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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Open to Public Inspection

Departifient of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990. and ending MAR 31 2014 2015

A I	or the	2014 calendar year, or tax year beginning APR 1, 2014 and er	nding <u>M</u>	AR 31, 2015	
В	Check if	C Name of organization		D Employer identific	ation number
ŧ	applicabl	LIBERTY BOWL FESTIVAL ASSOCIATION			
П	Addre chang	99			
F	Name chang			62-60	064769
Η	Initial return		oom/suite	E Telephone number	
H	Final	1 0E0 PIDCEWAY LOOP	01		795-7700
	⊸return, termin ated		<u> </u>	G Gross receipts \$	8,647,461.
_	Amen				
⊨	Ireturn Applic	MEMPHIS, TN 38120		H(a) Is this a group re	
<u></u>	itión pendir	_ F Name and address of principal officer: FERRI WINSTEAD		for subordinates	
		SAME AS C ABOVE	507	H(b) Are all subordinates in	
		empt status: 501(c)(3) X 501(c) (4) ◀ (Insert no.) 4947(a)(1) or	527		list. (see instructions)
		e: HTTP://WWW.LIBERTYBOWL.ORG	1	H(c) Group exemption	
		organization: Corporation Trust X Association Other ►	L Year o	of formation: 196 / N	State of legal domicile: TN
	art I	Summary		/=	
ø	1	Briefly describe the organization's mission or most significant activities: PROMO			
Governance	1	OF MID-SOUTH & CITIZENS; SUPPORT MISSION			
ern	2	Check this box 🕨 📖 if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	
<u></u>	<u>C</u> 3	Number of voting members of the governing body (Part VI, line 1a)		3	5
کن مور	₹4	Number of independent voting members of the governing body (Part VI, line 1b)		4	5
es.	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	0
Иti	6	Total number of volunteers (estimate if necessary)		6	0
æ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7а	0.
SEACTIVITIES &	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
_			¬ []	Prior Year	Current Year
Revenue D	8	Contributions and grants (Part VIII, line 1h) RECEIVED .] 🗀	25,180.	19,520.
ΞĒ	1	Program service revenue (Part VIII line 2d)		7,853,284.	8,287,075.
e s	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>کا این</u>	34,849.	32,887.
5 6	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c 95 10c, and 11e) 2015	0-5	124,804.	75,673.
i	12	Total revenue - add lines 8 through 11 (must equal Par VIII, column (A), line-12)	震	8,038,117.	8,415,155.
	13	Grants and similar amounts paid (Part IX, column (A), lines (B) DEN, UT	''' - 	2,800,000.	4,500,000.
	14	Benefits paid to or for members (Part IX, column (A); Ime 4)	」 ├	0.	0.
"	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	0.	0.
Expenses	167	Professional fundraising fees (Part IX, column (A), line 11e)	·	0.	0.
De n	h	• , , , , , , , , , , , , , , , , , , ,	0.	0.	
ᄶ	47	• • • • • • • • • • • • • • • • • • • •	<u> </u>	5,238,117.	3,915,155.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	···	8,038,117.	8,415,155.
	į.	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	·· ··		
_ <u>c</u>	19	Revenue less expenses. Subtract line 18 from line 12		0.	0.
Net Assets or Find Balances			Rei	ginning of Current Year	End of Year
SSE	20	Total assets (Part X, line 16)	····	2,243,001.	2,244,736.
et	21	Total liabilities (Part X, line 26)	<u> </u>	282,458.	284,193.
품	22	Net assets or fund balances. Subtract line 21 from line 20		1,960,543.	1,960,543.
	art II	Signature Block			
		lities of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which	ch preparer	has any knowledge.	·
		1 ely willed			/5
Sig	n	Signature of officer		Date • •	
He	re	PERRY-WINSTEAD, CONTROLLER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	JOHN A. MAY, JR. JOHN A. MAY, JR.	0	8/05/15 self-employe	P00210965
Pre	parer	Firm's name DIXON HUGHES GOODMAN LLP		Firm's EIN ▶	56-0747981
	Only	Firm's address 999 S. SHADY GROVE RD, STE 400			
	-	MEMPHIS, TN 38120		Phone no. (9	01)761-3000
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
					Form 990 (2014)

	LIBERTY BOWL FESTIVAL ASSOCIATION	_
	00 (2014) C/O LIBERTY BOWL VENTURE, INC. 62-6064769 Page	<u>2</u>
Pa	Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	1
1	riefly describe the organization's mission:	
	EE SCHEDULE O	—
		—
		—
2	d the organization undertake any significant program services during the year which were not listed on	—
~	e prior Form 990 or 990-EZ? Yes X N	^
	"Yes," describe these new services on Schedule O.	•
3	d the organization cease conducting, or make significant changes in how it conducts, any program services?	٥
_	"Yes," describe these changes on Schedule O.	
4	escribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	ection 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	venue, if any, for each program service reported.	
4a	ode) (Expenses \$ 5,585,362. including grants of \$ 4,500,000.) (Revenue \$ 8,287,075.)
	HE LIBERTY BOWL FESTIVAL ASSOCIATION IS HOST TO THE ANNUAL AUTOZONE	
	IBERTY BOWL NCAA COLLEGE FOOTBALL GAME AND RELATED EVENTS HELD	_
	NNUALLY IN MEMPHIS, TN. THE CITY AND ITS CITIZENS ARE HOSTS TO GUESTS	_
	ROM AROUND THE COUNTRY AND TO A NATIONAL TELEVISION AUDIENCE. THE	_
	SSOCIATION SPONSORS ATHLETIC, CULTURAL, CIVIC AND RELATED ACTIVITIES	_
	O PROMOTE THE SOCIAL AND ECONOMIC WELFARE OF THE MID-SOUTH AND ITS	
	ITIZENS. THE ASSOCIATION PROMOTES AND SUPPORTS THE MISSION OF	
	MERICAN UNIVERSITIES OF HIGHER EDUCATION.	
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4b	ode) (Expenses \$	
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4c	ode) (Expenses \$	<u> </u>
-	/ (Indicated	. ′
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44	ther program convince (Decaribe in Schedule O.)	—

432002 11-07-14 including grants of \$ 5,585,362.

