

### 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



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 Open to Public Inspection

Α	For the	e 2009 calendar year, or tax year beginning $$	g JUN 30, 201	LO
В	Check if applicable	Please use IRS C Name of organization	D Employer iden	tification number
	Addre chang	iss label or transfer and the label of transfer and trans		
	Name chang	type	84-	-0516838
Ļ	Initial return	10		
누	Termir ated Amen	Instruction 9450 E. Costilla Avenue 300		3-962-4215
늗	—iretum □Applic	City or town, state or country, and ZIP + 4	G Gross receipts \$	19,699,215.
	⊥ltiòn pendii	F Name and address of principal officer.Karl Benson	H(a) Is this a group for affiliates?	p return Yes X No
		same as C above		included? Yes No
T .	Tax-ex	empt status: X 501(c) ( 3	' ' '	h a list. (see instructions)
		te: ▶ www.wacsports.com	H(c) Group exemp	
			Year of formation: 1962	M State of legal domicile: CO
_	art i	Summary	4.1.0	<del></del>
Sovernance	1	Bnefly describe the organization's mission or most significant activities See Sche	eaure O	
בי בי	2	Check this box I if the organization discontinued its operations or disposed of	more than 25% of its ne	t accate
j jo	3	Number of voting members of the governing body (Part VI, line 1a)	1	3   9
<b>4</b> Ω	4	Number of independent voting members of the governing body (Part VI, line 1b)	F	4 9
es &		Total number of employees (Part V, line 2a)	-	5 18
Σį	6	Total number of volunteers (estimate if necessary)		6 400
Activities	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12		7a 0.
Revenue	ь	Net unrelated business taxable income from Form 990-T, line 34	T	7b 0.
			Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)	2,190,818	
ven	9	Program service revenue (Part VIII, line 2g)	12,923,633	
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	147,679	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,311,357	
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,468,076	
		Benefits paid to or for members (Part IX, column (A), line 4)	2/200/070	2,0,2,0,00
ģ	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,724,134	1,682,415.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
xpe	ь	Total fundraising expenses (Part IX, column (D), line 25)		
4	<del>  17 _</del> C	Other expenses Part IX, Column (A), lines 11a-11d, 11f-24f)	11,537,361	
١	18 [	Tera expenses and the estimated in the education (A), line 25)	14,729,571	
1 60	777	Revenue less expenses (Subtract line 18 from line 12	581,786	
ts o	(5) 120	NOV 2 2 2010   C	Beginning of Current Yes	
Asse.	(	Total assets (Part X, Imperto)	1,660,003	
Zet E		Total-liabilities (Part X=1,56 26)  Net assets or fund balances. Subtract line 21 from line 20	1,518,740	
P	art II	Signature Block	1,310,740	1,000,041.
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statem	ents, and to the best of my know	rledge and belief, it is true, correct,
		and complete Declaration of preparer (other than officer) is based on all information of which preparer has any know	• • •	
Sig	ın	1 whyener	11-3-	10
He	re	Signature of officer	Date	
		Karl Benson, Commissioner Type or print name and title		<i>j</i>
		Preparer's Date		parer's identifying number
Pai		signature VII-Z-10	self- employed > (see	e instructions) U
	parer's	Furn's name (or Kundinger, Corder & Engle, P.C.	EIN ▶	
use	Only	self-employed). 475 Lincoln Street, Suite 200		
		address, and ZIP+4 Denver, CO 80234	Phone no.	303-534-5953
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No
		:: :: :: :: :: :: :: :: :: :: :: :		

Form 990 (2009)

Pa	rt IV Checklist of Required Schedules			Ŭ
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	Γ	1.55	
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			i
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	N/	A
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
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		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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.			
•	=== and organization report an amount for other according to the rest in order according to the rest and according to the rest according to the re			
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			1
•	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			1
	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			
40.4	Schedule D, Parts XI, XII, and XIII.	12	X	
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  12A X			
13		10		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		X
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	446		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		_
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	46		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		
	located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		- 43
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u></u> -
	t i i i i i i i i i i i i i i i i i i i	. !		ı

complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Form 990 (2009) Western Athletic Conference
Part IV | Checklist of Required Schedules (continued)

