			
	city, and sta	ate	<u>_</u>											
5	-	ition operated for the 0(b)(1)(A)(iv). (Comp	e benefit of a college or u	niversity ov	wned or op	perated by	a governi	mental uni	t describe	ed in				
6	~		nent or governmental uni	t describer	d in sectio	n 170/h)/	IV A V							
7	_	-	ceives a substantial part					or from the	anneral r	oublic des	cribed in			
, _				oi its supp	on nom a	governme	intai uriit C	n nom are	generar	Jubiic des	Cribed in			
• [7	0(b)(1)(A)(vi). (Compl		(Camplete	Dowt II \									
8			section 170(b)(1)(A)(vi).											
9 X														
	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													
	7	n 509(a)(2). (Comple						/						
10	٦ -	-	operated exclusively to te		_						_			
11	-	•	pperated exclusively for the		•				-					
		-	zations described in secti				2) See se o	ction 509(a)(3). Che	eck the bo	x that			
		· · · · · -	g organization and compl		•					1				
	a Ll Type		• •	с 📖 Тур		-	_	_	d L	Type III ·				
e			at the organization is not											
		•	than one or more publicl		•				9(a)(1) or s	section 50	9(a)(2)			
f	If the organ	ization received a wr	itten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			r			
		organization, check									l			
g	Since Augu	st 17, 2006, has the	organization accepted a	ny gift or co	ontribution	from any	of the foll	owing per	sons?					
	(i) A pers	on who directly or in	directly controls, either a	lone or tog	ether with	persons o	lescribed	ın (ıı) and (ııı) below,		Yes N	No_		
	the go	verning body of the	supported organization?							11g(ı)	4			
	(ii) A famı	ly member of a perso	on described in (i) above?	•						11g(ii	4——			
	(iii) A 35%	controlled entity of	a person described in (i)	or (II) above	9?					11g(ıii	ــــــــــــــــــــــــــــــــــــــ			
h	Provide the	following information	n about the organizations	the organ	ızatıon su	oports.								
						·								
(i) Nan	ne of supported	(ii) EIN	(iii) Type of		rganization			(vi) ls	the	(vii) A	mount of			
٠,	ganization	(-7-	organization (described on lines 1-9	in col. (i) lis			ion in col.	organizáti (i) organiz	ed in the		pport			
			above or IRC section	governing			support?	(i) organiz U.S	- 1					
			(see instructions))	Yes	No	Yes	No	Yes	No					
									<u> </u>					
										_		_		
				<u> </u>										
_														
					_			 -						
						}								

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

(a) 2004	5, 7, or 8 of Part I)				
(a) 2004					
(2) 2004	1 /61/2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	(b) 2005	(6) 2505	(0)2307	(6) 2000	
	1		1	1	
(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
			<u></u>		
			l	40	
•	•	d fourth or fifth to		·	
=	s ilist, second, triir	d, louitri, or illui ta	ax year as a section	11 30 1(0)(3)	
	rcentage	· · · · · · · ·			
		column (fl)		14	
		n line 13, and line	14 is 33 1/3% or n	· ·	
				,	▶□
	ne organization' nere Support Pe e 6, column (f) d schedule A, Part ganization did no s a publicly supp	tc (see instructions) ne organization's first, second, thir nere s Support Percentage e 6, column (f) divided by line 11, colored by line 26f ganization did not check the box of ganization did not check a box on I	tc (see instructions) ne organization's first, second, third, fourth, or fifth tanere E Support Percentage e 6, column (f) divided by line 11, column (f)) Schedule A, Part IV-A, line 26f ganization did not check the box on line 13, and line is a publicly supported organization	tc (see instructions) ne organization's first, second, third, fourth, or fifth tax year as a section tere as Support Percentage e 6, column (f) divided by line 11, column (f)) schedule A, Part IV-A, line 26f ganization did not check the box on line 13, and line 14 is 33 1/3% or not a publicly supported organization ganization did not check a box on line 13 or 16a, and line 15 is 33 1/3%	tc (see instructions) te organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) there Support Percentage e 6, column (f) divided by line 11, column (f)) the chedule A, Part IV-A, line 26f ganization did not check the box on line 13, and line 14 is 33 1/3% or more, check this both is a publicly supported organization ganization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check the

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

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.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

