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DLN: 93493047018186

OMB No 1545-0047

Open to Public

Form **990** 

Department of the Treasury Internal Revenue Service

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

- ▶ Do not enter social security numbers on this form as it may be made public
- ▶ Information about Form 990 and its instructions is at <a href="www.IRS.gov/form990">www.IRS.gov/form990</a>

Inspection

A Fo	rthe 2	014 cal	endar year, or tax year beginning 07-01-2014 , and ending 06-30-2015					
<b>B</b> Ch	eck if ap	plicable	C Name of organization CONFERENCE USA			D Employ	yer iden	ntification number
☐ Add	Iress cha	ange				36-40	21594	ļ.
	me chan	_	Doing business as					
Init	ıal retur	n				E Telepho	ne numl	ber
Fin ret	al urn/term	nınated	Number and street (or P O box if mail is not delivered to street address) Room/suit 5201 NORTH OCONNOR BLVD SUITE 300	e	ļ	(214)	774-1	300
	ended ro dication	eturn pending	City or town, state or province, country, and ZIP or foreign postal code IRVING, TX 750393765			<b>G</b> Gross re	eceipts \$	59,975,161
			F Name and address of principal officer	H(a)	Is this	a group	return	for
			JUDY MACLEOD	()		dinates?	recuiii	Γ Yes <b>Γ</b> No
			5201 NORTH OCONNOR BLVD SUITE 300 IRVING,TX 750393765	H(b)	۸ ده ما	l subordıı		□ Yes □ No
				11(0)	includ		iates	j řesj No
<b>I</b> Ta	x-exem <sub>l</sub>	pt status	▼ 501(c)(3)		If"No	," attach	a lıst	(see instructions)
J W	ebsite	: <b>►</b> WW	VW CONFERENCEUSA COM	H(c)	Group	exempti	on nun	nber ►
			✓ Corporation Trust Association Other ►	<b>L</b> Yea	ar of for	mation 199	96 <b>M</b>	State of legal domicile IL
Pa	rt I	Sum	ımary					
Governance	S V C	SEE SCI VITH IN DRGAN	escribe the organization's mission or most significant activities HEDULE O FOR THE ORGANIZATION'S MISSION STATEMENT AND NTEGRITY AND ADVANCE HIGH STANDARDS OF ACADEMIC PERFO IZE, ADMINISTER AND PROMOTE INTERCOLLEGIATE ATHLETICS / OF OUR MEMBERS AND THEIR STUDENT-ATHLETES	RMAN	CE, SP	ORTSMA	NSHI	P AND EQUITY -
e Se	-							
	2 0	heck th	his box দ if the organization discontinued its operations or disposed of	f more t	han 25	5% of its	net as:	sets
Activities &	]   3 N	lumber	of voting members of the governing body (Part VI, line 1a)				з	14
Ě			of independent voting members of the governing body (Part VI, line 1b)				4	0
ij			mber of individuals employed in calendar year 2014 (Part V, line 2a)				5	29
Q.			mber of volunteers (estimate if necessary)				6	17
	7a Total unrelated business revenue from Part VIII, column (C), line 12					🗆		0
	ь∧	let unre	elated business taxable income from Form 990-T, line 34				7b	0
					Prior	Year		Current Year
	8	Contri	butions and grants (Part VIII, line 1h)			7,420,2	86	4,716,295
Ravenue	9	Progra	am service revenue (Part VIII, line 2g)			36,467,5	_	50,763,305
376	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)			1,071,2		1,071,473
_	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			415,1	.44	270,195
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A ), line			45,374,2	15	56,821,268
	13		s and similar amounts paid (Part IX, column (A), lines 1–3)			39,912,7	05	52,814,568
	14	Benefi	its paid to or for members (Part IX, column (A), line 4)				0	0
	15		es, other compensation, employee benefits (Part IX, column (A), lines			2,601,3	41	2,715,066
₩ ₩	16a	5-10)	) ssional fundraising fees (Part IX, column (A), line 11e).......				0	0
Expenses								
শ্ৰ	Ь		ındraısıng expenses (Part IX, column (D), line 25) ▶0					
	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			8,329,2		8,025,649
	18		expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			50,843,3		63,555,283
<u>- 97</u>	19	Keven	nue less expenses Subtract line 18 from line 12			-5,469,1 of Currer	_	-6,734,015
Net Assets or Fund Balances				Leg	_	ear		End of Year
83. 83.48	20	Total	assets (Part X, line 16)			34,270,2	49	24,985,261
# E	21	Total	liabilities (Part X, line 26)			2,956,3	5 2	1,576,549
	22		ssets or fund balances Subtract line 21 from line 20			31,313,8	97	23,408,712
	t II		nature Block					
my k	nowled	ge and	perjury, I declare that I have examined this return, including accompany belief, it is true, correct, and complete Declaration of preparer (other the nowledge					
		****			201	L6-02-15		
Sign		Signa	ature of officer		Dat	te		
Here	e		/ MACLEOD EXEC ASSOC COMMISSIONER/COO					
			e or print name and title	ıto.			DTIN	
D-:	J		Print/Type preparer's name Preparer's signature DailoHN J ROMANO DAILOHN J ROMANO	ite		k ıf employed	PTIN P00227	323
Paid			Firm's name FRSM US LLP			s EIN 🟲 42	-071432	25
	pare		Firm's address ► 201 N HARRISON ST STE 300		Phon	e no (563)	888-40	000
USE	Onl	у	DAVENPORT, IA 52801			()	. •	
Mav	he IR	5 discus	ss this return with the preparer shown above? (see instructions)		<u> </u>			✓ Yes No
						-		<u> </u>

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 📆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
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		No
6	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? <i>If "Yes," complete Schedule D, Part I</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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 $IV^{\square}$	9		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		Νo
L1	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	Yes	
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		No
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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
<b>L</b> 5	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	Yes	
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		No
L7	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 (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
L9	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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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	Yes	
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			1
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

Pal				_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	 No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   747		1 65	140
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable  1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and			
	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	163	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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 financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νo
h	If "Yes," enter the name of the foreign country			
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
62	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5С 6а		No
ua	organization solicit any contributions that were not tax deductible as charitable contributions?	Ja		1110
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<i>c</i> :		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
а	services provided to the payor?	/a		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	<b>7</b> c		No
a	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		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time			
	during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes " enter the amount of tay, exempt interest received or accrued during the	12a		
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	a		
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			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14b		

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

36	ection A. Governing Body and Management								
			Yes	No					
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year								
	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 O								
b	b Enter the number of voting members included in line 1a, above, who are independent								
2	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?								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No					
6	Did the organization have members or stockholders?	6	Yes						
_	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		No					
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		No					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	The governing body?	8a	Yes						
b	Each committee with authority to act on behalf of the governing body?	8b	Yes						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No					
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)					
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo					
b	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?	40.							
	annuces, 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?	10b	Yes						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing		Yes						
b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Yes						
b 12a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No					
b 12a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No					
b 12a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b	Yes	No					
b 12a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	11a 12a 12b	Yes	No					
b 12a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	11a 12a 12b 12c 13	Yes Yes Yes	No					
b 12a b c 13	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13	Yes Yes Yes	No					
b 12a b c 13 14 15	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?	11a 12a 12b 12c 13	Yes Yes Yes						
b 12a b c 13 14 15	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official	11a 12a 12b 12c 13 14	Yes Yes Yes	No					
b 12a b c 13 14 15	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13 14	Yes Yes Yes	No					
b 12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No No					
b 12a b c 13 14 15 a b 16a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No No					
b 12a b c 13 14 15 a b b 16a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No No					

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

State the name, address, and telephone number of the person who possesses the organization's books and records

interest policy, and financial statements available to the public during the tax year  $\frac{1}{2}$ 

