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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)

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

OMB No 1545-0047

2009

Open to Public Inspection

		pplicable Please	C Name of organization BIG TWELVE CONFERENCE I	7-01-2009 and ending 06-30-20 3			entification number		
Address change Solution Label or print or						75-260455 E Telephone nu			
		type. Se	ee			(469) 524-1000			
│ Initi		Instruc		box if mail is not delivered to street addr FREEWAY	ess) Room/suite	G Gross receipts			
, reπ ΓAm∈			City or town, state or counti	v and 7ID ± 4					
		n pending	IRVING, TX 75062	y, and zir + 4					
,			 lame and address of principa	ıl officer	H(a) Is th	l nis a group return	, for		
		DAN	BEEBE			ates?	⊤Yes ▽ No		
			EAST JOHN CARPENTER F ING,TX 75062	REEWAT	H(h) Are a	II affiliates includ	ed?		
							(see instructions)		
			1(c) (3) 4 (insert no) 494	7(a)(1) or	H(c) Gro	up exemption nu	mber 🕨		
		₩WW BIG1			1				
	of org		oration Trust Association	Other ►	L Year of fe	ormation 1996 M	State of legal domicile DE		
			the organization's mission o	r most significant activities					
Governance		CONFERENCE MEMBER INST	MEMBERSHIP ORGANIZE,	P, SPORTMANSHIP AND EQUIT PROMOTE AND ADMINISTER I ENUES AND PROVIDE SUPPOR NCE	NTERCOLLEC	GIATE ATHLETI	CS AMONG ITS		
Yell									
	2	Check this box	► If the organization disco	ntinued its operations or disposed	d of more than	25% of its net a	assets		
Activities &			,	body (Part VI, line 1a)			12		
ij	4	Number of indep	pendent voting members of t	ne governing body (Part VI, line 1	b)	. 4	0		
its	5	Total number of	employees (Part V , line 2a)			5	33		
•			volunteers (estimate if nece	• •		6			
		-		n Part VIII, column (C), line 12			a 0		
	b	Net unrelated b	usiness taxable income from	Form 990-T, line 34	Dei	or Year	Current Year		
	8	Contributions	and grants (Part VIII, line 1	h)		248,968	233,774		
를	9		ce revenue (Part VIII, line 2		142,350,940	147,608,714			
Ravenue	10	Investment in	come (Part VIII, column (A)		249,228	5,554			
#	11	Other revenue	(Part VIII, column (A), line	s 5, 6d, 8c, 9c, 10c, and 11e)		1,168,959	1,054,282		
	12		•	st equal Part VIII, column (A), lır		144,018,095	148,902,324		
	13			column (A), lines 1-3)		121,192,164	121,636,875		
	14	Benefits paid t	o or for members (Part IX, c	olumn (A), line 4)			0		
g,	15	Salaries, other	compensation, employee be	nefits (Part IX, column (A), lines	5 –	3,642,825	3,844,424		
Expenses	16a	•	ındraısına fees (Part IX. colu	mn (A), line 11e)		3,042,023	0		
₩ ₩	b		expenses (Part IX, column (D), line						
ш	17	-	, , , , , , , , , , , , , , , , , , , ,	11a-11d, 11f-24f)		22,833,422	22,532,458		
	18	Total expense	s Add lines 13–17 (must ed	ual Part IX, column (A), line 25)		147,668,411	148,013,757		
	19	Revenue less	expenses Subtract line 18 f	rom line 12		-3,650,316	888,567		
20 S					_	g of Current Year	End of Year		
Not Assets or Fund Balances	20	Total assets (Part X, line 16)			8,350,094	10,087,069		
A Page	21		s (Part X, line 26)			1,060,202	1,908,607		
žZ	22	Net assets or	fund balances Subtract line	21 from line 20		7,289,892	8,178,462		
Par	t II	Signature							
				mined this return, including accompanyin on of preparer (other than officer) is bas					
Sign Here		***** Signature of officer Date							
		DAN BEEBE CO							
		Type or print r							
Paid		Preparer's signature RU	STY CREECH	Date 2012-01-24	Check if self-empolyed	Preparer's identif			
Paid		Firm's name (or yours L CATON CONSULTING GROUP PC					EIN ▶		
Prepa			ours CATON CONSULTING GRO	JP PC		EIN Þ			
		Firm's name (or your fiself-employed), address, and ZIP	•	JP PC		EIN P			

Form **990** (2009)

Part III Statement of Program Service Accomplishments

- Briefly describe the organization's mission
- ADVANCE STANDARDS OF SCHOLARSHIP, SPORTMANSHIP AND EQUITY CONSISTENT WITH THE HIGHEST IDEALS OF CONFERENCE MEMBERSHIP ORGANIZE, PROMOTE AND ADMINISTER INTERCOLLEGIATE ATHLETICS AMONG ITS MEMBER INSTITUTIONS OPTIMIZE REVENUES AND PROVIDE SUPPORTING SERVICE SOMPATIBLE WITH BOTH ACADEMIC AND COMPETITIVE EXCELLENCE