Sch	edule A (Form 990 or 990-EZ) 2008 W	Western At	hletic Co	nference	1(0)	84-051	6838 Page 3
P 6	art III Support Schedule for	Organizations	Described in	Section 509(a)	(Complete only	if you checked the b	ox on line 9 of Part I.)
	ction A. Public Support		·		1	_	
	endar 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.")	5381270.	5360725.	5392748.	5567566.	5790818.	27493127.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	7735761.	6105280.	12786473.	13380250.	9323633.	49331397.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-	·					_
	ization'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	13117031	11466005	18179221	18947816	15114451	76824524.
-	Amounts included on lines 1, 2, and	13117031.	11400005.	101/9221.	10347010.	+2++421.	70024324.
•	3 received from disqualified persons						
t	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						
,	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)						76824524.
	ction B. Total Support	<u>.l</u>	l	<u> </u>	· · · · · · · · · · · · · · · · · · ·		70024524.
	endar year (or fiscal year beginning in)	(a) 2004	(h) 2005	(=) 2006	(-I) 2007	/-\ 0000	(O Tatal
	Amounts from line 6	12117021	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total 76824524.
_	Gross income from interest,	1311/031.	11400003.	101/9221.	1034/010.	12114421.	70024524.
102	dividends, payments received on securities loans, rents, royalties and income from similar sources	151,252.	198,248.	340,807.	296,309.	196,906.	1183522.
b	Unrelated business taxable income					•	
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	1					
	Add lines 10a and 10b	151,252.	198.248.	340,807.	296.309.	196.906.	1183522.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		230,210	310,0070	23073031		11033221
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)					-	78008046.
	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d. fourth, or fifth ta	ax vear as a section	n 501(c)(3) organiz	
	check this box and stop here		,,	, , •	,	(-)(0) 0.94/11	▶ □
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2008 (column (f))	-	15	98.48 %
	Public support percentage from 2007	• • • • • • • • • • • • • • • • • • • •	•	, o.a (.,,		16	98.56 %
	ction D. Computation of Inves						J G 1 J G 70
	Investment income percentage for 20			ne 13 column (f)		17	1.52 %
	Investment income percentage from	•	•	• • • • • • • • • • • • • • • • • • • •		18	1.44 %
	33 1/3% support tests - 2008. If the				l 15 is more than 2		
198	more than 33 1/3%, check this box a						► X
Ь	33 1/3% support tests - 2007. If the	•	•	•	•		
-	ppoit tooto						-

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

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.

2008
Open to Public Inspection

Name of the organization

Western Athletic_Conference

Employer identification number
_____84-0516838

Schedule D (Form 990) 2008

Pa			s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	(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 adv	used funds
Ū	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of		·
Pa			
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or public use)	oleasure) Preservation of an h	istorically important land area
	Protection of natural habitat		fied historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified cons	servation contribution in the form of a coi	nservation easement on the last day
	of the tax year.		
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organization during the taxable
	year ▶		-
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, violations,	and
	enforcement of the conservation easements it holds?		Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a	nd 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	ve satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	•	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, no	·	
	treasures, or other similar assets held for public exhibition, e	•	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		
b	If the organization elected, as permitted under SFAS 116, to		
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service	e, provide the following amounts relating to
	these items.		
	(i) Revenues included in Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financi	
	the following amounts required to be reported under SFAS 1	16 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		> \$

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3
that apply) a Public exhibition d Loan or exchange programs b Scholarly research e Other c Preservation for future generations 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? Part IV Trust, Escrow and Custodial Arrangements. Complete if 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? b If "Yes," explain the arrangement in Part XIV and complete the following table c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIV Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10 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
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b Scholarly research e Other c Preservation for future generations 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? Part IV Trust, Escrow and Custodial Arrangements. Complete if 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? 1b If "Yes," explain the arrangement in Part XIV and complete the following table 2 Beginning balance 3 d Additions during the year 4 le 1 le 1 le 1 le 1 le 1 le 1 le 1 le
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Part V Endowment Funds. Complete if 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 to Three years back (e) Four years back to Three years back
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back becoming of year balance becontributions converted the following sor losses described by the
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
b Contributions c Investment earnings or losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses
c Investment earnings or losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses
e Other expenditures for facilities and programs f Administrative expenses
and programs f Administrative expenses
f Administrative expenses
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 Yes N
(i) unrelated organizations 3a(i)
(ii) related organizations 3a(ii)
b If "Yes" to 3a(ıı), are the related organizations listed as required on Schedule R?
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 (b) Cost or other (c) Depreciation (d) Book value
basis (investment) basis (other)
1a Land
b Buildings
c Leasehold improvements
d Equipment
e Other
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))

