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Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoning organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
at the end of the year may use the form. at the end of the year may use this form

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

OMB No 1545-1150

2010

Open to Public

Inspection

| 3 (| Check if | applicable C Name of organization | D Em | Employer identification number | | | |
|------------|-----------------------|---|---------------|---|--|--|--|
| 7 | Address | change | | 04-3670707 E Telephone number 310-557-9828 | | | |
|] , | Name cl | ange COLLEGE SPORTS COUNCIL | 0 | | | | |
| ┥ . | nıtıal ret Fermina | D 0 DOY 52256 | | | | | |
| ٦. | Amende | ··· · · · · · · · · · · · · · · · · · | | | | | |
| ┥ . | | m pending WASHINGTON DC 20009-9356 | | Group Exemption Number | | | |
| | | ng Method X Cash Accrual Other (specify) ► H Check ► | $\overline{}$ | if the organization is not | | | |
| | Nebsite | - MIN COLLECTEDODISCOLDICIT ODC | _ | Schedule B | | | |
| | | | | , or 990-PF) | | | |
| | Check D | 99 | | , OI 930-FF) | | | |
| | | D-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization of | | | | | |
| | | eturn, be sure to file a complete return | .1100363 | | | | |
| | | 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, | | | | | |
| | | olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ | • | s 23,82 | | | |
| | irt I | Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruct | | | | | |
| | | Check if the organization used Schedule O to respond to any question in this Part I | 00113 101 | X | | | |
| T | 1 | Contributions, gifts, grants, and similar amounts received | 1 | 23,82 | | | |
| | 2 | Program service revenue including government fees and contracts | 2 | | | | |
| | 3 | Membership dues and assessments | 3 | <u> </u> | | | |
| - 1 | 4 | Investment income | 4 | | | | |
| | 5a | Gross amount from sale of assets other than inventory 5a | | | | | |
| | b | Less cost or other basis and sales expenses 5b | | | | | |
| | С | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 50 | .] | | | |
| | 6 | Gaming and fundraising events | | | | | |
| ا ۅ | а | Gross income from gaming (attach Schedule G if greater than | | | | | |
| Revenue | \$15,000) | | | | | | |
| & | b | | \neg | | | | |
| - | | from fundraising events reported on line 1) (attach Schedule G if the | | | | | |
| | | sum of such gross income and contributions exceeds \$15,000) 6b | | | | | |
| | С | Less direct expenses from gaming and fundraising events 6c | \neg | | | | |
| - | d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract | \neg | | | | |
| | | line 6c) | 60 | 1 | | | |
| | 7a | Gross sales of inventory, less returns and allowances 7a | | | | | |
| - 1 | | Less cost of goods sold 7b | | | | | |
| - 1 | С | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 70 | :] | | | |
| ŀ | 8 | Other revenue (describe in Schedule O) | 8 | | | | |
| | 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 PRIMARY | ▶ 9 | 23,82 | | | |
| T | 10 | | 10 | | | | |
| | 11 | Benefits paid to or for members Salanes, other compensation, and employee benefits 2 0 2011 | 11 | | | | |
| ۱ " | 12 | Salanes, other compensation, and employed beflefills 2 0 2011 | 12 | | | | |
| Expenses | 13 | Professional fees and other payments to independent contractors | 13 | | | | |
| ᇍ | 14 | | 14 | | | | |
| <u>й</u> | 15 | Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping OGDEN, UT . | 15 | | | | |
| | 16 | Other expenses (describe in Schedule O) | 16 | 10 56 | | | |
| | 17 | Total expenses. Add lines 10 through 16 | ▶ 17 | 10 26 | | | |
| 寸 | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 4 4 6 | | | |
| ets | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with | | 1 | | | |
| Net Assets | | end-of-year figure reported on prior year's return) | 19 | 3,89 | | | |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | 20 | . ———— | | | |
| z | 24 | Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | | | | |

| Form 990-EZ (2010) COLLEGE SPO | RTS COUNCIL | | 4-3670707 | | | Page : |
|---|----------------------------------|--------------------------------|--|--|--------------------|---------------------------------------|
| Part II Balance Sheets. (see the | | | - | | | |
| Check if the organization use | ed Schedule O to respond to | any question in this F | art II | | | |
| • | | <u></u> | (A) Beginning of ye | | (B) | End of year |
| 22 Cash, savings, and investments | | | 3,8 | 395 | 22 | 8,358 |
| 23 Land and buildings | | | | 이 | 23 | |
| 24 Other assets (describe in Schedule O) | | <u> -</u> - | | 0 | 24 | |
| 25 Total assets | | ļ <u></u> | 3,8 | | 25 | 8,358 |
| 26 Total liabilities (describe in Schedule O) | | <u> </u> | | <u> </u> | 26 | 0 0 0 0 0 |
| 27 Net assets or fund balances (line 27 of column Part III Statement of Program S | | | 3,8 | 395 | 27 | 8,358 |
| | | | | $\overline{\mathbf{x}}$ | | penses |
| Check if the organization use What is the organization's primary exempt purpose | | any question in this F | 'aπ III | | | for section |
| PRESERVING COLLEGIATE SPORTS | Se' | | | ł | | and 501(c)(4) |
| Describe what was achieved in carrying out the o | rnanization's evennt numoses | In a clear and concise m | anner describe | | _ | ons and section trusts, optional |
| the services provided, the number of persons ber | | | | | for others | • • |
| 28 SEE SCHEDULE O | | | | † | ioi oilleis | <i></i> |
| | | | | | | |
| | | | | | | |
| (Grants \$) if the | s amount includes foreign grants | s, check here | • | \Box | 28a | 19,363 |
| 29 | | * | | 1 | | 4 |
| | | | | | | |
| | | | | ŀ | | |
| (Grants \$) If this | s amount includes foreign grants | s, check here | • | Ш | 29a | _ |
| 30 | | | | | | |
| | | | | | İ | |
| | | | | | | |
| | s amount includes foreign grants | s, check here | <u> </u> | Щ | 30a | |
| 31 Other program services (describe in Schedul | • | | | $_{-}1$ | | |
| | s amount includes foreign grants | s, check here | <u> </u> | Щ | 31a | 10.000 |
| 32 Total program service expenses (add lines | | | | <u> </u> | 32 | 19,363 |
| Part IV List of Officers, Directors, Trus | | | | see th | ne instructio | ns for Part IV) |
| Check if the organization use | ed Schedule O to respond to | (a) Title and average | (c) Compensation | (d) (| Contributions to | (e) Expense |
| (a) Name and add | ress | hours per week | (If not paid, | employ | ee benefit plans & | account and |
| LEO KOCHER | CROWN POINT | devoted to position PRESIDENT | enter -0) | delerre | ed compensation | other allowances |
| 5063 WEST 113TH AVENUE | IN 46307 | 10.00 | | 1 | | |
| ROBERT GROSETH | EVANSTON | VICE PRESIDE | | | | |
| 2379 NO CAMPUS DRIVE | IL 60208 | 2.00 | Ϊ | | 0 | c |
| H. CLAY MCELDOWNEY | PITTSTOWN | SECRETARY | 1 | | | · · · · · · · · · · · · · · · · · · · |
| 5 WHITE BRIDGE ROAD | NJ 08867 | 2.00 | 0 | | 0 | o |
| ERIC PEARSON | BEVERLY HILLS | CHAIRMAN | | | | |
| 345 SOUTH ELM DRIVE #204 APT. 208 | CA 90212 | 10.00 | 0 | | 0 | _ 0 |
| ALAN LEET | ATLANTA | TREASURER | | | | - |
| 229 PEACHTREE STREET, SUITE 2700 | GA 30303 | 2.00 | 0 | | 0 | |
| ROBERT L. WUORNOS | MINNEAPOLIS | BOARD MEMBER | | | | |
| 5215 3RD AVENUE SOUTH | MN 55419 | 2.00 | 0 | | 0 | 0 |
| JESSICA GAVORA | Washington | VICE PRESIDE | T POLIC | | | |
| 5141 PALISADE LANE, NW | DC 20016 | 2.00 | . 0 | | 0 | |
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Form **990-EZ** (2010)

Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Did the organization receive any payments for indoor tanning services during the year?

If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

X 44a 44b X 44c

Form 990-EZ (2010)