10	Total program conv	ice evnenses -	1/13 216 711		
	(Expenses \$	5,641,653 in	luding grants of \$) (Revenue \$)
4d	Other program serv	vices (Describe in Scl	nedule O) See also Additio	nal Data for Description	
	MEMBER LIGHTING PAY	MENTS MADE TO EACH SCI	HOOL TO ASSIST WITH THE LIGHT	TING EXPENSES OF REGULAR SEASON FOOTBA	LL GAMES
4c	(Code) (Expenses \$	1,200,000 including gra)
	HEHDER PARTICIPATIO	NO SOBSIDIES PAID TO THE	SCHOOLS FOR THEIR PARTICIPA	TION IN DIG 12 COM ERENCE CHAPIFIONSHIP	3 AND BOWL GAPIES
4b	•) (Expenses \$		ants of \$	S AND BOWL GAMES
4 h	(Code	\ /Evpansas d	14,738,183 including gra	ants of \$) (Revenue \$	
	DISTRIBUTIONS MADE	TO EACH OF THE BIG 12 CO	NFERENCE'S MEMBER INSTITUT	TIONS	
4a	(Code) (Expenses \$	121,636,875 including gra	ants of \$ 121,636,875) (Revenue \$)
4	Section 501(c)(3) a	nd 501(c)(4) organiza	tions and section 4947(a)	ion's three largest program services t (1) trusts are required to report the ar h program service reported	
4	,	ese changes on Scheo			
3	services?			n how it conducts, any program	┌ Yes ┌ No
	If "Yes," describe th	ese new services on S	chedule O		
2			ant program services durii	ng the year which were not listed on	┌ Yes ┌ No

Part IV	Check	dist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		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? If "Yes," complete Schedule D, Part V	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	Yes	
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		No
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	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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		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	Yes	
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		No
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? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

			Yes	No
la	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
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?	1 c		Νo
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 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	
a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		110
la	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο
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			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
1	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		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	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		
	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		
)	Section 501(c)(7) organizations. Enter			
	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			
L	Section 501(c)(12) organizations. Enter			
	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)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

400 EAST JOHN CARPENTER FREEWAY

IRVING,TX 75062 (469) 524-1018

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	ction A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body 1a 12			
ь	Enter the number of voting members that are independent 1b 0			
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		Νο
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		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
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	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
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	Yes	
	ction B. Policies (This Section B requests information about policies not required by the Internal venue Code.)			
Ne	venue coue.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		N o
	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			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	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?		103	
2	The organization's CEO, Executive Director, or top management official	15a	Yes	
	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)	135	100	
	,			
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		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ction 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			
19	Own website Another's website Upon request 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 BIG 12 CONFERENCE INC	ie orga	ınızatıor	i ⊩

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 -22			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete <i>Schedule J for such individual</i>	3		Νo
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	

Section B. Independent Contractors

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

rendered to the organization? If "Yes," complete Schedule J for such person

Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services

(A)	(B)	(C)
Name and business address	Description of services	Compensation
POLSINELLI SHALTON FLANIGAN 700 W 47TH SUITE 1000 KANSAS CITY, MO 64112	LEGAL SERVICES	328,788
RISING CREEK PICTURES 1850 HIGHLAND CREEK LANE DALLAS, TX 75252	MKTG PRODUCTION	152,830
DONNIE DUNCAN 9028 GUNNISON DALLAS, TX 75231	FOOTBALL CHAMP	141,000
2 Total number of independent contractors (including but not limited to those listed above)	who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►3

Νo

5

Form 99	•	,				Page 9
Part V	/IIII	Statement 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 campaigns 1a				
필드	ь	Membership dues 1b				
S, g	c	Fundraising events 1c				
<u>#</u>	d	Related organizations 1d				
E, S	e	Government grants (contributions) 1e	_			
tio sr s	f	All other contributions, gifts, grants, and similar amounts not included above	4			
ē€.	g	Noncash contributions included in				
Contributions, gifts, grants and other similar amounts	_	lines 1a-1f \$	▶ 233.774			
ें ल	h	Total. Add filles 14-11				
e		Business Code	_			
Program Serwce Revenue	2a	TELEVISION CONTRACTS	72,504,000	72,504,000		
2 <u>2</u>	Ь	BOWL GAMES	31,716,872	31,716,872		
Š	d	NCAA REVENUE TICKET SALES	31,536,030	31,536,030		
Š	e	TICKET SALES	11,851,812	11,851,812		
Ē	F	All other program service revenue				
္နို	•					
	g	Total. Add lines 2a-2f	147,608,714			
	3	Investment income (including dividends, interest and other similar amounts)	5,554			5,554
	4	Income from investment of tax-exempt bond proceeds	5,551			1 3,55
	5	Royalties	182,336			182,336
		(ı) Real (ıı) Personal				
	6a	Gross Rents				
	Ь	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
		(i) Securities (ii) Other				
	7a	Gross amount from sales of				
		assets other than inventory				
	Ь	Less cost or other basis and				
	c	sales expenses Gain or (loss)				
	d	Net gain or (loss)				
	8a	Gross income from fundraising				
пе		events (not including				
Other Revenue		\$ of contributions reported on line 1c)				
Д.		See Part IV, line 18				
Ā	Ь	Less direct expenses b				
₹	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities				
		See Part IV, line 19				
	Ь	Less direct expenses b				
	c	Net income or (loss) from gaming activities				
	10a	returns and allowances .				
	ь	Less cost of goods sold b	⊣			
	c	Net income or (loss) from sales of inventory	⊣			
		Miscellaneous Revenue Business Code				
	11a	OTHER REVENUE	860,396			860,396
	ь	RADIO	11,550			11,550
	C					
	d	All other revenue				
	е	Total. Add lines 11a−11d	871,946			
	12	Total revenue. See Instructions	148,902,324	147,608,714		1,059,836

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	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, p, 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	121,636,875	121,636,875		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,218,000		1,218,000	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,574,502		1,574,502	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	389,327		389,327	
9	Other employee benefits	496,123		496,123	
10	Payroll taxes	166,472		166,472	
11	Fees for services (non-employees)				
а	Management				
b	Legal	353,301	267,688	85,613	
c	Accounting	26,805		26,805	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	719,374	618,856	100,518	
12	Advertising and promotion	519,098	519,098		
13	Office expenses	454,891	260,688	194,203	
14	Information technology	128,348	73,517	54,831	
15	Royalties				
16	Occupancy	172,342	480	171,862	
17	Travel	336,673	336,673		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	193,167		193,167	
23	Insurance	180,702	85,169	95,533	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	MEMBER PARTICIPATION SUBS	14,738,183	14,738,183		
ь	MISCELLANEOUS	3,509,574	3,479,484	30,090	
С	MEMBER LIGHTING	1,200,000	1,200,000		
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	148,013,757	143,216,711	4,797,046	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				
			_		_

