

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

2009

OMB No 1545-0047

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

Check if a	2009 ca	ılendar vea	r, or tax year beginnin	g 05-01-2009 and end	ing 04-30-2010				
_		Please	C Name of organization				D Employer i	identification numbe	er
		use IRS	COTTON BOWL ATHLETIC				75-0863		
– Name cha	ange	label or print or	Doing Business As				E Telephone	number	
– Initial reti	urn	type. See Specific	Number and stores to 15 of	0 have formal in makedalissana	d to store at a diduces	VI D = = == /=t=	(817) 892	2-4800	
Terminate		Instruc- tions.	one legends way	O box if mail is not delivere	d to street address) Room/suite	G Gross receip	ots \$ 9,972,031	
_		tions.	Chi antania atata an	t					
Amended —			City or town, state or co arlington, TX 76011	untry, and ZIP + 4					
Applicatio	n pending								
			ne and address of princ	ipal officer			ıs a group reti		
		Rick Ba One Le	aker gends Way			affilia	ites?	┌ Yes ┌	Νo
			on,TX 76011			H(b) Are al	l affiliates incl	uded?	┌ No
								st (see instruction	ns)
Tax-exe	mpt status	▽ 501(c))(3) ◄ (insert no)	4947(a)(1) or		H(c) Grou	ip exemption	number ►	
Websit	e: ► ww	w attcotton	bowl com						
			tion Trust Association	Cotton b	ı	I Van af fa	rmation 1937	M Ctata of land down	la TV
Part I		mary	ion Trust Association) Other ►		L Year of to	rmation 1937	M State of legal dom	icile i x
1		•	e organization's missi	on or most significant ac	tivities				
-	,		•	ege football bowl games		ader in crea	iting premier (college sports	
ų l	experie	nces for un	ıversıtıes, student ath	letes, sponsors and the	community				
2									
	-								
2	Check	this box 🛏	 If the organization di	scontinued its operation	ıs or dısposed o	f more than	25% of its ne	et assets	
_		'		ing body (Part VI, line 1				з	91
3 4 5 6		_	_	of the governing body (P				4	
5			nployees (Part V, line)		u , ,		•	5	
5 6				ecessary)				6	
-			•	from Part VIII, column (7a	
	_			rom Form 990-T, line 34		•		7b	
	ivec aiii	elatea basi	The 33 taxable income in		• •	Drie	r Year	Current Yea	
8	Contri	hutions and	d grants (Part VIII, lın	o 1 h)		PIIO	1,706,220		'6,505
				e 2g)			· · ·		
	-		•	(A), lines 3, 4, and 7d)			9,231,863		3,599 29,531
Havenue 10 11				ines 5, 6d, 8c, 9c, 10c,			86,760	<u> </u>	
12		•	, , , , , , , , , , , , , , , , , , , ,	(must equal Part VIII, c	•		80,760	9	2,396
12			_				11,279,907	9,97	2,031
13				X, column (A), lines 1-			6,000,000	6,75	50,000
14	Benefi	ts paid to c	r for members (Part I)	(, column (A), line 4) .			0		0
. 15	Saları	es, other co	ompensation, employed	e benefits (Part IX, colui	mn (A), lines 5-				
EXD en 368	10)						1,383,593	1,52	9,251
董 16a	Profes	sional fund	raising fees (Part IX, o	column (A), line 11e) .			0		0
ਲੂੰ∣ ⊳									
_ 17							2,451,837	2,72	24,032
18	Total	expenses /	Add lines 13–17 (mus	t equal Part IX, column	(A), line 25)		9,835,430	11,00	3,283
19	Reven	ue less exp	enses Subtract line 1	8 from line 12			1,444,477	-1,03	31,252
8 9.						Beginning	g of Current	End of Year	
Seograph 20						Y	'ear		
済			rt X, line 16)				8,243,770		2,196
21		-					1,416,219	<u> </u>	0,582
				ine 21 from line 20 .			6,827,551	7,50	1,614
Part II		ature Blo							
				examined this return, includir aration of preparer (other tha					
								, ,	
	***						12-14		
_	I F Sian	ature of office	er .			Date			
_			ant.						
_	rick	baker preside							
_	rick	baker preside e or print nam							
_	rick Type Preparei	or print nam		Date		eck ıf		ntifying number	
lere	rick Type	or print nam		Date	se		Preparer's ide (see instruction		
Sign Here Paid	Preparer signature	e or print names	e and title		se	f	(see instruction		
Here Paid	Preparer signature Firm's nor if self-er	e or print names	BRUCE E BERNSTIEN 8	& ASSOC PC	se	f			
Here Paid Preparer's	Preparer signature Firm's nor if self-er	e or print names	e and title	& ASSOC PC	se	f	(see instruction		

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

The Mission is to present the most innovative of all college football bowl games and to be the leader in creating premier college sports experiences for universities, student athletes, sponsors and the community

2	_		ant program services during the ye		_ Yes ✓ No
	If "Yes," describe	these new services on Sc	chedule O		
3	_	- · ·	nake significant changes in how it o	conducts, any program	└ Yes ▽ No
	If "Yes," describe	these changes on Sched	ıle O		
4	Section 501(c)(3) and 501(c)(4) organizat	s for each of the organization's thre ions and section 4947(a)(1) trusts nd revenue, if any, for each program	s are required to report the amo	•
4a	(Code) (Expenses \$	10,898,122 including grants of \$	6,750,000) (Revenue \$)
	THE ASSOCIATION'S	, , , , , ,	E AND HOLD THE COTTON BOWL CLASSIC	, , , , , ,	D EVENTS
	(Code) (Expenses \$	including grants of \$) (Revenue \$)
				, , .	,
4c	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
	-				
4d	Other program s	services (Describe in Sch	edule O)		
	(Expenses \$	ıncl	uding grants of \$) (Revenue \$)
4e	Total program se	ervice expenses►\$	10,898,122		