			Yes	No
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	X	
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		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 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	Х	
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 lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
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		X
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		_X_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		l	
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		<u> </u>
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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			v
~~	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		$\frac{x}{x}$
29 20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
<b>3</b> 1	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
JZ.	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- OL		
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
•	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	<u> </u>		
	If "Yes," complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	Х	
		Form	990 (	2009)

				١
10	Enter the number reported in Box 2 of Form 1006. Applied Summers and Transmitted of		Yes	No
Id	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of  U.S. Information Returns. Enter -0- if not applicable  1a 68			
h	U.S. Information Returns. Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b	4		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
C	(gambling) winnings to prize winners?	1c	x	
22	1 1	10		
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a 18			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
J	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	20		
32	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	<del>                                     </del>	<del></del>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30	$\vdash$	-
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country:			<del></del>
-	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	·	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	$\vdash$	X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	<u> </u>		
_	Tax Shelter Transaction?	5c		
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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			l
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	ļ		ł
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
_	benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
	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			1
	at any time during the year?  N/A	8	:	
9	Sponsoring organizations maintaining donor advised funds.	<b>├</b> ゜		
	Did the organization make any taxable distributions under section 4966?  N/A	9a	- :	
	Did the organization make a distribution to a donor, donor advisor, or related person?  N/A	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:	50		<del>                                     </del>
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		]
11	Section 501(c)(12) organizations. Enter.	1		
а	Gross income from members or shareholders N/A 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against	1		1
	amounts due or received from them.)			
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
_				

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body  1a 9			
þ	Enter the number of voting members that are independent 1b 9			
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		_X_
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		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			77
	governing body?	7a		$\frac{x}{x}$
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		1	
_	by the following.		X	
a	The governing body?  Each committee with authority to act on behalf of the governing body?	8a	X	
ь 9		8b	<u> </u>	
3	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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code )	9		
	tion of the order of the order of the manual about policies her required by the mental revenue order)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	103	X
	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	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	Х	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	<del></del> 1
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
IUd	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	-	X
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	iva		<del></del> -
-	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			j
	exempt status with respect to such arrangements?	16b		1
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, ar	nd fina	ncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization.	ion: 🕨		
	Mollie Lehman - 303-962-4215			
	9250 E. Costilla Avenue, Englewood, CO 80112			

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

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

1a Complete this table for all persons required to be listed. 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 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"

Check this box if the organization did not compensate any current officer, director, or trustee.

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	Position						Reportable	Reportable	Estimated
	hours	(ci	heck	c all	that	app	ly)	compensation	compensation	amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Dan Reneau		<del>                                     </del>					_			
Board Chair	2.00	X		X				0.	0.	0.
Bob Kustra										
Board Member	2.00	Х					L	0.	0.	0.
John Welty						]				
Board Member	2.00	X						0.	0.	0.
Virginia Hinshaw							İ			
Board Member	2.00	Х	<u> </u>	<u> </u>	_	L		0.	0.	0.
Stephen Daley-Laursen						l			_	_
Board Member	2.00	X				_		0.	0.	0.
Milt Glick	0 00	Ì ,								_
Board Member Waded Cruzado	2.00	Х	<u> </u>			ļ		0.	0.	0.
	2 00	٠,,			l				•	•
Board Member Jon Whitmore	2.00	Х	_		_	$\vdash$		0.	0.	0.
Board Member	2.00	┰						0.	0.	•
Stan Albrecht	2.00	^	-	$\vdash$	┝		_	U •	0.	0.
Board Member	2.00	x						o.	0.	0.
Karl Benson	2.00	<u> </u>		$\vdash$	-		$\vdash$	0.	0.	
Commissioner	40.00			$ _{\mathbf{x}}$	İ			318,911.	0.	123,027.
Jeffrey Hurd		-		ᢡ			-	310,3110	•	123,027
Senior Associate Commiss	40.00			x				131,447.	0.	35,801.
Connie Hurlbut				<u> </u>				===,		
Senior Associate Commiss	40.00			x				44,616.	0.	4,650.
Mollie Lehman										
Assistant Commissioner	40.00			х				58,178.	0.	13,330.
Darlene Bailey										
Associate Commissioner	40.00			Х				73,620.	0.	15,064.
	·								-	
								-		
			Ц.,.	لــــا			_	Ll		

(A)

Name and title

(C)

Position

(D)