4e Total program service expenses

Form 990 (2014) C/O LIBERTY
Part IV Checklist of Required Schedules C/O LIBERTY BOWL VENTURE, INC.

			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		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_		<u>X</u>
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		<u>X</u> _
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		1	
	during the tax year? If "Yes," complete Schedule C, Part II	_4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5	<u> </u>	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u> _
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-		
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	1		
	If "Yes," complete Schedule D, Part IV	9		Х
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
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		_X_
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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	77	<u>X</u>
_	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	أممدا		v
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		<u> </u>
124	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII 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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	_15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	ļ		
	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		4,	
40	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,"			.
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		_^_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		200	(2014)

Form 990 (2014)

C/O LIBERTY BOWL VENTURE, INC.

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	}	_x_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		_ X _
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):		1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X_
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	}		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	-		
	Note. All Form 990 filers are required to complete Schedule O	38	_X_	L

Form 990 (2014) C/O LIBERTY BOWL VENTURE, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

a Initiation fees and capital contributions included on Part VIII, line 12		Check if Schedule O contains a response or note to any line in this Part V			
to Enter the number reported in Box 3 of Form 1096, Enter- 0- in not applicable □ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) wrinings to prize winners? □ Enter the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return □ Bit If a least one is reported on the 22, did the organization field alregating deforal employment tax returns? □ Statements □ St			T	Yes	No
Enter the number of Forms W.GS included in Ine 1a. Enter 0- If not applicable Del the organization comply with backput withholding ulser for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c. X	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 10			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) with without some street with the complex contributions of the complex contributions and party for goods and services provided? 2.2 Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. 3. If we can be sum of lines 1a and 2a is greater than 250, you may be recurred to e-five (see instructions). 3. If we can be sum of lines 1a and 2a is greater than 250, you may be recurred to e-five (see instructions). 3. If we can be sum of lines 1a and 2a is greater than 250, you may be recurred to e-five (see instructions). 3. If we can be sum of lines 1a and 2a is greater than 250, you may be recurred to e-five (see instructions). 3. If we can be sum of lines 1 and 2a is greater than 250, you may be recurred to e-five (see instructions). 3. If we can be sum of complex contributions in Schedule 0. 3. If we can be sum of complex contributions of schedule 0. 3. If we can be sum of see instructions for filing requirements for Fino END From 114, Report of Foreign Bank and Financial accounts (FBAR). 4. If we can be sum of 50, dot the organization that it was on is a party to a prohibeted tax shelter transaction? 5. If we can be sum of 50, dot the organization that it was on is a party to a prohibeted tax shelter transaction? 5. If we can be sum of the degraciation than a small greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions under section 170(c). 4. If we can be sum of the degraciation that the sum of the degraciation that were not tax deductible? 4.	_				
Gambling) winnings to prize winners? Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements. field for the calendar year ending with or within the year covered by this return 1	С				
field for the catendary year ending with or within the year covered by this return If all leads one is reported on line 2a, did the organization file all requiried fiderial employment tax returns? Note. If the sum of fines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a			1c_	X	
field for the catendary year ending with or within the year covered by this return If all leads one is reported on line 2a, did the organization file all requiried fiderial employment tax returns? Note. If the sum of fines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions) 3		1 1			
3a Det the organization have unreliated business gross income of \$1,000 or more during the year? b if "Yes," has it field a Form 990-ff for this year? if "No," to like 3b, provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Was the organization of the organization that it was or is a party to a prohibited tax shelter transaction? b If "Yes," to line 5 or 55b, did the organization that it was or is a party to a prohibited tax shelter transaction? b If "Yes," to line 5 or 55b, did the organization that it was or is a party to a prohibited tax shelter transaction? b If "Yes," to line 5 or 55b, did the organization that it was or is a party to a prohibited tax shelter transaction? b If "Yes," to line 5 or 55b, did the organization that it was or is a party to a prohibited tax shelter transaction? b If "Yes," to line 5 or 55b, did the organization that it was not tax deductible as charitable contributions? b If "Yes," to line that were not tax deductible as charitable contributions? b If "Yes," to line the organization module with very solicitation an express statement that such contributions or gifts were not tax deductible? b If "Yes," to the organization neceive a payment in excess of \$75 made party as contribution and party for goods and services provided to the payor? b If "Yes," did the organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? b If "Yes," did the organization in excess a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? b If "Yes," did the organization selection of the value of the goods or services provided?	b		2b_		
b if "Yes," has it field a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X b if "Yes," enter the name of the foreign country; IND 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 6i "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions? 6c Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," idid the organization notify the donor of the value of the goods or services provided? 7 Organizations sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282? 7 If Yes," indicate the number of Forms 8282 filed during the year 9 Did the organization necevity any funds, directly or indirectly, to a personal benefit contract? 7 If X 7 If Y 8 Sponsoring organization make a distribution to a donor advised funds. 9 Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the ye		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		-	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5 even instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAF). 5 a Was the organization that vide a price in the state of the foreign country to a prohibited tax shelter transaction at any time during the tax year? 5 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 c if "Yes," to line 5a or 5b, did the organization file Form 6886-T? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). 8 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 10 b If the organization receive a payment in excess of \$75 matic party is a contribution and party for goods and services provided to the payor? 10 b If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 10 b If the organization forewer a payment in excess of \$75 matic party is a contribution of property for which it was required to file Form 8282? 11 b If Yes, "indicate the number of Forms 8282 filed during the year 12 b Did the organization floating the year and the payment of the property for indirectly, or a personal benefit contract? 13 b If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 14 b If the organization excess business bolidings at any time during the yea	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
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10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b				
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a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					1
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	11	Section 501(c)(12) organizations. Enter:			
amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	а	Gross income from members or shareholders			1
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	b	Gross income from other sources (Do not net amounts due or paid to other sources against			1
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		amounts due or received from them)			1
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b 16 "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			12a		<u> </u>
a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 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	b	· · · · · · · · · · · · · · · · · · ·			
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 c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b					<u> </u>
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 c Enter the amount of reserves on hand 13c 13c 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	а	* * * * * * * * * * * * * * * * * * * *	13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 13b 13c 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b					
c Enter the amount of reserves on hand	b				
14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			-		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					
					<u> ^</u>
	b	it "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		990	(2014)