Part X Balance Sheet (A) (B) Beginning of year End of year 4.649.691 2.397.320 1 1 Cash—non-interest-bearing 2 2 3 3 4 1.041.969 1.556.550 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net Inventories for sale or use 8 17.816 9 24,701 Land, buildings, and equipment cost or other basis Complete 4.317.759 10a 10a Part VI of Schedule D 3.732,325 **10c** 10b 732.567 3.580.192 b Less accumulated depreciation 11 11 1,145,664 12 260,935 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15.000 15 15.000 15 16 16 8,350,094 10,087,069 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 826.428 17 1.664.607 17 Accounts payable and accrued expenses . 18 18 233,774 19 244,000 19 Tax-exempt bond liabilities 20 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 25 Other liabilities Complete Part X of Schedule D 26 **Total liabilities.** Add lines 17 through 25 1,060,202 26 1,908,607 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 7.289.892 8,178,462 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 7,289,892 33 Total net assets or fund balances 33 8,178,462 34 Total liabilities and net assets/fund balances 8.350.094 10.087.069 34

Part XI Financial Statements and Reporting

			Yes	No
L	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
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			
3a	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)

Employer identification number

SCHEDULE A Public

(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.

OMB No 1545-0047

2009

Open to Public Inspection

BIG T	WELVE	CONFERENCE INC						
		75-2604555						
	rt I	Reason for Public Charity Status (All organizations must complete this part.) See instr	uctions					
	organı —	zation is not a private foundation because it is (For lines 1 through 11, check only one box)						
1	<u> </u>	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).						
2	<u> </u>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)						
3	<u>_</u>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4	Г	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(hospital's name, city, and state	۱)(iii). Ente	r the				
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental usection 170(b)(1)(A)(iv). (Complete Part II)	nıt describe	_ ed in				
6	Γ	A federal, state, or local government or governmental unit described in section $170(b)(1)(A)(v)$.						
7	Γ	An organization that normally receives a substantial part of its support from a governmental unit or from described in section 170(b)(1)(A)(vi) (Complete Part II)	the general	public	:			
8	Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)						
9	Ē	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)						
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)						
10	Г	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).						
11	ন	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to calcone or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See supported by the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d		a)(3).	Checl			
e		By checking this box, I certify that the organization is not controlled directly or indirectly by one or more other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2)						
f		If the organization received a written determination from the IRS that it is a Type I, Type II or Type III s check this box	upporting o	rganız	ation,			
g		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)		Yes	No			
		and (III) below, the governing body of the the supported organization?	11g(i)		Νo			
		(ii) a family member of a person described in (i) above?	11g(ii)		Νo			
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		Νo			
h		Provide the following information about the supported organization(s)						

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	Is th organizat col (i) lis your gove	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		e lon in anized S ?	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
BAYLOR UNIVERSITY	741159753	2	Yes			No	Yes		10,228,970
Total									121,636,875

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.	֥ <i>)</i>		
	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 averagest	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				1	T	ı
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						
3	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				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning 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						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

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

Additional Data

Software ID:

Software Version:

EIN: 75-2604555

Name: BIG TWELVE CONFERENCE INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 5,641,653 including grants of \$) (Revenue \$)

OTHER PROGRAM RELATED SERVICE EXPENSES SUCH AS NON-EMPLOYEE PROFESSIONAL FEES, ADVERTISING, TRAVEL, ETC

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		tion (hat a	che)			(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)	rom the organization and related organizations
WILLIAM POWERS PRESIDENT	1 00	Х						0	603,668	118,657
ELSA MURANO PRESIDENT	1 00	Х						0	543,421	0
DAVID BOREN PRESIDENT	1 00	Х						0	480,585	0
GREGORY GEOFFROY PRESIDENT	1 00	Х						0	444,599	89,085
GUY BAILEY PRESIDENT	1 00	X						0	410,900	50,004
BURNS HARGIS PRESIDENT	1 00	X						0	386,019	0
PHIL DESTEFANO CHANCELLOR	1 00	X						0	384,000	0
HARVEY PERLMAN CHANCELLOR	1 00	Х						0	364,249	35,170
ROBERT HEMENWAY CHANCELLOR	1 00	X						0	344,509	34,075
BRADY DEATON CHANCELLOR	1 00	Х						0	326,326	134,769
DAVID GARLAND INTERM PRESI	1 00	Х						0	271,707	74,950
KIRK SCHULZ PRESIDENT	1 00	Х						0	175,653	0
R BOWEN LOFTIN PRESIDENT	1 00	Х						0	164,221	0
BERNADETTE GRAY-LITTLE CHANCELLOR	1 00	Х						0	142,693	13,036
DAN BEEBE COMMISSIONER	40 00			х				777,758	0	219,684
TIM WEISER DEPUTY COMMI	40 00				x			187,470	0	44,509
TIM ALLEN SR ASSOC COM	40 00				x			155,170	0	38,330
DRU HANCOCK SR ASSOC COM	40 00				х			155,170	0	26,914
STEVE PACE CHIEF FINANC	40 00					Х		143,670	0	32,986
JOHN UNDERWOOD ASSOC COMMIS	40 00					Х		138,670	0	37,800
BOB BURDA ASSOC COMMIS	40 00					Х		117,670	0	29,570
LORI EBIHARA ASSOC COMMIS	40 00					х		109,670	0	21,030