►CATRINA GIBSON

20

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

- Check this Box it heldrer the organization for any related organization compensated any current officer, director, or dissect										
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot rect	not box h an or/tr	chenic de Highest compensated	ess er e)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			à			ěd				
(1) DR RODNEY D BENNETT BOARD MEMBER	1 00	х						0	377,263	27,330
(2) MR JOHN R BRODERICK	1 00									
BOARD MEMBER	40 00	X						0	379,370	133,331
(3) DR PHILIP DUBOIS	1 00								220 170	75.054
BOARD MEMBER	40 00	X						0	328,170	75,354
(4) DR LESLIE K GUICE	1 00	х						0	363,003	79,698
BOARD MEMBER	40 00	_ ^						Ů	303,003	79,098
(5) DR JOHN KELLY	1 00	l x						0	0	0
BOARD MEMBER	40 00							Ü		
(6) DR STEPHEN J KOPP	1 00	l x						0	397,848	31,319
BOARD MEMBER	40 00								,	·
(7) MR DAVID LEEBRON BOARD MEMBER	1 00	x						0	0	0
(8) DR SIDNEY A MCPHEE	1 00	,,							226 044	FF 702
BOARD MEMBER	40 00	Х						0	336,041	55,792
(9) DR DIANA S NATALICIO	1 00	х						0	416,119	74,788
BOARD MEMBER	40 00	<u> </u>							110,111	, 1,700
(10) DR GARY RANSDELL	1 00	x						0	544,901	26,179
BOARD MEMBER	40 00								,	•
(11) DR V LANE RAWLINS	1 00	х						0	137,106	4,730
FORMER BOARD MEMBER (12) DR RICARDO ROMO	40 00 1 00				_	_	-			
		x						0	389,090	108,346
BOARD MEMBER (13) DR MARK B ROSENBERG	40 00 1 00									
BOARD MEMBER	40 00	х						О	899,744	76,417
(14) DR NEAL SMATRESK	1 00									
BOARD MEMBER	40 00	X						0	420,937	22,070
		•				•		·		Form <b>990</b> (2014)

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(15) DR RAY L WATTS BOARD MEMBER	1 00	х						0	580,039	70,698
(16) BRITTON BANOWSKY  COMMISSIONER	40 00			х				517,790	0	210,600
(17) JUDY MACLEOD  EXEC ASSOC COMISSIONER/COO	40 00			х				236,000	0	34,762
(18) KELLY CARNEY SR ASSOCIATE COMMISSIONER	40 00					х		140,509	0	36,500
(19) ALFRED WHITE  SR ASSOCIATE COMMISSIONER	40 00					х		157,515	0	41,32

1b	Sub-Total	•			
С	Total from continuation sheets to Part VII, Section A	۰			
d	Total (add lines 1b and 1c)	۰	1,051,814	5,569,631	1,109,245

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization •4

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	V	
		4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

#### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
POLSINELLI 700 WEST 47TH ST STE 1000 KANSAS CITY, MO 64112	LEGAL SERVICES	120,069
GERALD AUSTIN 5201 N OCONNOR BLVD STE 300 IRVING, TX 75039	OFFICIAL COORDINATOR	101,607

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 ►2

Part V	Ш	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII								
		Check if Schedi	ule O contains a respo	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
<u>ه</u> چ	1a	Federated cam	paıgns <b>1a</b>					312 311		
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership du	ies 1b	4,437,880						
٦	С	Fundraising eve	ents <b>1c</b>							
iifts ar /	d	Related organiz	zations 1d							
3, E	е	Government grant	s (contributions) <b>1e</b>							
is Si	f		ons, gifts, grants, and <b>1f</b>	278,415		į				
but the	_	Similar amounts no	ot included above ons included in lines			ļ				
a di	g	1a-1f \$	ons included in lines	5,446						
ಕ	h	Total. Add lines	s 1a-1f	· · · · •	4,716,295					
<u> </u>				Business Code						
۲eu	2a	COLLEGE FOOTBAL	L PLAYOFF REVENUE	900099	16,339,962	16,339,962				
<u>æ</u>	b		1ARKETING REVENUE	900099	9,555,510	9,555,510				
Program Serwce Revenue	C	NCAA (NITE TOURNAMENT DEVENUE		900099	9,220,974	9,220,974				
Š	d	NCAA STUDENT AT		900099	3,723,512	3,723,512				
ran	e f		am service revenue	900099	2,672,840	2,672,840				
j J	'				9,250,507	9,250,507				
<u> </u>	g		s 2a-2f		50,763,305					
	3		ome (including dividen ar amounts)		438,965			438,965		
	4	Income from inves	stment of tax-exempt bond	proceeds 🕨						
	5	Royalties			24,368			24,368		
	6a	Gross rents	(ı) Real	(II) Personal						
	b	Less rental								
	c	expenses Rental income								
	d	or (loss)	me or (loss)							
	<b>"</b>	Net rental inco	(ı) Securities	(II) O ther						
	7a	Gross amount from sales of assets other	3,786,401							
	b	than inventory Less cost or other basis and sales expenses	3,153,893							
	С	Gain or (loss)	632,508							
	d 8a		ss)		632,508			632,508		
Other Revenue	Oa		luding s reported on line 1c)							
Ģ.		See Part IV, lin	a							
the	b	Less direct ex	penses b							
•	С		(loss) from fundraising	events ▶						
	9a	Gross income f See Part IV, lir	rom gaming activities ne 19 a							
	b		penses <b>b</b>							
	C		(loss) from gamıng actı 	vities≱-						
	10a	Gross sales of returns and allo								
	b	Less cost of g	oods sold <b>b</b>							
	С		(loss) from sales of inv	•						
	11-	Miscellaneous		Business Code 900099	245,827	245,827				
	11a b	MISCELLANEC	705	300039	2+3,027	273,027				
	C			+						
	d	All other reven	ue							
	e	Total. Add lines		🕨	245.00-					
	12	Total revenue.	See Instructions .		245,827					
	l	·		-1	56,821,268	51,009,132	(	1,095,841		

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete col	umn (	A )
--	-------	-----

36000	on 501(c)(3) and 501(c)(4) organizations must complete all columns All Check if Schedule O contains a response or note to any line in this	-			
Do no	ot include amounts reported on lines 6b,	(A)	(B)	(C)	
	o, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and				
	domestic governments See Part IV, line 21	52,695,328	52,695,328		
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22	56,000	56,000		
3	Grants and other assistance to foreign organizations, foreign				
	governments, and foreign individuals See Part IV, lines 15 and 16	63,240	63,240		
4	Benefits paid to or for members	,	,		
5	Compensation of current officers, directors, trustees, and				
	key employees	1,004,531	853,851	150,680	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons				
	described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,239,098	1,053,233	185,865	
8	Pension plan accruals and contributions (include section 401(k)				
	and 403(b) employer contributions)	139,264	118,374	20,890	
9	Other employee benefits	211,920	180,132	31,788	
10	Payroll taxes	120,253	102,215	18,038	
11	Fees for services (non-employees)				
а	Management				
b	Legal	232,314	197,467	34,847	
C	Accounting	24,400	20,740	3,660	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	130,635	111,040	19,595	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	28,471	24,200	4,271	
13	Office expenses	138,878	118,046	20,832	
14	Information technology	43,159	36,685	6,474	
15	Royalties				
16	Occupancy	242,661	206,262	36,399	
17	Travel	106,260	90,321	15,939	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	254,487	216,314	38,173	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	16,800	14,280	2,520	
23	Insurance	59,939	50,948	8,991	
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 O)				
а	BOWLS & FB, MBK CHAMPIO	3,669,672	3,669,672		
ь	BAHAMAS BOWL	1,509,714	1,509,714		
c	SUPPORT SERVICES	1,002,182	1,002,182		
d	ALL OTHER CHAMPIONSHIPS	331,823	331,823		
e	All other expenses	234,254	220,096	14,158	
25	Total functional expenses. Add lines 1 through 24e	63,555,283	62,942,163	613,120	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in the $\ensuremath{I}$	nis Part	: X	<u> </u>		· · · · · · · · · · · · · · · · · · ·
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			399,990	1	1,614
	2	Savings and temporary cash investments			7,204,733	2	3,487,435
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			6,558,938	4	1,499,485
	5	Loans and other receivables from current and former officers, diemployees, and highest compensated employees Complete Pai Schedule L	rectors rt II of	, trustees, key		5	
ets	6	Loans and other receivables from other disqualified persons (as section 4958(f)(1)), persons described in section 4958(c)(3)(Bemployers and sponsoring organizations of section 501(c)(9) vobeneficiary organizations (see instructions) Complete Part II of	3), and oluntar	contributing y employees'		6	
Assets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			77,251	9	180,672
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	234,591			
	ь	Less accumulated depreciation	10b	163,528	44,713	10c	71,063
	11	Investments—publicly traded securities			19,187,877	11	18,940,801
	12	Investments—other securities See Part IV, line 11			796,747	12	804,191
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11		_		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			34,270,249		24,985,261
	17	Accounts payable and accrued expenses			405,880		376,549
	18	Grants payable			,	18	
	19	Deferred revenue	2,400,000		1,200,000		
	20	Tax-exempt bond liabilities			2, 100,000	20	1,200,000
	21	Escrow or custodial account liability Complete Part IV of Schee		•		21	
ities	22	Loans and other payables to current and former officers, directo key employees, highest compensated employees, and disqualifi		21			
Liabilit		persons Complete Part II of Schedule L			472	22	0
<u>-</u>	23	Secured mortgages and notes payable to unrelated third parties		• •	472	23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
						24	
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Par D	t X of S	chedule	150,000	25	0
	26	Total liabilities. Add lines 17 through 25			2,956,352	26	1,576,549
ر.		Organizations that follow SFAS 117 (ASC 958), check here ▶ □					
ě		lines 27 through 29, and lines 33 and 34.					
G G	27	Unrestricted net assets			31,048,772	27	23,135,743
 B	28	Temporarily restricted net assets			265,125	28	272,969
듣	29	Permanently restricted net assets				29	
Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	re ► 「	and			
о У	30	Capital stock or trust principal, or current funds				30	
ģ.	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Ą	32	Retained earnings, endowment, accumulated income, or other fu				32	
Š	33	Total net assets or fund balances			31,313,897	33	23,408,712
Z	34	Total liabilities and net assets/fund balances			34,270,249	34	24,985,261

