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## Form **990-EZ**

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Short Form
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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

_		e 2009 calendar year, or tax year beginning and ending		
B C	heck if		oloyer i	dentification number
	Addres Change			
	]Name  change		4-3	670707
	Initial returr	type See Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Tele		
	Termi	Specific Instruct P.O. BOX 53356	10-	557-9828
	Amer	ded trops City or town state or country and 7IP + 4	up Exer	
F	Applica Pendin	ton l	•	N/A
		ion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting m		
	- 000			A Cushi
	/ahait			
				he organization is not
				ule B (Form 990, 990-EZ, or 990-PF)
K C	heck )		than \$2	5,000. A Form 990-EZ or
		Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.		
		is 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ	<b>\$</b>	26,126.
Pa	<u>rt l</u>	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions	for Par	<del></del>
	1	Contributions, gifts, grants, and similar amounts received	1	26,126.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory 5a		
	ь	Less; cost or other basis and sales expenses 5b		
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
o	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here		
Revenue		Gross revenue (not including \$ of contributions		
ě	a			
Œ	L	reported on line 1)		
		Less: direct expenses other than fundraising expenses 6b		
	C	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
i	7a	Gross sales of inventory, less returns and allowances 7a		
	þ	Less: cost of goods sold		
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line (a) RECEIVED	7c	4
	8	Other revenue (describe ►	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	26,126.
	10	Grants and similar amounts paid (attach schedule)	_10	
	11	Denefite soud to as for members	_ 11	
တ္ဆ	12	Salaries, other compensation, and employee benefits  Professional fees and other payments to independent contractors	12	·
penses	13	Professional fees and other payments to independent contractors	13	542.
g.	14	Occupancy, rent, utilities, and maintenance	14	
ŭ	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe SEE STATEMENT 1)	16	29,662.
ລ	17	Total expenses. Add lines 10 through 16	17	30,204.
UL Z Z CUIU Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<4,078.>
√ુ ફૂં: │	19	Net assets or fund balances at beginning of year (from line 27, column (A))	10	<u></u>
≓ss	13	(must agree with end-of-year figure reported on prior year's return)	40	7 073
<b>1</b>	00		19	7,973.
–¦ž ∣	20 21	Other changes in net assets or fund balances (attach explanation)	20	2 005
		Net assets or fund balances at end of year. Combine lines 18 through 20	21	3,895.
Pa	rt II	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990	U-EZ.	(B) 5 - 1 - (
뵞	_	(See the instructions for Part II.)  (A) Beginning of year	+ -	(B) End of year
<b>爱22</b>		a, savings, and investments 7,973	$\neg$	3,895.
Pa 22 22 23 24		f and buildings	23	· · · · · · · · · · · · · · · · · · ·
<b>24</b>	Othe	r assets (describe - )	24	
©25	Tota	7 , 973	. 25	3,895.
26		I liabilities (describe ▶)	. 26	0.
27	Net	assets or fund balances (line 27 of column (B) must agree with line 21) 7,973	. 27	3,895.
9321 02-08	71 10	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.		Form <b>990-EZ</b> (2009) I

