

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493132010647

OMB No 1545-0047

Inspection

Department of the 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 foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at www IRS gov/form990

A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016 C Name of organization MID-EASTERN ATHLETIC CONFERENCE D Employer identification number B Check if applicable Address change 56-0992403 Name change Doing business as Initial return – Fınal E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 2730 ELLSMERE AVENUE return/terminated (757) 416-7100 Amended return City or town, state or province, country, and ZIP or foreign postal code NORFOLK, VA $\,$ 23513 Application pending G Gross receipts \$ 10,486,466 Name and address of principal officer H(a) Is this a group return for DENNIS E THOMAS subordinates? Yes 🗸

		NORFOLK, VA 23513		No		-
I Ta	x-exe	empt status	H(b) Are all subord included?		165 140
y W	ebsi	te: ► WWW MEACSPORTS COM	H(c	If "No," attact Group exemp		st (see instructions) number ▶
K Forr	n of o	organization	_ L\	ear of formation 19	969	M State of legal domicile VA
Pa	rt I	Summary				
Governance		Briefly describe the organization's mission or most significant activities TO COLLABORATE WITH OTHER CONFERENCES IN FORMULATING AND IM CONDUCT OF INTERCOLLEGIATE ATHLETICS, THIS IS CONSISTENT, WITH ATHLETIC EXCELLENCE WHILE SIGNIFICANTLY INCREASING STUDENT-AT AND GRADUATION RATES, AND TO ASSURE EACH MEMBER INSTITUTION' VALUES, AND IN SO DOING, TO IMPROVE RELATIONSHIPS AMONG MEMBIF FREQUENTLY SURFACE IN A COMPETITIVE ENVIRONMENT	THETHES	CONFERENCES E ACADEMIC F MMITMENT TO	VAL PERF THE	LUES TO SUSTAIN ORMANCE LEVELS CONFERENCE'S
Ĕ						
Š						
∞	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of	s net	assets		
Activities	3	Number of voting members of the governing body (Part VI, line 1a)			3	13
5	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	13
4	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a) $$.			5	7
	6	Total number of volunteers (estimate if necessary) \ldots	•		6	15
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 $$. $$.			7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34			7b	(
				Prior Year		Current Year
	8	Contributions and grants (Part VIII, line 1h)		4,192	,451	4,389,490
Ģ	9	Program service revenue (Part VIII, line 2g)		4,606	,508	4,878,739
Ravenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2	719	3,232
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		396	297	1,215,005
	1				$\overline{}$	

ĕηι	9	Program service revenue (Part VIII, line 2g)	4,606,508	4,878,739
Rəvenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,719	3,232
Ä	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	396,297	1,215,005
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,197,975	10,486,466
	13	Grants and similar amounts paid (Part IX, column (A), lines $1-3$)	1,682,743	1,722,579
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
£	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines $5-10$)	1,043,678	1,080,145
ભાકસ્ટ	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
Ехр	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶ 297,341		
3	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,348,291	7,470,785
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	9,074,712	10,273,509
	19	Revenue less expenses Subtract line 18 from line 12	123,263	212,957
ets or lances			Beginning of Current Year	End of Year
sse, Bala	20	Total assets (Part X, line 16)	4,506,880	4,579,802

Signature Block

21

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

	**	****			2017-05-12				
Sign	Sı	gnature of officer		Date					
Here	DI	ENNIS E THOMAS COMMISSIONER							
	Ty	pe or print name and title							
Paid		Print/Type preparer's name GEORGE J WALKER CPA	Preparer's signature GEORGE J WALKER CPA	Date	Check f self-employed	PTIN P00235721			
Prepare:	r	Firm's name DIXON HUGHES C	GOODMAN LLP	Firm's EIN		5-0747981			
Use Only	I Firm's address ► 440 MONTICELLO AVE SUITE 1400				Phone no (757	624-5100			
USE OIII	y	NORFOLK, VA 23	510						

1,209,017

3,370,785

1,349,052

3,157,828

Cat No 11282Y

Total liabilities (Part X, line 26)

Net assets or fund balances Subtract line 21 from line 20

Form	990 (2015)			Page 3
Par	t 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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? ${\bf 9}$	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
	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		
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	Yes	
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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part III "	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	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕲	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	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	11 c		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 💆	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12 a	Yes	
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	12 b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
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
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part

29

	()			
TV	Checklist of	Required	Schedules	(continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

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? If "Yes," complete Schedule J	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? . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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?