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DLN: 93493061012692

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

ernal	Revenue Service	► Attach to Fe	orm 990. 🕨 See separate instructions.			Inspec	tion
	ne of the organi TWELVE CONFEREN			Emp	loyer identifica	tion numbe	er
טוג	I WELVE CONFEREN	ICL TING		75-	2604555		
Pa	rt I Organ	izations Maintaining Donor A	dvised Funds or Other Similar F			. Comple	te if the
	organiz	zation answered "Yes" to Form 99	l				
			(a) Donor advised funds	'	(b) Funds and o	ther accou	nts
	Total number a	·					
		tributions to (during year)					
		its from (during year)					
		e at end of year					
			sors in writing that the assets held in do organization's exclusive legal control?	nor adv	ısed	☐ Yes	✓ No
	used only for c		donor advisors in writing that grant fund efit of the donor or donor advisor, or for a			☐ Yes	√ No
a r	t III Conse	rvation Easements. Complete	ıf the organızatıon answered "Yes"	to Forr	n 990, Part I\	/, line 7.	
	_ ` ` ` `	conservation easements held by the o					
	_	on of land for public use (e g , recreati	<u> </u>			•	а
	_	of natural habitat	Preservation of a	certifie	d historic struc	ture	
	Preservati	on of open space					
	•	2a-2d If the organization held a qual he last day of the tax year	fied conservation contribution in the form	n of a c	onservation		
					Held at the	End of the	Year
	Total number o	f conservation easements		2a			
	Total acreage	restricted by conservation easements		2b			
	Number of con	servation easements on a certified his	toric structure included in (a)	2c			
	Number of con	servation easements included in (c) a	cquired after 8/17/06	2d			
		servation easements modified, transfe ar ►	rred, released, extinguished, or terminat	ed by th	ne organization	during	
	Number of stat	es where property subject to conserva	ation easement is located 🗠				
	_	nization have a written policy regarding f the conservation easements it holds	g the periodic monitoring, inspection, har	ndling of	f violations, and	☐ Yes	√ No
	Staff and volun	teer hours devoted to monitoring, insp	pecting and enforcing conservation easer	ments d	uring the year 🏿	•	
	A mount of exp	enses incurred in monitoring, inspecti	ng, and enforcing conservation easement	ts durın	g the year ► \$ _		
		servation easement reported on line 2) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of se	ction		☐ Yes	√ No
	balance sheet,	<u>-</u>	onservation easements in its revenue an the footnote to the organization's financia nents	•	•		
Π			ns of Art, Historical Treasures, 'Yes" to Form 990, Part IV, line 8.	or Ot	her Similar	Assets.	
)	art, historical t	reasures, or other similar assets held	116, not to report in its revenue statem for public exhibition, education or resear ancial statements that describes these	rch ın fu			е,
•	historical treas	, ,	116, to report in its revenue statement public exhibition, education, or research			•	
	(i) Revenues I	ncluded in Form 990, Part VIII, line 1			► \$		
	(ii) Assets inc	luded in Form 990, Part X					
	If the organizat	·	orical treasures, or other similar assets t S 116 relating to these items	for finan			
		uded in Form 990, Part VIII, line 1	-		► \$		
	wevenues might	aueu III I OIIII 330, Fait VIII, IIIIe I			- →		

b Assets included in Form 990, Part X

ar	Til Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tre</u>	easur	es, or C	<u>)the</u>	<u>r Similai</u>	r Asse	ets (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ie foll	owing th	nat are	a significa	ant u	se of its co	llectio	n	
а	Public exhibition		d	Γ	Loan o	rexch	ange progi	rams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
1	Provide a description of the organization's co	ollections and expla	ıın hov	v the	y further	the or	ganızatıor	ı's ex	empt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					nılar	Г	Yes	▽ No
Pai	t IV Escrow and Custodial Arrang						answere	d "Y	es" to For	m 990	Ο,	
	Part IV, line 9, or reported an an											
la	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	ediary	for c	ontribut	ions or	other ass	etsı	not	Γ	Yes	▽ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng ta	able		_					
							-			A mou	ınt	
C	Beginning balance						-	1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
a	Did the organization include an amount on Fo	orm 990, Part X, lın	e 21?							Γ	Yes	▼ No
b	If "Yes," explain the arrangement in Part XIV	1										
'a	rt V Endowment Funds. Complete		n ans	were								
		(a)Current Year	(b)	Prior \	rear	(c)Two	Years Back	(d)	Three Years I	Back (e	Four Y	ears Back
3	Beginning of year balance											
b	Contributions											
C	Investment earnings or losses											
d	Grants or scholarships							-				
е	Other expenditures for facilities and programs											
f	Administrative expenses							+				
g	End of year balance											
	Provide the estimated percentage of the yea	r end halance held :										
а	Board designated or quasi-endowment											
_	·											
b	Permanent endowment 🕨											
c la	Term endowment F Are there endowment funds not in the posses	acion of the organia	ation 1	-ba+ -	ra bald	d d	ministara	d 6 0 -	+ h a			
a	organization by	ssion of the organiz	ation	liial c	ire neiu	allu au	iiiiiistere	u ioi	tile		Yes	No
	(i) unrelated organizations									3a(i)		No
	(ii) related organizations									3a(ii)		Νo
b	If "Yes" to 3a(II), are the related organizatio									3b		Νο
	Describe in Part XIV the intended uses of th											
aī	t VI Investments—Land, Buildings	s, and Equipme	nt. S	<u>ee F</u>	orm 99	0, Pai	rt X, line	10.	1	Т		
	Description of investment				Cost or ((b) Cost or o		(c) Accumi deprecia		(d) Bo	ok value
a	Land						888	3,030				888,030
b	Buildings						2,627	7,552	3	349,265		2,278,287
c	Leasehold improvements											
d	Equipment						802	2,177	3	883,302		418,875
e	Other											

3,585,192

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	*	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	15.) X, line 25. (b) A mount	

