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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)

Inspection

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

Open to Public

OMB No 1545-0047

<u>A</u> <u>F</u>	or the	2011 calendar year, or tax year beginning $$ JUL $1$ , $$ $2011$ $$ and ending	JUN	<u> 30, 2012</u>				
В	heck if pplicable	C Name of organization	D	Employer identific	cation number			
	Address change	Western Athletic Conference						
	Name change	Doing Business As		84-0516838				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/	suite E	Telephone number				
	Termin-	9250 E. Costilla Avenue 300			962-4215			
	Amende return		G	Gross receipts \$	12,083,260.			
	Applica-	Englewood, CO 80112	H(	a) is this a group re				
	pending	F Name and address of principal officer Jeff Hurd		for affiliates?	Yes X No			
		same as C above	H(I	b) Are all affiliates inc	luded? Yes No			
1 1	ax-exer	npt status: X 501(c)(3) 501(c)( ) ◀ (Insert no.) 4947(a)(1) or	527	If "No," attach a	list. (see instructions)			
J 1	Vebsite	:▶ www.wacsports.com	H(	c) Group exemption	n number			
		rganization: X Corporation	Year of fo	rmation: 1962 N	State of legal domicile: CO			
Pa	rt I	Summary						
ą.	1 B	riefly describe the organization's mission or most significant activities See Sche	edule	0				
Activities & Governance	_							
Ë	<b>2</b> 0	theck this box 🕨 🔛 if the organization discontinued its operations or disposed of	more tha	ın 25% of its net aş	sets			
ŏ	3 N	lumber of voting members of the governing body (Part VI, line 1a)		3	8			
ಶ	4 N	lumber of independent voting members of the governing body (Part VI, line 1b)		4	8			
es	5 T	otal number of individuals employed in calendar year 2011 (Part V, line 2a)		5	20			
Σ	6 T	otal number of volunteers (estimate if necessary)		6	1200			
Act	7a T	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
_	b N	et unrelated business taxable income from Form 990-T, line 34		7b	0.			
				Prior Year	Current Year			
ē	8 C	contributions and grants (Part VIII, line 1h)		2,335,177.	2,215,718.			
ē	9 P	rogram service revenue (Part VIII, line 2g)	18	3,596,930.	9,601,500.			
Revenue	10 Ir	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		22,712.	60,505.			
_	11 C	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		186,591.	<u> 191,590.</u>			
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21		12,069,313.			
	13 G	irants and similar amounts paid (Part IX, column (A), lines 1:3)	1	,796,500.	1,424,805.			
	14 B	enefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
è	<b>15</b> S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5 10)	1	.,805,059.	<u>1,837,400.</u>			
Expenses		rofessional fundraising fees (Part IX, column (A), line (1) 2 2012		0.	0.			
ă	l .	otal randraising expenses (Fart IX, Goldmin (B), line 25)						
ш	ı	other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,933,948.	8,137,958.			
	l .	otal expenses. Add lines 13-17 (must equal Part IX, column (A); line.25)		3,535,507.	11,400,163.			
<u> </u>	19 R	evenue less expenses. Subtract line 18 from line 12		2,605,903.	669,150.			
Net Assets or Fund Balances				ing of Current Year	End of Year			
Sse	20 T	otal assets (Part X, line 16)	4	1,842,019.	5,512,182.			
ng 4	21 T	otal liabilities (Part X, line 26)	<u> </u>	242,223.	260,527.			
	22 N	let assets or fund balances Subtract line 21 from line 20	4	1,599,796.	5,251,655.			
		Signature Block						
		ies of perjury, I declare that I have examined this return, including accompanying schedules and si and complete. Declaration of pleparer (pther than officer) is based on all information of which pre			y knowledge and belief, it is			
C	s correct,	and complete, medial and in preparer (pliner than onicer) is based on an information of which pre	parer nas	10-1	8-17			
ď	ا د	Signature of officer		Date	0 10			
Sigi	4	Jeff Hurd, Interim Commissioner		Duito				
ner		Type or print name and title						
Sigi Her			Date	Check	PTIN			
Paid		Print/Type preparer's name  Steven R. Corder  Preparer's signature		1/ 1~ 1				
Pror		Firm's name Kundinger, Corder & Engle, P.C.		, , , , , , , , , , , , , , , , , , , ,	<u> </u>			
		Firm's address 475 Lincoln Street, Suite 200		Firm's EIN	<del> </del>			
-55	<b>Z</b>	Denver, CO 80234		Phone no 3	03-534-5953			
Mar		S discuss this return with the preparer shown above? (see instructions)		j rhone no. 3				
14101	CHO II TO	C Globalo trip rotatif with the proparor showil above, (see instructions)			X Yes No			