Schedule D (Form 990) 2008

Schedule D (Form 990) 2008 Western Ath Part VII Investments - Other Securities. Se	nletic Confe	erence ne 12.	84-051	L6838	Page 3
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuation st or end-of-year market value	ue	
Financial derivatives and other financial products Closely-held equity interests Other					
Tatal (Cal (b) about a gual Form 000 Part V cal (P) line 40)					
Total (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶ Part VIII Investments - Program Related. S	See Form 990 Part X II	I	- ·		
(a) Description of investment type	(b) Book value		(c) Method of valuation st or end-of-year market value	ue	
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.)				***	
Part IX Other Assets. See Form 990, Part X, line (a)	Description		(t) Book va	lue
Total. (Column (b) should equal Form 990, Part X, col (B) I	ine 15.)		D		
Part X Other Liabilities. See Form 990, Part X,					
(a) Description of liability		(b) Amount			
Federal income taxes Fund held for others		111,214.			
Total. (Column (b) should equal Form 990, Part X, col (B) I	ine 25)	111,214.			

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. 832053 12-23-08

	dule D (Form 990) 2008 Western Athletic Conference			<u>84-</u>	<u>0516838</u>	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	<u>Financial</u>	Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		15,311	,357.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		14,786	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3			786.
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5		_	
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV)		8			
9	Total adjustments (net) Add lines 4-8		9			0.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10		524	786.
	t XII Reconciliation of Revenue per Audited Financial Stateme	nts With R		Returr		7700.
1	Total revenue, gains, and other support per audited financial statements		<u> </u>	1	15,311	357.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			'- -	10,011	<u>, </u>
2		ا مما				
a	Net unrealized gains on investments	2a		- 1		
b	Donated services and use of facilities	2b		-		
C	Recoveries of prior year grants	2c		-		
d	Other (Describe in Part XIV)	2d		- I		^
е	Add lines 2a through 2d			2e_	15,311	0.
3	Subtract line 2e from line 1			3	15,311	<u>, 35/.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-		
b	Other (Describe in Part XIV)	4b		-		_
С	Add lines 4a and 4b			4c		0.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)			5	15,311	<u>,357.</u>
Pai	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses pe	r Retu		
1	Total expenses and losses per audited financial statements			1	14,729	<u>,571.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1				
а	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		_		
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	14,729	<u>,571.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
þ	Other (Describe in Part XIV)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			5	14,729	,571.
Par	t XIV Supplemental Information					
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III	. lines 1a and	4. Part IV. lines	1b and	2b. Part V. line	4. Part
•	rt XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	, 11100 14 4114	4,1 4,111,11100	. D Qiiq	LD, r art v, iirio	τ, ι αιτ
л, га	re XI, into 0, reare XII, into 25 and 45, and reare XIII, into 25 and 45					
					_	
			.		.	
		. .				
				_		
				- -		

SCHEDULE I							OMB No 1545-0047
Form 990)		Grants and Governr	irants and Other Assistance to Organizations, Governments, and Individuals in the U.S.	to Organizations uals in the U.S.	æ		2008
Department of the Treasury Internal Revenue Service	▶ Сошр	Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.Attach to Form 990.	n answered "Yes," on F ▶ Attach to Form 990	" on Form 990, Pa n 990.	ırt IV, lines 21 or 22.		Open to Public Inspection
Name of the organization Western A	Athletic C	Conference					Employer identification number 84-0516838
1 7%							
1 Does the organization maintain records to substantiate the amount of	to substantiate the		or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	ou
criteria used to award the grants or assistance?	istance?						X Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	rocedures for monit	oring 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	Governments and	d Organizations in the	United States. C	omplete if the orga	ınızatıon answered "Y	es" 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	\$5,000 Check this	box if no one recipier	it received more th	an \$5,000. Use Pa	rt IV and Schedule I-1	(Form 990) if additional space is needed	Il 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
Boise State University							
10 University Drive						<u></u>	student opportunity
Boise, ID 83725	82-0290701		156,731,	0		Ţ	funds.
Fresno State University						<u> </u>	Student assistance and
N Camping Dr M/S NG 27							
	94-2874546		191, 474,	0			
()							9
JIIVETBILY OF HAWAL I							
17 Lower Campus Road							student opportunity
Honolulu, HI 96822	99-6000354		183,821,	0			funds.
University of Idaho							Student assistance and
Activity Center					-		student opportunity
MOSCOW ID 83844	82-9000945		140,599.	0		Ţ	funds.
coulsiana Tech University							Student assistance and
50 W. Alabama							student opportunity
Ruston, LA 71270	72-6000792		140,328.	0		Į	funds,
							,
Jniversity of Nevada						<u>.</u>	
14 Virginia Street						0.3	student opportunity
Reno NV 89557	88-6000024		184,300.	0		Į	funds,
2 Enter total number of section 501(c)(3) and government organizations	and government or	ganizations					•6
3 Enter total number of other organizations	ns.				į		•
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	uction Act Notice,	see the Instructions	for Form 990.				Schedule I (Form 990) 2008