For	<u> 36707</u>	707 Page 2				
P	art III Statement of Program Service Accomplishme	ents (See the instructions for	Part III.)			xpenses
Wh	at is the organization's primary exempt purpose?PRESERVING CO	LLEGIATE SPORT	S			or section 501(c)(3)
Des	scribe what was achieved in carrying out the organization's exempt pu	irposes in a clear and conc	ise manner, desci	nbe		4) organizations and 7(a)(1) trusts, optional
the	services provided, the number of persons benefited, and other releva	nt information for each prog	gram title		for others)	
28	SEE STATEMENT 3					
	(Grants \$ ) If this amount includes foreign	grants, check here	<u></u> . •		28a	30,204.
29						
	(Grants \$ ) If this amount includes foreign	grants, check here	<b>_&gt;</b>		29a	
30						
	(Grants \$ ) If this amount includes foreign	grants, check here	<b>_</b>		30a	
31	Other program services (attach schedule)					
	(Grants \$ ) If this amount includes foreign	grants, check here .	▶		31a _	
32	Total program service expenses (add lines 28a through 31a)			<b>▶</b>	32	30,204.
P	art IV List of Officers, Directors, Trustees, and Key	Employees. List each one ev	ven if not compensated	(See the	Instructions	for Part IV)
				(d) Co	ontributions	
	(a) Name and address	(b) Title and average hours	(c) Compensation		employee	(e) Expense account and
	(a) nume and address	per week devoted to position	(If not paid, enter -0)	1	efit plans & eferred	other allowances
		pooliion	0.,	Ŧ	pensation	ourior unovarious
LE	O KOCHER, 5063 WEST 113TH AVENUE,	PRESIDENT				
	ROWN POINT, IN 46307	10.00	0.		0.	0.
	DBERT GROSETH, 2379 NO CAMPUS	VICE PRESIDEN	<del></del>	1		
	RIVE, EVANSTON, IL 60208	2.00	0.		0.	0.
H.		SECRETARY		<u>'</u>		
	OAD, PITTSTOWN, NJ 08867	2.00	0.		0.	0.
_	RIC PEARSON, 345 SOUTH ELM DRIVE	CHAIRMAN	0.	1		
	204 APT. 208, BEVERLY HILLS, CA	10.00	0.		0.	0.
_	AN LEET, 229 PEACHTREE STREET,	TREASURER	0.	1		<u></u>
	JITE 2700, ATLANTA, GA 30303	2.00	0.		0.	
	DBERT L. WUORNOS, 5215 3RD AVENUE	BOARD MEMBER	0.	1		0.
	OUTH, MINNEAPOLIS, MN 55419	2.00	0.		0.	
		VICE PRESIDEN				0.
	ESSICA GAVORA, 5141 PALISADE LANE,		1 _			
<u>14 A</u>	, WASHINGTON, DC 20016	2.00	0.	•	0.	0.
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02-0	172 18-10				Form	990-EZ (2009)

33			Yes	No
	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	1	X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	<b></b>	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b>			<del> </del>
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			İ
	and proxy tax requirements?	35a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			<u> </u>
	complete applicable parts of Sch. N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	_		
	Did the organization file Form 1120-POL for this year?	37ь		X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the period covered by this return?	38a	ļ	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities  39b N/A	1		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1	•	
	section 4911 ▶ 0 . ; section 4912 ▶ 0 . ; section 4955 ▶ 0 .			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction		ľ	
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			<del></del>
	or disqualified persons during the year under sections 4912, 4955, and 4958			}
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization • 0.			ł
			l .	
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
-	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes." complete Form 8886-T	40e		x
	transaction? If "Yes," complete Form 8886-T	40e		x
41	transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed.   NONE		616	х
41	transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed.   NONE  The organization's books are in care of ALAN C. LEET  Telephone no. 404-42	0-4		
41 42 a	transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed. ► NONE  The organization's books are in care of ► ALAN C. LEET  Located at ► 229 PEACHTREE ST, NE, STE 2700, ATLANTA, GA  ZIP + 4 ► 3	0-4		
41 42 a	transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed.   The organization's books are in care of ALAN C. LEET  Located at 229 PEACHTREE ST, NE, STE 2700, ATLANTA, GA  At any time during the calendar year, did the organization have an interest in or a signature or other authority	0-4	3	
41 42 a	transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed. ► NONE  The organization's books are in care of ► ALAN C. LEET  Located at ► 229 PEACHTREE ST, NE, STE 2700, ATLANTA, GA  ZIP + 4 ► 3	10-4 1030		No
41 42 a	transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed.   NONE  The organization's books are in care of ALAN C. LEET  Located at 229 PEACHTREE ST, NE, STE 2700, ATLANTA, GA  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)?	0-4	3	No
41 42 a	transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed.   NONE  The organization's books are in care of ALAN C. LEET  Located at 229 PEACHTREE ST, NE, STE 2700, ATLANTA, GA  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	10-4 1030	3	No
41 42 a b	transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed.   NONE  The organization's books are in care of ALAN C. LEET  Located at 229 PEACHTREE ST, NE, STE 2700, ATLANTA, GA  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)?  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.	20 - 4 30 3 0	3	No X
41 42 a b	transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed.   NONE  The organization's books are in care of ALAN C. LEET  Located at 229 PEACHTREE ST, NE, STE 2700, ATLANTA, GA  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)?  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.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?	10-4 1030	3	No X
41 42 a b	transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed.   NONE  The organization's books are in care of ALAN C. LEET  Located at 229 PEACHTREE ST, NE, STE 2700, ATLANTA, GA  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)?  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.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:	20 - 4 30 3 0	3	No X
41 42 a b	transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filled.   NONE  The organization's books are in care of ALAN C. LEET  Located at 229 PEACHTREE ST, NE, STE 2700, ATLANTA, GA  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)?  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.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	42b	Yes	No X
41 42 a b	transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed.   NONE  The organization's books are in care of ALAN C. LEET  Located at 229 PEACHTREE ST, NE, STE 2700, ATLANTA, GA  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)?  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.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:	20 - 4 30 3 0	Yes	No X
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41 42a b	transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed.   The organization's books are in care of  ALAN C. LEET  Located at  229 PEACHTREE ST, NE, STE 2700, ATLANTA, GA  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)?  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.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year    43	42b	Yes	No X
41 42 a b	transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed.   NONE  The organization's books are in care of ALAN C. LEET  Located at 229 PEACHTREE ST, NE, STE 2700, ATLANTA, GA  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)?  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.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	42b 42c N/A	Yes	X X
41 42a b c c	transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed.   NONE  The organization's books are in care of ALAN C. LEET Telephone no. 404-42  Located at 229 PEACHTREE ST, NE, STE 2700, ATLANTA, GA ZIP+4 3  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)?  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.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	42b	Yes	No X
41 42a b	transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed.   NONE  The organization's books are in care of ALAN C. LEET  Located at 229 PEACHTREE ST, NE, STE 2700, ATLANTA, GA  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)?  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.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	42b 42c N/A	Yes	X X