Form 990 (2014) 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.

				77
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management	Т		
	 -		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	ŀ		
	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 5	ł		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	_ 1		7.
	officer, director, trustee, or key employee?	_2_		<u>_X</u> _
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	X	37
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
6	Did the organization have members or stockholders?	6		<u>X</u>
7a		_		77
	more members of the governing body?	7a_		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			37
	persons other than the governing body?	7b_		<u>x</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		77	
а	The governing body?	8a	X	
b	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			3.5
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		40	Yes	No_
	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		X
11a		11a		
b		40-		х
12a		12a		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	· · · · · · · · · · · · · · · · · · ·	40.		
	In Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		
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?	45.		х
	The organization's CEO, Executive Director, or top management official	15a 15b		X
b	Other officers or key employees of the organization	150		
16.	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
ıoa		16a		х
	taxable entity during the year?	10a		-11
D				
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sac	exempt status with respect to such arrangements?	100		L
	List the states with which a copy of this Form 990 is required to be filed ►TN	-		
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avadah	le	
18	for public inspection. Indicate how you made these available. Check all that apply.	a t unal		
	Own website X Another's website X Upon request Other (explain in Schedule O)			
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
19		a 1111CA11	Jiai	
00	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	LIBERTY BOWL VENTURE, INC 901-795-7700			
	959 RIDGEWAY LOOP, SUITE 201, MEMPHIS, TN 38120			
	JOS KINGEMUT HOOF! NOTIH TOT! WHITHIND! IN JOIN			

432006 11-07-14

Form 990 (2014)

Form 990 (2014) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

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 (Ď), (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.

X Check this box if neither the organiza (A)	(B)	<u> </u>	0			.,,,,,,,	Jul	(D)	(E)	(F)	
(A) Name and Title	l l			(C Posi	ition	i		Reportable	Reportable	(r) Estimated	
Name and Title	Average hours per	(do	(do not check more than one box, unless person is both an officer and a director/trustee)			than	one	compensation	compensation	amount of	
	week	offic	cer an	ss per id a di	rson i	r/trus	tee)	from	from related	other	
	(list any	-						the	organizations	compensation	
	hours for					-		organization	(W-2/1099-MISC)	from the	
	related	5	stee			sate		(W-2/1099-MISC)	(11 21 1000 111100)	organization	
	organizations	E St	E tru		yee	E E		(and related	
	below	쿌	nton:	_	old m	st co	a	}		organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key e	Highest compensated employee	Former			Ü	
(1) BILLY HICKS, JR.	2.00										
CHAIRMAN		X						0 <u>.</u>		0.	
(2) DOUG BROWNE	2.00										
PRESIDENT		X						0.	0.	0.	
(3) PAT CALDWELL	2.00										
VICE PRESIDENT		Х		Щ				0.	0.	0.	
(4) SCOTT BARBER	2.00	[_		_	
SECRETARY		X	<u> </u>	_		_		0.	0.	0.	
(5) LEIGH SHOCKEY	2.00										
TREASURER		X	<u> </u>				_	0.	0.	0.	
		1									
		<u> </u>			_	-	-				
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Form **990** (2014)

C/O LIBERTY BOWL VENTURE, INC.

Par	t VII) Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) (B) (C)					(D)	(E)	İ		(F)				
	Name and title	Average Pos						one	Reportable	Reportable	- 1		imate	
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation			ount o	of
		week (list any		Cer au	lu a u	l octo	1/403	T	from		from related		other	
		hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MIS			oensat	
		related	eord	ge			sated]	(W-2/1099-MISC)	(44-27 1099-14110	,,,		nizatı	
		organizations	fuste	Institutional trustee		ee ,	mper		(11 2) 1000 (11100)		i	_	relate	
		below	landi	uoga		월	est co	<u></u>			- 1		nızatio	
		line)	Mpdiv	Insti	O#[ice	Key	Highest compensated employee	臣				-		
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1b	Sub-total	••••	<u> </u>		_			>	0.		0.			0.
	Total from continuation sheets to Part V			••••			•	•	0.		0.			0.
	Total (add lines 1b and 1c)				•	•••	•	>	0.		0.			0.
2	Total number of individuals (including but i	not limited to th	nose	liste	ed a	bov	e) wl	no r	eceived more than \$100	,000 of reportabl	е			
	compensation from the organization													0
													Yes	No
3	Did the organization list any former officer	, director, or tr	uste	e, ke	y er	nplo	oyee	, or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for	such individual										3		<u> </u>
4	For any individual listed on line 1a, is the s	um of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization				
	and related organizations greater than \$15											4		<u> </u>
5	Did any person listed on line 1a receive or							elat	ted organization or indiv	idual for services			İ	
	rendered to the organization? If "Yes," con	nplete Schedul	e <i>J 1</i>	or s	uch	pers	son					5	[<u>_X</u>
	tion B. Independent Contractors								 					
1	Complete this table for your five highest co										pensa	ation fi	rom	
	the organization. Report compensation for	the calendar y	ear_	ena	ing v	vitn	or w	/ITNII		year				
	(A) Name and business	s address							(B) Description of s	services	С	(C omper		า
SEL	SCHEDULE O													
	Compound o							j		J				
	· · · · · · · · · · · · · · · · · · ·													
								ļ						
									- · · · · · · · · · · · · · · · · · · ·	-				
2	Total number of independent contractors	(including but r	not li	mite	d to	tho	se li	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organ	ization_					<u>1</u>							
												Form 9	9 90 (2	2014)

Form 990 (2014)

C/O LIBERTY BOWL VENTURE, INC.