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

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If "Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

member of any of these persons? *If "Yes," complete Schedule L, Part III* Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

Νo

Νo

Νo

Nο

Νo

Νo

Νo

Nο

Nο

Nο

Nο

Νo

Νo

Nο

Νo

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

38

Yes

Form 990 (2015)

Part V	Statements	Regarding	Other	IRS Filin	as and	Tax	Complianc
--------	------------	-----------	-------	-----------	--------	-----	-----------

Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			_
	Check it Schedule o contains a response of note to any line in this fare v		Yes	No
1a	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	7		-110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reporta	hle		
٠	gaming (gambling) winnings to prize winners?	1c	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	7		
L	by this return		Yes	
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		103	
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
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	a At any time during the calendar year, did the organization have an interest in, or a signature or other auth	ority		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ıal 4a		N.o.
L	account)?			No
b	If "Yes," enter the name of the foreign country ►	_		
	(FBAR)	ilits		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactio			No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	35		
·	11 Tes, to fine 3a of 3b, did the organization merofine oddo 1	5c		
6 a	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible as charitable contributions?			
D	If "Yes," did the organization include with every solicitation an express statement that such contributions were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds and 7a		No
.	services provided to the payor?	7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
·	file Form 8282?	. 7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contri	act?		
	,,,	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form required?	8899 as 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			
	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 an	v time		
	during the year?	. 8		
9a	a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	. 9b		
10	Section 501(c)(7) organizations. Enter	. 55		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			! I
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	? 12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
-	year 12b			
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? Note. See the instructi	ons for		
	additional information the organization must report on Schedule O	13a		
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			
	a Did the organization receive any payments for indoor tanning services during the tax year?	. 14a		l I No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			
-	, , , , , , , , , , , , , , , , , , , ,			L

orm	990 (2015)			Page
	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			w,
Se	ection A. Governing Body and Management		1	
			Yes	No
1a	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	Enter the number of voting members included in line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		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	٥		No

7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		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	even	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10 a		No
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12 a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12 c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by			

independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . . . 15a Yes ${f b}$ Other officers or key employees of the organization 15b Yes If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a **16**a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records

▶DR DENNIS THOMAS 2730 ELLSMERE AVENUE NORFOLK, VA 23513 (757)951-2055

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

(A)	(B)	(C) ge Position (do not check						(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related	more pers	thar son is	one bot rect	bo: h ai or/ti	x, unle n offic rustee	ess er e)	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations	Estimated amount of other compensation
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) DR DENNIS THOMAS COMMISSIONER	70 00	x		х				232,717	0	23,931
(2) DR EDISON O JACKSON BOARD MEMBER	0 50	x						0	0	0
(3) DR JULIETTE BELL BOARD MEMBER	0 50	x						0	0	0
(4) DR MARIA THOMPSON BOARD MEMBER	0 50	x						0	0	0
(5) DR DAVID WILSON BOARD MEMBER	0 50	×						0	0	0
(6) DR HARRY WILLIAMS BOARD MEMBER	0 50	х						0	0	0
(7) DR ELMIRA MANGUM BOARD MEMBER	0 50	х						0	0	0
(8) DR EDDIE N MOORE BOARD MEMBER	0 50	х						0	0	C
(9) DR HAROLD MARTIN BOARD MEMBER	0 50	х						0	0	0
(10) DR WILLIAM R HARVEY BOARD MEMBER	0 50	x						0	0	0
(11) DR W FRANKLIN EVANS BOARD MEMBER	0 50	×						0	0	0
(12) DR WAYNE FREDERICK BOARD MEMBER	0 50	×						0	0	0
(13) DR DEBRA SAUNDERS-WHITE BOARD MEMBER	0 50	x						0	0	0
(14) DR CHERYL DAVENPORT-DOZIER BOARD MEMBER	0 50	x						0	0	0

art VII	Section A. Officers	, Directors, Trustees	, Kev Employees,	and Highest Comp	ensated Employees (cont	inued)
						,

(A) Name and Title	(B) Average hours per week (list any hours for related	m unles	ore t ss pe	han erso cer tor/t	not one n is and trus			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
	60 00					×		108,110	C	0
SENIOR ASSOCIATE COMMISSIONER										
1b Sub-Total		•	-	•						l
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)			•	•			34	40,827	0	23,931
Tatal number of individuals (includes but n					`				- I	,

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

(A)

- - Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

 - 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 I for such
 - ındıvıdual . 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 Section B. Independent Contractors compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

Name and business address	Description of services	Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Yes

Yes

3

4

(B)