	+ III Statement of Program Service Accomplishments
Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission
	See description on Form 990, Part I, Line 1.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
•	If "Yes," describe these changes on Schedule O.
	,
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 8,702,189. including grants of \$) (Revenue \$ 9,642,085.)
	The Conference establishes the regular season schedule for all
	sponsored sports as well as participatory guidelines for each sponsored
	sport. The Conference also incurs travel, hotel, meal, and additional
	ancillary expenses for those teams that represent the Conference and
	participate in postseason football bowls. Every year the Conference
	distributes monies to the member institutions based upon established
	guidelines. These monies are related to the overall competitiveness of
	WAC football teams and its appearances on ESPN and overall
	competitiveness and participation of both the men's and women's
	basketball teams, both regular and post season. The Conference also
	hosts 13 Championships in the sports of cross country, women's soccer,
	volleyball, women's swimming and diving, indoor track and field, men's
46	
4b	
	As part of the NCAA structure, each Conference receives a Student
	Assistance Fund that is distributed to all members and is intended to
	provide benefits to student-athletes, or their families, in meeting
	financial needs that arise in conjunction with participation in
	intercollegiate athletics, enrollment in an academic curriculum, or
	that recognize academic achievement. The Conference also incurs
	expenses in this area that ensure that each of the schools and its
	entire athletic programs, including coaches, student-athletes,
	administrators and staff remain in compliance with bylaws and rules
	established by the NCAA.
4c	(Code) (Expenses \$
	**************************************
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 10,153,336.
	Form <b>990</b> (2011)

Part IV	Checklist of	Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	-	X
U	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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,	_0_		21
•	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		х
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	Х	
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			77
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	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	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			-
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u> _
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
46	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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		<u>X</u> _
D	Investment, and program service activities outside the United States, or aggregate foreign investments valued at \$10,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	_14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	_170		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	İ	_X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	_17		_X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u> 990 (2	20441
		-orm	コンリ ()	70771

Form 990 (2011)

Page 4

Note. All Form 990 filers are required to complete Schedule O

# Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V

	Check if Schedule O contains a response to any question in this Part V			ليار	ĺ
			Yes	No	_
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  1a 2				
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
_	(gambling) winnings to prize winners?	1c			_
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return  2a 20				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_2b_	X		-
٥.	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			37	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	-
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b			-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v	
<b>L</b>	financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country	4a_		X	-
U	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.				
5a				v	
b		_5a 5b		X	-
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			-
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_50			-
-	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	- Oa		- 41	
	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	
ь		7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e_		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/		_
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	<u>A</u>	_
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A				
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			-
9	Sponsoring organizations maintaining donor advised funds.				
	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			_
10	Section 501(c)(7) organizations. Enter.				
	Initiation fees and capital contributions included on Part VIII, line 12  Green receipts, included on Form 990, Part VIII, line 13 for multiple use of all the facilities.				
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter		İ		
	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				
	amounts due or received from them.)		j		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ı		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	120			-
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?  N/A	13a		·—·	-
	Note. See the instructions for additional information the organization must report on Schedule O.				-
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans		j		
С	Enter the amount of reserves on hand		l		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			-
					-

Form 990 (2011) Western Athletic Conference 84-0516838 Page 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.

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8			
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		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
_	The governing body?	8a	х	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			_
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	_X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		<u> X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None  Section 6104 required on a section to Tolking 1000 (see 1004 for a leable). 800 and 800 T (See the Settle).			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
40	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	tinar	icial	
20	statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization Mollie Lehman - 303-962-4215	ion. 🏴		
	9250 E. Costilla Avenue, Englewood, CO 80112			
12200	1210 E. COSCIIIA AVERGE, BRIGIEWOOD, CO 00112			