Reportable

(B)

Average

(E)

Reportable

(F)

Estimated

•	hours	L(c	neck	all	that	app	ıly)	compensation	compensation	amount	of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	other compensa from th organizat and relat organizate	ation ie tion ted
		┢			-	$\vdash$			<u> </u>		
		<u> </u>									
		<u> </u>	_								
	-	┢			-		-	-			
		L									
	1					Ļ		626,772.		191,8	70
<ul><li>1b Total</li><li>2 Total number of individuals (including but r</li></ul>	not limited to th	ากรค	liste	d al	hove	e) wt	10 r			191,8	14.
compensation from the organization						o,					2
2. Did the experiment on list and formal officers	d	4	1				•	.!		Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			, key	/ еп	1DIO	yee,	or r	nignest compensated en	nployee on	3	X
4 For any individual listed on line 1a, is the si	um of reportab	le co							he organization		
<ul><li>and related organizations greater than \$15</li><li>Did any person listed on line 1a receive or</li></ul>									ces randarad ta	4 X	<u> </u>
the organization? If "Yes," complete Sched	•			10111	arry	, um	Cial	ed organization for servi	ces rendered to	5	X
Section B. Independent Contractors											
<ol> <li>Complete this table for your five highest co the organization.</li> </ol>	mpensated in	depe	ende	nt c	onti	racto	ors t	hat received more than	\$100,000 of compe	ensation from	
(A)								(B)		(C)	
Name and business Shorts Travel, 1203 West		337	Δτ	701	3116			Description of s	ervices	Compensatio	<u>n</u>
Waterloo, IA 50701	Magewi	ı y	Av	CI	140	-,	}	Team travel		130,0	00.
								<del>-</del>			
							$\dashv$				
										<u>-</u>	
· · · · · · · · · · · · · · · · · · ·							+				
								<u>-</u>			
2 Total number of independent contractors ( \$100,000 in compensation from the organi		ot lir	nite	d to		se lis L	sted	l above) who received m	ore than		
4100,000 in compensation from the organi	zation -									Form 990 (	0000

Form 990 (2009)

93200

02-04-10

# Form 990 (2009) Western Athletic Conference Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must comp	olete column (A) but are	e not required to comple	ete columns (B), (C), and	(D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	1,572,898.	1,572,898.		
2	Grants and other assistance to individuals in	<del></del>			
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				<del></del>
	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	810,700.	218,281.	592,419.	
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	588,988.	391,888.	197,100.	<del></del>
8	Pension plan contributions (include section 401(k)	-			
	and section 403(b) employer contributions)	59,234.	26,793.	32,441.	
9	Other employee benefits	142,677.	80,569.	62,108.	•
10	Payroll taxes	80,816.	38,129.	42,687.	·
11	Fees for services (non-employees):	<u> </u>			
а	Management				
b	Legal	582.		582.	•
С	Accounting	28,648.		28,648.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				_
f	Investment management fees				
g	Other	90,834.	82,832.	8,002.	
12	Advertising and promotion	418,854.		418,854.	
13	Office expenses	158,327.	74,782.	83,545.	
14	Information technology				
15	Royalties				
16	Occupancy	60,847.	28,714.	32,133.	
17	Travel	188,898.	188,898.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	127,724.	81,645.	46,079.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	17,754.	8,378.	9,376.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Member payouts	13,203,997.			
ь	Athletic Events	1,633,576.	1,633,576.		
С	WAC SAAC Expense	9,000.	9,000.		
d					
е					
f	All other expenses				<del></del>
25	Total functional expenses. Add lines 1 through 24f	19,194,354.	17,640,380.	1,553,974.	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				
					E 000 (0000)