No

Νo

Nο

Form 99								Page 9
Part V		Statement o	f Revenue					_
		Check If Schedu	ule O contains a respor	ise 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
0	1 a	Federated camp	paigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership du	es 1b	458,500				
Gr.	С	Fundraising eve	ents 1c					
fts. ⊏A	d	Related organiz	ations 1d					
:5 ie	e	Government grants						
ons, Sin		-		2 020 000				
utio	f	similar amounts no	ons, gifts, grants, and 1f ot included above	3,930,990				
	g	Noncash contribution 1a-1f \$	ons included in lines		İ			
Cont	h	Total. Add lines	s 1a-1f		4,389,490			
				Business Code				
골	2a	BASKETBALL TOURI	NAMENT	711210	2,499,778	2,499,778		
Program Service Revenue	ь	MEMBER OFFICIAT	ING FEES	711210	1,750,086	1,750,086		
π́	c	PROMOTIONAL ITE	 MS	711210	282,326	282,326		
¥ 5.	d	CHAMPIONSHIP		711210	265,587	265,587		
<i>8</i>	e	MISCELLANEOUS		711210	80,962	80,962		
gran	f	All other progra	ım service revenue					
Ě	g	Total. Add lines	s 2a-2f		4,878,739			
	3		ome (including dividen					
		and other simila	aramounts)		3,232			3,232
	4		tment of tax-exempt bond	proceeds P	1,215,005			1,215,005
	5	Royalties	(ı) Real	(II) Personal	1,213,003			1,213,003
	6a	Gross rents	(i) iteal	(ii) i cisonai				
		Less rental						
	b	expenses						
	C	Rental income or (loss)						
	d	Net rental incor						
	7a	Gross amount	(ı) Securities	(II) O ther				
	7 a	from sales of assets other than inventory						
	ь	Less cost or other basis and sales expenses						
	C C	Gain or (loss)						
nne	d 8a	Gross income fi events (not incl						
Other Revenue		s of contributions See Part IV, lin	reported on line 1c) e 18					
₫	ь	Less direct exi	penses b					
0	с		loss) from fundraising (events >				
	9a	Gross income fi See Part IV, lin	rom gaming activities le 19 a					
	b c		penses b	vities				
	10a	Gross sales of returns and allo	wances .	•				
	b c	Net income or (a pods sold b					
	11a	Miscellaneous	> VEACURE	Business Code				
	b							
	, c	All other reser						
	d e	All other revenu		•	+			
	12	lotal revenue.	See Instructions		10,486,466	4,878,739	C	1,218,237

Part IX Statement of Functional Expenses

<u> </u>			
Section F01(c)(2) and F01(c)(4) organizations must	t complete all columns	All other organizations must complet	o column (A)

	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	931,249	931,249		
2	Grants and other assistance to domestic individuals See Part IV, line 22	791,330	791,330		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	7,52,500	1,51,666		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	355,819	206,375	56,931	92,513
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	430,846	249,891	68,935	112,020
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	64,858	37,618	10,377	16,863
9	Other employee benefits	166,507	96,574	26,641	43,292
10	Payroll taxes				
		62,115	36,027	9,938	16,150
11	Fees for services (non-employees)				
а	Management				
b	Legal	15,293	1,835	13,458	
С	Accounting	36,550	4,386	32,164	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,000	240	1,760	
12	Advertising and promotion	366,077	366,077		
13	Office expenses	100,614	12,074	88,540	
14	Information technology				
15	Royalties				
16	Occupancy	32,401	17,173	5,508	9,720
17	Travel	127,447	121,075	6,372	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	151,749	151,749		
20	Interest	20,585	10,910	3,499	6,176
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	46,822	46,822		
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	DISTRIBUTIONS TO MEMBER	2,548,678	2,548,678		
b	OFFICIATING FEES	2,347,135	2,347,135		
c	CHAMPIONSHIP MEETS AND	1,064,645	1,064,645		
d	ESPN CONTRACT TO INSTIT	338,928	338,928		
e	All other expenses	271,861	135,415	135,839	607
25	Total functional expenses. Add lines 1 through 24e	10,273,509	9,516,206	459,962	297,341
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)				

285,974

2,871,854

3,157,828

4,506,880

27

28

29

30

31

32

33

34

558,243

2,812,542

3,370,785

4,579,802

Form 990 (2015)