Form	aan	/201	4١

#### Western Athletic Conference

84-0516838

Page 7

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

Check if Schedule O contains a response to any question in this Part VII

#### 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.
- 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, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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)	d organization compensat		(D)	(E)	(F)				
Name and Title	Average	POSITION (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated				
	hours per			compensation	compensation	amount of				
	week	$\vdash$			Tecto	Jirus	leej	from	from related	other
	(describe hours for	trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	10 99	stee			nsate		(W-2/1099-MISC)	(** 2/ 1033-141130)	organization
	organizations	i i	lal tru		) yee	ombe		'		and related
	ın Schedule	Individual	nstitutional trustee	Officer	Key employee	Highest compensated employee	i iii			organizations
(1) Stan Albrecht	O)	Ē	≌	₹	, Ke	훌륭	ᅙ		<del></del>	
Board Chair	2.00	$ _{\mathbf{x}}$		X				0.	0.	0.
(2) John Welty						<del>                                     </del>		0.		
Board Member	2.00	x						0.	0.	0.
(3) Virginia Hinshaw							-			
Board Member	2.00	$\mathbf{x}$				ł	ŀ	0.	0.	0.
(4) Duane Nellis										
Board Member	2.00	X		İ				0.	0.	0.
(5) Dan Reneau	_									
Board Member	2.00	Х						_ 0.	0.	0.
(6) Marc Johnson										
Board Member	2.00	X					L.	0.	0.	0.
(7) Barbara Couture										
Board Member_	2.00	X	ļ					0.	0.	0.
(8) Mohammad Qayoumi								_		
Board Member	2.00	X		L_	_	_		0.	0.	0.
(9) Karl Benson	40.00			l '					_	_ <b></b>
Commissioner	40.00	<u> </u>		X	ļ	<b>├</b> —	_	386,131.	_0.	152,133.
(10) Jeff Hurd	40.00	ĺ		,,				126 001	•	22 252
Interim Commissioner	40.00	-		X				136,881.	0.	39,852.
(11) Connnie Hurlbut	40.00			٦,				155 501		15 015
Sr. Associate Commissio	40.00			X	<b> </b>	-		155,501.	0.	15,017.
(12) Mollie Lehman	40.00			x				77 107	ا م	17 500
Associate Commissioner and CFO	40.00	<u> </u>		Λ	┢			77,197.	0.	17,500.
		╁							<del></del>	_
	<del>-   -</del>	t	$\vdash$	-	l					
					<u> </u>	_				
			1		Ь			l		L

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

0

	1 990   rt <b>VI</b> I		ern Athle	tic Conf	erence		84-0516	5838 Page <b>9</b>
,					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines	nts, and nts, and nts, and nts, and	215,718.				
Program Service C Revenue	2 a b c d e	BCS payments ESPN television	tourne contra	Business Code 711300 711300 711300 711300 711300 711300	2,215,718. 3,200,000. 2,708,893. 1,763,400. 1,000,000. 562,363. 366,844. 9,601,500.	2,708,893. 1,763,400. 1,000,000. 562,363.		
	3 4 5	Investment income (including other similar amounts) Income from investment of ta Royalties	x-exempt bond p	proceeds	74,452. 151,005.			74,452. 151,005.
	7 a	Less rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory	(i) Real	(ii) Personal				
anne	c	Less. cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisin including \$	=	+	<13,947.	>		<13,947.
Other Revenue	С	contributions reported on line Part IV, line 18 Less: direct expenses Net income or (loss) from fund Gross income from gaming ad Part IV, line 19	a 1c) See a b draising events	<b>•</b>				
	c 10 a	Less: direct expenses  Net income or (loss) from gan  Gross sales of inventory, less and allowances  Less cost of goods sold	b ning activities	<b>•</b>				
			ie	Business Code 900099	40,585.	40,585.		
13200 01-23	12	All other revenue  Total. Add lines 11a-11d  Total revenue. See instructions.		<b>&gt;</b>	40,585. 12069313.	9,642,085.	0.	211,510. Form <b>990</b> (2011)