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		56,8	321,268
2	Total expenses (must equal Part IX, column (A), line 25)	2		63,	555,283
3	Revenue less expenses Subtract line 2 from line 1	3			734,015
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Net unrealized gains (losses) on investments	5			313,897
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		23,4	108,712
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revial separate basis, consolidated basis, or both	ewed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	ne <b>2с</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	ne	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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As Filed Data -

DLN: 93493047018186

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total 17

# **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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

2014

Open to Public Inspection

Name of the organization CONFERENCE USA					Employer identification number				
CONF	EKENCE	E USA					36-4021594		
Pa	rt I	Reason for Publi	c Charity S	<b>itatus</b> (All organiza	tions must co	mplete this p		ons.	
The	organı	zation is not a private fo		` 2			•		
1	Г	A church, convention	of churches, o	r association of churc	hes described i	n <b>section 170(</b> l	o)(1)(A)(i).		
2	Г	A school described in	section 170(b	)(1)(A)(ii). (Attach S	chedule E )				
3		A hospital or a cooper	ative hospital	service organization of	lescribed in <b>sec</b>	tion 170(b)(1)	(A)(iii).		
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the							
5	$\vdash$	hospital's name, city, An organization opera	and State	efit of a college or uni	versity owned o	or operated by a	a governmental unit d	escribed in	
•	'	section 170(b)(1)(A)			versity owned t	operated by t	a governmentar ame a	esembed iii	
6	$\vdash$	A federal, state, or loc			described in se	action 170(b)(1	)(A)(v)		
7	<u>'</u>	An organization that n						neneral public	
,	,	described in <b>section 1</b>	•	•	• •	om a governme	incar aime or from the g	general public	
8	Γ	A community trust de			•	tII)			
9	Г	An organization that n	ormally receiv	es (1) more than 331	1/3% of its supp	ort from contri	butions, membership	fees, and gross	
		receipts from activitie	s related to its	s exempt functions—s	ubject to certai	n exceptions, a	ind (2) no more than 3	331/3% of	
		ıts support from gross	ınvestment ır	ncome and unrelated b	usıness taxable	e income (less	section 511 tax) fron	n businesses	
		acquired by the organ	ızatıon after Ju	ine 30, 1975 See <b>sec</b>	tion 509(a)(2).	(Complete Par	tIII)		
10	Г	An organization organ	ized and opera	ited exclusively to tes	t for public safe	ety See <b>sectio</b> r	າ 509(a)(4).		
11	굣	An organization organ	ized and opera	ted exclusively for the	e benefit of, to p	erform the fund	ctions of, or to carry o	out the purposes of	
		one or more publicly s			•				
_	_	the box in lines 11a th	-			•	•	, -	
а	,	<b>Type I.</b> A supporting of supported organization							
		organization You mus				cy of the direct	ors or crustees or the	supporting	
b	Γ	Type II. A supporting				with its suppo	rted organization(s), l	by having control or	
		management of the su			same persons t	hat control or r	nanage the supported	organization(s) <b>You</b>	
_	V	must complete Part IV Type III functionally	•		n anaratad in a	onnoction with	and functionally into	aratad weth sta	
С	Į*	supported organization	_		•			grated with, its	
d	Γ	Type III non-function						janization(s) that is	
		not functionally integr					ement and an attentiv	eness requirement	
_	_	(see instructions) Yo					T I T II T		
е	1	Check this box if the contegrated, or Type II.					s a rype i, rype ii, r	ype III functionally	
f		Enter the number of si						1 7	
g		Provide the following i							
_		•			, ,				
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	ganızatıon	(v) A mount of	(vi) Amount of	
		organization		organızatıon	listed in your	governing	monetary support	other support (see	
				(described on lines	docume	ent?	(see instructions)	instructions)	
				1-9 above or IRC section (see					
				instructions))					
					Yes	No			
	۸۵۵۰۰	ıonal Data Table							
<u>see</u>	Auditi	ional Data Table							

52,695,328

Sch	edule A (Form 990 or 990-EZ) 2014						Page <b>2</b>
Pa	Support Schedule for (Complete only if you c	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	ipiete Part I	11.)
	endar year (or fiscal year beginning	(-) 2010	(1) 2011	(-) 2012	(4) 2012	(-) 201	(6) T. t. l
	in) 🟲	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
3	behalf The value of services or facilities						
,	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> 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	<b>Public support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1	l			1	
	endar year (or fiscal year beginning	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
	in) ►	(a) 2010	(0) 2011	(6) 2012	(d) 2013	(e) 2014	(I) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI )						
11	<b>Total support</b> Add lines 7 through 10						
12	Gross receipts from related activities	es, etc (see inst	ructions)		•	12	<u> </u>
13	First five years. If the Form 990 is f	or the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	section 501	(c)(3)
	organization, check this box and sto				<del></del>	<u> </u>	<u> </u>
	ection C. Computation of Pub			4.4 1 (5)		<del> </del>	
14	Public support percentage for 2014	· ·		11, column (f))		14	
15	Public support percentage for 2013	•	•			15	
16a	<b>33 1/3% support test—2014.</b> If the				line 14 is 33 1/3%	∕o or more, ch	
h	and stop here. The organization qua 33 1/3% support test—2013. If the				and line 15 is 3	3 1/3% or mo	re check this
	box and <b>stop here.</b> The organization				, and fine 13 is 3.	3 1/3/0 01 1110	re, check this ▶□
17a	10%-facts-and-circumstances test-	<b>-2014.</b> If the org	anızatıon dıd not	check a box on li			,
	is 10% or more, and if the organizat						
	in Part VI how the organization mee	ts the "facts-and	d-circumstances'	test The organi	zation qualifies as	s a publicly s	
h	organization 10%-facts-and-circumstances test-	-2013. If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and b	<b>▶</b> ┌
	15 is 10% or more, and if the organ						
	Explain in Part VI how the organizat						ublicly
	supported organization				471		<b>▶</b> ┌
18	<b>Private foundation.</b> If the organization instructions	on ala not check	ca box on line 13	, 16a, 16b, 1/a,	or 1 / b, check this	s pox and see	• <b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Caratiana	_	<u> </u>	C	A	
Section	A	AII	Supporting	Organiza	itions

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)$ ? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or $(2)$ .	2	Yes	
За	Did the organization have a supported organization described in section $501(c)(4)$ , $(5)$ , or $(6)$ ? If "Yes," answer (b) and (c) below.	3a		No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part $I$ , answer (b) and (c) below.	4a		Νo
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	<b>4</b> c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	Yes	
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6	Yes	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		No
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		No
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		No
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		No
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		No
b	A family member of a person described in (a) above?	11b		Νo

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Νo

Par	rt IV Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2	Yes	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3	Yes	
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see  The organization satisfied the Activities Test Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those</b> supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these			
	activities constituted substantially all of its activities.	2a	Yes	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	Yes	
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

### Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

### Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year						
1 Amounts paid to supported organizations to accom	plish exempt purposes						
2 A mounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	ported organizations, in					
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons					
4 Amounts paid to acquire exempt-use assets							
5 Qualified set-aside amounts (prior IRS approval rec	nured)						
6 Other distributions (describe in Part VI) See instru	JCTIONS						
7 Total annual distributions. Add lines 1 through 6							
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide					
9 Distributable amount for 2014 from Section C, line	6						
10 Line 8 amount divided by Line 9 amount							
		(::)	(:::)				
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014				
1 Distributable amount for 2014 from Section C, line 6							
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)							
3 Excess distributions carryover, if any, to 2014							
<b>a</b> From 2009							
<b>b</b> From 2010							
<b>c</b> From 2011							
d From 2012							
<b>e</b> From 2013							
f Total of lines 3a through e							
g Applied to underdistributions of prior years							
h Applied to 2014 distributable amount  i Carryover from 2009 not applied (see instructions)							
j Remainder Subtract lines 3g, 3h, and 3i from 3f							
4 Distributions for 2014 from Section D, line 7 \$							
A pplied to underdistributions of prior years							
<b>b</b> Applied to 2014 distributable amount							
c Remainder Subtract lines 4a and 4b from 4							
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)							
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)							
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c							
8 Breakdown of line 7							
<b>a</b> From 2010							
<b>b</b> From 2011							
<b>c</b> From 2012							
d From 2013							

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

#### **Facts And Circumstances Test**

Return Reference	Explanation
SCHEDULE A, PART IV, SECTION A, LINE 2	THE FOLLOWING SUPPORTED ORGANIZATIONS DO NOT HAVE AN IRS DETERMINATION LETTER AND ARE NOT REQUIRED TO OBTAIN RECOGNITION OF PUBLIC CHARITY STATUS BECAUSE THEY ARE STATE UNIVERSITIES EAST CAROLINA UNIVERSITY, FLORIDA ATLANTIC UNIVERSITY, FLORIDA INTERNATIONAL UNIVERSITY, LOUISIANA TECH UNIVERSITY, MARSHALL UNIVERSITY, MIDDLE TENNESSEE STATE UNIVERSITY,UNC CHARLOTTE, UNIVERSITY OF NORTH TEXAS, UNIVERSITY OF TEXAS AT EL PASO, AND UNIVERSITY OF TEXAS AT SAN ANTONIO
SCHEDULE A, PART IV, SECTION A, LINE 5	THE FOLLOWING SUPPORTED ORGANIZATIONS LEFT THE CONFERENCE DURING TAX YEAR 2014 EAST CAROLINA UNIVERSITY (56-6000403), TULANE UNIVERSITY (72-0423889), AND UNIVERSITY OF TULSA (73-0579298) PER THE ORGANIZATION'S GOVERNING BYLAWS, NO MEMBER MAY WITHDRAW FROM THE CONFERENCE WITHOUT PROVIDING THE CONFERENCE WITH PRIOR WRITTEN NOTICE ANY AND ALL WITHDRAWLS FROM THE CONFERENCE SHALL BE EFFECTIVE ON JULY 1 OF THE YEAR SPECIFIED IN THE NOTICE OF WITHDRAWAL, PROVIDED, HOWEVER, THAT THE WITHDRAWING MEMBER MUST AFFORD THE CONFERENCE NOTICE AT LEAST FOURTEEN MONTHS PRIOR TO THE EFFECTIVE DATE OF THE WITHDRAWAL (I E NO LATER THAN MAY 1 OF THE PRIOR YEAR) THE FOLLOWING SUPPORTED ORGANIZATIONS JOINED THE CONFERENCE DURING TAX YEAR 2014 WESTERN KENTUCKY UNIVERSITY (61-6055628) PER THE ORGANIZATION'S GOVERNING BYLAWS, COLLEGES AND UNIVERSITIES DESCRIBED IN SECTION 170(B)(1)(A)(II) OF THE CODE THAT ARE LOCATED WITHIN THE UNITED STATES OF AMERICA AND ARE CLASSIFIED OR HAVE APPLIED FOR CLASSIFICATION AS A NCAA FOOTBALL BOWL SUBDIVISION MEMBER MAY APPLY FOR MEMBERSHIP IN THE CONFERENCE AN APPLICATION FOR MEMBERSHIP SHALL BE SUBMITTED TO THE COMMISSIONER AND, IF THE COMMISSIONER DEEMS THE APPLICATION WORTHY OF CONSIDERATION, IT WILL BE REVIEWED BY THE BOARD OF DIRECTORS AND THE JOINT GROUP THE BOARD OF DIRECTORS SHALL DETERMINE WHETHER THE PURPOSE OF THE CONFERENCE WOULD BE SERVED BY THE ADMISSION OF THE APPLICANT AND WHETHER THE APPLICANT AND WETTER THE APPLICANT AND BE EXPECTED TO PERFORM ITS FINANCIAL OBLIGATIONS AND, BASED ON THE PRIOR CONDUCT OF ITS ATHLETIC PROGRAMS, ITS COVENANTS UNDER SECTION 3 05
SCHEDULE A, PART IV, SECTION A, LINE 6	DURING FISCAL YEAR 2015, CONFERENCE USA PROVIDED A CASH GRANT TO RANFURLY HOMES FOR CHILDREN, A 501(C)(3) ORGANIZATION LOCATED OUTSIDE OF THE UNITED STATES RANFURLY HOMES FOR CHILDREN PROVIDES A HOME FOR CHILDREN WHO ARE DISPLACED AS A RESULT OF FAMILY PROBLEMS, WHO HAVE BEEN ABANDONED, WHO ARE ORPHANED OR WHOSE PRIMARY CARE GIVERS ARE DECEASED THE PURPOSE OF THESE FUNDS WAS TO PROVIDE HOUSING, FOOD, AND EDUCATION FOR DISPLACED CHILDREN
SCHEDULE A, PART IV, SECTION D, LINE 3	CONFERENCE USA'S BOARD OF DIRECTORS CONSISTS OF REPRESENTATION FROM EACH MEMBER OF THE CONFERENCE THE BOARD CREATED AND APPROVED THE ORGANIZATION'S CURRENT INVESTMENT POLICY, AND THEY DIRECT RESERVE FUNDS THROUGHOUT THE YEAR
SCHEDULE A, PART IV, SECTION E, LINE 2A	THE PURPOSE OF THE CONFERENCE IS TO PROVIDE A STRUCTURE WHICH WILL BETTER ENABLE THE CONFERENCE'S MEMBERS TO ENHANCE, PUBLICIZE, FUND (THROUGH PAYMENTS OR DISTRIBUTIONS FROM THE CONFERENCE, OR OTHERWISE), ADMINISTER, AND REGULATE THEIR RESPECTIVE VARSITY INTERCOLLEGIATE ATHLETIC PROGRAMS WITHIN THE CONTEXT OF HIGHER EDUCATION AND THE NATIONAL COLLEGIATE ATHLETIC ASSOCIATION (THE "NCAA"), AND TO BETTER PROVIDE STUDENT-ATHLETES ATTENDING MEMBER UNIVERSITIES WITH QUALITY EDUCATIONAL AND ATHLETIC OPPORTUNITIES IN FURTHERANCE OF SUCH PURPOSE, IT IS INTENDED THAT THE CONFERENCE WILL (A) PROVIDE MEMBER INSTITUTIONS WITH THE OPPORTUNITY TO PARTICIPATE IN A MAJOR ATHLETIC CONFERENCE, (B) PROVIDE MEMBER INSTITUTIONS WITH A VOICE IN NCAA AFFAIRS AND PROVIDE THE OPPORTUNITY FOR MEMBER INSTITUTIONS TO PLAY A SIGNIFICANT ROLE IN INTERCOLLEGIATE ATHLETICS, (C) ENHANCE THE LEVEL OF COMPETITION AND VISIBILITY OF MEN'S AND WOMEN'S ATHLETICS, (D) PROVIDE A CONSORTIUM FOR MEMBER INSTITUTIONS TO EXCHANGE INFORMATION AND FOSTER INTERCHANGE TO ENHANCE ACADEMIC, FISCAL AND ATHLETIC POLICIES, (E) PROVIDE CHAMPIONSHIPS IN CONFERENCE SPORTS AND TO ENHANCE THE QUALITY OF MEMBER INSTITUTIONS IN COMPLYING WITH NCAA, CONFERENCE AND INSTITUTION RULES AND REGULATIONS AS A RESULT OF THE FOREGOING, IT IS EXPECTED THAT PARTICIPATION IN THE CONFERENCE WILL ENHANCE THE NATIONAL STATURE OF EACH MEMBER INSTITUTION THE CONFERENCE WILL ENHANCE THE NATIONAL STATURE OF EACH MEMBER INSTITUTION THE CONFERENCE WILL ENHANCE THE NATIONAL STATURE OF EACH MEMBER INSTITUTION THE CONFERENCE WILL ENHANCE THE NATIONAL STATURE OF EACH MEMBER INSTITUTION THE CONFERENCE'S SUPPORTED ORGANIZATIONS ARE REPORTED ON SCHEDULE A, PART I
SCHEDULE A, PART IV, SECTION E, LINE 2B	COLLEGES AND UNIVERSITIES DESCRIBED IN SECTION 170(B)(1)(A)(II) OF THE CODE THAT ARE LOCATED WITHIN THE UNITED STATES OF AMERICAN AND ARE CLASSIFIED AS A NCAA FOOTBALL BOWL SUBDIVISION, SHALL BE ELIGIBLE TO BE MEMBERS OF THE CONFERENCE BUT FOR THE CONFERENCE'S INVOLVEMENT, THESE SUPPORTED ORGANIZATIONS WOULD STILL BE INVOLVED IN THEIR RESPECTIVE EXEMPT ACTIVITIES
	Schedule A (Form 990 or 990-EZ) 2014