| Form ! | 990-EZ (2010) COLLEGE SPORTS COUNCIL | 04 | 1-3670707 | | | P | <u>age 4</u> |
|--------|---|-----------------------------------|-------------------|--------------------------|-------|--------------------|--------------|
| | | - | | | | Yes | No |
| 15 | is any related organization a controlled entity of the organization within the mea | aning of section 512(t |)(13)? | | 45 | | X |
| а | Did the organization receive any payment from or engage in any transaction wi | ith a controlled entity | within the | | | | |
| | meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need | to be completed inste | ead of | | | | |
| | Form 990-EZ (see instructions) | | | _ | 45a | | X |
| 16 | Did the organization engage, directly or indirectly, in political campaign activitie | s on behalf of or in o | position | | | | |
| | to candidates for public office? If "Yes," complete Schedule C, Part I | | | | 46 | | X |
| Par | t VI Section 501(c)(3) organizations and section 4947(a | a)(1) nonexempt | charitable tr | usts only. All sec | ction | | |
| | 501(c)(3) organizations and section 4947(a)(1) nonexempt of | | | | | | |
| | and 52, and complete the tables for lines 50 and 51 | | • | | | | |
| | Check if the organization used Schedule O to respond to an | v auestion in this P | art VI | | | | |
| | | | | | | Yes | No |
| 47 | Did the organization engage in lobbying activities? If "Yes," complete Schedule | C. Part II | | ļ | 47 | 100 | X |
| | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," c | | | | 48 | | X |
| | | | | | 49a | | X |
| | , , | | | | | | |
| | If "Yes," was the related organization a section 527 organization? | . / - 11 11 55 | d | | 49b | L | |
| | Complete this table for the organization's five highest compensated employees | • | * | • | | | |
| - | employees) who each received more than \$100,000 of compensation from the | (b) Title and average | | | (0) | Evene | |
| | (a) Name and address of each employee paid more | hours per week | (c) Compensation | employee benefit plans & | | Expens count an | |
| | than \$100,000 | devoted to position | | deferred compensation | other | allowan | nces |
| NONE | | | | | | | |
| | | | | <u> </u> | | | |
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| | | | | | | | |
| | Total number of other employees paid over \$100,000 | | L | | | | |
| | Total number of other employees paid over \$100,000 | | | _ | | | |
| | Complete this table for the organization's five highest compensated independe | | ich received more | tnan | | | |
| | \$100,000 of compensation from the organization. If there is none, enter "None | | | | | | |
| | (a) Name and address of each independent contractor paid more than \$100,000 | (b) | Type of service | (c) C | ompen | sation | |
| NON | TE . | | | | | | |
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| | | | | | | | |
| d | Total number of other independent contractors each receiving over \$100,000 | | | | | | |
| | | | | | | | |
| | Did the organization complete Schedule A? Note All section 501(c)(3) organiz | ations and 4947(a)(1) |) | ▶ 5 | a | П. | |
| | nonexempt charitable trusts must attach a completed Schedule A | | | ▶ X | | | No |
| | penalties of perjury, I declare that I have examined this return, including accompanying schorrect, and complete. Declatation of preparer (other than officer) is based on all information. | · · | • | knowledge and belief, it | (IS | | |
| | street, and complete bedalation of preparer (other trial officer) is pased on all information | ———————— | iy khowledge | · · · · · · | | | |
| o: | 1 Livi | | | 15/11 | | | |
| Sign | Signature of officer | , | Date * | • | | | |
| Here | | ··· | | | | | |
| | Type or print name and title | | | | | | |
| | Print/Type preparer's name Preparer's signature | ١ | Date | / Check I if | PTIN | l | |
| Paid | ELLEN J. SIEGFRIED | Blakud | 1511 | self-employed | d 200 | 15448 | 9 |
| Prepa | | · · · · · · · · · · · · · · · · · | | Jaca-employee | | 397 | |
| Use (| | <u></u> | 20 | 1 1111 3 5 111 7 7 | | | |
| | ATLANTA, GA 30305-1509 | C J, SIE Z | | Phone no 404- | 300 | _174 | 00 |
| Maria | | | | | | | |
| | he IRS discuss this return with the preparer shown above? See instructions | | | | X Y | | No |
| DAA | | | | Fc | ım 99 | 0-EZ | (2010) |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