# Form 990 (2011) 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)

	Chook of Cohodula O contains a second		in Dead IV	·	
	Check if Schedule O contains a resport to tinclude amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,424,805.		<b>3</b>	
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	902,316.	445,516.	456,800.	
7	Other salaries and wages	547,516.	366,648.	180,868.	
8	Pension plan accruals and contributions (include	F0 050	2.5	16 150	
_	section 401(k) and section 403(b) employer contributions)	50,868.	34,718.	16,150.	
9	Other employee benefits	252,641.	152,739.	99,902.	
10	Payroll taxes	84,059.	47,752.	36,307.	
11	Fees for services (non-employees)				
a	Management	12,143.	-	12,143.	
b	Legal Accounting	12,143.		14,143.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	13,516.		13,516.	
g g	Other	124,322.	72,593.	51,729.	<u> </u>
12	Advertising and promotion	240,881.	, _ , _ , _ ,	240,881.	<del></del>
13	Office expenses	240,457.	136,580.	103,877.	
14	Information technology	•	•		
15	Royalties				
16	Occupancy				
17	Travel	164,397.	164,397.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	112,177.	77,523.	34,654.	
20	Interest				
21	Payments to affiliates		<b>5.</b> -4.5		
22	Depreciation, depletion, and amortization	70,512.	70,512.		
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Member payouts	5,272,350.	5,272,350.		
b	Athletic Events	1,871,203.	1,871,203.		
С	WAC SAAC Expense	16,000.	16,000.		
d					
е	All other expenses	44 485 455	40-45-5-5		
<u>25</u>	Total functional expenses. Add lines 1 through 24e	11,400,163.	10,153,336.	1,246,827.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined			į	
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2011)

Pa	πχ	Balance Sneet		_			
•					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	_			1	· · · · · · · · · · · · · · · · · · ·
	2	Savings and temporary cash investments			2,066,763.	2	1,020,411.
ets	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	1,803,981.	4	1,453,590.		
	5	Receivables from current and former officers, di	rectors, tru	ustees, kev			2/200/0
		employees, and highest compensated employee		-			
		of Schedule L				5	
	6	Receivables from other disqualified persons (as	defined ur	nder section			
		4958(f)(1)), persons described in section 4958(c					
		employers and sponsoring organizations of sect		•			
		employees' beneficiary organizations (see instru		(o) rola mary		6	
	7	Notes and loans receivable, net	0110110)	ł		7	
Assets	8	Inventories for sale or use			-	8	
⋖	9	Prepaid expenses and deferred charges		ŀ	69,570.	9	46,820.
		Land, buildings, and equipment cost or other	1 1	ŀ	03,370.	9	40,020.
	100	basis Complete Part VI of Schedule D	10a	356,687.			
	<b>.</b>	Less: accumulated depreciation	10b	134,391.	284,554.	40-	222 206
		investments - publicly traded securities	LIUD	134,331.	617,151.		222,296. 2,769,065.
	11	Investments - publicly traded securities  Investments - other securities See Part IV, line 1	14	}		11	<u> </u>
	12	•		ł		12	
	13	Investments - program-related See Part IV, line	11	}	<u> </u>	13	<del></del>
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	-11 04		4 040 010	15	F F10 100
	16	Total assets. Add lines 1 through 15 (must equa	ai iine 34)		4,842,019.	16	5,512,182.
	17	Accounts payable and accrued expenses		}	67,869.	17	29,516.
	18	Grants payable		}	-	18	<del></del>
	19	Deferred revenue		}	<del></del>	19	<del></del>
_	20	Tax-exempt bond liabilities			<del></del>	20	<del></del>
Liabilities	21	Escrow or custodial account liability. Complete F		F	<del></del>	21	
iiq 1	22	Payables to current and former officers, director					
Lia		highest compensated employees, and disqualific	ea person:	s Complete Part II			
		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	· ·	ľ	-	23	
	24	Unsecured notes and loans payable to unrelated	•	The state of the s		24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	17-24) Co	omplete Part X of	174 254		021 011
		Schedule D		-	174,354.		231,011.
	26	Total liabilities. Add lines 17 through 25		<del>v)</del>	242,223.	26	260,527.
		Organizations that follow SFAS 117, check he	ere 🕨 L	X and complete			
ces		lines 27 through 29, and lines 33 and 34.			4 245 440		4 654 540
lan	27	Unrestricted net assets		-	4,345,119.		4,651,742.
Ва	28	Temporarily restricted net assets		<u> </u>	254,677.	28	599,913.
ш	29	Permanently restricted net assets		,		29	
F		Organizations that do not follow SFAS 117, ch	neck here	▶			
S OI		complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or o	ther funds	4 500 505	32	
_	33	Total net assets or fund balances			4,599,796.	33	5,251,655.
	34	Total liabilities and net assets/fund balances			4,842,019.	34	5,512,182.

orm	<u> 1990 (2011) Western Athletic Conference</u>	84-05	16838	Pac	<sub>je</sub> 12	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI				X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,069	3,3	13.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,400			
3	Revenue less expenses. Subtract line 2 from line 1	3	669	,1	50.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,599	7.	96.	
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<17	$7,\overline{2}$	91.	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,251	6.	55.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII				$\mathbf{x}$	
				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	0				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O	1 1	-		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a	1 1			
	separate basis, consolidated basis, or both			- 1		
	X Separate basis Consolidated basis Both consolidated and separate basis			- 1		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audıt		ł		
	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	red audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b			
			Form 9	990 (2	2011)	