	L VI	Check if Schedule O contains		or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
e a	b	Membership dues	. 1b	<u> 19,520.</u>				1
Contributions, Gifts, Grants and Other Similar Amounts	C	Fundraising events	1c		ļ			
텳	d	Related organizations	1d					
ns,		Government grants (contributions						
e ji	f	All other contributions, gifts, grants, a	1 1					
들		similar amounts not included above	1f					
20		Noncash contributions included in lines 1a-	f \$		10 520			
9 0	<u>n</u>	Total. Add lines 1a-1f			19,520.			
	۰.	GAME TICKET SALES	,	Business Code 711300	3,747,845.	2 747 945		
ķ	2 a	MEDIA	<u> </u>	711300	2,505,000.	2 505 000		+
Program Service Revenue		SPONSORSHIPS		711300	1.535.275.	1,535,275.		
š a		PREMIUM SEATING	HARGE	711300	222,485.			
P. G.	e	PROG. LICENSES &		711300	184,850.			
۾ ا	f	All other program service revenue		711300	91,620.			
		Total, Add lines 2a-2f			8,287,075.			
	3	Investment income (including div	dends, inter	est, and				
		other similar amounts)		►	32,887.			32,887.
	4	Income from investment of tax-ex	empt bond p	oroceeds >				
	5	Royalties		>			<u></u>	
		<u></u>	(i) Real	(II) Personal	1			
	6 a	····						
		Less: rental expenses			-			
		Rental income or (loss)						
		Net rental income or (loss) Gross amount from sales of) Securities	(ii) Other				
	, d	assets other than inventory) Occurries	(ii) Other	1			
	h	Less: cost or other basis			-			
	~	and sales expenses						
	c			-	1			
	C							
e	8 8	Gross income from fundraising e	vents (not					
		including \$	of	ļ				
3ev		contributions reported on line 1c						
Other Reven		Part IV, line 18	a	307,979.		[
₹		Less: direct expenses		232,306.				75 673
		Net income or (loss) from fundral	_		75,673.			75,673.
	9 8	Gross income from gaming activi						
		Part IV, line 19 Less: direct expenses	a		-			
		Net income or (loss) from gaming	-					
		Gross sales of inventory, less ret						
		and allowances	a		1			
	b		b					
		Net income or (loss) from sales o	• •	>	1			
;		Miscellaneous Revenue		Business Code				
	11 a							
	b							
	c							
	-	All other revenue		L				
	6	Total. Add lines 11a-11d		🟲	0.46= 1==	0.005.55		100 550
42200	12_	Total revenue. See instructions.		<u> </u>	8,415,155.	8,287,075.	0	
43200 11-07	-14							Form 990 (2014)

C/O LIBERTY BOWL VENTURE, INC.

Part IX Statement of Functional Expenses

<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A).	
	Check if Schedule O contains a respons		this Part IX	(C)	· · · · · · · · · · · · · · · · · · ·
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	1			
	and domestic governments. See Part IV, line 21	4,500,000.	4,500,000.		
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	1			
	individuals. 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)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
а	Management	2,829,793.	4 500	2,829,793.	
b	Legal	1,500.	1,500.		
C	Accounting	17,700.	17,700.		·····
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		······································		
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	202 445	202 445		
	column (A) amount, list line 11g expenses on Sch 0.)	383,145.	383,145.		
12	Advertising and promotion	37,999.	37,999.		
13	Office expenses	43,275.	43,275.		
14	Information technology				
15	Royalties				
16	Occupancy	32,047.	32,047.		
17	Travel	34,047.	32,047.		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20 21	Douments to offiliates				
22	Depreciation, depletion, and amortization	8,468.	8,468.		
23	Insurance	77,055.	77,055.		
23 24	Other expenses. Itemize expenses not covered	77,055.	17,033.		
24	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	OTHER OPERATING EXPENSE	214,390.	214,390.		
h	OFFICIALS/GAME RELATED	194,783.	194,783.		
	STADIUM RENT	75,000.	75,000.		
d		,			
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	8,415,155.	5,585,362.	2,829,793.	_0.
26	Joint costs. Complete this line only if the organization				
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Form 990 (2014)