46 D'44	and 51.	<del>-</del>			s for lines	<del></del>
	he organization engage in direct or indirect political campaign activiti	es on behalf of or in opposition to o	andidates for public	;	Ye	
	9? If "Yes," complete Schedule C, Part I			}	46	X X X
	he organization engage in lobbying activities? If "Yes," complete S	•		-	47	X
	e organization a school as described in section 170(b)(1)(A)(ii)? If "Y				48	X
	he organization make any transfers to an exempt non-charitable relat	ed organization?		}	49a	X
	s," was the related organization a section 527 organization? plete this table for the organization's five highest compensated emplo				49b	
than	\$100,000 of compensation from the organization. If there is none, er  (a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contribution to employee benefit plans & deferred	(e) Exp	it and
	NONE			compensation		
	NONE  (a) Name and address of each independent contractor paid mi	ore than \$100,000	(b) Type of ser	rvice (d	) Compens	ation
	number of other independent contractors each receiving over \$100,	,000	<b>—</b>			
<b>d</b> Total	Under negatives of negative I declare that I have assumed the return includes	d accompanying schedules and statemen	its and to the boot of	v knowledge and ha	lef it is true	
d Total Sign Here	Under penalties of perjury, I declare that I have examined this return, including correct, and contributed. Declaration of preparer (other than officer) is based on Signature of officer.  Type or print name and title	g accompanying schedules and statemer all information of which preparer has any	ts, and to the best of m knowledge		ef, it is true,	
Sign Here Paid Preparer's	Signature of officer  Type or print name and title  Preparer's signature	Date   Che	knowledge	5-15	-10	str)
Sign Here Paid	Signature of officer  Type or print name and title  Preparer's signature	Date 1 . Che	ck if self-	Date  Date  Date	-10	str)
Sign Here Paid Preparer's	Signature of efficer  Type or print name and title  Preparer's signature  Type or print name and title	Date 1 . Che	ick if self-	Date  Date  Darer's identifying no	-10	str)
Sign Here Paid Preparer's	Signature of efficer  Type or print name and title  Preparer's signature  MARSHALL JONES & CO.	Date 1 . Che	ick if self- ployed EIN I	Date  Date  Darer's identifying no	mber (See in	

## SCHEDULE A.

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

4947(a)(1) nonexempt charitable trust.