#### SCHEDULE A (Form 990 or 990-EZ)

•

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization Employer identification number Western Athletic Conference 84-0516838 Reason for Public Charity Status (All organizations must complete this part ) See instructions. Part I The organization is not a private foundation because it is. (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) |X| An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** \_\_\_\_ Type II c \_\_\_ Type III · Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11a(iii h Provide the following information about the supported organization(s). (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (vii) Amount of organization organizátion in col. in col. (i) listed in your organization in col. organization (described on lines 1-9 (i) organized in the U.S.? support governing document? (i) of your support? above or IRC section (see instructions)) Yes Nο Yes No Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

		r 990-EZ) 2011
Part II	Support	Schedule fe

Page 2

Pa	art II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(	/i)
_	(Complete only if you checke	d the box on line 5	5, 7, or 8 of Part I o	or if the organization	on failed to qualify	under Part III If the	e organization
	fails to qualify under the tests	s listed below, plea	ase complete Part	III)			
Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf					<u> </u>	
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
_6	Public support. Subtract line 5 from line 4				<u> </u>		
Sec	ction B. Total Support		<b>T</b>	,	T	<del>,</del>	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(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					ļ	
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			1	<u> </u>	ļ .	
	Gross receipts from related activities,	•	•			12	<del>-</del>
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)	. —
50.	organization, check this box and storection C. Computation of Publ		rcontago				
	·			. (0)		1	
	Public support percentage for 2011 (I	• •	•	column (t))		14	%
15	Public support percentage from 2010			on line 12 and line	14 10 22 1/20/ 07	15	<u>%</u>
102	33 1/3% support test - 2011. If the c stop here. The organization qualifies	_			14 15 33 1/370 01 1	nore, check this bo	x and
	33 1/3% support test - 2010. If the o		•		d line 15 in 22 1/20	4 or mara chack th	no box
L	and stop here. The organization qual	_			2 IIII	o of more, check to	IIS DOX
170	10% -facts-and-circumstances tes	•			e 13 16a or 16b	and line 14 is 10%	or more
1/6		•					
	and if the organization meets the "fact meets the "facts-and-circumstances"			•	•	activitiow tile organ	IIZALIUII
j.	10% -facts-and-circumstances tes	_	•		_	17a and line 15 is	10% or
	more, and if the organization meets the	_					
	organization meets the "facts-and-circ						<b>▶</b> □
18	Private foundation. If the organization		-				ıs 🕨

# Schedule A (Form 990 or 990-EZ) 2011 Western Athletic Conference Part III 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

50	qualify under the tests listed be ction A. Public Support	ielow, please comp	olete Part II )	_			<del></del>
		4 ) 0007					T
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and	· ·					
	membership fees received. (Do not	1600566	0100010	0104000	0005455	0045540	10504455
	include any "unusual grants.")	1607566.	2190818.	2184898.	2335177.	2215718.	10534177.
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	17340250.	12923633.	17351857.	18389831.	9642085.	75647656.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	18947816.	15114451.	19536755.	20725008.	11857803.	86181833.
7 a	Amounts included on lines 1, 2, and				1	-	
	3 received from disqualified persons						0.
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						0.
_	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6)						86181833.
	etion B. Total Support			l			00101033.
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	18947816.					
_	Gross income from interest,	1074/010.	17114471.	19330733.	20123000.	1103/003.	00101033.
102	dividends, payments received on securities loans, rents, royalties and income from similar sources	296,309.	196,906.	132,847.	213,258.	225,457.	1064777.
b	Unrelated business taxable income				_		
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	296,309.	196,906.	132,847.	213,258.	225,457.	1064777.
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)	19244125.	15311357.	19669602.	20938266.	12083260.	87246610.
	First five years. If the Form 990 is fo						
	check this box and stop here						ightharpoons
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2011 (	line 8, column (f) di	ivided by line 13, o	column (f))		15	98.78 %
	Public support percentage from 2010		•			16	98.74 %
	ction D. Computation of Inve	-					
17	Investment income percentage for 20	011 (line 10c, colur	nn (f) divided by lii	ne 13, column (f))		17	1.22 %
	Investment income percentage from	•	• •			18	1.26 %
	33 1/3% support tests - 2011. If the		· ·	on line 14. and line	15 is more than 3	· · · · · · · · · · · · · · · · · · ·	
	more than 33 1/3%, check this box a						<b>▶ X</b>
Ŀ	33 1/3% support tests - 2010. If the				-		
_	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization		•	•		•	▶□

### **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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990. ➤ See separate instructions.