Part IV	Check	dist of	Required	Schedules
		11136 01	NC dull Cd	Schoules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If</i> " <i>Yes," complete Schedule D, Part V</i>	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ĺ	ĺ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Ì	N o
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III</i>	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No.
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		Νο
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? <i>If</i> "Yes," complete Schedule R, Part I	33		No
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		No
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		No
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		Νο
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	20	Yes	

Form 990 (2009)				
Part V	Statements Regarding Other IRS Filings and Tax Compliance			
		Yes	No	

			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			
_		7		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	. 1c	Yes	
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	1		
D	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			l
L	return?	3a		No
- D 4а	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b		
44	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N o
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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gift were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	о 7с		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		N o
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	+		
11	Section 501(c)(12) organizations. Enter			
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	1	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

Arlington, TX 76011 (817) 892-4800

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body 1a 91			
b	Enter the number of voting members that are independent 1b 90	_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	. 3		Νo
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, 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	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			•
Re	evenue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990		103	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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		No.
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			110
	organization's exempt status with respect to such arrangements?	16b		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie oras	nizatioi	n ▶
	MARTY MACINNIS ONE LEGENDS WAY			

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 4

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

Section	R	Inden	endent	Contra	ctors
36611011	υ.	THUCD	CHUCHL	COLLEG	LLUIS

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

(A) Name and business address	(B) Description of services	(C) Compensation
bkm total office of texas pob 671066 DALLAS, TX 75267	office space	230,646
fox broadcasting 100 e royal In DALLAS, TX 75039	television spots	200,000
incredible productions inc 3327 wylie dr DALLAS, TX 75235	party planners	199,792
legends hospitality one legends way ARLINGTON, TX 76011	catering svcs	188,995
eh teasley company 509 corınth st DALLAS, TX 78254	signage	185,797
2 Total number of independent contractors (including but not limited to those listed above)	who received more than	

\$100,000 in compensation from the organization ▶5

Page 8

70,000

Dowl V		009) Ct atamant a	£ Danier					Page 9
Part V	2111	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
\$ \$	1a	Federated camp	paigns 1a					
돌돌	ь	Membership du	es 1b					
_% <u>€</u>	c	Fundraising events 1c						
Contributions, gifts, grants and other similar amounts	d	Related organiz	ations 1d					
	e	Government grants (contributions) 1e						
- 등교	f	All other contribution	ons, gifts, grants, and 1f	976,505		į		j i
15 € E S	 g		butions included in					
발		lines 1a-1f \$ _	0,000					
S E	h	Total. Add lines	s 1a-1f	· · · •	976,505			
o o				Business Code				
nue l	2a	GAME RELATED IN	СОМЕ	900,099	7,830,979	7,830,979		
Rev	ь	EVENT TICKET SAL	ES	900,099	13,200	13,200		
Program Serwoe Revenue	c	GAME TICKET SALE	ES	900,099	429,420	429,420		
Ž.	d	BROADCAST FEE		900,099	500,000	500,000		
Ě	e							
Ş 212	f	All other progra	ım service revenue					
ΔŤ	g	Total. Add lines	s 2a-2f		8,773,599			
	3	Investment inc	ome (including dividend	ds, interest				
			aramounts)	-	129,531			129,531
	4		tment of tax-exempt bond p	proceeds 🕨	0			
	5	Royalties		•	0			
	6-	Gross Rents	(ı) Real	(II) Personal				
	6а ь	Less rental						
		expenses Rental income						
	C	or (loss)						
	d	Net rental incor	me or (loss)					
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis and	(i) Securities	(II) O ther				
	c	sales expenses Gain or (loss)						
	d	Net gaın or (los	s)	►	0			
e T	8a	Gross income for events (not inc						
Other Revenue		\$ of contributions See Part IV , lin	reported on line 1c)					
her	ь	Less direct ex	penses b					
ŏ	С	Net income or (loss) from fundraising	events ►	0			
	9a	Gross income fi See Part IV, lin	rom gaming activities e 19 a					
	b c		penses b loss) from gaming activ	vities	0			
		Gross sales of returns and allo	inventory, less owances .					
	b		a pods sold b		0			
	С	Net income or (loss) from sales of inve	Business Code	0			
	11a	POSTAGE	- Nevellue	900,099	71,187			71,187
	ь	MISC OTHER		900,099	21,209			21,209
	c	MISC OTHER		, -	, -			, "
	d	All other revenu	ue					
	e	Total. Add lines						
	12		See Instructions	•	92,396 9,972,031	8,773,599	0	221,927