Schedule D (Form 990) 2009

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	148,902,324
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	148,013,757
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	888,567
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	193,167
9	Total adjustments (net) Add lines 4 - 8	9	193,167
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,081,734
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Reti	
1	Total revenue, gains, and other support per audited financial statements	1	148,971,114
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 68,790		
е	Add lines 2a through 2d	2e	68,790
3	Subtract line 2e from line 1	3	148,902,324
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
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	148,902,324
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial statements	1	147,889,380
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	_	
- а	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d 68,790		
e	Add lines 2a through 2d	2e	68,790
3	Subtract line 2e from line 1	3	147,820,590
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b 193,167		
c	Add lines 4a and 4b	4c	193,167
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	148,013,757
Dai	T XIV Supplemental Information		

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

Ident if ier	Return Reference	Explanation
	LINE 8	RECLASS TO REFLECT REIMBURSEMENT OF PROGRAM EXP INCURRED 68,790 RECLASS TO REFLECT REIMBURSEMENT OF PROGRAM EXP INCURRED -68,790 BOOK / TAX DEPRECIATION DIFFERENCE 193,167
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	,	RECLASS TO REFLECT REIMBURSEMENT OF PROGRAM EXP INCURRED 68,790
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	· · · · · · · · · · · · · · · · · · ·	RECLASS TO REFLECT REIMBURSEMENT OF PROGRAM EXP INCURRED 68,790
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 4B	BOOK / TAX DEPRECIATION DIFFERENCE 193,167

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Schedule I (Form 990)

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

OMB No 1545-0047

DLN: 93493061012692

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BIG TWELVE CONFERENCE INC

(a) Name and address of

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

Employer identification number

75-2604555

(g) Description of

(f) Method of

(b) EIN

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

(d) A mount of cash

(h) Purpose of grant

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

(c) IRC Code section

(e) A mount of non-

ıfapplıcable valuation non-cash assistance or assistance organization arant cash (book, FMV, appraisal, or government assistance other) BAYLOR UNIVERSITYONE 741159753 10,228,970 ANNUAL **BEAR PLACE** DISTRIBUTION WACO, TX 76711 UNIVERSITY OF 846000555 8,325,680 ANNUAL COLORADO914 BROADWAY DISTRIBUTION BOULDER, CO 80309 IOWA STATE UNIVERSITY 626004224 8,896,242 ANNUAL BEARDSHEAR HALL 1750 DISTRIBUTION AMES, IA 50011 UNIVERSITY OF KANSAS 486033929 12,116,857 ANNUAL STRONG HALL 230 DISTRIBUTION LAWRENCE, KS 66045 ANNUAL KANSAS STATE 486098838 9,428,315 DISTRIBUTION UNIVERSITYANDERSON **HALL 110** MANHATTAN, KS 66506 UNIVERSITY OF MISSOURI ANNUAL 486003859 10,395,893 DISTRIBUTION JESSE HALL 105 COLUMBIA, MO 65205 UNIVERSITY OF NEBRASKA 470049123 9,334,548 ANNUAL ADMINISTRATION DISTRIBUTION **BUILDING 201** LINCOLN, NE 68588 UNIVERSITY OF 736017987 11,214,630 ANNUAL OKLAHOMA660 DISTRIBUTION PARRINGTON OVAL 110 NORMAN, OK 73019 OKLAHOMA STATE 736017987 10,692,725 ANNUAL UNIVERSITYWHITEHURST DISTRIBUTION **HAII 107** STILLWATER, OK 74078 UNIVERSITY OF TEXAS 746000203 12,048,365 ANNUAL **MAIN 400** DISTRIBUTION AUSTIN, TX 78713 TEXAS A&M UNIVERSITY 746000531 9,265,582 ANNUAL RUDDER TOWER MS 1246-DISTRIBUTION TAMU COLLEGE STATION, TX 77843 TEXAS TECH UNIVERSITY 756002622 9,689,068 ANNUAL 150 ADMIN BLDG 42005 DISTRIBUTION LUBBOCK,TX 79409 Enter total number of section 501(c)(3) and government organizations

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

(a)Type of grant or assistance	(b) Number of recipients	(c)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
				<u> </u>	·

Part IV	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 Referen	nce Exp	planation							

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**Compensation Information**

DLN: 93493061012692

OMB No 1545-0047

Open to Public

Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990. ► See separate instructions.

Name of the organization BIG TWELVE CONFERENCE INC **Employer identification number**

75-2604555

Pa	rt I Questions Regarding Compensation			
			Yes	Νo
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	▼ Travel for companions			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☐ Compensation committee ☐ Written employment contract			
	✓ Independent compensation consultant ✓ Compensation survey or study			
	Form 990 of other organizations A pproval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990 , Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	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 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regs-section 53 4958-4(a)(3)? If "Yes," describe in Part III	_		١.,
_		8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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-MISC compensation (I) Base compensation (I) Davis compensation (II) Davis compensation (III) Other comp										
(i) Base incentive reportable compensation reportable compensation Form 990 or Form 990-EZ	(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and		(E) Total of columns		
See Additional Data Table			(i) Base compensation	ıncentive	(iii) Other reportable compensation		benefits	(B)(ı)-(D)	Form 990 or	
	See Additional Data Table									

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

Software ID: Software Version:

EIN: 75-2604555

Name: BIG TWELVE CONFERENCE INC

Form 990, Schedule J, Par	t I	I - Officers, Direc	tors, Trustees, Ke	y Employees, and	Highest Compens	sated Employees		
(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
WILLIAM POWERS	(ı) (ıı)	603,668			101,389	17,268	722,325	
ELSA MURANO	(ı) (ıı)	247,917		295,504			543,421	
DAVID BOREN	(ı) (ıı)	380,585	100,000				480,585	
GREGORY GEOFFROY	(ı) (ıı)	415,299		29,300	75,000	14,085		
GUY BAILEY	(ı) (ıı)	350,000		60,900	50,004	·	460,904	
BURNS HARGIS	(ı) (ıı)	347,350		38,669			386,019	
PHIL DESTEFANO	(ı) (ıı)	340,000		44,000			384,000	
HARVEY PERLMAN	(ı) (ıı)	305,825		58,424	35,170		399,419	
ROBERT HEMENWAY	(ı) (ıı)	311,425		33,084	28,930	5,145	378,584	
BRADY DEATON	(ı) (ıı)	324,383		1,943	98,303	36,466	461,095	
DAVID GARLAND	(ı) (ıı)	268,104		3,603	38,037	36,913	346,657	
KIRK SCHULZ	(ı) (ıı)	172,113		3,540			175,653	
R BOWEN LOFTIN	(ı) (ıı)	162,547		1,674			164,221	
BERNADETTE GRAY- LITTLE	(ı) (ıı)	87,244		55,449	11,810	1,226	155,729	
DAN BEEBE	(ı) (ıı)	750,000		27,758	194,850	24,834	997,442	
TIM WEISER	(i) (ii)	175,000		12,470	22,750	21,759	231,979	
TIM ALLEN	(ı) (ıı)	146,500		8,670	16,115	22,215	193,500	
DRU HANCOCK	(ı) (ıı)	146,500		8,670	19,045	7,869	182,084	
STEVE PACE	(ı) (ıı)	135,000		8,670	17,550	15,436	176,656	
JOHN UNDERWOOD	(ı) (ıı)	130,000		8,670	15,600	22,200	176,470	

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DLN: 93493061012692

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

Open to Public

Inspection Employer identification number

Name of the organization BIG TWELVE CONFERENCE INC						1	mployer id	dentificati	on numbei	г
Part I Excess Benefit Trai	ısacti	ons (s	ection 501(c)(3) and section 501	(c)		'5-26045 izations (
Complete if the organizat	ion ans	wered "	Yes" on Form 990), Part IV, line 25a	or 25	b, or Form	990-EZ,	Part V , line	e 40b	
1 (a) Name of disqu	ualıfıed	person		(h) Des	crinti	on of trans	action		(c) Co	rrected?
.,		<u> </u>		(5) 500		- CIT OF EFAILS			Yes	No
									_	
2 Enter the amount of tax impos	ed on th	ne orgar	nization managers	or disqualified pers	ons	during the	year unde	r	•	
section 4958							F	· \$		
3 Enter the amount of tax, If any	, on line	2, abo	ve, reimbursed by	the organization .	•		•	* \$		
Part II Loans to and/or I	rom	Intere	sted Persons	•						
Complete if the organiz	zation a I	nswered	d "Yes" on Form 9 I	90, Part IV, line 26	or I	Form 990-		, line 38a		
	1	oan to			١,	e) In	(f) Approv	Approved		en.
(a) Name of interested person and purpose	1	m the zation?	(c)O riginal principal amour	(d) Balance due	d€	fault?	by boar			t?
, ,	To	From			Ye	s No	Yes	No	Yes	No
Гotal			> s	\$		<u> </u>		1		
Part IIII Grants or Assistan					/ 1	. 27	-		_	
Complete if the orga				<u>FORM 990, Part IV</u> tween interested pe						
(a) Name of interested pers	on			organization		(c)A	mount of g	rant or typ	e of assist	tance
Part IV Business Transact Complete if the orga					/ lır	ne 28a - 28	8h or 28	r		
complete if the orga	mzade		Relationship		,	ic 200, 20	55, 01 20	<u>. </u>	(e) Sh	arıng of
(a) Name of interested person	า	betw	een interested	(c) A mount of		(d) Desc	ription of	transactioi	organı	zatıon's
(=, ::=:::= : : :::::= paiso		1	rson and the organization	transaction		(=, = 00)	F 3 3 1		reve Yes	No No
PAYOGFE		 	WNS PAYOGF	37,8	305	PROCESS	ING PAYN	MENTS	163	No
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DLN: 93493061012692

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service **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.

Name of the organization
BIG TWELVE CONFERENCE INC

Employer identification number

75-2604555

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	ADVANCE STANDARDS OF SCHOLARSHIP, SPORTMANSHIP AND EQUITY CONSISTENT WITH THE HIGHEST IDEALS OF CONFERENCE MEMBERSHIP ORGANIZE, PROMOTE AND ADMINISTER INTERCOLLEGIATE ATHLETICS AMONG ITS MEMBER INSTITUTIONS OPTIMIZE REVENUES AND PROVIDE SUPPORTING SERVICE SOMPATIBLE WITH BOTH ACADEMIC AND COMPETITIVE EXCELLENCE

ldentifier	Return Reference	Explanation
ALL OTHER ACHIEVEMENTS DESCRIPTION	, , ,	OTHER PROGRAM RELATED SERVICE EXPENSES SUCH AS NON-EMPLOYEE PROFESSIONAL FEES, ADVERTISING, TRAVEL, ETC

ldentifier	Return Reference	Explanation		
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	EACH UNIVERSITY IS A MEMBER ORGANIZATION OF THE CONFERENCE		