Software ID: Software Version:

**EIN:** 36-4021594

Name: CONFERENCE USA

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		organization listed in your governing		organization listed in your governing		(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)
			Yes	No						
(A) EAST CAROLINA UNIVERSITY	566000403		Yes		900,747	0				
(A) FLORIDA ATLANTIC UNIVERSITY	650385507		Yes		3,181,776	0				
(B) FLORIDA INTERNATIONAL UNIVERSITY	650177616		Yes		3,536,186	0				
(C) LOUISIANA TECH UNIVERSITY	726000792		Yes		3,612,891	0				
(D) MARSHALL UNIVERSITY	566000789		Yes		4,534,641	0				
(E) MIDDLE TENNESSEE STATE UNIVERSITY	626005794		Yes		3,336,093	0				
(F) OLD DOMINION UNIVERSITY	546000884		Yes		3,462,369	0				
(G) RICE UNIVERSITY	741109620		Yes		4,578,391	0				
(H) TULANE UNIVERSITY	720423889		Yes		523,549	0				
(I) UNC CHARLOTTE	560791228		Yes		2,616,599	0				
(J) UNIVERSITY OF ALABAMA AT BIRMINGHAM	636005396		Yes		3,938,620	0				
(K) UNIVERSITY OF NORTH TEXAS	756002149		Yes		3,195,276	0				
(L) UNIVERSITY OF SOUTHERN MISSISSIPPI	646000818		Yes		3,386,163	0				
(M) UNIVERSITY OF TEXAS AT EL PASO	746000813		Yes		4,113,749	0				
(N) UNIVERSITY OF TEXAS AT SAN ANTONIO	741717115		Yes		3,359,465	0				

# Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)
			Yes	No		
(P) UNIVERSITY OF TULSA	730579298		Yes		887,498	0
(A) WESTERN KENTUCKY UNIVERSITY	616055628		Yes		3,531,315	0

DLN: 93493047018186

OMB No 1545-0047

**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.

Information about Schedule D (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

Open to Public Inspection

	me of the organization NFERENCE USA		Employer identification number
,UI	WELLINGE OUT		36-4021594
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990	, Part IV, line 6.	<u> </u>
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		nor advised <b>Yes No</b>
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benef conferring impermissible private benefit?	it of the donor or donor advisor, or for a	ny other purpose Yes No
a	rt II Conservation Easements. Complete if	the organization answered "Yes" t	to Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space	or education) Preservation of ar Preservation of a	n historically important land area
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	i qualified conservation contribution in t	Held at the End of the Year
1	Total number of conservation easements		2a
,	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified histo	oric structure included in (a)	2c
	Number of conservation easements included in (c) acq historic structure listed in the National Register	• •	2d
	Number of conservation easements modified, transferr	ed, released, extinguished, or terminate	ed by the organization during
	the tax year ►		
	Niverbouré shake who we would be consorted to	an account to large d b	
	Number of states where property subject to conservate Does the organization have a written policy regarding tenforcement of the conservation easements it holds?		dling of violations, and Yes No
	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easer	ments during the year
	A mount of expenses incurred in monitoring, inspecting  \$\blue{\sigma}\$ =	, and enforcing conservation easement	s during the year
	Does each conservation easement reported on line 2 (and section 170(h)(4)(B)(II)?	d) above satisfy the requirements of sec	ction 170(h)(4)(B)(i)
	In Part XIII, describe how the organization reports corbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financia	
li	Complete if the organization answered "Y		or Other Similar Assets.
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	ts held for public exhibition, education,	or research in furtherance of public
,	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to thes	ts held for public exhibition, education,	
	(i) Revenue included in Form 990, Part VIII, line 1		<b>►</b> \$
	(ii) Assets included in Form 990, Part X		<b>►</b> \$
	If the organization received or held works of art, histor following amounts required to be reported under SFAS		
	Revenue included in Form 990, Part VIII, line 1		<b>►</b> \$
)	Assets included in Form 990, Part X		<b>►</b> \$
_	<u> </u>		

Par	<b>444</b> Organizations Maintaining Co	llections of Art,	<u>, Hist</u>	ori	<u>cal Tr</u>	<u>easui</u>	res, or C	<u> ther</u>	<u>Similar</u>	<u> Asse</u>	ts (co	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	ds, che	ecka	any of t	he follo	wing that	are a	sıgnıfıcant	use of	ıts	
а	Public exhibition		d	Γ	Loan	orexch	ange prog	rams				
b	Scholarly research		e	$\Gamma$	Other							
c	Preservation for future generations											
4	Provide a description of the organization's content XIII	ollections and explai	n how	the	/ furthe	r the o	rganızatıoı	n's ex	empt purpo	ose in		
5	During the year, did the organization solicit								ılar	_		
	assets to be sold to raise funds rather than									<u></u>		No
Par	Part IV, line 9, or reported an ar	nount on Form 99	0, Pa	rt X	, line 2	21				m 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	dian or other interme	diary f	for c	ontrıbu	tions o	r other as:	sets n	ot	Γ,	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	follow	ng t	able		г					
							-			Amou	nt	
С	Beginning balance							1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance						L	1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, fo	ores	crow o	rcusto	dıal accou	ınt lıa	bility?	Γ,	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II Check here if the	expla	natio	on has l	been pr	ovided in	Part >	(III			Γ
Pa	rt V Endowment Funds. Complete	ıf the organızatıor	ansv	vere								
		(a)Current year	(b)F	rior	/ear	<b>b (c)</b> Tw	o years bac	k <b>(d)</b> ⊺	hree years b	ack (e)	Four ye	ears back
1a	Beginning of year balance							4				
b	Contributions							4				
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the cur	rent year end balanc	e (line	1g,	columi	n (a)) h	eld as					
а	Board designated or quasi-endowment											
b	Permanent endowment ▶											
c	Temporarily restricted endowment ►											
	The percentages in lines 2a, 2b, and 2c sho											
3a	Are there endowment funds not in the posse organization by	ssion of the organiza	ition th	hat a	re held	and a	dministere	d for t	he	ſ	Yes	N <sub>1</sub> -
	(i) unrelated organizations		_	_		_		_		3a(i)	1 65	No
	(ii) related organizations									3a(ii)		
Ь	If "Yes" to 3a(II), are the related organization									3b		
4	Describe in Part XIII the intended uses of the	ne organization's end	dowme	nt fu	ınds				•			
Par	t VI Land, Buildings, and Equipme		he or	gan	ızatıor	answ	ered 'Ye	s' to l	Form 990	, Part :	IV, lır	ne
	11a. See Form 990, Part X, line	10.		T /-	) Cast a		(h)Coot or		(=) (==:::::::::::::::::::::::::::::::::		(4) D	
	Description of property				) Cost of sis (inves		(b)Cost or basis (ot		(c) Accum deprecia		(a) b	ook value
1a	Land											
b	Buildings											
С	Leasehold improvements							25,263		25,263		0
d	Equipment							3,698		26,773		36,925
e	Other						14	15,630		111,492		34,138
								<u> </u>				

Part VII Investments—Other Securities. Co	mplete if the organizatio	n answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	
Part VIII Investments—Program Related. C	Complete if the organizati	on answered 'Yes' to Form 990, Part IV, line 11c
See Form 990, Part X, line 13.  (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>F</b>	
		90, Part IV, line 11d See Form 990, Part X, line 15
(a) Desc	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15)	
Part X Other Liabilities. Complete if the org		-
Form 990, Part X, line 25.		, , ,
1 (a) Description of liability	(b) Book value	
Federal income taxes		
		7
		-
		-
		-
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	<b>F</b>	
2 Linkship for an arrange to a position of the Doub VIII manage	do the tayt of the feet - t-	***********************************