QMB No 1545-0047
2011
Open to Public Inspection

Name of the organization

Western Athletic Conference

Employer identification number

84-0516838

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	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	wnting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be u	used only
	for charitable purposes and not for the benefit of the donor of		-
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an hist	orically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	f a conservation easement on the last
	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	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structui	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	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 i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements du	ring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during t	he year ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	n)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes th	ne organization's accounting for
-	conservation easements		
Pai	t III Organizations Maintaining Collections o		her 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 (AS		
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furtheran	ce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pub	lic service, 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 financial	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		► \$ ► \$

		Athletic							<u> 16838</u>	
Pai	rt III   Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, d	or Othe	r Simil	ar Asse	ts (continu	ıed)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following that	at are a si	gnıfıcant	use of its	collection i	tems
	(check all that apply).									
а	Public exhibition	C	ı 🔲 ı	Loan or exc	hange progra	ams				
b	Scholarly research	•	, 🗀	Other						
С	Preservation for future generations			<u> </u>		<u> </u>				
4	Provide a description of the organization's co	ollections and explain	in how th	ey further t	he organizati	on's exer	npt purp	ose in Par	t XIV.	
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be ma	aintained as part of	the organ	nization's co	ollection?				Yes	☐ No
Pai	rt IV Escrow and Custodial Arran	gements. Compl	ete ıf the	organizatio	n answered	"Yes" to	Form 990	), Part IV,	line 9, or	
	reported an amount on Form 990, Par			_					•	
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	s or other as	sets not	ıncluded			
	on Form 990, Part X?		-						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing t	able						
									Amount	
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 Fe	orm 990, Part X, line	21?						Yes	No
	If "Yes," explain the arrangement in Part XIV.									
Pai	t V Endowment Funds. Complete r	the organization ar	nswered	"Yes" to Fo	rm 990, Part	IV, line 10	0		-	
		(a) Current year	<b>(b)</b> P	rior year	(c) Two year	rs back	(d) Three y	ears back	(e) Four ye	ars 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					1				
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curi	ent year end baland	ce (line 1ç	g, column (a	n)) held as.					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	ld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	t are held a	nd administe	ered for th	ie organiz	zation		
	by								Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ıı), are the related organizations	listed as required of	on Sched	ule R?					3b	
4	Describe in Part XIV the intended uses of the					-				
Pai	t VI Land, Buildings, and Equipm	ent. See Form 990	0, Part X,	line 10.						
	Description of property	(a) Cost or o			or other		cumulate	ed	(d) Book v	alue
		basis (investi	ment)	basis	(other)	dep	reciation			
1a	Land									
þ	Buildings									
С	Leasehold improvements									
d	Equipment			35	6,687.	1	34,3	91.	222	,296.
е	Other		1							
Total	Add lines 1a through 1e (Column (d) must e	gual Form 990 Part	X colum	n (R) line 1	(O(c) )				222	296