Identifier Return Reference		Explanation						
ELECTION OF MEMBERS AND	FORM 990, PAGE 6, PART	EACH UNIVERSITY AS A MEMBER OF THE CONFERENCE ELECTS A MEMBER						
THEIR RIGHTS	VI, LINE 7A	OF THE BOARD OF DIRECTORS						

ldentifier	Return Reference	Explanation
OFFICERS WHO CANNOT BE REACHED	FORM 990, PAGE 6, PART VI, LINE 9	DAVID GARLAND, BAYLOR UNIVERSITY ONE BEAR PLACE WACO, TX 76711 GREGORY GEOFFROY, IOWA STATE UNIV BEARDSHEAR HALL 1750 AMES, IA 50011 KIRK SCHULZ, KANSAS STATE UNIVERSITY ANDERSON HALL 110 MANHATTAN, KS 66506 BURNS HARGIS, OKLAHOMA STATE UNIV WHITEHURST HALL 107 STILLWATER, OK 74078 R BOWEN LOFTIN, TEXAS A&M UNIV RUDER TOWER COLLEGE STATION, TX 77843 ELSA MURANO, TEXAS A&M UNIV RUDER TOWER COLLEGE STATION, TX 77843 GUY BAILEY, TEXAS TECH UNIVERSITY 150 ADMIN BUILDING LUBBOCK, TX 79409 PHIL DESTEFANO, UNIV OF COLORADO 914 BROADWAY BOULDER, CO 80309 BERNADETTE GRAY-LITTLE, U OF KANSAS STRONG HALL 230 LAWRENCE, KS 66045 ROBERT HEMENWAY, UNIV OF KANSAS STRONG HALL 230 LAWRENCE, KS 66045 ROBERT HEMENWAY, UNIV OF KANSAS STRONG HALL 230 LAWRENCE, KS 66045 BRADY DEATON, UNIVERSITY OF MISSOURI JESSE HALL 105 COLUMBIA, MO 65205 HARVEY PERLMAN, UNIV OF NEBRASKA ADMINISTRATION BUILDING 201 LINCOLN, NE 68588 DAVID BOREN, UNIVERSITY OF OKLAHOMA 660 PARRINGTON OVAL 110 NORMAN, OK 73019 WILLIAM POWERS, UNIVERSITY OF TEXAS MAIN 400 AUSTIN, TX 78713

Identifier	Return Reference	Explanation					
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11	THE CONFERENCE'S FORM 990 IS PREPARED BY MANAGEMENT, REVIEWED BY AND INDEPENDENT CPA FIRM AND PROVIDED TO THE BOARD OF DIRECTORS TO REVIEW AND APPROVE PRIOR TO FILING					

ldentifier	Return Reference	Explanation					
	FORM 990, PAGE 6, PART VI, LINE 12C	PROVISION OF THE CONFERENCES'S CONFLICT OF INTEREST POLICY ARE DETAILED IN THE CONFERENCE HANDBOOK ANNUALLY, EMPLOYEES ARE REQUIRED TO SIGN CONFLICT OF INTEREST STATEMENTS					

ldentifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE BOARD OF DIRECTORS IN A CCORDANCE WITH AN EXECUTIVE COMPENSATION POLICY IS RESPONSIBLE FOR PREPARING AND APPROVING THE TOTAL COMPENSATION OF THE CORPORATION'S SENIOR EXECUTIVES TO ENSURE THAT COMPENSATION PAID TO SUCH EXECUTIVES IS REASONABLE AND DOES NOT RESULT IN EXCESSIVE AND INAPPROPRIATE BENEFIT THE BOARD SHALL REVIEW AND APPROVE, ON AN ANNUAL BASIS, EXECUTIVE COMPENSATION THIS PROCESS IS INTENDED TO RESULT IN COMPENSATION DECISION THAT ARE CONSISTENT WITH THE CORPORATION'S FULFILLMENT OF ITS MISSION AS SET FORTH IN THE CORPORATIONS ARTICLES OF INCORPORATION, AS WELL AS THE CORPORATION'S COMPENSATION POLICY

ldentifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	THE BOARD OF DIRECTORS IN A CCORDANCE WITH AN EXECUTIVE COMPENSATION POLICY IS RESPONSIBLE FOR PREPARING AND APPROVING THE TOTAL COMPENSATION OF THE CORPORATION'S SENIOR EXECUTIVES TO ENSURE THAT COMPENSATION PAID TO SUCH EXECUTIVES IS REASONABLE AND DOES NOT RESULT IN EXCESSIVE AND INAPPROPRIATE BENEFIT THE BOARD SHALL REVIEW AND APPROVE, ON AN ANNUAL BASIS, EXECUTIVE COMPENSATION THIS PROCESS IS INTENDED TO RESULT IN COMPENSATION DECISION THAT ARE CONSISTENT WITH THE CORPORATION'S FULFILLMENT OF ITS MISSION AS SET FORTH IN THE CORPORATIONS ARTICLES OF INCORPORATION, AS WELL AS THE CORPORATION'S COMPENSATION POLICY

Identifier Return Reference		Explanation
GOVERNING DOCUMENTS	FORM 990, PAGE 6,	THE CONFERENCE DETERMINES ON A CASE BY CASE BASIS EACH REQUEST
DISCLOSURE EXPLANATION	PART VI, LINE 19	BY THE PUBLIC FOR THE INFORMATION CONCERNING THE CONFERENCE

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DLN: 93493061012692

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

Name of the	e organization				Employer ident	tification number
BIG TWELVE C	ONFERENCE INC				75-2604555	
Part I	Identification of Disregarded Entities (Comple	ete if the organization	answered "Yes" or	n Form 990, Part	IV, line 33.)	
	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part II	Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the	cations (Complete if the tax year.)	the organization ar	nswered "Yes" on	Form 990, Part	IV, line 34 because it had one
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity star (if section 501(c))	(f) tus Direct controlling (3)) entity
See Additional	Data Table					
For Privacy	Act and Paperwork Reduction Act Notice, see the Instructio	ns for Form 990.	 Cat No 5013	5Y	1	Schedule R (Form 990) 2009

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end asset	-of-year	(h Disprop allocat	ortionate	Code amount ır Sched	(i) V—UBI n box 20 of ule K-1 n 1065)	(j Gener mana parti	al or Iging
								Yes	No			Yes	No
												+	
				s a Corporation on treated as a corpo				nswer	ed "Y	es" on F	orm 990, P	art IV,	
	cause it flad offe t		elated organizations				(f))		(-)	(5)		
(a) Name, address, and EIN o	f related organization	(b) Primary a	ctivity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share o	f total	Sh end-	(g) nare of -of-year ssets	(h) Percentag ownership		
									1				