Pa	rt X	Balance Sheet		· · · · · · · · · · · · · · · · · · ·		
				(A) Beginning of year		(B) End of year
	1.	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		358,920.	2	555,476.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		55,855.	4	
	5	Receivables from current and former officers, di	rectors, trustees, key			
		employees, and highest compensated employe	es Complete Part II			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)) and persons described in section 495	58(c)(3)(B). Complete			
		Part II of Schedule L		6		
छ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
ä	9	Prepaid expenses and deferred charges		26,775.	9	58,200.
	10a	Land, buildings, and equipment cost or other	1 1			
		basis. Complete Part VI of Schedule D	10a			
	Ь		10b		10c	'
	11	Investments - publicly traded securities		1,218,453.	11	1,556,196.
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, line		13	_	
	14	Intangible assets		14	<u>-</u> .	
	15	Other assets See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equ	al lina 24)	1,660,003.	16	2,169,872.
	17	Accounts payable and accrued expenses	ar iirie 34)	30,049.	17	19,706.
	18	Grants payable	30,013.	18	2577001	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
"	21	Escrow or custodial account liability Complete	Bort IV of Schodulo D		21	
Liabilities	22	Payables to current and former officers, director			21	
ij	22	highest compensated employees, and disqualifi				
Ë		of Schedule L	ed persons. Complete Part II		22	
	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate	d third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		111,214.	25	160,319.
	26	Total liabilities. Add lines 17 through 25		141,263.	26	180,025.
		Organizations that follow SFAS 117, check he	ere X and complete			
S		lines 27 through 29, and lines 33 and 34.				
ĕ	27	Unrestricted net assets		1,284,966.	27	1,745,847.
ala	28	Temporarily restricted net assets		233,774.	28	244,000.
8	29	Permanently restricted net assets			29	
<u>.</u> 5		Organizations that do not follow SFAS 117, c	heck here 🕨 🔲 and			
b	ļ	complete lines 30 through 34.				
ts	30	Capital stock or trust principal, or current funds			30	- ^
SSE	31	Paid-in or capital surplus, or land, building, or ed	upment fund		31	-
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			32	
ž	33	Total net assets or fund balances	55 or 5 rando	1,518,740.	33	1,989,847.
	34	Total liabilities and net assets/fund balances		1,660,003.	34	2,169,872.
		rotal natifica and het desergiund paignices	·		5	2,202,072

Га	rt All Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 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?	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
u	consolidated basis, separate basis Consolidated basis Both consolidated and separate 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		X
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		

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

Name of the organization

Employer identification number

				Athletic Co						84	4-0516	838	
Pa	rt l	Reason	for Public Char	ity Status (All organiz	zations mu	st comple	te this par	t.) See ins	tructions.				
Πhe	organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox)					
1	$\square$	A church, co	nvention of churche	s, or association of chur	ches desc	nbed in <b>se</b>	ction 170	(b)(1)(A)(i)	).				
2	$\sqsubseteq$	A school des	cribed in section 17	<b>'0(b)(1)(A)(ii).</b> (Attach Sc	hedule E)								
3		A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)	(A)(iii).					
4		A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(ii	i). Enter t	he hospital	's nam	e,
		city, and stat	ie-										
5				benefit of a college or u	niversity o	wned or or	perated by	a governi	mental uni	t describe	ed in		
_			(b)(1)(A)(iv). (Comple										
6	H	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7		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)											
		-		•	(O l - t -	D-411)							
8	$\overline{\mathbf{x}}$	-		section 170(b)(1)(A)(vi).						_	•		
9	لنها			eives: (1) more than 33									
				nctions - subject to certa									
				axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	inization a	after June 3	0, 197	5.
			<b>509(a)(2).</b> (Complete	•									
10	H	-	-	perated exclusively to te	•				-				
11	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.												
				¬ `	_	•					l <b></b>		
_	$\overline{}$	a L Type I				e III - Func	•	•		аL	Type III - (		
е				at the organization is not									n
				han one or more publicly		-				9(a)(1) or s	section 505	(a)(2).	
f				ten determination from t	ine ins tha	atitisa iy	ре і, туре	ii, or Type	9 111				
_			rganization, check th					-6 41 6-11		0			Ь
g		-		organization accepted ar			-		• •				NI.
			· ·	irectly controls, either al	one or tog	emer wim	persons c	iescribed	ın (ii) and (i	iii) below,		Yes	No
		-	• •	upported organization?	ı						11g(i)	$\vdash$	
				n described in (i) above? . person described in (i) (		2					11g(ii)	$\vdash$	
h				•	• •						11g(iii)		
h		Provide the i	ollowing information	about the supported or	ganization	(S).							
				(iii) Type of	(iv) le the e	rganization	(v) Did vo	, actifuthe	(vi) Is	the			
(1)		of supported	(ii) EIN	organization	in col. (i) lis	•	. , ,	•	lorganizatio	on in col. I	(vii) An		
	orga	inization		(described on lines 1-9 above or IRC section		document?		support?	(i) organizi U.S.	.? " " " "	Sup	port	
				(see instructions))	Yes	No	Yes	No	Yes	No			
								110	1.00	<del>                                     </del>			
			<del></del>						<del>                                     </del>				
	_				ļ					<u> </u>	<u>.</u>		
							:						
			l	1	1	1	l		1				