Part 2	X	Balance Sheet				
		Check if Schedule O contains a response or note to any line in this Pa	rt X	•		
•				(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		154,343.	1	162,616
	2	Savings and temporary cash investments		2,000,000.	2	2,000,000
;	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		904.	4	6,075
	5	Loans and other receivables from current and former officers, director	· ·			
		trustees, key employees, and highest compensated employees. Comp	olete			
		Part II of Schedule L			5	
- -	6	Loans and other receivables from other disqualified persons (as define				
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and co				
		employers and sponsoring organizations of section 501(c)(9) voluntary				
ပ္		employees' beneficiary organizations (see instr). Complete Part II of S			6	
Assets	7	Notes and loans receivable, net			7	
₹	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		12,069.	9	8,827
1	0a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a 85	5,582.			
	b	Less: accumulated depreciation 10b 52	3,364.	41,685.	10c	33,218
1	1	Investments - publicly traded securities			11	
1	2	Investments - other securities. See Part IV, line 11	[12	
1	3	Investments - program-related. See Part IV, line 11	[13_	
1	4	Intangible assets	. [14	
1	5	Other assets. See Part IV, line 11	. [34,000.	15	34,000
1	6	Total assets. Add lines 1 through 15 (must equal line 34)		2,243,001.	16	2,244,736
1	7	Accounts payable and accrued expenses	· [125,161.	17	153,762
1	8	Grants payable			18	
1	9	Deferred revenue			19_	
2	20	Tax-exempt bond liabilities	. [20	
2	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
စ္က 2	22	Loans and other payables to current and former officers, directors, tru	ıstees,			
		key employees, highest compensated employees, and disqualified pe	rsons.			
Liabilities		Complete Part II of Schedule L			22	
- ₂	23	Secured mortgages and notes payable to unrelated third parties	[23	
2	24	Unsecured notes and loans payable to unrelated third parties			24	
2	25	Other liabilities (including federal income tax, payables to related third				
		parties, and other liabilities not included on lines 17-24). Complete Pa	rt X of			1
		Schedule D		157,297.	25	130,431
2	26	Total liabilities. Add lines 17 through 25		282,458.	26	284,193
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🚨	∆ and			
Se		complete lines 27 through 29, and lines 33 and 34.				
ဋ္ဌိ 2	27	Unrestricted net assets		1,960,543.	27	1,960,543
<u>ਲ</u> 2	28	Temporarily restricted net assets		,	28	
ğ 2	29	Permanently restricted net assets			29_	
코		Organizations that do not follow SFAS 117 (ASC 958), check here				
p		and complete lines 30 through 34.				
е ў з	30	Capital stock or trust principal, or current funds	[30_	
§§ 3	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	.		32	
Z _	33	Total net assets or fund balances]	1,960,543.	33_	1,960,543
- 3	-			2,243,001.		2,244,736

review, or compilation of its financial statements and selection of an independent accountant?

.

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2014)

2c

За

3b

X

X

Act and OMB Circular A-133?

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

2014

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

 Section 501(c)(4 		tions: Complete Part III.			
Name of organizatio	n LIBERTY	BOWL FESTIVAL	ASSOCIATION	Emp	loyer identification number
	C/O LIB	ERTY BOWL VENTU	RE, INC.		62-6064769
Part I-A Con	nplete if the org	ganization is exempt un	der section 501(c)	or is a section 527 o	rganization.
 Provide a desc Political expend Volunteer hours 	ditures	zation's direct and indirect polit	. •	. .	
Part I-B Con	nplete if the org	ganization is exempt un	der section 501(c)	(3).	·
1 Enter the amou	nt of any excise tax	incurred by the organization ur	nder section 4955		
		incurred by organization mana			
3 If the organizat	ion incurred a sectio	n 4955 tax, did it file Form 472	0 for this year?		Yes No
4a Was a correction	on made?				Yes No
b If "Yes," descri					
Part I-C Con	nplete if the org	anization is exempt un	der section 501(c)	, except section 501	(c)(3).
1 Enter the amou	nt directly expende	d by the filing organization for s	ection 527 exempt fund	ction activities >\$	
2 Enter the amou	nt of the filing organ	ization's funds contributed to d	other organizations for s	section 527	
exempt functio	• • •				
3 Total exempt fu	inction expenditures	s. Add lines 1 and 2. Enter here			
line 17b				▶\$	
		1120-POL for this year?			
		nployer identification number (E		•	
		tion listed, enter the amount pa			
		omptly and directly delivered to additional space is needed, pro			ite segregated tund or a
		· · · · · · · · · · · · · · · · · · ·			
(a) N	ame	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
			_		
·					

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

Schedule C (Form 990 or 990-EZ) 2014

LHA 432041 LIBERTY BOWL FESTIVAL ASSOCIATION

Schedule C (Form 990 or 990-EZ) 2014 Part II-A Complete if the org section 501(h)).	C/O LIBERTY janization is exer	BOWL VENT	URE,INC。 on 501(c)(3) and file	62- d Form 5768(6064769 Page 2 election under
A Check if the filing organization expenses, and sha	ition belongs to an affi re of excess lobbying ition checked box A ar	expenditures).	in Part IV each affiliated o	group member's na	me, address, EIN,
Limi	ts on Lobbying Expe ditures" means amou	nditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infi b Total lobbying expenditures (add I c Total lobbying expenditures (add I d Other exempt purpose expenditure f Lobbying nontaxable amount. Ent If the amount on line 1e, column (a) of Not over \$500,000 Over \$500,000 but not over \$1,00 Over \$1,000,000 but not over \$1,50 Over \$1,500,000 but not over \$17 Over \$17,000,000 g Grassroots nontaxable amount (en h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than zer reporting section 4911 tax for this	oth columns. mount is: e. ccess over \$500,000. ccess over \$1,000,000. ess over \$1,500,000.		Yes No		
(Some organizations t	hat made a section 5		er section 501(h) It have to complete all o lines 2a through 2f.)	f the five columns	below.
	Lobbying Exper	nditures During 4-Yo	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))					

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 2014 C/O LIBERTY BOWL VENTURE, INC.