Par		venue per Audited Financial State red 'Yes' to Form 990, Part IV, line 12		ts With Revenue p	er Re	<b>eturn</b> Complete if
1		support per audited financial statements .			1	
2	Amounts included on line 1 but i	not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on					
b	Donated services and use of fac	ilities	2b		1	
С	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII )		2d			
e	Add lines <b>2a</b> through <b>2d</b> .				2e	
3	Subtract line <b>2e</b> from line <b>1</b> .				3	
4	Amounts included on Form 990,	Part VIII, line 12, but not on line 1				
а	Investment expenses not includ	ed on Form 990, Part VIII, line 7b .	4a			
ь	Other (Describe in Part XIII )	[	4b		1	
c	Add lines <b>4a</b> and <b>4b</b>				4c	
5	Total revenue Add lines 3 and 4	kc. (This must equal Form 990, Part I, line 1	2).		5	
Part		enses per Audited Financial Stat		nts With Expenses	per	Return. Complete
		vered 'Yes' to Form 990, Part IV, line 1			Ι	<u> </u>
1	·	udited financial statements			1	
2		not on Form 990, Part IX, line 25	ا م۔	I		
a		ilities	2a		-	
b	Prior year adjustments		2b		-	
с	Other losses		2c		-	
d	Other (Describe in Part XIII )		2d		ا	
e	-				2e	
3					3	
4		Part IX, line 25, but not on line 1:	۱ ـ	I		
a	•	ed on Form 990, Part VIII, line 7b	4a		1	
b			4b		۱.	
C E		As (This result areal Farms 000 Part I line			4c	
5 Dars	XIII Supplemental Info	<b>4c.</b> (This must equal Form 990, Part I, line	18)		5	
		art II, lines 3, 5, and 9, Part III, lines 1a ai	nd 4 - 1	Part IV Junes 1 h and 2 h		
Part		nes 2d and 4b, and Part XII, lines 2d and 4				de any additional
	Return Reference	Explanation				
PART	T 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	THE CONFERENCE IS EXEMPT FROM FED THE INTERNAL REVENUE CODE (IRC) AS THE INTERNAL REVENUE CODE (IRC) AS THE CONFERENCE, HOWEVER, SHOULD TO THE CONFERENCE, HOWEVER, SHOULD TO THE CONFERENCE HAS NOT INC. THE CONFERENCE HAS POSITION THE COME TAX EXAMINATIONS BY THE USA THE COME TAX EXAMINATIONS BY THE USA	AN ON FO THE C THE C CURRE CON T TO TING:	RGANIZATION DESC R INCOME TAXES HAS ONFERENCE ENGAGE WAS CREATED, TAXA ED ANY FEDERAL INC NT EVALUATED THE OF FERENCE HAD TAKEN THE FINANCIAL STAT STANDARDS CODIFIC E CONFERENCE IS NO	RIBEDS BEES BLE IN ACTION OF THE PROPERTY OF T	O IN IRC SECTION  N MADE RELATED TO  CTIVITIES  NCOME COULD  TAX FOR THE YEARS  ERENCE'S TAX  JNCERTAIN TAX  NTS TO COMPLY  ON (ASC) GUIDANCE  IGER SUBJECT TO

Jenedale 2 (1 31111 33 3) 23 13		r age <b>3</b>			
Part XIII Supplemental Information	on (continued)				
Return Reference	Explanation				
l					
-					

Schedule D (Form 990) 2014

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As Filed Data -

DLN: 93493047018186

SCHEDULE F (Form 990)

# **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

► Attach to Form 990.

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	ne of the organization				Employer iden	tification number
00	NFERENCE USA					
					36-4021594	
Pa	General Information "Yes" to Form 990, Par			e United States. Co	omplete if the organi	zation answered
1	For grantmakers. Does the o	rganization m	aıntaın records	s to substantiate the a	amount of its grants	
	and other assistance, the gra	ntees' eligibili	ty for the gran	ts or assistance, and	the selection criteria	
	used to award the grants or a	ıssıstance?				Γ Yes Γ No
2	<b>For grantmakers.</b> Describe in assistance outside the United		ganızatıon's pr	ocedures for monitori	ng the use of its gran	ts and other
3	Activites per Region (The follow	ing Part I, line 3	table can be du	iplicated if additional spa	ace is needed )	
	<b>(a)</b> Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is program service, describe specific type of service(s) in region	a <b>(f)</b> Total expenditures for and investments in region
( 1	)					
( 2						
( 3	)					
( 4	)					
( 5	)					
3	a Sub-total	0	0			
-	<b>b</b> Total from continuation sheets to Part I	0	0			
	c Totals (add lines 3a and 3b)	0	0			

Ľ				nizations or Entitions gived more than \$5,0					to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
	1)		BAHAMAS	PROVIDING HOUSING, FOOD AND EDUCATION FOR DISPLACED CHILDREN	63,240	CHECKS			
(	2)								
(	3)								
(	4)								
2				ted above that are re e or counsel has pro					1
3	Enter total nun	nber of other	organizations or en	tities					0

Schedule F (Form 990) 2014

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.										
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)			
(1)							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
( 2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
( 12)										
(13)										
(14)										
( 15)										
( 16)										
( 17)										
( 18)										
	1			l .						

# Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	<u> </u>	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Г	Yes	<u>\</u>	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	<u> </u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	⊽	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	<b>▼</b>	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	<u> </u>	No

Schedule F (Form 990) 2014

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 36-4021594

Name: CONFERENCE USA

Schedule F (Form 990) 2014

Page **5** 

## Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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Schedule I | O | | O | |

**General Information on Grants and Assistance** 

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

20

2014

**DLN: 93493047018186**OMB No 1545-0047

Open to Public
Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

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

Attach to Form 990.

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

► Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Name of the organization CONFERENCE USA

Part I

Employer identification number 36-4021594

2 Describe in Part IV the organiz	ation's procedures f	or monitoring the use of	f grant funds in the Unite	ed States			
Part II Grants and Other A Form 990, Part IV, III							s" to
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

17

Part III 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.

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) POST GRADUATE SCHOLARSHIP	14	56,000			

Part IV Supplemental I	<b>aformation.</b> Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
FORM 990, SCHEDULE I, PART	THE PORTION OF ASSISTANCE THAT IS RESTRICTED IS MONITORED THROUGH YEARLY REPORTING BY THE MEMBER AND REVIEWED BY
I, LINE 2	THE CONFERENCE OFFICE

# **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 36-4021594

Name: CONFERENCE USA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST CAROLINA UNIVERSITYWARD SPORTS MEDICINE BLDG FICKLEN DRIVE GREENVILLE, NC 27858	56-6000403	501(C)(3)	900,747				NCAA AND CONFERENCE USA DISTRIBUTIONS & DRUG AND GAMBLING EDUCATION
FLORIDA ATLANTIC UNIVERSITY777 GLADES ROAD BOCA RATON,FL 33431	65-0385507	501(C)(3)	3,181,776				NCAA AND CONFERENCE USA DISTRIBUTIONS
FLORIDA INTERNATIONAL UNIVERSITY11200 SW 8TH ST PC 528 MIAMI,FL 33199	65-0177616	501(C)(3)	3,536,186				NCAA AND CONFERENCE USA DISTRIBUTIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
LOUISIANA TECH UNIVERSITYRAILROAD AVENUE RUSTON,LA 71272	72-6000792	501(C)(3)	3,612,891				NCAA AND CONFERENCE USA DISTRIBUTIONS			
MARSHALL UNIVERSITYPO BOX 1360 HUNTINGTON,WV 25715	56-6000789	501(C)(3)	4,534,641				NCAA AND CONFERENCE USA DISTRIBUTIONS			
MIDDLE TENNESSEE STATE UNIVERSITY1301 E MAIN ST MURFREESBORO,TN 37132	62-6005794	501(C)(3)	3,336,093				NCAA AND CONFERENCE USA DISTRIBUTIONS			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
OLD DOMINION UNIVERSITY5115 HAMPTON BLVD NORFOLK,VA 23529	54-6000884	501(C)(3)	3,462,369				NCAA AND CONFERENCE USA DISTRIBUTIONS & DRUG AND GAMBLING EDUCATION			
RICE UNIVERSITYPO BOX 1892 HOUSTON,TX 77251	74-1109620	501(C)(3)	4,578,391				NCAA AND CONFERENCE USA DISTRIBUTIONS			
TULANE UNIVERSITY JAMES W WILSON JR CENTER BEN WEINER DRIVE NEW ORLEANS, LA 70118	72-0423889	501(C)(3)	523,549				NCAA AND CONFERENCE USA DISTRIBUTIONS & DRUG AND GAMBLING EDUCATION			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNC CHARLOTTE9201 UNIVERSITY CITY BLVD CHARLOTTE,NC 28223	56-0791228	501(C)(3)	2,616,599				NCAA AND CONFERENCE USA DISTRIBUTIONS		
UNIVERSITY OF ALABAMA AT BIRMINGHAM617 S 13TH ST BIRMINGHAM,AL 35294	63-6005396	501(C)(3)	3,938,620				NCAA AND CONFERENCE USA DISTRIBUTIONS		
UNIVERSITY OF NORTH TEXAS1501 CHESTNUT ST DENTON,TX 76201	75-6002149	501(C)(3)	3,195,276				NCAA AND CONFERENCE USA DISTRIBUTIONS		