Schedule A (Form 990 or 990-EZ) 2009

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

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and				<del></del>	,	
	membership fees received (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-		<u></u>				
	ization'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	!		Ì			
	governmental unit or publicly						
	supported organization) included	j		}			
	on line 1 that exceeds 2% of the						
	amount shown on line 11,			1			
	column (f)						
6	Public support. Subtract line 5 from line 4						
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10		<u> </u>	<u> </u>			
	Gross receipts from related activities,	•	•			12	
13	First five years. If the Form 990 is for	=	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	. —
<u> </u>	organization, check this box and storection C. Computation of Publ	) here	rcentage			<del> </del>	<u> </u>
						T 44 1	
	Public support percentage for 2009 (		· ·	column (f))		14	<u>%</u>
	Public support percentage from 2008	·	•	a line 12 and line	14 10 22 1/20/ 05 0	15	<u>%</u>
104	33 1/3% support test - 2009. If the o stop here. The organization qualifies	-			14 IS 33 1/3% OF II	nore, check this bo	x and
	33 1/3% support test - 2008.If the o		-		line 15 is 33 1/30/	or more check th	us boy
	and stop here. The organization qual				. III.6 10 13 33 1/370	, or more, oneck th	<b>▶</b>
17a	10% -facts-and-circumstances tes		• • •	-	13 16a or 16h :	and line 14 is 10%	or more
	and if the organization meets the "fac	-					•
	meets the "facts-and-circumstances"			-	•	at iv non the organ	<b>▶</b>
H	10% -facts-and-circumstances tes	•	•		•	17a_and line 15 is :	
•	more, and if the organization meets the	-					
	organization meets the "facts-and-circ				-		▶ [ ]
18	Private foundation. If the organization		•				s 🔚
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s					edule A (Form 990	
					==		

Section A. Public Support Calendar 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 1475725. 1422748. 1607566 2190818 2184898. 8881755. 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 10035280.|16756473.|17340250.|12923633.|17351858.|74407494. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 11511005.18179221.18947816.15114451.19536756.83289249.6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 0. h Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 83289249 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 11511005. 1817922118947816 15114451 19536756. 83289249. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 198,248. 340,807. 296,309. 196,906. 162,459 1194729. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 198,248. 340,807. 296,309. 196,906. 162.459. 1194729. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12) 11709253. 18520028. 19244125. 15311357. 19699215. 84483978. 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 98.59 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f) 15 % 98.48 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 1.41 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 1.52% 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not  $\triangleright X$ more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2009

### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 **Open to Public** Inspection

Name of the organization

Western Athletic Conference

Employer identification number 84-0516838

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the				
	organization answered "Yes" to Form 990, Part IV, line	e 6.					
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	ised funds				
	are the organization's property, subject to the organization's		Yes No				
6	Did the organization inform all grantees, donors, and donor a	idvisors in writing that grant funds can be	e used only				
	for charitable purposes and not for the benefit of the donor of	• •	•				
	impermissible private benefit?	, , , , , ,	Yes No				
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,					
1	Purpose(s) of conservation easements held by the organization						
	Preservation of land for public use (e.g., recreation or p	pleasure) Preservation of an hi	storically important land area				
	Protection of natural habitat	Preservation of a cer	tified historic structure				
	Preservation of open space						
2	1						
	day of the tax year						
			Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c				
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d				
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organization during the tax				
	year ▶						
4	Number of states where property subject to conservation ea	sement is located >					
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements in	t holds?	Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year 🕨				
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year > \$				
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	O(h)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expens	e statement, and balance sheet, and				
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	s the organization's accounting for				
	conservation easements.						
Pa	rt III Organizations Maintaining Collections o		Other Similar Assets.				
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8					
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and t	palance sheet works of art, historical				
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of pu	ublic service, provide, in Part XIV, the text of				
	the footnote to its financial statements that describes these	items.					
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balai	nce sheet works of art, historical treasures,				
	or other similar assets held for public exhibition, education, of	r research in furtherance of public servic	e, provide the following amounts relating to				
	these items						
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$				
	(ii) Assets included in Form 990, Part X		► \$ ► \$				
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financi	al gaın, provide				
	the following amounts required to be reported under SFAS 1	16 relating to these items.					
а	Revenues included in Form 990, Part VIII, line 1		. \$				
b	Assets included in Form 990, Part X		. ► \$ ► \$				