	990 (2009)				Page 10
Par	Statement of Functional Expenses				
А	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D).	
Do no	ot include amounts reported on lines 6b, o, 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	6,750,000	6,750,000		· · · · · ·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	701,545	666,468	35,077	0
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	322,200	306,090	16,110	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	62,874	59,730	3,144	0
9	Other employee benefits	242,081	229,977	12,104	0
10	Payroll taxes	200,551	190,523	10,028	0
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
С	Accounting	35,143	33,386	1,757	0
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	98,434	93,512	4,922	0
12	Advertising and promotion	0			
13	Office expenses	21,541	20,464	1,077	0
14	Information technology	0			
15	Royalties	0			
16	Occupancy	12,597	11,967	630	0
17	Travel	38,242	36,330	1,912	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	92,296	87,681	4,615	0
23	Insurance	0			
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	GAME RELATED OPERATIONS	1,370,819	1,370,819		_
b	GAME RELATED ENTERTAINMENT	480,230	480,230		
c	BO WL ALLIANCE	249,533	249,533		
d	PRINTING AND PUBLICATIONS	142,564	135,436	7,128	0
e	POSTAGE & SHIPPING	82,860	78,717	4,143	
f	All other expenses	99,773	97,259	2,514	0
25	Total functional expenses. Add lines 1 through 24f	11,003,283	10,898,122	105,161	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				

Pa	irt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			7,652,738	1	5,987,769
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	33,539	4	203,762		
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of	s, key e	employees, and			
		Schedule L				5	
,,	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of		4958(f)(1)) and			
		Schedule L				6	
Assets	7	Notes and loans receivable, net		7			
8	8	Inventories for sale or use			8		
A	9	Prepaid expenses and deferred charges			114,074	9	179,072
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	omplete 1,533,506				
	ь	Less accumulated depreciation	10b	167,913	143,419	10c	1,365,593
	11	Investments—publicly traded securities			11		
	12	Investments—other securities See Part IV, line 11		12			
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			300,000	15	1,126,000
	16	Total assets. Add lines 1 through 15 (must equal line 34)	8,243,770	16	8,862,196		
	17	Accounts payable and accrued expenses .			201,566	17	332,789
	18	Grants payable				18	
	19	Deferred revenue			1,214,653	19	1,027,793
	20	Tax-exempt bond liabilities		20			
<u> </u>	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ï		persons Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties		•		23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			1,416,219	26	1,360,582
s es		Organizations that follow SFAS 117, check here ▶ ↓ and comp through 29, and lines 33 and 34.	lete lir	nes 27			
an	27	Unrestricted net assets			6,827,551	27	6,665,614
Balance	28	Temporarily restricted net assets				28	836,000
Fund	29	Permanently restricted net assets			29		
Ē		Organizations that do not follow SFAS 117, check here 🕨 🦵 an	d comp	olet e			
ŏ		lines 30 through 34.					
sets	30	Capital stock or trust principal, or current funds	•			30	
SSE	31	Paid-in or capital surplus, or land, building or equipment fund				31	
t As	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
Ŋet	33	Total net assets or fund balances			6,827,551	33	7,501,614
	34	Total liabilities and net assets/fund balances			8.243.770	34	8.862.196

Part XI Financial Statements and Reporting

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

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Inspection Employer identification number

COTTON BOWL ATHLETIC ASSOCIATION 75-0863843 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is $\,$ (For lines $\,$ 1 through $\,$ 11, check only one box $\,$) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** Type II Type I d ▼ Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (III) below, the governing body of the the supported organization?

	Yes	No
11g(i)		Νο
11g(ii)		Νo
11g(iii)		Νo

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		Is the organization in col (i) listed in your governing		Is the organization in col (i) listed in your governing		Is the organization in col (i) listed in your governing		(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga	on in anized	(vii) A mount of support?
		(sec instructions))	Yes	No	Yes	No	Yes	No	1						
BIG 12 CONFERENCE	752604555	0	Yes		Yes		Yes		3,500,000						
SOUTHEASTERN CONFERENCE	630377461	0	Yes		Yes		Yes		3,250,000						
-															
Total									6,750,000						

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s)

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support	T			1	T	I
cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
_	purpose Gross receipts from activities that						
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2,						
/a	and 3 received from disqualified				1		
	persons						
b	A mounts 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						
	rom line 6) ction B. Total Support						
	ndar year (or fiscal year beginning						
cuic	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
13	IV) Total support (Add lines 9, 10c,						
13	11 and 12)						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and stop here						► □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	
16	Public support percentage from 200	-		.,,		16	
	Table support personage nom 200	o o o modulo m, n	arc 111, mrs 15			10	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ae			
17	Investment income percentage for 2				n (f))	17	
18	Investment income percentage from	•		•		18	
	33 1/3% support tests—2009. If the		•		d line 15 is more		line 17 is not
1.7a	more than 33 1/3%, check this box a					uii 22 1/3/0 dill	. IIIC 17 13 110t
	organization	•厂		•			
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	e 19a, and line 16	5 is more than 33	1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

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

Schedule A (Form 990 or 990-EZ) 2009

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493350000070

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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.