COLLEGE SPORTS COUNCIL

Employer Identification number 04-3670707

| P | art I | Reas | on for Public Charity | Status (All organizations | must co | omplete | this p | art.) S | ee ins | tructio | ons. | | |
|-----|--------|---|--|--|---------------|--------------|--|------------------------|-----------|-------------------------|--------------|--------|---------------|
| The | orgar | nization is not a | private foundation because | it is (For lines 1 through 11, che | ck only or | ne box) | | | | | | | |
| 1 | | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). | | | | | | | | | | | |
| 2 | П | A school desc | nbed in section 170(b)(1)(A)(ii). (Attach Schedule E) | | | | | | | | | | |
| 3 | П | A hospital or a | cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | | | | |
| 4 | П | A medical res | search organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, | | | | | | | | | | |
| | _ | city, and state | | | | | | | | | | | |
| 5 | \Box | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in | | | | | | | | | | | |
| | | _ | tion 170(b)(1)(A)(iv). (Complete Part II) | | | | | | | | | | |
| 6 | \Box | | | vernmental unit described in sec | tion 170(| b)(1)(A)(v | ·). | | | | | | |
| 7 | X | | <u> </u> | ubstantial part of its support from | - | | • | n the aei | neral pu | blic | | | |
| | _ | | section 170(b)(1)(A)(vi). (Co | | • | | | | | | | | |
| 8 | | | , ,, ,, ,, , | '0(b)(1)(A)(vi). (Complete Part II |) | | | | | | | | |
| 9 | | - | | more than 33 1/3% of its suppo | • | ntributions | . membe | ership fe | es. and | aross | | | |
| | ш | = | • | ot functions—subject to certain e | | | | • | | - | | | |
| | | | - | d unrelated business taxable inco | | | | | | | | | |
| | | | • | , 1975 See section 509(a)(2). (| • | | , | | | | | | |
| 10 | | | • | xclusively to test for public safety | • | • | a)(4). | | | | | | |
| 11 | П | - | - | clusively for the benefit of, to pe | | | | carry ou | t the | | | | |
| | _ | purposes of o | ne or more publicly supporte | d organizations described in sec | tion 509(a |)(1) or se | ction 509 | 9(a)(2) S | See sec | tion | | | |
| | | 509(a)(3). Ch | eck the box that describes th | e type of supporting organization | and com | plete lines | 11e thr | ough 11 | h | | | | |
| | | a Type | | | | | | | | | | | |
| е | | By checking the | his box, I certify that the orga | nization is not controlled directly | or indirect | ly by one | or more | dısqualı | fied per | sons | | | |
| | _ | other than fou | indation managers and other | than one or more publicly support | orted organ | nizations o | describe | d in sect | ion 509 | (a)(1) | | | |
| | | or section 509 | 9(a)(2) | | | | | | | | | | |
| f | | If the organiza | ation received a written deter | mination from the IRS that it is a | Type I, Ty | pe II, or T | ype III s | upportin | g | | | | |
| | | organization, | check this box | | | | | | | | | | |
| g | | Since August | 17, 2006, has the organization | on accepted any gift or contributi | on from ar | ny of the | | | | | | | |
| | | following per | sons? | | | | | | | | | | |
| | | (i) A person | who directly or indirectly cor | ntrols, either alone or together wi | th persons | descnbe | ed in (ii) a | and | | | | Ye | s No |
| | | (III) belov | v, the governing body of the s | supported organization? | | | | | | | 11g | (i) | |
| | | (ii) A family | member of a person describe | ed in (i) above? | | | | | | | 11g | (ii) | |
| | | (iii) A 35% c | ontrolled entity of a person de | escribed in (i) or (ii) above? | | | | | | | 119 | | |
| h | | Provide the f | ollowing information about th | e supported organization(s) | | | | | | | | | |
| (i) | Name | e of supported | (ii) EIN | (iii) Type of organization | (iv) is the c | organization | (v) Did) | ou notify | (vi) | s the | (vii) | Amount | of |
| | org | anızatıon | | (described on lines 1–9 | | sted in your | | nization in of your | organizat | on in col zed in the | s | upport | |
| | | | | above or IRC section (see instructions)) | governing | document? | | ort? | | 3? | | | |
| | | | | , " | Yes | No | Yes | No | Yes | No | | | |
| (A) | | | | | | | | | | | | | |
| | | | | | | | ļ | | | | | | |
| (B) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (C) | | | | | | | | | | | | | |
| | | | <u></u> | | | | ļ | | | | <u></u> | | . |
| (D) | | | | | | | | | | | | | |
| (E) | | | | | | | | | \vdash | | | | |
| | | | | | 1 | | | | | | | | |
| | | | - | | | | | | | | | | |