Schedule D (Form 990) 2011

Western Athletic Conference

84-0516838 Page 3

		Form 990) 2011	Western	<u> Athletic</u>	Conference	<u> </u>				<u>84-</u>	0516838	Page 4
Pa	rt XI	Reconciliation of	Change in N	let Assets fro	m Form 990 to	Audit	ted Fi	nancial S	State	men		
1	Total re	evenue (Form 990, Par	t VIII, column (A),	line 12)				1			12,069	313.
2	Total e	xpenses (Form 990, Pa	art IX, column (A),	line 25)				2			11,400	163.
3	Excess	or (deficit) for the yea	r. Subtract line 2	from line 1				3			669	150.
4	Net un	realized gains (losses)	on investments					4			<17	291.
5	Donate	ed services and use of	facilities					5_				
6	Investr	nent expenses						6	ļ			
7	Prior pe	eriod adjustments						7				
8	•	Describe in Part XIV)			-			8				
9		djustments (net) Add	_					9				<u> 291.</u>
10		or (deficit) for the yea					ru D	10				<u>859.</u>
Par		Reconciliation of	•			nts w	ith Ke	evenue p	er K			
1		evenue, gains, and oth								1	12,038	<u>,507.</u>
2		its included on line 1 b		90, Part VIII, line	12	1	1	45.0				
а		realized gains on inves				2a		<17,2	91.	<b>&gt;</b>		
b		ed services and use of				2b						
С		eries of prior year grant	:S			2c						
d	•	Describe in Part XIV)				_2d					4-	
е		es 2a through 2d								2e		<u> 291.</u>
3		ct line 2e from line 1								3	12,055,	<u> 798.</u>
4		its included on Form 9				1 1	1	40 -				
а		nent expenses not incl	uded on Form 99	0, Part VIII, line 7	'b	_4a		13,5	15.			
b	,	Describe in Part XIV)				4b					4.5	-4-
_C		es 4a and 4b								4c		515.
5 Dai		evenue Add lines 3 an Reconciliation of				nte V	A/i+h E	Vnoncos	nor	5 Potu	12,069,	<u>313.</u>
					ilanciai Stateme	iilo v	VILII L	yperises	hei	ı	11,386,	610
1		xpenses and losses pe its included on line 1 b			=					1	11,300,	040.
2		ed services and use of		90, Part IX, line 2:	J	2a	1					
a		ear adjustments	lacinties			2b						
b	Other le	•				2c				1		
C		Describe in Part XIV)				2d						
d e		es 2a through 2d				_ Zu				2e		n
3		ct line 2e from line 1								3	11,386,	648
4		its included on Form 9	90 Part IX line 2	5 but not on line	4.					-	11,300,	0 10 1
т э		nent expenses not incl		•		4a	1	13,5	15.			
b		Describe in Part XIV.)	adod on rommoo	o, r a. r v, v	-	4b						
		es 4a and 4b								4c	13.	515.
5		xpenses. Add lines 3 a	nd <b>4c</b> . (This must	egual Form 990.	Part I. line 18)					5	11,400,	163.
		Supplemental Inf			,	-				<u> </u>		
		s part to provide the d		ed for Part II. line	s 3, 5, and 9; Part III.	lines 1	1a and 4	4. Part IV. I	nes 1b	and 2	2b: Part V. line	4. Part
		: XI, line 8; Part XII, line										1,1 4.1
,	<b>,</b>	, , ,	,,,,	,,	<b>-</b>				,			
											<del>-</del>	
					<u> </u>							
								-				

SCHEDULE (Form 990)

Department of the Treasury

Internal Revenue Service

Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States

▶ Attach to Form 990.

2011
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Open to Public

Inspection

2 [] Employer identification number 84-0516838 Student assistance and Student assistance and Student assistance and Student assistance and Student assistance and (h) Purpose of grant student opportunity student opportunity tudent opportunity student opportunity student opportunity or assistance X Yes 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, unda unds recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed ame and address of organization

(a) Amount of or government (book, received more than \$5,000 Part II can be duplicated if additional space is needed (g) Description of valuation (book, received more than \$5,000 Part II can be duplicated if additional space is needed (g) Description of valuation (book, received more than \$5,000 Part II can be duplicated if additional space is needed (g) Description of valuation (book, received more than \$5,000 Part II can be duplicated if additional space is needed (g) Description of valuation (hook, received more than \$5,000 Part II can be duplicated if additional space is needed (g) Description of valuation (hook, received more than \$5,000 Part II can be duplicated if additional space is needed (g) Description of valuation (hook, received more than \$5,000 Part II can be duplicated if additional space is needed (g) Description of valuation (hook, received more than \$5,000 Part II can be duplicated if additional space is needed (g) Description of valuation (hook, received more than \$5,000 Part II can be duplicated if additional space is needed (g) Description of valuation (hook, received more than \$5,000 Part II can be duplicated if additional space is needed (g) Description of valuation (hook). 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ö Ö Ö o. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 264,713, 174,914 248,105 124, 761 215,525 Western Athletic Conference 99-6000354 82-9000945 72-6000792 General Information on Grants and Assistance 88-6000024 85-6000401 criteria used to award the grants or assistance? 1 (a) Name and address of organization New Mexico State University Louisiana Tech University University of Hawai'i 17 Lower Campus Road University of Nevada Las Cruces, NM 88003 University of Idaho Name of the organization Honolulu, HI 96822 14 Virginia Street Moscow ID 83844 Ruston, LA 71270 Activity Center Reno, NV 89557 50 W. Alabama 15 Wella St Part Part II