		Athletic					<u>-051683</u>		
Par	t III   Organizations Maintaining C	collections of A	rt, Historical T	reasures, or	Other	Similar	Assets (cor	tınued	)
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items								
	(check all that apply):								
а	Public exhibition	c	Loan or ex	change program	ıs				
b	Scholarly research	e	Other						
С	Preservation for future generations								
4	Provide a description of the organization's c	ollections and expla-	in how they further	the organization	's exemp	t purpose	ın Part XIV.		
5	During the year, did the organization solicit of								
	to be sold to raise funds rather than to be m						Yes		No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if organization a	answered "Yes"	to Form 9	90, Part I\	/, line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribution	ns or other asse	ts not inc	luded			
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table:						
			-				Amou	 าt	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?			·	Yes		No
	If "Yes," explain the arrangement in Part XIV								
Par	t V Endowment Funds. Complete	f the organization ar	nswered "Yes" to F	orm 990, Part IV	, line 10.				
		(a) Current year	(b) Prior year	(c) Two years t	oack (d)	Three years	back (e) For	ır years	back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	ļ							1
f	Administrative expenses	·							
	End of year balance								
2	Provide the estimated percentage of the year	r end balance held a	as:		•				
а	Board designated or quasi-endowment		%						
b	Permanent endowment ▶	<del></del> %	_						
С	Term endowment	<del></del>							
За	3a Are there endowment funds not in the possession of the organization that are held and administered for the organization								
	by:	·				ŭ		Yes	No
	(i) unrelated organizations						3a(ı)		
	(ii) related organizations						3a(ii		
b	If "Yes" to 3a(ii), are the related organization:	s listed as required o	on Schedule R?				3b		
4	Describe in Part XIV the intended uses of the	organization's ende	owment funds.				<del></del>		
Par	t VI Investments - Land, Building			0, Part X, line 10					
	Description of investment	(a) Cost or o	other (b) Cos	t or other	(c) Accu	mulated	(d) Bo	ok valu	<u>—</u>
		basis (investr	ment) basis	(other)	depre	ciation			
1a	Land _								
b	Buildings								
С	Leasehold improvements					-			
	Equipment				<del></del>		<u> </u>		
	Other						1		
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	10(c))		<b></b>			0.

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 Western Atl			84-	0516838	Page 3
Part VII Investments - Other Securities. S	ee Form 990, Part X, I	ine 12			
(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valuat est or end-of-year mark		
Financial derivatives					
Closely-held equity interests			<u> </u>		
Other					
	ļ. <u> </u>				
			<del></del>		
	ļ				
				<del> </del>	
<del></del>					
T-1-1 (0-1/h)	<u> </u>				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)		<u> </u>			
Part VIII Investments - Program Related.	See Form 990, Part X,	line 13	4-3-84-46466		
(a) Description of investment type	(b) Book value	Co	(c) Method of valuat est or end-of-year mark		
	<del></del>			et value	
	<del> </del>				
<del></del>					
	<del>                                       </del>			<del></del>	
	<del> </del>				
· · · · · · · · · · · · · · · · · · ·	-	-			
<del></del>	<del> </del>		<u> </u>		
	<del>                                     </del>			<del>-</del>	
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)					
Part IX Other Assets. See Form 990, Part X, line				-	
	Description			(b) Book va	lue
				<del>-                                    </del>	
	<del></del>			· -	
Total. (Column (b) must equal Form 990, Part X, col (B) lin		·	<b>&gt;</b>		
Part X Other Liabilities. See Form 990, Part X	, line 25				
(a) Description of liability	·····	(b) Amount			į
Federal income taxes	-	4.60 040			
Fund held for others		160,319.	ļ		j
		<del></del>			
		<del></del>			Ì
			1		!
					ì
		·			
		<del></del>			
		160 240	1		
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 25.)	160,319.	<u> </u>		