Open to Public

nal Revenue Service				Inspection
ame of the organi			Employer identifica	tion number
O. TOR BOWLAINELI			75-0863843	
		dvised Funds or Other Similar F	unds or Accounts	. Complete if the
organiz	zation answered "Yes" to Form 99	(a) Donor advised funds	(b) Funds and o	theraccounts
Total number a	t end of year	(a) Bener davised fands	(B) Farias and s	ther decounts
Aggregate cont	tributions to (during year)			
Aggregate gran	nts from (during year)			
Aggregate valu	e at end of year			
_		sors in writing that the assets held in dor organization's exclusive legal control?	nor advised	┌ Yes
used only for c impermissible	haritable purposes and not for the ben private benefit?	donor advisors in writing that grant funds efit of the donor or donor advisor or other	· ·	┌ Yes ┌ No
art III Conse	rvation Easements. Complete	<u>if the organization answered "Yes" t</u>	o Form 990, Part IV	, line 7.
Preservati Protection Preservati Complete lines	<u>-</u>	on or pleasure)	ertified historic structu	re
on the last day	of the tax year		Held at	the End of the Yea
Total number	of conservation easements		2a	the find of the rea
	restricted by conservation easement	6	2b	
_	nservation easements on a certified h		2c	
	nservation easements included in (c)	` ,	2d	
	• •	•		during
the taxable year	·	rred, released, extinguished, or terminate	ed by the organization (auring
Number of stat	es where property subject to conserva	ation easement is located ►		
	nization have a written policy regarding the conservation easements it holds?	g the periodic monitoring, inspection, viol	ations, and	┌ Yes ┌ No
Staff or volunte	eer hours devoted to monitoring, inspe	cting and enforcing easements during the	e year 📂	
A mount of exp	enses incurred in monitoring, inspecti	ng, and enforcing easements during the y	ear 🟲 \$	
	servation easement reported on line 2) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	ction	┌ Yes ┌ No
balance sheet, the organizatio	and include, if applicable, the text of t n's accounting for conservation easen		I statements that desc	rıbes
Comple	ete if the organization answered '	ns of Art, Historical Treasures, 'Yes" to Form 990, Part IV, line 8.		
art, historical t	reasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or resear ancial statements that describes these i	ch in furtherance of pul	
historical treas	•	116, to report in its revenue statement a public exhibition, education, or research i s		•
(i) Revenues I	ncluded in Form 990, Part VIII, line 1		► \$	
(ii) Assets inc	luded in Form 990, Part X		> \$	
If the organiza	•	orical treasures, or other similar assets fo S 116 relating to these items	or financial gain, provid	le the
Revenues inclu	uded in Form 990, Part VIII, line 1		▶ \$	
Assets include	d in Form 990, Part X		▶ - \$	

	Organizations Maintaining Co	HECHOIIS OF AL	<u>, пі</u>	LUII	cai iie	Jasu	ii es, oi o	uie	i Jililiai Ass	C15 (C	ontinuea)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing th	nat ar	e a sıgnıfıca	nt u	se of its collection	on	
а	Public exhibition		d	Γ	Loan o	rexcl	hange progra	ams			
b	Scholarly research		e	Γ	Other						
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ain hov	w they	/ further	the c	organization'	sex	empt purpose ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									Yes	┌ No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an						ınızatıon ar	ารพ	ered "Yes" to I	Form 9	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other intermo	ediary	for c	ontributi	ions d	or other asse	ets r		Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following tab	le				_				
								_	A mo	unt	
C C	Beginning balance						—	1c			
d	Additions during the year						H	1d			
e £	Distributions during the year							1e			
f n-	Ending balance	000 5					L	1f		- ,,	
2a	Did the organization include an amount on Fo		e 217						ı	Yes	No
	If "Yes," explain the arrangement in Part XIV		222		d "Voc	" to I	Form 000	Dar	+ T\/ line 10		
Pel	t V Endowment Funds. Complete	(a)Current Year		Prior \			o Years Back			e) Four Y	ears Back
1a	Beginning of year balance	(=, ===================================	(-)	,	-	(-)		(-,		-, ·	
ь	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as								
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨										
с	Term endowment ▶										
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that a	re held	and a	ıdmınıstered	for	the		
	organization by								- 41	Yes	No
	(i) unrelated organizations			•				•	3a(i)		
ь	(ii) related organizations				ulo P2	•			3a(ii 3b	<u>' </u>	<u> </u>
4	Describe in Part XIV the intended uses of th	•						•			<u> </u>
	t VI Investments—Land, Buildings					0. Pa	art X. line	10.			
	•	<i>y</i>			Cost or o		(b)Cost or ot				
	Description of investment				s (investm		basis (othe		(c) Depreciation	(d) Bo	ook value
1a	and										
b i	Buildings										
	easehold improvements										
c l											
	Equipment						1,533,	506	167,913		1,365,593
d E	Equipment	<u> </u>	• •				1,533,	506	167,913		1,365,593

Part VIII Investments—Other Securities. S	<u>ee Form 990, Part X, line 12</u>	2.	
(a) Description of security or category (including name of security)	(b)Book value		of valuation vear market value
Financial derivatives and other financial products			
Closely-held equity interests			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	H		
Part VIII Investments—Program Related.		13.	
	<u> </u>		of valuation
(a) Description of investment type	(b) Book value		/ear market value
	+		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X			(E) Dealers les
	cription	I	(b) Book value
CONTRIBUTED RENT RECEIVABLE			836,000
OTHER ASSET			290,000
Total. (Column (b) should equal Form 990, Part X, col.(B) II	ne 15.)		1,126,000
Part X Other Liabilities. See Form 990, Pa	rt X, line 25.		
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
See Additional Data Table			
	 		
_	+		
	 		
Total (Column (h) should agual Form 000, B- # V,1 (B) 1 25)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	P		