Part V	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV,	ine 34, 35, or 36.)			
Not	Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No
1 During	the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV	7			
a Red	eipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No
b Gift	, grant, or capital contribution to other organization(s)		1b	Yes	
c Gıft	grant, or capital contribution from other organization(s)		1 c		No
d Loa	ns or loan guarantees to or for other organization(s)		1d		No
e Loa	ns or loan guarantees by other organization(s)		1e		No
f Sale	of assets to other organization(s)		1f		No
g Pur	chase of assets from other organization(s)		1 g		No
h Exc	hange of assets		1h		No
	e of facilities, equipment, or other assets to other organization(s)		1 i		No
j Lea	se of facilities, equipment, or other assets from other organization(s)		1j		No
k Per	formance of services or membership or fundraising solicitations for other organization(s)		1k		No
I Perf	ormance of services or membership or fundraising solicitations by other organization(s)		11		No
m Sha	ring of facilities, equipment, mailing lists, or other assets		1m		No
n Sha	ring of paid employees		1 n		No
o Rei	mbursement paid to other organization for expenses		10	Yes	
p Rei	mbursement paid by other organization for expenses		1 p		No
q Oth	er transfer of cash or property to other organization(s)		1 q		No
r Oth	er transfer of cash or property from other organization(s)		1r		No
	e answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationship	s and transaction thres	holds		
	(a) Name of other organization	(b) Transaction type(a-r)		(c) it involv	ed
	itional Data Table				
(2)					
(3)					
(4)					
(5)					
(6)			1		

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) General o managing partner?	
			Yes	No		Yes	No		Yes	N	
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Software ID: Software Version:

EIN: 75-2604555

Name: BIG TWELVE CONFERENCE INC

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

Form 990, Schedule R, Part II - Ide	intification of Relate	u lax-Exemi	ot Organizati	UIIS	
(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity
BAYLOR UNIVERSITY	UNIVERSITY	TX			N/A
ONE BEAR PLACE WACO, TX76711 74-1159753					
UNIVERSITY OF COLORADO	UNIVERSITY	СО			N/A
914 BROADWAY BOULDER, CO80309 84-6000555					
IOWA STATE UNIVERSITY	UNIVERSITY	IA			N/A
BEARDSHEAR HALL 1750 AMES, IA50011 62-6004224					
UNIVERSITY OF KANSAS	UNIVERSITY	KS			N/A
STRONG HALL 230 LAWRENCE, KS66045 48-6033929					
KANSAS STATE UNIVERSITY	UNIVERSITY	KS			N/A
ANDERSON HALL 110 MANHATTAN, KS66506 48-6098838					
UNIVERSITY OF MISSOURI	UNIVERSITY	МО			N/A
JESSE HALL 105 COLUMBIA, MO65205 43-6003859					
UNIVERSITY OF NEBRASKA	UNIVERSITY	NE			N/A
ADMINISTRATION BUILDING 201 LINCOLN, NE68588 47-0049123					
UNIVERSITY OF OKLAHOMA	UNIVERSITY	ок			N/A
660 PARRINGTON OVAL 110 NORMAN, OK73019 73-6017987					
OKLAHOMA STATE UNIVERSITY	UNIVERSITY	ок			N/A
WHITEHURST HALL 107 STILLWATER, OK74078 73-6017987					
UNIVERSITY OF TEXAS	UNIVERSITY	TX			N/A
MAIN 400 AUSTIN, TX78713 74-6000203					
TEXAS A&M UNIVERSITY	UNIVERSITY	TX			N/A
RUDDER TO WER MS 1246-TAMU COLLEGE STATION, TX77843 74-6000531					
TEXAS TECH UNIVERSITY	UNIVERSITY	ТХ			N/A
150 ADMIN BLD 42005 LUBBOCK, TX79409 75-6002622					

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) A mount Involved (\$)
(1)	BAYLOR UNIVERSITY	В	10,228,970
(1)	BAYLOR UNIVERSITY	0	323,407
(2)	UNIVERSITY OF COLORADO	В	9,088,601
(3)	UNIVERSITY OF COLORADO	0	342,915
(4)	IO WA STATE UNIVERSITY	В	8,896,242
(5)	IO WA STATE UNIVERSITY	0	1,689,862
(6)	UNIVERSITY OF KANSAS	В	12,116,857
(7)	UNIVERSITY OF KANSAS	0	261,578
(8)	KANSAS STATE UNIVERSITY	В	9,428,315
(9)	KANSAS STATE UNIVERSITY	0	211,875
(10)	UNIVERSITY OF MISSOURI	В	10,395,893
(11)	UNIVERSITY OF MISSOURI	0	1,212,517
(12)	UNIVERSITY OF NEBRASKA	В	10,589,097
(13)	UNIVERSITY OF NEBRASKA	0	2,302,788
(14)	UNIVERSITY OF OKLAHOMA	В	11,214,630
(15)	UNIVERSITY OF OKLAHOMA	0	1,502,788
(16)	OKLAHOMA STATE UNIVERSITY	В	10,692,725
(17)	OKLAHOMA STATE UNIVERSITY	0	1,719,314
(18)	TEXAS A&M UNIVERSITY	В	9,265,582
(19)	TEXAS A&M UNIVERSITY	0	1,204,794
(20)	UNIVERSITY OF TEXAS	В	12,048,361
(21)	UNIVERSITY OF TEXAS	0	3,487,739
(22)	TEXAS TECH UNIVERSITY	В	9,689,069
(23)	TEXAS TECH UNIVERSITY	0	1,678,607