62-6064769 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description			(b	"
f the lobbying activity.	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:	İ			
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		l		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5). or se	ction	•
501(c)(6).		.,,		
			Yes	N
1 Were substantially all (90% or more) dues received nondeductible by members?		1 1		
 Were substantially all (90% or more) dues received nondeductible by members?		2	x	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	on 501(c)(2 3 5), or se	X ection t III-A, lin	
 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 	on 501(c)(2 3 5), or se	ection	
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Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the except does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	on 501(c)("No," OR	2 3 5), or se (b) Par 1 2a 2b 2c 3	ection t III-A, lin	
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Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and perpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groups)	on 501(c)("No," OR	2 3 5), or se (b) Par 1 2a 2b 2c 3	ection t III-A, lin	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and perpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groups)	on 501(c)("No," OR	2 3 5), or se (b) Par 1 2a 2b 2c 3	ection t III-A, lin	
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

➤ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

LIBERTY BOWL FESTIVAL ASSOCIATION

Employer identification number

	C/O LIBERTY BOWL VEI		62-6064/69
Par			or ACCOUNTS. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wri	ting that the assets held in donor advised	funds
_	are the organization's property, subject to the organization's ex		Yes No
6	Did the organization inform all grantees, donors, and donor adv		
Ŭ	for charitable purposes and not for the benefit of the donor or d		
	Impermissible private benefit?		Yes No_
Par	<u> </u>	nization answered "Yes" to Form 990. Par	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or edu		cally important land area
	Protection of natural habitat	Preservation of a certifie	
	Preservation of open space	1 Teservation of a certific	a materia andetara
_	• •	d concentration contribution in the form of	a consequation assembnt on the last
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Hold state Ford of the Toy Voor
			Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		. 2b
C	Number of conservation easements on a certified historic struc		. 2c
d	Number of conservation easements included in (c) acquired after	er 8/17/06, and not on a historic structure	1 1
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, relea	ised, extinguished, or terminated by the o	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it h		L Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting, ar		
7	Amount of expenses incurred in monitoring, inspecting, and en		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)	
	and section 170(h)(4)(B)(ii)?		LYes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense s	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes the	e organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections of A		ier Similar Assets.
	Complete if the organization answered "Yes" to Form 99	90, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue stateme	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public exhib	oition, education, or research in furtheranc	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement a	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of publi	c service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		. • \$
			▶ \$
2	If the organization received or held works of art, historical treas		gain, provide
	the following amounts required to be reported under SFAS 116		
а	D 1 1 1 1 5 000 D 1 1 1 1 1		> \$
	Assets included in Form 990, Part X		. > \$
_	•••		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

		(Form 990) 2014 C/O LII								<u>-6064769</u>	
	t III	Organizations Maintaining									
3	Using	the organization's acquisition, access	sion, and o	ther reco	rds, chec	k any of t	he following that	t are a si	gnificant use	of its collection	items
	(chec	k all that apply):									
а		Public exhibition			d 🖳	Loan or e	exchange progra	ams			
b		Scholarly research			е 📖	Other					
С		Preservation for future generations									
4	Provid	de a description of the organization's o	collections	and expl	lain how t	hey furthe	er the organization	on's exer	npt purpose	ın Part XIII.	
5	During	g the year, did the organization solicit	or receive	donation	s of art, h	nstorical t	reasures, or othe	ər simılar	assets		
	to be	sold to raise funds rather than to be n	naintained	as part o	f the orga	anization's	collection?			Yes	No_
Par	t IV	Escrow and Custodial Arra	ngemen	ts. Com	plete if th	e organiza	ation answered "	'Yes" to	Form 990, Pa	art IV, line 9, or	
		reported an amount on Form 990, P	art X, line 2	21.							
1a	Is the	organization an agent, trustee, custo	dıan or oth	er ınterm	ediary fo	r contribut	tions or other as	sets not	ıncluded		
	on Fo	rm 990, Part X?								L Yes	L No
b	If "Ye	s," explain the arrangement in Part XII	II and com	plete the	following	table:					
										Amount	
C	Begin	ning balance							1c		
d	Addıt	ions during the year							1d		
е									. 1e		
f	Endin	g balance							1f		
2a	Did th	ne organization include an amount on	Form 990,	Part X, III	ne 21, for	escrow o	r custodial acco	unt liabil	ity?	LYes	└── No
b	If "Ye	s," explain the arrangement in Part XI									
Pai	t V	Endowment Funds. Complete	if the orga	nızation	answered	d "Yes" to					
			(a) Cur	rent year	(b)	Prior year	(c) Two year	rs back	(d) Three year	s back (e) Four	years back
1a	Begir	ning of year balance									
b	Contr	ributions									
С	Net in	nvestment earnings, gains, and losses									
d	Grant	s or scholarships									
е	Other	expenditures for facilities									
	and p	programs									
f	Admi	nistrative expenses									
g		of year balance									
2	Provi	de the estimated percentage of the cu	urrent year	end bala	ınce (line	1g, colum	n (a)) held as:				
а	Board	d designated or quasi-endowment 🕨			%						
b	Perm	anent endowment ►	%								
С	Temp	oorarily restricted endowment 🕨		%	•						
	The p	percentages in lines 2a, 2b, and 2c sh	ould equal	100%.							
За	Are th	nere endowment funds not in the pos	session of	the orgar	nization th	nat are he	ld and administe	ered for t	he organizati	on ₋	
	by:										Yes No
	(i) u	nrelated organizations								3a(i)	
	(ii) re	elated organizations								3a(ii)	
b	If "Ye	s" to 3a(II), are the related organizatio	ns listed a	s required	d on Sch	edule R?				3b	
4	Desc	ribe in Part XIII the intended uses of t		ation's en	ndowmen	t funds.					
Pa	rt VI	\rfloor Land, Buildings, and Equip									
		Complete if the organization answer	red "Yes" t	o Form 9	90, Part	IV, line 11	a. See Form 990	, Part X,	line 10.		
		Description of property	(a) Cost o	r other	(b) C	ost or other		ccumulated	(d) Bool	k value
			ba	asis (ınve	stment)	ba	sis (other)	de	preciation		
1a	Land										
b	Build	ings									
С	Leas	ehold improvements					20,415.		4,764		5,651.
d	Equip	oment	🖵				8,930.		8,930		0.
е	Othe	r					56,237.		38,670		. / 0 0
Tota	I. Add	lines 1a through 1e. (Column (d) must	t equal For	m 990. P	art X, colu	umn (B), li	ne 10c)			▶ 3	3,218.