2	Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
Net unrealized gains (loses) on investments	1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,972,031
Metauricalized gains (losses) on investments 5 1,912,000 To proper of adjustments 7 7 Proper of adjustments (net) Add lines 4 - 8 7 7 Total adjustments (net) Add lines 4 - 8 9 1,705,31 Total adjustments (net) Add lines 4 - 8 9 1,705,31 Total adjustments (net) Add lines 4 - 8 9 1,705,31 Total revenue, gains, and other support per Audited Financial Statements With Revenue verture vertur	2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,003,283
1	3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,031,252
6 Provided adjustments Figure Fi	4	Net unrealized gains (losses) on investments	4	
Properiod adjustments Properiod adjustments Properiod adjustments Properiod adjustments Protein Properiod adjustments Protein Pro	5	Donated services and use of facilities	5	1,912,000
8	6	Investment expenses	6	
9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 674,06 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements With Revenue per Return 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 Amounts included on investments 2 2a	7	Prior period adjustments	7	
9	8	Other (Describe in Part XIV)	8	-206,685
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1	9	Total adjustments (net) Add lines 4 - 8	9	1,705,315
1	10		10	674,063
1	Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er Re	eturn
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments	1	•		11,884,031
a Net unrealized gains on investments 2a 4b 1,912,000 4c 4c </td <td></td> <td></td> <td>1</td> <td></td>			1	
b Donated services and use of facilities 2b 1,912,000 A	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
C Recoveries of prior year grants 2c	а	Net unrealized gains on investments		
d Other (Describe in Part XIV) 2d 2e 1,912,000 a Add lines 2a through 2d 3 9,972,03 3 Subtract line 2e from line 1 3 9,972,03 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4b b Other (Describe in Part XIV) 4b c Add lines 4a and 4b 4c 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 9,972,03 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 1 11,209,96: 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 2a 1 11,209,96: a Donated services and use of facilities 2b 2a 26,68: 26 206,68: a Prior year adjustments 2c 2a 26,68: 26 206,68:	b	Donated services and use of facilities		
Book of lines 2 athrough 2d 2e 1,912,000 3 Subtract line 2e from line 1 3 9,972,03 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4a 4a <t< td=""><td>c</td><td>Recoveries of prior year grants</td><td></td><td></td></t<>	c	Recoveries of prior year grants		
3 9,972,03 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b	d	Other (Describe in Part XIV) 2d		
A mounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b .	e	Add lines 2a through 2d	2e	1,912,000
A	3	Subtract line 2e from line 1	3	9,972,031
b Other (Describe in Part XIV) 4b 4c c Add lines 4a and 4b 4c 4c 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 9,972,03 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements	4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
4dd lines 4a and 4b	а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	b	Other (Describe in Part XIV) 4b		
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements	c	Add lines 4a and 4b	4c	
Total expenses and losses per audited financial statements	5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	9,972,031
A mounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities	Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	Return
Donated services and use of facilities	1	Total expenses and losses per audited financial statements	1	11,209,968
b Prior year adjustments	2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
c Losses reported on Form 990, Part IX, line 25	а	Donated services and use of facilities		
d Other (Describe in Part XIV)	b	Prior year adjustments		
e Add lines 2a through 2d	c	Losses reported on Form 990, Part IX, line 25		
3 Subtract line 2e from line 1	d	Other (Describe in Part XIV) 2d 206,685		
A mounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIV)	e	Add lines 2a through 2d	2e	206,685
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	3	Subtract line 2e from line 1	3	11,003,283
b Other (Describe in Part XIV) 4b 4c c Add lines 4a and 4b 4c 4c 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) 5 11,003,28	4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
c Add lines 4a and 4b	а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
c Add lines 4a and 4b	b	Other (Describe in Part XIV) 4b	1	
	c	Add lines 4a and 4b	4c	
	5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	11,003,283
	Par			

Complete 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 XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier		Return Reference	Explanation			
	EXPENSES INCLUDED ON BOOKS	SCHEDULE D, PART XI, LINE 8 &	OFFICE EXPENSES \$171,910 FEES FOR SERVICES \$34,775			
	BUT NOT ON RETURN	PART XIII, LINE 2D				

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Employer identification number

OMB No 1545-0047

DLN: 93493350000070

Department of the Treasury Internal Revenue Service Name of the organization

Birmingham, AL 35203

COTTON BOWL ATHLETIC ASSOCIATION

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

Inspection

COTTON BOWLATHLETIC AS	SOCIATION					75-0863843	
Part I General Inforn	nation on Grants a	nd Assistance				•	
 Does the organization man the selection criteria used Describe in Part IV the or 	I to award the grants or	assistance?			•	•	Г Yes ГМ
Form 990, Part I	V, line 21 for any re	cipient that received	l more than \$5,000.	Check this box if no	Complete if the org	ved more than \$5,0	00. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG 12 CONFERENCE- Oklahoma State University 400 East John Carpenter Freeway Irving,TX 75062	752604555	501(c)(3)	3,500,000				operating
SOUTHEASTERN CONFERENCE-University of Miss2201 Richard Arrington Blvd North	630377461	501(c)(3)	3,250,000				operating

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

Part III	Grants and Other Assistance to Individuals in the United States. Compl	plete if the organization answered "Yes" to Form 990, Pa	art IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.		