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public OMB No 1545-0047 Inspection Employer identification number

84-0516838

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

Conference

Western Athletic

2 | tudent assistance and tudent assistance and tudent assistance and tudent assistance and Student assistance and Student assistance and (h) Purpose of grant tudent opportunity tudent opportunity tudent opportunity tudent opportunity tudent opportunity tudent opportunity or assistance X Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any unds. unds. unds. unds. unds. unda. 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 0. 0 ٥. ٥. ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of 172,373 207,850 209,070 138,058 137,311 200,163 cash grant (c) IRC section if applicable 94-2874546 82-9000945 72-6000792 88-6000024 82-0290701 99-6000354 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization Louisiana Tech University 5 N. Campus Dr M/S NG 27 or government Fresno State University Boise State University University of Hawai'i 17 Lower Campus Road University of Nevada 10 University Drive University of Idaho Honolulu, HI 96822 14 Virginia Street Fresno, CA 93740 Ruston, LA 71270 Moscow, ID 83844 Boise, ID 83725 Activity Center Reno, NV 89557 50 W. Alabama Part I Part II

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations

Schedule I (Form 990) 2009

84-0516838 Schedule I (Form 990) 2009 Western Athletic Conference

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
					<u>.</u>
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	n required in Part I,	line 2, and any other	additional information.	
Schedule I, Part I, Line 2: Grant f	funds are	e remitted	to member	schools who	
are responsible for proper granting	to	Conference me	member students	nts meeting	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s
certain criteria.					

SCHEDULE 1-1 (Form 990)

Continuation Sheet for Schedule I (Form 990)

Open to Public

OMB No 1545-0047

Schedule I-1 (Form 990) 2009 Student assistance and student assistance and Student assistance and (h) Purpose of grant or assistance tudent opportunity tudent opportunity tudent opportunity Inspection **Employer identification number** 84-0516838 funds. Funds. unds. (g) Description of non-cash assistance Part | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) appraisal, other) (f) Method of valuation (book, FMV, ► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. 0 0 0 (e) Amount of non-cash assistance (d) Amount of cash grant 161,514. 186,788 159,771 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable Western Athletic Conference 87-6000528 85-6000401 77-0414438 (p) EIN (a) Name and address of organization or government New Mexico State University San Jose State University Utah State University Las Cruces, NM 88003 Name of the organization San Jose, CA 95192 Washinton Square 10 Old Main Hill Department of the Treasury Internal Revenue Service Logan, UT 84322 15 Wells St HA

#### **SCHEDULE J** (Form 990)

Department of the Treasury

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

Western Athletic Conference

Employer identification number 84-0516838

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			1
	First-class or charter travel Housing allowance or residence for personal use			1
	Travel for companions Payments for business use of personal residence			1
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees	ŀ	Ì	
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
-	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	_x_	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,		<del></del>	
_	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	x	
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		ŀ	
	Compensation committee Written employment contract			1
	Independent compensation consultant  LX Compensation survey or study			1
	Form 990 of other organizations  Approval 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		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations 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:			l
а	The organization?	5a		X
	Any related organization?	5b		X
	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	_	X
b	Any related organization?	6b		X
	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		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	L	Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9	1	1

Schedule J (Form 990) 2009

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

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

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

		(B) Breakdown of W-2		and/or 1099-MISC compensation	[3]	(0)	(£)	Œ
					Retirement and	Nontaxable	Total of columns	Compensation
(A) Name		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	reported in prior Form 990 or Form 990-EZ
	€	303,741.	0	15,170.	50,000.	73,027.	441,938.	145,962.
Karl Benson	(ii)				0	1		0
1	Θ	123,601.	0	7,846.	0	35,801.	167,248.	61,800.
Jeffrey Hurd	⊞	0 .	]*0	• 0	0	0	0	0
	(i)							
	(ii)							
	ω							
	(ii)	)						
	ε							
	(ii)	](						
	Ξ							
	(ii)							
	Θ							
	Ξ							
	Ξ							
	(ii)							
	Ξ							
	▣							
	Ξ							
	≘							
	Ξ							
	▣							
	Ξ							
	≘							
	Ξ							
	≘							
	Ξ							
	≘							
	Ξ							
	▤							
	Ξ							
	▤							

Schedule J (Form 990) 2009

#### **SCHEDULE 0**

(Form 990)

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Department of the Treasury

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

Western Athletic Conference

**Employer identification number** 84-0516838

Form 990, Part I, Line 1, Description of Organization Mission: The purpose of the Conference is to form an athletics conference, the members of which shall incorporate intercollegiate sports athletics within their respective educational programs and shall place and maintain such athletics under the same administrative and academic control as exists in their own educational programs.