Schedule D (Form 990) 2014

C/0	LIBERTY	BOWL	VENTURE,	INC

Part VII	Investments - Other Securities.				
	Complete if the organization answered "Yes"				
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	l-of-year market value
(1) Financia	al derivatives				
(2) Closely-	held equity interests			<u></u>	
(3) Other					
(A)					
(B)					
(C)					
(D)					· · · <u> </u>
(E)					
<u>(F)</u>					
(G)					
(H)	15 000 P- 17 10 P- 10 P-				
	o) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related.	. = 000 =			
	Complete if the organization answered "Yes" (a) Description of investment	to Form 990, Part IV (b) Book value	line 11c. See Form 990, I	Part X, line 13.	i-of-year market value
	(a) Description of investment	(D) DOOK VAIGE	(C) Wethod of V	aluation. Cost of end	- Indiversal market value
(1)				 .	
(2)					
(3)					
(4)		<u> </u>			
<u>(5)</u> (6)		······································			
(7)					
(8)				····	
(9)				······································	
	b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.				·
	Complete if the organization answered "Yes"	to Form 990, Part IV	. line 11d. See Form 990.	Part X. line 15.	
		Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)				<u> </u>	
(9)			····		
	mn (b) must equal Form 990, Part X, col. (B) line	9 15)			
Part X	Other Liabilities.				
	Complete if the organization answered "Yes"	to Form 990, Part IV		990, Part X, line 25.	
1	(a) Description of liability		(b) Book value		
	eral income taxes		·····		
	E SCHEDULE O		<u>130,431.</u>		
(3)					
(4)					
(5)				1	
(6)					
(7)					
(8)					
(9)		- 051	120 424		
ı otal. (Colui	mn (b) must equal Form 990, Part X, col. (B) line	9 25.) >	<u>130,431.</u>	L	

432053 10-01-14

Schedule D (Form 990) 2014

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

18

Sche	dule D (Form 990) 2014 C/O LIBERTY BOWL VENTURE, I	NC.	2011	62-6	5064769 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statemer		ith Revenue per l		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		•		
1	The state of the s			1	8,415,155.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b		7	
c	Recoveries of prior year grants	2c		7 1	
d	Other (Describe in Part XIII.)	2d		7	
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1	• ••		3	8,415,155.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		7	
c	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	••••	••••••	5	8,415,155.
	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts V	Vith Expenses pe		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		•		
1	Total expenses and losses per audited financial statements			1	8,415,155.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	• ••			
a	Donated services and use of facilities	2a			
b		2b		1	
0		2c		┥	
ر م	Other (Describe in Part XIII.)			-	
d		2d		ا ہے ا	0
e	Cultivate line On from line 4			2e	8,415,155.
3	Subtract line 2e from line 1			3	0,415,155
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	!		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b	Other (Describe in Part XIII.)	_4b		-	•
				4c	0.415.155
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	<u> </u>	<u> </u>	5	8,415,155.
	rt XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II			4; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	tional in	formation.		
			-		

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No 1545-0047

Inspection ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990. Name of the organization LIBERTY BOWL FESTIVAL ASSOCIATION **Employer identification number**

C/O LIB	ERTY BOWL VENTURE,	<u>IN</u>	<u>c. </u>		<u> 62-6064</u>	769
Part I Fundraising Activities. required to complete this part	Complete if the organization answer.	ered "Y	'es" to	Form 990, Part IV, I	ne 17. Form 990-EZ	filers are not
 Indicate whether the organization rais a Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written of key employees listed in Form 990, Pablif "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicita f Solicita g Special r oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) purs	tion of tion of fundra I (includer profess	non-g gover using o ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
		-				
		<u> </u>				
		-				
Total 3 List all states in which the organization or licensing.	n is registered or licensed to solicit	contrib	oution	l s or has been notified	l d it is exempt from r	egistration

432081 08-28-14

Schedule G (Form 990 or 990-EZ) 2014

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

LIBERTY BOWL FESTIVAL ASSOCIATION

	edu art l	le G (Form 990 or 990 EZ) 2014 C/O LIB	BERTY BOWL VE	NTURE, INC.		6064769 Page 2
٠٠٠		of fundraising event contributions and gr	_			
	· ·	or rainer along over the contribution of and gr	(a) Event #1	(b) Event #2	(c) Other events	
			FORMAL	PREGAME	, ,	(d) Total events
	ļ		DINNER	BUFFET	2	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
nue						
Revenue	1	Gross receipts	151,095.	110,673.	46,211.	307,979.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	151,095.	110,673.	46,211.	307,979.
	4	Cash prizes				
Ś	5	Noncash prizes				
хрепѕе	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
~	8	Entertainment		}		
	9	Other direct expenses	126,158.	83,466.	22,682.	232,306.
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)			232,306.
	11	Net income summary. Subtract line 10 from li				75,673.
Pa	ırt l		answered "Yes" to Form	n 990, Part IV, line 19, or r	reported more than	
	r	\$15,000 on Form 990-EZ, line 6a.			,	
Ф			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c))
æ						
	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes			<u> </u>	
Direct	4	Rent/facility costs				
	5	Other direct expenses	}			
	-		Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
	8	Net gaming income summary Subtract line 7	from line 1, column (d)		<u>_</u>	
		ter the state(s) in which the organization condi	-			
		the organization licensed to conduct gaming a				L Yes L No
t	o If "	No," explain:				
	_				_	
		ere any of the organization's gaming licenses re		_	year?	Yes No
	_					
4220	82.0	8-28-14		 	Schedule G (For	rm 990 or 990-EZ) 2014

	LIBERTY BOWL FESTIVAL ASSOCIATION 62 6	:064760	D
	<u></u>	50 <u>64769</u>	
	Does the organization conduct gaming activities with nonmembers?	Yes	L No
12	to administer charitable gaming?	Yes	□ No
13	Indicate the percentage of gaming activity conducted in:	103	
		13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name >		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
_	of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name >		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	·		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III, I	ines 9, 9b, 1	0b, 15b,
	15c, 16, and 17b, as applicable Also provide any additional information (see instructions).		