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

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

Ident if ier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE US	SHCEUDLE I, PART I, LINE 2	ON AN ANNUAL BASIS, THE SPONSORING AGENCY OF A POSTSEASON BOWL MUST GENERATE BOWL-BASED REVENUE EQUAL TO OR GREATER THAN ALL THE CONTRACTUAL FINANCIAL COMMITMENTS FROM THE TWO PARTICIPATING INSTITUTIONS AND CONFERENCES THE GRANT OR DISTRIBUTION TO THE PARTICIPATING INSTITUTIONS AND CONFERENCES SHALL BE EQUAL IN VALUE AND THE EXPECTATION SHALL BE THAT THE GRANT OR DISTRIBUTION MEETS, AT A MINIMUM, THE PARTICIPATING TEAMS' REASONABLE CONTRACTUAL TRAVEL OBLIGATIONS AND PARTICIPATION EXPENSES

DLN: 93493350000070

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

COI	TON BOWL ATFILETIC ASSOCIATION		75-0863843			
Pa	rt I Questions Regarding Compensation					
					Yes	Νo
1a						
	First-class or charter travel	Housing allowance or residence for	personal use			
	Travel for companions	Payments for business use of perso	nal residence			
		Health or social club dues or initiati	on fees			
	Discretionary spending account	Personal services (e g , maid, chauf	feur, chef)			
b	,	, , , , , , , , , , , , , , , , , , , ,	•	1b		
2				2		
3	organization's CEO/Executive Director Check all that ap Compensation committee Independent compensation consultant	oply ✓ Written employment contract ✓ Compensation survey or study				
	Form 990 of other organizations	Approval by the board or compensat	tion committee			
4	During the year, did any person listed in Form 990, Part vor a related organization	VII, Section A, line 1a with respect to th	ne filing organization			
а	Receive a severance payment or change-of-control paym	nent?		4a		Νo
b	Participate in, or receive payment from, a supplemental n	nonqualified retirement plan?		4b		Νo
С	Participate in, or receive payment from, an equity-based	e organization provided any of the following to or for a person listed in Form Complete Part III to provide any relevant information regarding these items Housing allowance or residence for personal use Payments for business use of personal residence Payments for business use of personal residence Personal services (e.g., maid, chauffeur, cheft)	Νo			
	If "Yes" to any of lines 4a-c, list the persons and provide	e the applicable amounts for each item in	n Part III			
5			ny			
	compensation contingent on the revenues of			_		
	The organization?		-			
D	Any related organization? If "Yes," to line 5a or 5b, describe in Part III		-	30		INO
6		1a, did the organization pay or accrue ar	ıy			
а	The organization?			6a		Νo
Ь	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, line payments not described in lines 5 and 6? If "Yes," descr		ı-fıxed	7		Νo
8				8		Νo
9	If "Yes" to line 8, did the organization also follow the rebi	uttable presumption procedure describe	d in Regulations	-		

section 53 4958-6(c)?

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

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Dellents	(6)(1)-(0)	Form 990 or Form 990-EZ	
	(I) (II)	290,500 0	105,392 0		60,000 0	0 0	470,147 0	390,868 0	
	(ı) (ıı)	148,500 0	44,639 0		10,000 0	0 0	220,252 0	226,348 0	

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

]	Ident if ier	Ret urn Ref erence	Explanation
]	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

DLN: 93493350000070

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Inspection

Employer identification number Name of the organization COTTON BOWL ATFLETIC ASSOCIATION 75-0863843 Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) (b) Loan to (e) In Approved (g)Written (a) Name of interested person and or from the (c)Original default? by board or agreement? (d)Balance due organization? purpose principal amount committee? From Yes Yes No Τо Yes No Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person

(b) Relationship between interested person and the

organization

(c) A mount of transaction

(d) Description of transaction

(e) Sharing of organization's revenues?

No

Yes

See Additional Data Table

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

Cat No 50056A

Schedule L (Form 990 or 990-EZ) 2009

Additional Data

Software ID: Software Version:

EIN: 75-0863843

Name: COTTON BOWL ATHLETIC ASSOCIATION

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of Interested person	(b) Relationship between interested person and the	(c) A mount of transaction \$	(d) Description of transaction	organı	aring of zation's nues?
	organization			Yes	No
Nick Briner	board member	200,000	Provide accommodation		No
William A Blase Jr	board member	771,400	AT&T is the game title sponsor		No
Bill Brown	board member	800,000	Fox owns the broadcast right		No
Jamie Butcher	board member	771,400	AT&T is the game title sponsor		No
Jose Gutierrez	board member	771,400	AT&T is the game title sponsor		Νο
Mark Keiffer	board member	771,400	AT&T is the game title sponsor		Νο
Holly Reed	board member	771,400	AT&T is the game title sponsor		No
Bill Spicer	board member	200,000	GAME SPONSOR		No
Larry Young	board member	150,000	GAME SPONSOR		No

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Name of the organization COTTON BOWL ATHLETIC ASSOCIATION

Employer identification number

75-0863843

Pa	rt I Typ	es of Property							
			(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d rever	etermı	nıng	
1	Art—Works	of art							
2	Art—Histori	cal treasures .							
3	Art—Fractio	nal interests							
4	Books and p	oublications							
5	Clothing an goods	d household	Х		5,000	fmv			
6	Cars and ot	hervehicles	Х	60	10,000	fmv			
7	Boats and p	lanes							
8	Intellectual	property							
9	Securities—	Publicly traded .					_		
10	Securities—	Closely held stock .							
11		Partnership, LLC, erests • • • •							
		Miscellaneous							
13	Qualified co contributio structures								
14	Q ualified co contributio	nservation n—Other							
15	Real estate	—Residential .							
16	Real estate	—Commercial							
17	Real estate	—Other							
18	Collectibles								
19	Food invent	ory							
20	Drugs and r	nedical supplies .							
21	Taxıdermy								
22	Historical a	rtıfacts							
23	Scientific s	pecimens							
24	Archeologic	al artıfacts							
		line							
25	Other ► (vo		X	0	15,000	fmv			
36		pier		0	5,000	form.			
26	Other ► (se	rvices) nner for	X	0	3,000	IIIIV			
27	Other • (bo		l x	0	10,000	fmv			
	Other ► (fo		X	0	5,000		-		
29	· —		bv the ora	anization during the tax yea					
				8283, Part IV, Donee Ackr		29			
								Yes	No
30a	During the	year, dıd the organıza	ation receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold f	or at least three year	s from the o	date of the initial contribution	on, and which is not require	d to be used			
	for exempt	purposes for the enti	re holding p	period?			30a		No
Ь	If "Yes," de	escribe the arrangem	ent in Part 1	II					
31	Does the o	rganızatıon have a gıt	t acceptano	ce policy that requires the i	review of any non-standard	contributions?	31		No
32a	Does the o		e third part	ies or related organizations	to solicit, process, or sell r	non-cash	32a		Νο
h	If "Yes " da	escribe in Part II					J-4		
33			revenuesi	n column (c) for a type of n	roperty for which column (a)) is checked.			
	describe in					,			