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

Employer identification number

		COLLEGE	SPORTS COUN	CIL					04	<u>-3670707</u>
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	te this par	t.) See ins	tructions		
The organ	nization is not	a private foundation	because it is (For lines	1 through	11, check	only one t	oox.)			
1 🖳	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ection 170	)(b)(1)(A)(i	).		
2 🖳	A school des	scribed in section 17	<b>'0(b)(1)(A)(ii).</b> (Attach Sc	hedule E)						
з 🖳	A hospital or	a cooperative hospi	tal service organization (	described	n section	170(b)(1)	(A)(iii).		-	
4 📙	A medical re	search organization	operated in conjunction	with a hos	pital desci	ribed in se	ection 170	(b)(1)(A)(ii	i). Enter th	ne hospital's name,
	city, and stat	te:								
5 📖	An organizat	on operated for the	benefit of a college or ur	niversity o	wned or op	perated by	a govern	mental uni	t describe	d ın
	section 170	<b>(b)(1)(A)(iv).</b> (Comple	ete Part II )							
6 🖳	A federal, sta	ate, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(	1)(A)(v).			
7 X	An organizat	ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit d	or from the	general p	ublic described in
_	section 170	( <b>b)(1)(A)(vi).</b> (Comple	ete Part II.)							
8 📙	A community	y trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II)					
9 📙	An organizat	on that normally rec	eives (1) more than 33 1	1/3% of its	support f	rom contr	ibutions, n	nembershij	p fees, and	d gross receipts from
	activities rela	ated to its exempt fui	nctions - subject to certa	aın exceptı	ons, and (2	2) no more	e than 33 °	1/3% of its	support f	rom gross investment
	income and i	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nızatıon at	fter June 30, 1975
	See section	509(a)(2). (Complete	e Part III.)							
10			perated exclusively to te					•		
11 📖			perated exclusively for the					-		•
			ations described in secti				2). See <b>se</b> e	ction 509(a	a)(3). Chec	ck the box that
			organization and compl		•					
	a Type		• •		e III - Func	-	•			Type III - Other
e 📖			at the organization is not			-	-		-	
			han one or more publicly						(a)(1) or s	ection 509(a)(2)
f			ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III		
		rganization, check th								
g			organization accepted ar							
		•	lirectly controls, either al	one or tog	ether with	persons o	described	ın (ii) and (i	ıı) below,	Yes No
	_		upported organization?							11g(i)
		•	n described in (i) above?		- 0					11g(ii)
	• •		person described in (i) o							11g(iii)
h	Provide trie i	ollowing information	about the supported or	ganization	(S)					
			(iii) Type of	Carlo the a		(-) D.d		(vi) le	the	
	of supported	(ii) EIN	organization		organization sted in your		u notity the tion in col.	organizatio	n in col.	(vii) Amount of
org	anization		(described on lines 1-9		document?		r support?	(i) organize U.S.	ed in the	support
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No	
		<del> </del>	(oo mondonon)	103	110	103	140	103	140	
		-								
	- · · · ·			-					-	
							<del>                                     </del>	·		
					<b> </b>		1		<del>  -</del>	
							1			
Total		-								
	Privacy Act ar	nd Paperwork Redu	ction Act Notice, see tl	he Instruc	tions for	<u> </u>	·	Schedule	e A (Form	990 or 990-EZ) 2009

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Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009 COLLEGE SPORTS COUNCIL 04-3670707 Page 2