Page 2 Schedule I (Form 990) 2008 (f) Description of non-cash assistance (book, FMV, appraisal, other) 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 Part I, Line 2: Grant funds are remitted to member schools who Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information are responsible for proper granting to Conference member students meeting (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance certain criteria. Schedule I, 832102 12-18-08 Part III

84-0516838

Western Athletic Conference

Schedule I (Form 990) 2008

Open to Public OMB No 1545-0047 2008 Student assistance and Student assistance and Student assistance and Inspection (h) Purpose of grant or assistance student opportunity student opportunity student opportunity Employer identification number 84-0516838 funds, unds. funds, (g) Description of non-cash assistance appraisal, other) (f) Method of valuation (book, FMV, Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II) ▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990). Continuation Sheet for Schedule I (Form 990) (e) Amount of non-cash assistance (d) Amount of cash grant 165,094, 152,958 152,771 Western Athletic Conference (c) IRC Code section ıf applicable 2 Enter total number of Section 501(c)(3) and government organizations 87-6000528 77-0414438 85-6000401 (b) EIN (a) Name and address of organization or government New Mexico State University San Jose State University Utah State University Las Cruces, NM 88003 Name of the organization San Jose, CA 95192 Washinton Square 10 old Main Hill Department of the Treasury Internal Revenue Service Logan, UT 84322 SCHEDULE 1-1 15 Wells St (Form 990) Part

Enter total number of other organizations

Schedule I-1 (Form 990) 2008

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

Name of the organization

Western Athletic Conference

Employer identification number

84-0516838

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 X First-class or charter travel Housing allowance or residence for personal use X Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments X Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain X 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, X trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 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 X Compensation committee X Written employment contract Independent compensation consultant X Compensation survey or study X Approval by the board or compensation committee □ Form 990 of other organizations 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 X Х Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b <u>4c</u> X 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 Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. 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 X The organization? 5a X Any related organization? 5b If "Yes," to line 5a or 5b, describe in Part III 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 X Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III 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 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

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

Schedule J (Form 990) 2008

Page 2

84-0516838

Western Athletic Conference

Schedule J (Form 990) 2008

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

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

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

		(9) Breakfacht	Colfornation Of Median Colfornation (III)	Componention	3	0	19)	
		(D) Dieakuowii oi	W'Z dild/or 1039-WIS	Compensation	Deferred Description	Nontaxable	Total of columns	Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(a)-(j)(a)	reported in prior Form 990 or Form 990-EZ
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Karl Benson			5 000	8 256	0	33 986	169.042.	54.000.
Jeffrey Hurd) E)	~	0.	0.	0.	0.
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Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Part I, Line 4b: The Conference Commissioner, Karl Benson, received \$50,000 toward a pension annuity in the Conference's tax year ended June 30, 2009. Annuity assets will vest with the Commissioner provided his duties as Commissioner are completed through the end of his contract period. Schedule J (Form 990) 2008

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 18 Open to Public Inspection

Name of the organization Employer identification number Western Athletic Conference 84-0516838 Form 990, Part I, Line 1, Description of Organization Mission: The purpose of the Conference is to form an athletics conference, the members of which shall incorporate intercollegiate sports athletics within their respective educational programs and shall place and maintain such athletics under the same administrative and academic control as exists in their own educational programs. Form 990, Part III, Line 4a, Program Service Accomplishments and field, men's and women's tennis, men's golf, softball, outdoor track and field, and baseball. These championships serve 9 universities, 130 teams, and approximately 2,185 student-athletes. Championships governed by the Conference provide equitable and competetive access to the post season and the opportunity to compete on a national level. Form 990, Part VI, Section A, line 6: Membership in the Conference is limited to any university or any comparable academic institution which supports the purposes of the Conference and meets certain qualifications. At June 30, 2009 member institutions include: Fresno State University, Boise State University, University of Idaho, University of Hawai'i, San Jose State University, Utah State University, Louisiana Tech University, New Mexico State University and University of Nevada. Form 990, Part VI, Section A, line 10: Form 990 is reviewed with the executive committee and included in audited material annually prior to

SCHEDULE O

(Form 990)

832211 12-18-08

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.