Form 990,Schedule I, Pa	Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
UNIVERSITY OF SOUTHERN MISSISSIPPI 118 COLLEGE DR 5017 HATTIESBURG,MS 39406	64-6000818	501(C)(3)	3,386,163				NCAA AND CONFERENCE USA DISTRIBUTIONS				
UNIVERSITY OF TEXAS AT EL PASO500 W UNIVERSITY AVE BRUMBELOW BLDG BLDG EL PASO,TX 79968	74-6000813	501(C)(3)	4,113,749				NCAA AND CONFERENCE USA DISTRIBUTIONS & DRUG AND GAMBLING EDUCATION				
UNIVERSITY OF TEXAS AT SAN ANTONIOONE UTSA CIRCLE SAN ANTONIO,TX 78249	74-1717115	501(C)(3)	3,359,465				NCAA DISTRIBUTIONS				

Form 990,Schedule I, Pa	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
UNIVERSITY OF TULSA600 S COLLEGE AVE TULSA,OK 74104	73-0579298	501(C)(3)	887,498				NCAA AND CONFERENCE USA DISTRIBUTIONS				
WESTERN KENTUCKY UNIVERSITY1906 COLLEGE HEIGHTS BLVD BOWLING GREEN,KY 42101	61-6055628	501(C)(3)	3,531,315				NCAA DISTRIBUTIONS				

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DLN: 93493047018186

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name of the organization CONFERENCE USA

**Employer identification number** 

36-4021594

Pa	art I Questions Regarding Compensation					
			Yes	No		
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Fig. 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these in					
	First-class or charter travel Housing allowance or residence for personal	use				
	▼ Travel for companions	ence				
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef	·)				
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment o reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	r <b>1b</b>	Yes			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a	a? <b>2</b>	V			
	an ectors, trastees, officers, metaaning the electric birector, regulating the items effected in line 10	<u> </u>	Yes			
3	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, but explain in P	art III				
	Compensation committee Written employment contract					
	☐ Independent compensation consultant ☐ Compensation survey or study					
	Form 990 of other organizations  Approval by the board or compensation compensation.	nıttee				
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing o or a related organization	rganization				
а	Receive a severance payment or change-of-control payment?					
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?					
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III					
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of					
а	The organization?	5a		No		
ь	Any related organization?	5b		Νο		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, line ${\tt 1a}$ , did the organization pay or accrue any compensation contingent on the net earnings of					
а	The organization?	6a		No		
b	Any related organization?	6b		Νo		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was					
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," des	cribe				
	ın Part III	8		Νo		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regusection 53 4958-6(c)?	lations <b>9</b>				

## 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)(1)-(111) 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

(A) Name and Title	<b>(B)</b> Breakdown o	 f W-2 and/or 1099-MI!	V-2 and/or 1099-MISC compensation		( <b>D)</b> Nontaxable	(E) Total of	<b>(F)</b> Compensation in
	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	column(B) reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2014

#### Part III Supplemental Information

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

Return Reference	Explanation
,	CONFERENCE USA PROVIDES THE FOLLOWING TO INDIVIDUALS REPORTED IN PART VII, SECTION A, LINE 1A TRAVEL FOR COMPANIONS IN TAX YEAR 2014, BRITTON BANOWSKY, AN OFFICER OF CONFERENCE USA, RECEIVED THIS BENEFIT NO AMOUNT WAS INCLUDED IN REPORTABLE COMPENSATION HEALTH OR SOCIAL CLUB DUES IN TAX YEAR 2014, BRITTON BANOWSKY, AN OFFICER OF CONFERENCE USA, RECEIVED THIS BENEFIT NO AMOUNT WAS INCLUDED IN REPORTABLE COMPENSATION

Schedule J (Form 990) 2014

Software ID: Software Version:

**EIN:** 36-4021594

Name: CONFERENCE USA

#### Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule J, Pa	art 11 - Omice	rs, Directo	ors, Trustees, Re	y Employees, and	nighest compens	sated Employees		
(A) Name and Title	(B) Bi (i) Base Compensat	e ition	W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
DR RODNEY D BENNETT, BOARD MEMBER	(I) (II)	0 352,050	0 0	0 25,213	0 22,950	0 4,380	0 404,593	0 0
MR JOHN R BRODERICK, BOARD MEMBER	(I) (II)	0 363,343	0 0	0 16,027	0 112,680	0 20,651	0 512,701	0 0
DR PHILIP DUBOIS, BOARD MEMBER	(1) (11)	0 312,153	0	0 16,017	0 32,445	0 42,909	0 403,524	0
DR LESLIE K GUICE, BOARD MEMBER	(1)	0 349,968	0	0 13,035	0 43,666	0 36,032	0 442,701	0
DR STEPHEN J KOPP, BOARD MEMBER	(1) (11)	0 390,528	0	0 7,320	0 15,600	0 15,719	0 429,167	0
DR SIDNEY A MCPHEE, BOARD MEMBER	(1) (11)	0 333,941	0 0	0 2,100	0 36,599	0 19,193	0 391,833	0
DR DIANA S NATALICIO, BOARD MEMBER	(1)	0 391,001	0 20,078	0 5,040	0 68,728	0 6,060	0 490,907	0
DR GARY RANSDELL, BOARD MEMBER	(1) (11)	0 400,465	0	0 144,436	0 19,522	0 6,657	0 571,080	0
DR RICARDO ROMO, BOARD MEMBER	(1) (11)	0 385,290	0	0 3,800	0 102,286	0 6,060	0 497,436	0
DR MARK B ROSENBERG, BOARD MEMBER	(1) (11)	0 472,203	0 80,000	0 347,541	0 44,309	0 32,108	0 976,161	0
DR NEAL SMATRESK, BOARD MEMBER	(1) (11)	0 416,438	0	0 4,499	0 17,160	0 4,910	0 443,007	0
DR RAY L WATTS, BOARD MEMBER	(1)	0 447,550	0 105,000	0 27,489	0 43,446	0 27,252	0 650,737	0
BRITTON BANOWSKY, COMMISSIONER	(1)	500,000 0	0 0	17,790 0	190,000	20,600 0	728,390 0	0
JUDY MACLEOD, EXEC ASSOC COMISSIONER/COO	(1) (11)	230,000	0	6,000 0	27,600 0	7,162 0	270,762 0	0
KELLY CARNEY, SR ASSOCIATE COMMISSIONER	(1) (11)	134,509 0	0 0	6,000 0	16,141 0	20,365 0	177,015 0	0
ALFRED WHITE, SR ASSOCIATE COMMISSIONER	(1) (11)	151,515 0	0	6,000	· I	22,885 0	198,840	0

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**Employer identification number** 

OMB No 1545-0047

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### **SCHEDULE 0** (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.