Form	990 (2	2015)					Page 11
Par	t X	Balance Sheet					_
		Check if Schedule O contains a response or note to any lin	e in th	s Part X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			49,398	1	
	2	Savings and temporary cash investments			1,063,219	2	1,274,176
	3	Pledges and grants receivable, net	1,900,439	3	1,836,303		
	4	Accounts receivable, net	ıvable, net				469,500
Assets	5	Loans and other receivables from current and former offickey employees, and highest compensated employees. Conscient Schedule L	Part II of		5		
	6	Loans and other receivables from other disqualified person section 4958(f)(1)), persons described in section 4958(contributing employers and sponsoring organizations of section voluntary employees' beneficiary organizations (see institute of Schedule L		6			
\ss	7	Notes and loans receivable, net			17,719	7	9,817
4	8	Inventories for sale or use				8	<u> </u>
	9	Prepaid expenses and deferred charges			2,223	9	2,671
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,213,381			
	ь	Less accumulated depreciation	10b	231,050	1,008,478	10 c	982,331
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11 .	stments—other securities See Part IV, line 11				
	13	Investments—program-related See Part IV, line 11 .				13	
	14	Intangible assets			3,200	14	3,000
	15	Other assets See Part IV, line 11			2,004	15	2,004
	16	Total assets.Add lines 1 through 15 (must equal line 34)			4,506,880	16	4,579,802
	17	Accounts payable and accrued expenses			85,592	17	143,558
	18	Grants payable				18	
	19	Deferred revenue			588,350	19	591,270
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV o	f Sche	dule D		21	
ilities	22	Loans and other payables to current and former officers, on key employees, highest compensated employees, and dis		'			
<u> </u>		persons Complete Part II of Schedule L				22	
Liab	23	Secured mortgages and notes payable to unrelated third	parties		460,155	23	283,454
	24	Unsecured notes and loans payable to unrelated third pai	ties			24	
	25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24) Complete Part X of Schedule D	o relat	ed third parties,			
		`	•		214,955	25	190,735
	26	Total liabilities.Add lines 17 through 25			1,349,052	26	1,209,017
ces		Organizations that follow SFAS 117 (ASC 958), check her lines 27 through 29, and lines 33 and 34.	re ▶	✓ and complete			

Net Assets or Fund Balar

27

28

29

30

31

32

33

34

Unrestricted net assets .

complete lines 30 through 34.

Temporarily restricted net assets

Permanently restricted net assets

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Total net assets or fund balances . .

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and

Paid-in or capital surplus, or land, building or equipment fund . . . Retained earnings, endowment, accumulated income, or other funds

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, 10 column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990 Cash ✓ Accrual COther 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? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis **b** Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

Net unrealized gains (losses) on investments

Other changes in net assets or fund balances (explain in Schedule O) .

Donated services and use of facilities .

Investment expenses .

Prior period adjustments .

- 2a 2b
- c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 3a Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2015)

3b

Yes

Page 12

10,486,466

10,273,509

212,957

3,157,828

3,370,785

Yes

▽

No

Νo

1

2

3

4

5

6

7

8

9

DLN: 93493132010647

SCHEDULE C (Form 990 or 990-EZ)

Department of the

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Treasury Internal Revenue Service

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

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

• Section 501(c)(4), (5), or (6) organizations Complete Part III

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

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

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

	me of the organization D-EASTERN ATHLETIC CONFERENCE			Employer ider	ntification number
Dar	t I-A Complete if the o	rganization is exempt unde	r section 501(56-0992403	
		rganization's direct and indirect poli			organization.
1 2	Political expenditures	rganization's direct and indirect poir	tical callipalyli acti	vicies in Part IV	•
3	Volunteer hours			•	\$
Par	t I-B Complete if the o	rganization is exempt unde	r section 501(d	c)(3).	
1	Enter the amount of any excis	se tax incurred by the organization u	nder section 4955	>	\$
2	Enter the amount of any excis	se tax incurred by organization mana	igers under sectior	1 4955 ▶	\$
3	If the organization incurred a	section 4955 tax, did it file Form 47	'20 for this year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
Pai	t I-C Complete if the o	rganization is exempt unde	r section 501(c	c), except section 50)1(c)(3).
1	Enter the amount directly exp	ended by the filing organization for s	section 527 exemp	ot function activities 🕨	\$
2	Enter the amount of the filing exempt function activities	organization's funds contributed to	other organizations	for section 527	\$
3	Total exempt function expend	\$			
4	Did the filing organization file	Form 1120-POL for this year?			Yes No
5	organization made payments amount of political contribution	and employer identification number (For each organization listed, enter to ons received that were promptly and a political action committee (PAC)	he amount paid fro directly delivered	m the filing organization's to a separate political orga	funds Also enter the anization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					
For I	Paperwork Reduction Act Notice, s	see the instructions for Form 990 or 99	90-EZ.	at No 500845 Schedule C	(Form 990 or 990-EZ) 2015