Part II . Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

_	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I)				
Se	ction A. Public Support	<del></del>		•			
Cal	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	76,533.	95,380.	44,864.	32,713.	26,126.	<u>275,616.</u>
2	Tax revenues levied for the organ-		İ				
	ization's benefit and either paid to						
	or expended on its behalf				<del></del>		
3	The value of services or facilities			•			
	furnished by a governmental unit to						
	the organization without charge	76 500	25 222	- 44 054			0.55
4	Total. Add lines 1 through 3	76,533.	95,380.	44,864.	32,713.	26,126.	275,616.
5	•						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						166,393.
	Public support. Subtract line 5 from line 4						109,223.
	ction B. Total Support					r <del></del>	r
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	Amounts from line 4	76,533.	95,380.	44,864.	32,713.	26,126.	275,616.
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)						075 616
	Total support. Add lines 7 through 10	L					275,616.
12	•	•	•			12	
13	First five years. If the Form 990 is for		tirst, second, third	i, tourth, or tiπth tax	x year as a sectio	n 501(c)(3)	
Sec	organization, check this box and storection C. Computation of Publ	ic Support Per	centage			· <u> </u>	
	Public support percentage for 2009 (			aluma (f)	·	44	39.63 %
			•	Diamir (1))		15	
	Public support percentage from 2008 33 1/3% support test - 2009. If the o		-	line 12 and line 1/	1 10 22 1/204 05 00	<del>'</del>	
102	stop here. The organization qualifies	•		inte 13, and line 14	+ 15 33 1/3/6 01 111	ore, crieck triis bo	× and  ►X
	33 1/3% support test - 2008. If the o		_	o 12 or 16a and b	no 15 io 22 1/20/	or mara, abaak th	
L	and stop here. The organization qual	-			116 13 15 33 17376	or more, check th	IS DOX
172	10% -facts-and-circumstances tes	•			13 16a or 16b a	nd line 14 is 1004	or more
1/2	and if the organization meets the "fac	-					•
	meets the "facts-and-circumstances"			•		t iv now the organ	
Ŀ	10% -facts-and-circumstances tes	_	•	• • •	_	7a and line 15 is :	<b>▶</b> □ 10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ				•		, ▶□
12	Private foundation, If the organization		• .	•			
	Trivate louisdation, it the organization	did Hot Officer a L	Jon Oil mie 10, 10a	, 100, 17a, 01 17b,		dule A (Form 990	
							J. 555 LE/ 2005

Part III   Support Schedule for O	rganizations	Described in	Section 509(a	(Complete only	r if you checked the b	ox on line 9 of Part
Calendar year (or fiscal year beginning in)	(a) 2005	(h) 2006	(a) 0007	(4) 2000	(2) 2000	(6) T-4-1
1 Gifts, grants, contributions, and	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
membership fees received. (Do not						1
include any "unusual grants ")						
2 Gross receipts from admissions,				<del> </del>	-	
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that	············	-			<del></del>	
are not an unrelated trade or bus-						-
iness under section 513				,	1	
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 through 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 \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support				· · · · · · · · · · · · · · · · · · ·		
Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties						
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 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 carned on						
12 Other income Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)					<u> </u>	
14 First five years. If the Form 990 is for the	he organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	on 501(c)(3) organız	ation,
check this box and stop here .		·		·· ·		
Section C. Computation of Public					<del></del>	<del></del>
15 Public support percentage for 2009 (lin			column (f))		15	
16 Public support percentage from 2008 S				··· <u>·</u>	16	9
Section D. Computation of Invest			<u> </u>		<del></del>	
17 Investment income percentage for 2009			ne 13, column (f))		17	g
18 Investment income percentage from 20					18	<u> </u>
19a 33 1/3% support tests - 2009. If the o						7 is not
more than 33 1/3%, check this box and		-				▶∟_
b 33 1/3% support tests - 2008. If the or					=	and
line 18 is not more than 33 1/3%, check	k this box and st	<b>op here</b> . The orga	nızatıon qualıfies a	is a publicly supp	orted organization	▶ <u>∟</u>
20 Private foundation. If the organization						

FORM 990-EZ OTHER EXPENSES	STATEMENT 1
DESCRIPTION	AMOUNT
WEBSITE EXPENSE MEDIA EXPENSES MISCELLANEOUS (CHECK FEE, TRAVEL, POSTAGE) FUNDRAISING EXPENSES INTEREST ON LOC	3,575. 22,000. 2,512. 1,425. 150.
TOTAL TO FORM 990-EZ, LINE 16	29,662.

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	S	TATEM	ENT	2
DIRECTLY OF	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, R INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL NTRACT?	[ ]	YES	[X]	NO
	GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	. [ ]	YES	[X]	NO

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STATEMENT

3

PROMOTED THE PRESERVATION AND EDUCATIONAL IDEALS OF COLLEGE SPORTS AND PROMOTED THE INTEREST OF STUDENT ATHLETES AND COACHES. CONDUCTED RESEARCH OFFER FORUM FOR EDUCATION ON WEBSITE AND THROUGH SEMINARS.