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

Name of the organization CONFERENCE USA 36-4021594

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	MEMBERSHIP CONSISTS OF 14 UNIVERSITIES THAT COMPETE IN NCAA FBS INTERCOLLEGIATE ATHLETICS
FORM 990, PART VI, SECTION B, LINE 11	CONFERENCE USA'S 990 IS COMPLETED BY AN EXTERNAL ACCOUNTING FIRM UPON COMPLETION OF THE 9 90, THE ACCOUNTING FIRM SENDS TO CONFERENCE USA FOR REVIEW THE ASSOCIATE COMMISSIONER FOR BUSINESS AFFAIRS REVIEWS THE 990 COMPARING IT TO THE AUDITED FINANCIAL STATEMENTS AND CON FERENCE USA'S FINANCIAL SYSTEM REPORTS ONCE REVIEWED BY THE ASSOCIATE COMMISSIONER FOR BU SINESS AFFAIRS, THE COMMISSIONER RECEIVES COPIES FOR FINAL REVIEW AND SIGNATURE ONCE APPR OVED BY THE COMMISSIONER, THE 990 IS SENT TO THE BOARD OF DIRECTORS PRIOR TO SUBMISSION TO THE IRS
FORM 990, PART VI, SECTION B, LINE 12C	THE BUSINESS OFFICE CONSISTING OF THE ASSOCIATE COMMISSIONER FOR BUSINESS AFFAIRS AND THE ASSISTANT DIRECTOR OF BUSINESS REQUIRE EMPLOYEES TO RECEIVE APPROVAL WHEN THEY WISH TO USE A NEW VENDOR THE EMPLOYEE MUST TURN IN AT LEAST TWO TO THREE BIDS AND AN EXPLANATION AS TO WHY THEY REQUEST A SPECIFIC VENDOR OVER ANOTHER IF THERE APPEARS TO BE A POTENTIAL CON FLICT OF INTEREST THE EXECUTIVE ASSOCIATE COMMISSIONER OR COMMISSIONER HAVE FINAL APPROVAL
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS HAS THE CHARGE OF APPOINTING AND EXECUTING AN EMPLOY MENT CONTRACT W ITH THE COMMISSIONER THE BOARD OF DIRECTORS MEETS YEARLY WITH THE COMMISSIONER TO EVALUAT E HIS/HER PERFORMANCE THE CHAIR OF THE BOARD OF DIRECTORS DOCUMENTS THIS EVALUATION AND I T IS PLACED IN THE COMMISSIONER'S PERSONNEL FILE
FORM 990, PART VI, SECTION C, LINE 19	NO DOCUMENTS AVAILABLE TO THE PUBLIC
FORM 990, PART XII, LINE 2C	THE ORGANIZATION DID NOT CHANGE THE OVERSIGHT OR THE SELECTION PROCESS FROM THE PRIOR YEAR
FORM 990, PART VII, SECTION A, LINE 1A AND SCHEDULE J, PART II	CONFERENCE USA, AFTER MAKING A REASONABLE EFFORT, WAS UNABLE TO OBTAIN COMPENSATION FOR TW O OF ITS BOARD MEMBERS CONFERENCE USA PROVIDED AN ANNUAL QUESTIONNAIRE TO THE MEMBER, INC LUDING THEIR NAME AND MEMBER INSTITUTION, BLANK LINES FOR THE COMPENSATION INFORMATION, AN D A BRIEF DESCRIPTION OF THE REQUIREMENTS
FORM 990, SCHEDULE A, PART I, SCHEDULE I, PART II & SCHEDULE R, PART II	DURING THE YEAR, THREE MEMBER INSTITUTIONS, TULANE UNIVERSITY, UNIVERSITY OF TULSA AND EAS T CAROLINA UNIVERSITY, ANNOUNCED THEIR INTENTION TO WITHDRAW FROM THE CONFERENCE EFFECTIVE JULY 1, 2014 ALTHOUGH THESE INSTITUTIONS WERE NOT MEMBERS OF THE CONFERENCE DURING THE T AX YEAR, THEY ARE INCLUDED ON SCHEDULE A, SCHEDULE I AND SCHEDULE R AS THEY RECEIVED FINAL DISTRIBUTIONS DURING THE TAX YEAR

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2014

OMB No 1545-0047

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# **SCHEDULE R** (Form 990)

**Related Organizations and Unrelated Partnerships** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990. ► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

CONFERENCE USA

Name of the organization

**Employer identification number** 36-4021594

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.								
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity			
(1) BAHAMAS BOWL LLC 5201 N OCONNOR BLVD STE 300 IRVING, TX 75039 47-1228587	OWN AND OPERATE INTERCOLLEGIATE FOOTBALL BOWL GAME	DE	1,628,149	61,195	CONFERENCE USA			

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	(g) Section 512(b (13) controlled entity?	
					Yes	No
See Additional Data Table						

Yes No

Yes

No

Part III	Identification of Related Organizations Taxable a because it had one or more related organizations treated.				atıon ansv	vered "Yes	s" on Form	990, Part I	V, line 34	4
	(a) Name, address, and EIN of related organization	(c) Legal domicile (state or foreign country)	,	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	I	<b>(k)</b> Percentage ownership
				,						

Part IV	Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV,
	line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
		(state or foreign		corp,		assets		controlled	
		country)		or trust)				entity?	
								Yes No	

chedule R (Form 990) 2014		Pag	ge <b>3</b>
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
I Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	10		No
p Reimbursement paid to related organization(s) for expenses	1p		No
· · · · · · · · · · · · · · · · · · ·	-	Yes	

r Other transfer of cash or property to related organization(s)	

**s** Other transfer of cash or property from related organization(s)

**q** Reimbursement paid by related organization(s) for expenses

2	If the answer to any of the above is "Yes,"	see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BAHAMAS BOWL LLC	Q	172,343	FAIR MARKET VALUE

No No Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

1 <u> </u>													
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	so 50 organ	(e) all partners section 01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionat allocations?	7	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
	<u> </u>	<u> </u>	514)	Yes	No	1	<u> </u>	Yes	No		Yes	No	
								<u>,                                    </u>	$\Box$	1			

Schedule R (Form 990) 2014

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2014

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### Software ID: Software Version:

**EIN:** 36-4021594

Name: CONFERENCE USA

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizat	ons
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(a)  Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	(e) Public charity status (if section 501(c) (3))	<b>(f)</b> Direct controlling entity	(g) Section (b)(1 contro entit	n 512 13) olled
(1) FLORIDA ATLANTIC UNIVERSITY	EDUCATION	FL	501(C)(3)	LINE 6	N/A	1 63	No
777 GLADES ROAD BOCA RATON, FL 33431 65-0385507							
(1) FLORIDA INTERNATIONAL UNIVERSITY	EDUCATION	FL	501(C)(3)	LINE 6	N/A		No
11200 SW 8TH ST PC 528 MIAMI, FL 33199 65-0177616							
(2) LOUISIANA TECH UNIVERSITY	EDUCATION	LA	501(C)(3)	LINE 6	N/A		No
RAILROAD AVENUE RUSTON, LA 71272 72-6000792							
(3) MARSHALL UNIVERSITY	EDUCATION	WV	501(C)(3)	LINE 6	N/A	l	No
PO BOX 1360 HUNTINGTON, WV 25715 56-6000789							
(4) MIDDLE TENNESSEE STATE UNIVERSITY	EDUCATION	TN	501(C)(3)	LINE 6	N/A		No
1301 E MAIN ST MURFREESBORO, TN 37132 62-6005794							
(5) OLD DOMINION UNIVERSITY	EDUCATION	VA	501(C)(3)	LINE 6	N/A		No
5115 HAMPTON BLVD NORFOLK, VA 23529 54-6000884							
(6) RICE UNIVERSITY	EDUCATION	ТХ	501(C)(3)	LINE 2	N/A		No
PO BOX 1892 HOUSTON, TX 77251 74-1109620							
(7) UNC CHARLOTTE	EDUCATION	NC	501(C)(3)	LINE 6	N/A		No
9201 UNIVERSITY CITY BLVD CHARLOTTE, NC 28223 56-0791228							
(8) UNIVERSITY OF ALABAMA AT BIRMINGHAM	EDUCATION	AL	501(C)(3)	LINE 6	N/A		No
617 S 13TH ST BIRMINGHAM, AL 35294 63-6005396							
(9) UNIVERSITY OF NORTH TEXAS	EDUCATION	ТХ	501(C)(3)	LINE 6	N/A		No
1501 CHESTNUT ST DENTON, TX 76201 75-6002149							
(10) UNIVERSITY OF SOUTHERN MISSISSIPPI	EDUCATION	MS	501(C)(3)	LINE 6	N/A		No
118 COLLEGE DR 5017 HATTIESBURG, MS 39406 64-6000818							
(11) UNIVERSITY OF TEXAS AT EL PASO	EDUCATION	TX	501(C)(3)	LINE 6	N/A		No
500 W UNIVERSITY AVE BRUMBELOW BLDG EL PASO, TX 79968 74-6000813							
(12) UNIVERSITY OF TEXAS AT SAN ANTONIO	EDUCATION	ТХ	501(C)(3)	LINE 6	N/A		No
ONE UTSA CIRCLE SAN ANTONIO, TX 78249 74-1717115							
(13) WESTERN KENTUCKY UNIVERSITY	EDUCATION	KY	501(C)(3)	LINE 6	N/A		No
1906 COLLEGE HEIGHTS BLVD BOWLING GREEN, KY 42101 61-6055628							