132101 01-27-12

Schedule I (Form 990) (2011)

Student assistance and

student opportunity

unda

194,807

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

77-0414438

San Jose State University

San Jose, CA 95192

0

Washinton Square

3 Enter total number of other organizations issed in the insertions for Form 990.

Schedule I (Form 990) WESTERN ALTIETIC CONTERENCE  Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Western Athletic Conterence Grants and Other Assistance to Governments and Or	Onterence vernments and Organ	nizations in the Ur	nited States (Sche	dule I (Form 990), Par		84-0516838 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Utah State University 10 Old Main Hill Logan, UT 84322	87-6000528		201,980,	0			Student assistance and student opportunity funds.
							Schedule I (Form 990)

84-0516838 (Form 990) (2011) Western Athletic Conference
Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Schedule I (Form 990) (2011)

Part III Grants and Other

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
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	required in Part I, I	ine 2, and any other	additional information	
Schedule I, Part I, Line 2: Grant funds	ומסו		to member	remitted to member schools who	
certain criteria.	1 1				

Schedule I (Form 990) (2011)

### SCHEDULE J (Form 990)

**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. 2011

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

➤ Attach to Form 990. ➤ See separate instructions

Western Athletic Conference

Employer identification number 84-0516838

**Questions Regarding Compensation** Part I 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 First-class or charter travel Housing allowance or residence for personal use X Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments X Health or social club dues or initiation fees 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 X 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Х 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, Explain in Part III X Compensation committee X Written employment contract Independent compensation consultant X Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee 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 Receive a severance payment or change-of-control payment? X 4a X Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c 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. 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 a The organization? X b Any related organization? X 5b 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. a The organization? 6a b Any related organization? X 6b If "Yes" to line 6a or 6b, describe in Part III 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 Х 7 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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 Х If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099 MISC compensation	SC compensation	(0)		(3)	(£)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(I)-(D)	Compensation reported as deferred in prior Form 990
	E	356.718.	25.000.	4.413.	135,833.	16,300.	538,264.	0
1 Karl Benson	Ξ		0	0	0	0	0	0
	Ξ	133,054.	2,500.	1,327.	12,545.	27,307.	176,733.	0
2 Jeff Hurd	(E)	0	0.	0.	0.	0	0.	0
	(3)	151,614.	2,500.	1,387.	12,180.	2,837.	170,518.	0
3 Connnie Hurlbut	▣	0	0.	0	0.	0	0.	0
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11	▣							
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12	▣				i			
	Ξ							
13	▣							
	Ξ			Ī				
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	Ξ						ı	
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16	∄							

Schedule J (Form 990) 2011

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line 4b: The Conference Commissioner, Karl Benson, received	oward a pension annuity in the Conference's tax year ended June	2012. Effective ownership of the pension annuity was transferred to the	Conference Commissioner, Karl Benson, effective May 17, 2012, and the	physical funds will be transferred to the Commissioner on or before	31, 2012.						
art I, Line 4b: T	\$75,000 toward a r	30, 2012. Effectiv	onference Commiss	hysical funds wil	December 31, 2012.						

Schedule J (Form 990) 2011

# SCHEDULE O ·(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

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.
Form 990, Part III, Line 4a, Program Service Accomplishments:
and women's tennis, men's golf, softball, outdoor track and field, and
baseball. These championships serve 8 universities, 116 teams, and
approximately 1,945 student-athletes. Championships governed by the
Conference provide equitable and competetive 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, 2012 member institutions include: Fresno 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
filing.

Western Athletic Conference	84-0516838
Form 990, Part VI, Section B, line 12: Each member instit	ution
representative is obligated to disclose conflicts. Howeve	r, annual
disclosure statements are not consistently completed.	
Form 990, Part VI, Section B, Line 15: The Conference Com	missioner's
compensation is reviewed by the executive committee (comp	rised of three
board members) based upon industry and economic factors,	as well as
comparable conference commissioner salaries. After review	ing these factors,
the executive committee then makes a recommendation to the	e entire Board who
subsequently vote on the recommendation and approve the e	ntire salary
package.	
Similar information is reviewed/considered by the Commiss	ioner in
determining the compensation of other officers or key emp	oloyees.
Form 990, Part VI, Section C, Line 19: Articles of Incorp	oration 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 5, Changes in Net Assets:	
Net unrealized losses on investments:	-17,291.
Form 990, Part XI, line 2c	
This process has not changed from the prior year.	