Part II 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| <u>Sec</u> | tion A. Public Support | | | | | | |
|------------|--|------------------------|----------------------|------------------------|---------------------|------------|---------------------------------------|
| Cale | ndar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 95,380 | 44,864 | 32,713 | 26,126 | 23,826 | 222,909 |
| 2 | Tax revenues levied for the 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 | 95,380 | 44,864 | 32,713 | 26,126 | 23,826 | 222,909 |
| 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) | | | | ······ | | 133,361 |
| Sec | Public support. Subtract line 5 from line 4 tion B. Total Support | <u> </u> | | | F | | 89,548 |
| | ndar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 7 | Amounts from line 4 | 95,380 | 44,864 | 32,713 | 26,126 | 23,826 | 222,909 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 33,380 | 44,004 | 32,713 | 20,120 | 23,626 | 222,909 |
| 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) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 222,909 |
| 12 | Gross receipts from related activities, etc. (s | • | | | | 12 | |
| 13 | First five years. If the Form 990 is for the o | rganization's first, s | econd, third, fourth | , or fifth tax year as | a section 501(c)(3 | () | |
| | organization, check this box and stop here | | | <u> </u> | | | • |
| _ | tion C. Computation of Public Su | • | | | | | |
| 14 | Public support percentage for 2010 (line 6, | | • | 7)) | | 14 | 40.17% |
| 15 | Public support percentage from 2009 Sched | | | | | 15 | 39.63% |
| 16a | 33 1/3% support test—2010. If the organiz | | | | 3% or more, check | this | |
| | box and stop here. The organization qualifi | | | | | | ► X |
| b | 33 1/3% support test—2009. If the organize check this box and stop here. The organize | ition qualifies as a p | ublicly supported o | rganization | | | > |
| 17a | 10%-facts-and-circumstances test—2010 10% or more, and if the organization meets Part IV how the organization meets the "factorganization" | the "facts-and-circu | ımstances" test, ch | eck this box and ste | op here. Explain ın | ı | - □ |
| b | 10%-facts-and-circumstances test—2009 15 is 10% or more, and if the organization in Explain in Part IV how the organization mee | neets the "facts-and | -cırcumstances" te | st, check this box a | nd stop here. | | |
| 18 | supported organization Private foundation. If the organization did | | | | | | ▶ □ |
| | instructions | | | | | | ▶ 🗆 |

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | tion A. Public Support | | | | | | | |
|-------------|---|----------------------|---------------------|-------------------------|--------------------|----------|----|-------------|
| Cale | ndar year (or fiscal year beginning in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | | |
| 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 | | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | | |
| C | Add lines 7a and 7b | | | | | | | |
| 8 | Public support (Subtract line 7c from | | | | | | | |
| | line 6) | <u> </u> | <u> </u> | | | | 1 | |
| | tion B. Total Support | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | | (f) Total |
| 9 | Amounts from line 6 | (a) 2000 | (b) 2007 | (6) 2000 | (u) 2009 | (8) 2010 | | (i) iotai |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | | |
| С | Add lines 10a and 10b | - | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | | |
| 12 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | | |
| 14 | First five years. If the Form 990 is for the corganization, check this box and stop here | - | second, third, four | th, or fifth tax year a | s a section 501(c) | (3) | • | ▶ □ |
| Sec | tion C. Computation of Public Su | pport Percent | age | | | | | |
| 15 | Public support percentage for 2010 (line 8, | column (f) dıvıded | by line 13, column | (f)) | | | 15 | % |
| <u> 16</u> | Public support percentage from 2009 Sche | | | | | | 16 | % |
| Sec | tion D. Computation of Investme | <u>nt Income Per</u> | centage | | | | | |
| 17 | Investment income percentage for 2010 (lin | | - | column (f)) | | | 17 | <u>%</u> |
| 18 | Investment income percentage from 2009 S | | | | | L | 18 | <u> </u> |
| 19a | 33 1/3% support tests—2010. If the organ | | | | | | | ▶ □ |
| b | 17 is not more than 33 1/3%, check this box | | = - | | • | | | |
| | 33 1/3% support tests—2009. 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 | • | - | | • • • | | | |

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

omplete to provide information for responses to specific questions Form 990 or 990-EZ or to provide any additional information.

• Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service

COLLEGE SPORTS COUNCIL

Employer Identification number

04-3670707

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION AMOUNT

EXPENSES

WEBSITE EXPENSE \$ 3,575

MEDIA EXPENSES \$ 10,000

MISCELLANEOUS \$ 2,550

FUNDRAISING EXPENSES \$ 2,491

INTEREST ON LOC \$ 150

FORM 990-EZ, PART III, LINE 28 - FIRST ACHIEVEMENT

PROMOTED THE PRESERVATION AND EDUCATIONAL IDEALS OF STUDENT-ATHLETE

PARTICIPATION IN COLLEGE SPORTS AND PROMOTED THE INTEREST OF STUDENT

ATHLETES AND COACHES. OFFER FORUM FOR EDUCATION ON WEBSITE AND THROUGH

OTHER PUBLIC FORUMS.

TOTAL \$

18,766