Supplemental Information to Form 990

Attach to Form 990.

Form 990, Part III, Line 4a, Program Service Accomplishments: and field, men's and women's tennis, men's golf, softball, outdoor track and field, and baseball. These championships serve 9 universities, 130 teams, and approximately 2,185 student-athletes. Championships governed by the Conference provide equitable and competitive access to the post season and the opportunity to compete on a national level.

Form 990, Part VI, Section A, line 6: Membership in the Conference is limited to any university or any comparable academic institution which supports the purposes of the Conference and meets certain qualifications. At June 30, 2010 member institutions include: Fresno State University, Boise State University, University of Idaho, University of Hawai'i, San Jose State University, Utah State University, Louisiana Tech University, New Mexico State University and University of Nevada.

Form 990, Part VI, Section B, line 11: Form 990 is reviewed with the executive committee and included in audited material annually prior to

#### **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

Western Athletic Conference

Employer identification number 84-0516838

Form 990, Part VI, Section B, Line 12c: Each member institution
representative is obligated to disclose conflicts and complete annual
disclosure statements.
<u> </u>
Form 990, Part VI, Section B, Line 15: The Conference Commissioner's
compensation is reviewed by the executive committee (comprised of three
board members) based upon industry and economic factors, as well as
comparable conference commissioner salaries. After reviewing these factors,
the executive committee then makes a recommendation to the Board (comprised
of all nine presidents) who subsequently vote on the recommendation and
approve the entire salary package.
Similar information is reviewed/considered by the Commissioner in
determining the compensation of other officers or key employees.
Form 990, Part VI, Section C, Line 19: Articles of Incorporation are filed
on Colorado Secretary of State website.
Other documents and Form 990 are available to the public upon request.
Form 990, Part XI, line 2c
This process has not changed from the prior year.

#### Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No. 1545-1709

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box							
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).							
	complete Part II unless you have already been granted an automatic 3-month extension on a previously fi	led Form 8868.					
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).						
A corpor	ation required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	nplete					
Part I on	ly	<b>&gt;</b>					
	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an come tax returns.	extension of time					
noted be (not auto you mus	tic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic matic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or context to the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filegov/efile and click on e-file for Charities & Nonprofits	cally if (1) you want the additional nsolidated Form 990-T Instead.					
Type or	Name of Exempt Organization	Employer identification number					
print	Washam Ablahin Garfanan						
File by the	Western Athletic Conference	84-0516838					
due date for filing your return See	Number, street, and room or suite no. If a P.O box, see instructions. 9250 E. Costilla Avenue, No. 300						
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions Englewood, CO 80112						
Check to	/pe of return to be filed(file a separate application for each return)						
Fo Fo	X       Form 990       Form 990-T (corporation)       Form 4720         Form 990-BL       Form 990-T (sec. 401(a) or 408(a) trust)       Form 5227         Form 990-EZ       Form 990-T (trust other than above)       Form 6069         Form 990-PF       Form 1041-A       Form 8870						
Mollie Lehman  • The books are in the care of ▶ 9250 E. Costilla Avenue - Englewood, CO 80112  Telephone No. ▶ 303-962-4215 FAX No. ▶ 303-799-3888  • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ▶ ☐ If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension will cover.							
is f	February 15, 2011 , to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year or tax year beginning JUL 1, 2009 , and ending JUN 30, 2010 .						
3a If t	his application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any						
_	nrefundable credits. See instructions.	3a \$					
	his application is for Form 990-PF or 990-T, enter any refundable credits and estimated						
_	payments made. Include any prior year overpayment allowed as a credit	3b \$					
	lance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,						
	posit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) e instructions.	3c \$ N/A					
	C III IOU UCUI II S.	3c \$ N/A					

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)