432083 08-28-14

Schedule G (Form 990 or 990-EZ)	C/O LIBERTY BOWL VENTURE, INC.	62-6064769 Page 4
Part IV Supplemental Info	C/O LIBERTY BOWL VENTURE, INC.	
•		
		
		··
		·
		
		Schedule G (Form 990 or 990-EZ

432084 05-01-14

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

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

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.

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Inspection

OMB No 1545-0047

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

% ⊠ Employer identification number 62-6064769 ☐ Yes 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 : ::: : : : : : : : : : Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Name of the organization LIBERTY BOWL FESTIVAL ASSOCIATION C/O LIBERTY BOWL VENTURE, INC. Part I General Information on Grants and Assistance

<u>a</u>	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Jomestic Organi	izations and Domestic	c Governments. C	omplete if the orga	anization answered "Y	es" to Form 990, Part	IV, line 21, for any
	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (f) address of organization (b) EIN (c) IRC section (d) Amount of (e) IRC section (d) Amount of (f) Amount of (f) Amount of (f) Amount of (f) EIN (f) Amount of (f) Amount of (f) Amount of (f) Amount of (f) EIN (f)	55,000. Part II can (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
H 69	TEXAS A&M UNIVERSITY 600 TAMU COLLEGE STATION TX 77843	74-6000531	501(0)(3)	2 500	c			TO SUPPORT THE MISSION OF AMERICAN UNIVERSITIES OF HIGHER EDUCATION AND THEIR CONFERENCES WHO
VIII N	STATE OF WEST VIRGINIA DBA WEST VIRGINIA UNIVERSITY - ONE WATERFRONT PLACE - MORGANTOWN, WV 26506-6005	55-6000842	501(0)(3)	2,000,000,	0,0			TO SUPPORT THE MISSION OF AMERICAN UNIVERSITIES OF HIGHER EDUCATION AND THEIR CONFERENCES WHO
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~ ~	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations listed in the line 1 table	nd government or listed in the line	suoi	listed in the line 1 table	:	::		
3	LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruct	tions for Form 990.					Schedule I (Form 990) (2014)

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

432101 10-15-14

LIBERTY BOWL FESTIVAL ASSOCIATION

C/O LIBERTY BOWL VENTURE, INC.

Part III

Page 2

62-6064769

Grants and Other Assistance to Domestic Individuals. 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) (2014)

STATE OF WEST VIRGINIA DBA WEST VIRGINIA UNIVERSITY

NAME OF ORGANIZATION OR GOVERNMENT:

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE MISSION OF AMERICAN

432102 10-15-14

Schedule I (Form 990) (2014)

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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.

OMB No 1545-0047 Open to Public

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

Inspection

LIBERTY BOWL FESTIVAL ASSOCIATION C/O LIBERTY BOWL VENTURE,

Employer identification number 62-6064769

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE LIBERTY BOWL FESTIVAL ASSOCIATION IS HOST TO THE ANNUAL AUTOZONE
LIBERTY BOWL NCAA COLLEGE FOOTBALL GAME AND RELATED EVENTS HELD
ANNUALLY IN MEMPHIS, TN. THE CITY AND ITS CITIZENS ARE HOSTS TO GUESTS
FROM AROUND THE COUNTRY AND TO A NATIONAL TELEVISION AUDIENCE. THE
ASSOCIATION SPONSORS ATHLETIC, CULTURAL, CIVIC AND RELATED ACTIVITIES
TO PROMOTE THE SOCIAL AND ECONOMIC WELFARE OF THE MID-SOUTH AND ITS
CITIZENS. THE ASSOCIATION PROMOTES AND SUPPORTS THE MISSION OF
AMERICAN UNIVERSITIES OF HIGHER EDUCATION.
FORM 990, PART VI, SECTION A, LINE 3:
PART VII, SECTION B, LINE 1; PART IX, LINES 11A AND 24A: LIBERTY BOWL
FESTIVAL ASSOCIATION HAS AN AGREEMENT WITH LIBERTY BOWL VENTURE, INC.,
LOCATED AT 959 RIDGEWAY LOOP, SUITE 201, MEMPHIS, TN 38120, FOR THE
OPERATIONS AND MANAGEMENT OF THE BOWL. LIBERTY BOWL VENTURE INC. RECEIVED
COMPENSATION IN ACCORDANCE WITH THE TERMS OF THIS AGREEMENT.
FORM 990, PART VI, SECTION B, LINE 11:
THE TAX RETURN IS CURRENTLY REVIEWED BY LIBERTY BOWL VENTURE INC.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC IN ITS OFFICE AND UPON REQUEST.

FORM 990, PAGE 11, LINE 25, OTHER LIABILITIES

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

Schedule O (Form 990 or 990-EZ) (2014)

Schedule	O (Form 990 or 99	90-EZ) (2014)_										Page 2
Name of	the organization	LIBERTY BOW	L FESTIV	AL AS	SOC	IATION				Employer iden	tification	
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