Page 2

Part II

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

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

OMB No 1545-0047

SCHEDULE 0

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

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

Open to Public Inspection

Name of the organization COTTON BOWL ATHLETIC ASSOCIATION **Employer identification number**

75-0863843

ldentifier	Return Reference	Explanation
FAMILY RELATIONSHIP AND BUSINESS RELATIONSHIP	FORM 990, PART VI, LINE 2	Tommy Bain and Thomas Bain is a father and son relationship, Betty Sanford, John Crawford and Courtney Crawford have family relationship, Gayle Earls and Kelly Earls is a father and son relationship, John Stuart and Melissa Macatee is a father and daughter relationship Dan Petty and Kent Petty is a father and son relationship, John Scovell and King Scovell is a father and son relationship, Sam Stollenwerck and John Stollenwerck is a father and son relationship
FORM 990 REVIEW PROCESS	FORM 990, PART VI, LINE 11a	the tax return is provided to officers audit committee for review. It is then forwarded to the executive committee for review and approval before it is signed by the president for filing
MONITORING AND ENFORCEMENT COMPLIANCE WITH CONFLICT OF INTEREST POLICY	FORM 990, PART VI, LINE 12c	The Organization produces an annual survey requiring all employees, board members, committee members and key volunteers to inform on conflicts. Any reported conflicts are reported to each respective Affiliate board of directors for review and action, where appropriate in addition, those same people have the obligation to update the conflict of interest statements during the year
PROCESS FOR DETERMINING COMPENSATION	FORM 990, PART VI, LINE 15	COMPENSATION IS ANALYZED YEARLY USING THE FOOTBALL BOWL ASSOCIATION ANNUAL SALARY SURVEY COMPILED BY ERNST & YOUNG LLP THE EXECUTIVE COMMITTEE WILL THEN RECOMMEND SALARIES AND ANY INCREASE/BONUS TO THE BOARD OF DIRECTORS ALL COMPENSATION RECOMMENDATIONS ARE APPROVED/DISAPPROVED BY THE BOARD OF DIRECTORS AT THE ASSOCIATION'S APRIL BOARD MEETING
AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC	FORM 990, PART VI, LINE 19	The organization's financial statements and the Form 990 are publicly available at www attcottonbowl com. The articles of incorporation and other governing documents are made available to the public upon request
BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	SCHEDULE L, PART IV	SOME BOARD MEMBERS OF THE ORGANIZATION ARE ALSO EMPLOYEES OF ORGANIZATIONS THAT QUALIFY TO RECEIVE GRANTS THE ORGANIZATION HAS STRICT POLICIES REGARDING THE REVIEW AND GRANT AWARD APPROVAL PROCESS A VOLUNTEER REVIEW PANEL IS FORMED FOR THE PURPOSE OF EVALUATING AND RECOMMENDING WHICH ORGANIZATIONS SHOULD RECEIVE GRANT FUNDS THE MEMBERS OF THIS PANEL MUST CONFIRM THAT THEY HAVE NO CONFLICT OF INTEREST IN THESE DECISIONS THEIR RECOMMENDATIONS ARE SENT TO THE INDIVIDUAL BOARD FOR APPROVAL ANY BOARD MEMBER WHO IS ALSO A MEMBER OF THE ORGANIZATIONS BEING RECOMMENDED TO RECEIVE GRANT FUNDS ABSTAINS FROM ANY DISCUSSION, OR VOTING ON THE APPROVAL OF GRANT AWARDS

Software ID: Software Version:

EIN: 75-0863843

Name: COTTON BOWL ATHLETIC ASSOCIATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours	erage Position (check all burs that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other compensation	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	from the organization and related organizations	
Larry K Anders Director	1 0	X						0	0	0	
Carl Y Baggett Director	1 0	X						0	0	0	
W Mike Baggett Director	1 0	×						0	0	0	
Terry Bailey Director	1 0	×						0	0	0	
R Craig Baker Director	1 0	×						0	0	0	
Brian D Barnard Director	1 0	Х						0	0	0	
Kevın Bartholomew Dırector	1 0	X						0	0	0	
Jon W Bilstrom Director	1 0	X						0	0	0	
William A Blase Jr Director	1 0	Х						0	0	0	
Nick Briner	1 0	X						0	0	0	
Director Bill Brown Director	1 0	X						0	0	0	
Dave Brown Director	1 0	X						0	0	0	
Charles A Burton Director	1 0	X						0	0	0	
Jamie Butcher Director	1 0	X						0	0	0	
Lance R Byrd Director	1 0	X						0	0	0	
J Larry Cantrell Director	1 0	X						0	0	0	
Tom Cravens Director	1 0	X						0	0	0	
John F Crawford Director	1 0	X						0	0	0	
L Keenan Delaney Director	1 0	X						0	0	0	
AR Buddy Dike Director	1 0	X						0	0	0	
William C Duvall Director	1 0	X						0	0	0	
Phil Dyer Director	1 0	X						0	0	0	
Gayle M Earls Director	1 0	Х						0	0	0	
Fred Euler Director	1 0	Х						0	0	0	
Fin Ewing III Director	1 0	X						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours	Posi		C) (che	cka			(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former				
Jerry Farrington Director	1 0	X						0	0	0	
Jeffrey D Fehlis Director	1 0	Х						0	0	0	
R Bruce Gadd Director	1 0	Х						0	0	0	
Paul Golden Director	1 0	Х						0	0	0	
JJ Gomez Director	1 0	Х						0	0	0	
Jose Gutierrez Director	1 0	Х						0	0	0	
Bruce Hardy Director	1 0	Х						0	0	0	
Jon W Heidtke Director	1 0	Х						0	0	0	
Jeffrey M Heller Dırector	1 0	Х						0	0	0	
Thomas O Hicks Director	1 0	Х						0	0	0	
Bill Hill Director	1 0	Х						0	0	0	
Jack Hill Director	1 0	Х						0	0	0	
Krıstı Sherrıll Hoyl Dırector	1 0	Х						0	0	0	
William D Jackman Director	1 0	Х						0	0	0	
JSB Britt Jenkins Director	1 0	Х						0	0	0	
J Stephen Jones Director	1 0	Х						0	0	0	
Mark Keiffer Director	1 0	Х						0	0	0	
Dee J Kelly Jr Director	1 0	Х						0	0	0	
Sue Lavender Director	1 0	Х						0	0	0	
Russell Maryland Director	1 0	Х						0	0	0	
Jay McAuley Director	1 0	Х						0	0	0	
Fred McClure Director	1 0	Х						0	0	0	
Michael Miles Director	1 0	Х						0	0	0	
Baker Montgomery Director	1 0	Х						0	0	0	
Craig H Moore Director	1 0	X						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per		(C) ition (check that apply)		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
	we e k	Individual trustee or director	Officer Institutional Trustee		organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations			
Ronald W Parker Director	1 0	Х			0	0	0			
Bryant H Patton Director	1 0	x			0	0	0			
William G Payne Director	1 0	X			0	0	0			
Dan S Petty Director	1 0	X			0	0	0			
W Dewey Presley Dırector	1 0	X			0	0	0			
Jack B Prince Director	1 0	X			0	0	0			
Jesse Pruitt Director	1 0	X			0	0	0			
John C Reap Director	1 0	X			0	0	0			
Holly Reed Director	1 0	X			0	0	0			
Eddie W Reeves Director	1 0	X			0	0	0			
Rudy Rodriguez Jr Director	1 0	X			0	0	0			
Tod A Ruble Director	1 0	X			0	0	0			
David D Russell MD Director	1 0	X			0	0	0			
Betty Sanford Director	1 0	X			0	0	0			
John Field Scovell Director	1 0	X			0	0	0			
Jım Ray Smith Director	1 0	X			0	0	0			
Robert Smith III Director	1 0	X			0	0	0			
Bill Spicer Director	1 0	X			0	0	0			
John Stankey Dırector	1 0	X			0	0	0			
Sam S Stollenwerck Dırector	1 0	X			0	0	0			
John T Stuart III Dırector	1 0	X			0	0	0			
A Starke Taylor Jr Dırector	1 0	Χ			0	0	0			
Gail Torreano Director	1 0	X			0	0	0			
Jım Trebilcock Director	1 0	Χ			0	0	0			
Bryan Trubey Dırector	1 0	X			0	0	0			

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours		tion (that a	(che		_		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation from the organization and related organizations
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	
Jım L Turner Dırector	1 0	Х						0	0	0
Alvın Wade Dırector	1 0	х						0	0	0
Mıke Waınwrıght Dırector	1 0	Х						0	0	0
Alan B White Director	1 0	X						0	0	0
Dory Wiley Director	1 0	Х						0	0	0
Jeff Williams Director	1 0	Х						0	0	0
Jim Williams Jr Director	1 0	Х						0	0	0
Larry D Young Director	1 0	X						0	0	0
John L Zogg Jr Director	1 0	Х						0	0	0
Thomas C Bain Jr Chairman	1 0	X		Х				0	0	0
David A Cole Vice Chairman	1 0	X		X				0	0	0
Brad Mayne Vice Chairman	1 0	X		Х				0	0	0
Daniel P Novakov Vice Chairman	1 0	Χ		Х				0	0	0
Kathy Saunders Immediate Past Chairman	1 0	Χ		Х				0	0	0
Brad Sham Vice Chairman	1 0	Х		Χ				0	0	0
Rick Baker President	40 0	Х		X	X			410,147	0	60,000
Marty MacInnis Exec VP/CFO	40 0			X	X			210,252	0	10,000
Michael Konardi VP of External Affairs	40 0			Х				126,713	0	0
Charlie Fiss vice president - communication	40 0			Χ				114,236	0	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
GAME RELATED OPERATIONS	1,370,819	1,370,819		
GAME RELATED ENTERTAINMENT	480,230	480,230		
BOWL ALLIANCE	249,533	249,533		
PRINTING AND PUBLICATIONS	142,564	135,436	7,128	0
POSTAGE & SHIPPING	82,860	78,717	4,143	