2008
Open to Public Inspection

Name of the organization

Western Athletic Conference

Employer identification number 84-0516838

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.

2008
Open to Public Inspection

Name of the organization	Employer identification number 84-0516838
Western Athletic Conference	04-0316636
Form 990, Part VI, Section B, Lines 13 and 14	
Policies	
The Conference is in the process of establishing both a w	ritten
whistleblower policy and a written document retention and	destruction
policy.	
polity.	·

Form **8868** (Rev April 2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

	ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box	▶ X
,	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form).
Do no	ot complete Part II unless you have already been granted an automatic 3-month extension on a previously fi	ed Form 8868.
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed)	
A corr	poration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete
Part I		▶ □
	ner corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an Income tax returns	extension of time
noted (not at you m	ronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic utomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or conjust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files gov/efile and click on e-file for Chanties & Nonprofits.	cally if (1) you want the additional nsolidated Form 990-T Instead,
Type o	or Name of Exempt Organization	Employer identification number
print	Western Athletic Conference	84-0516838
File by t	the North Advantage of the DO has been determined as	-
filing you		
ınstructı		
Checl	k type of return to be filed (file a separate application for each return)	
X	Form 990 Form 990-T (corporation) Form 47	720
=	Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 52	
=	Form 990-EZ Form 990-T (trust other than above) Form 60	
	Form 990-PF	370
	Mollie Lehman	00110
	e books are in the care of > 9250 E. Costilla Avenue - Englewood, CC	80112
	lephone No. 303-962-4215 FAX No An expension to the United States, check this box	
	he organization does not have an office or place of business in the United States, check this box	
	his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	e is for the whole group, check this
• If th	his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the	=
• If th	his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If th If it is for part of the group, check this box and attach a list with the names and EINs of all	=
● If the		members the extension will cover
● If the	. If it is for part of the group, check this box and attach a list with the names and EINs of all	members the extension will cover
● If the box ▶	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt February 15 , 2010 , to file the exempt organization return for the organization named a is for the organization's return for:	members the extension will cover
● If the box ▶	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unterpretary 15, 2010, to file the exempt organization return for the organization named as for the organization's return for: Calendar year or	members the extension will cover
● If the box ▶	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt February 15 , 2010 , to file the exempt organization return for the organization named a is for the organization's return for:	members the extension will cover
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• If the box • 1	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unit February 15, 2010 , to file the exempt organization return for the organization named as is for the organization's return for: □ calendar year or □ x tax year beginning JUL 1, 2008 , and ending JUN 30, 2009 If this tax year is for less than 12 months, check reason. □ Initial return □ Final return If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions. If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	members the extension will cover Il bove The extension Change in accounting period 3a \$
• If the box • 1 1 2 3a b	If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all lirequest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unit February 15, 2010 , to file the exempt organization return for the organization named as is for the organization's return for: ▶ and ending JUN 30, 2009 ■ X tax year beginning JUL 1, 2008 , and ending JUN 30, 2009 ■ If this tax year is for less than 12 months, check reason. Initial return ■ Final return ■ Final return ■ If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions. ■ If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	members the extension will cover Il bove The extension Change in accounting period
• If the box • 1 1 2 3a b	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto February 15, 2010 and attach a list with the names and EINs of all I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto February 15, 2010 and to file the exempt organization return for the organization named as is for the organization's return for: □ calendar year or and ending JUN 30, 2009 If this tax year beginning JUL 1, 2008 and ending JUN 30, 2009 If this tax year is for less than 12 months, check reason. Initial return Final return If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions. If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,	members the extension will cover Il bove The extension Change in accounting period 3a \$
e If the box b	If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all lirequest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unit February 15, 2010 , to file the exempt organization return for the organization named as is for the organization's return for: ▶ and ending JUN 30, 2009 ■ X tax year beginning JUL 1, 2008 , and ending JUN 30, 2009 ■ If this tax year is for less than 12 months, check reason. Initial return ■ Final return ■ Final return ■ If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions. ■ If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	members the extension will cover Il bove The extension Change in accounting period 3a \$