Subtract line 1g from line 1a $\,$ If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

10	nedule (, (F	orm 990 or 990-E2) 2015			Page 2
P	art II-	Α	Complete if the organization is exempt under section $501(c)(3)$ and under section $501(h)$.	file	ed Form 5768	(election
١.	Check	>	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures)	l gro	up member's nar	ne, address, EIN
3	Check	•	If the filing organization checked box A and "limited control" provisions apply			
			Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	lobby	ng)	oying expenditures to influence public opinion (grass roots			

		oying Expenditures means amounts paid or incurred.)		organization's totals	group totals
a	Total lobbying expenditures to influence public lobbying)	opinion (grass roots			•
b	Total lobbying expenditures to influence a legi	slative body (direct lobbying)			
c	Total lobbying expenditures (add lines $1a$ and	1b)			
d	Other exempt purpose expenditures				
e	Total exempt purpose expenditures (add lines	1c and 1d)			
f	Lobbying nontaxable amount Enter the amoun	obbying nontaxable amount. Enter the amount from the following table in both columns			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$500,000	20% of the amount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000			

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)					
Lobbying Expe	nditures During	4-Year Avera	ging Period		
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
Lobbying nontaxable amount					
Lobbying ceiling amount (150% of line 2a, column(e))					
Total lobbying expenditures					
Grassroots nontaxable amount					
Grassroots ceiling amount (150% of line 2d, column (e))					
Grassroots lobbying expenditures					
	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 2d, column (e))	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 2d, column (e)) Grassroots lobbying expenditures	Calendar year (or fiscal year beginning in) (a)2012 (b)2013 (c)2014 (d)2015 Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 2d, column (e))

Return Reference

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	TO			
or e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)	<u>(</u>	p)
ctiv		Yes	No	A mo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	163			
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$.	01 (c)(5), (or secti	on
			_	Ye	
1	Were substantially all (90% or more) dues received nondeductible by members?		<u> </u>	1	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2 Yes	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	No
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."				
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
C	Total	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			
P	art IV Supplemental Information	1	1		
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	in liet\	Dart II	-A lines	1 and
	see instructions), and Part II-B, line 1. Also, complete this part for any additional information	יל וופני),	, and II	A, IIIICS	ı and

Explanation

SCHEDULE D

(Form 990)

Department of the

Treasury

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on 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 <u>www.irs.gov/form990</u>.

OMB No 1545-0047

DLN: 93493132010647

Open to Public Inspection

Interr	nal Revenue Service	·		
	me of the organization D-EASTERN ATHLETIC CONFERENCE		Em	ployer identification number
				-0992403
Pa	Organizations Maintaining Donor Complete if the organization answere			or Accounts.
	Complete if the organization answers	· · · · · · · · · · · · · · · · · · ·		b) Funds and other accounts
1	Total number at end of year	(a) Donor advised funds		Funds and other accounts
	·			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a funds are the organization's property, subject to			vised Yes No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?	2 2		
Pa	rt III Conservation Easements. Comple	 ete if the organization answered "Ye	s" on For	
1	Purpose(s) of conservation easements held by th			
	Preservation of land for public use (e.g., recr	, , , , , , , , , , , , , , , , , , , ,		
	education)	-		orically important land area
	Protection of natural habitat	Preservation	of a certif	ied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	neld a qualified conservation contribution	n in the for	
	Tabal and the same of a second			Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easeme Number of conservation easements on a certified		2b	
c d	Number of conservation easements included in (• •	2c	+
u	historic structure listed in the National Register	y dequired after 6/17/00, and not on a	2d	
3	Number of conservation easements modified, train	nsferred, released, extinguished, or termi	inated by t	the organization during the
	tax year ▶			
4	Number of states where property subject to cons	ervation easement is located ▶		
5	Does the organization have a written policy regar violations, and enforcement of the conservation e		handling o	of Yes No
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and en	forcing co	nservation easements during the
	>			
7	A mount of expenses incurred in monitoring, inspe	ecting, handling of violations, and enforcing	ng conser	vation easements during the year
	▶ \$			
8	Does each conservation easement reported on III (B)(I) and section $170(h)(4)(B)(II)$?	ne 2(d) above satisfy the requirements of	f section 1	70(h)(4) Yes No
9	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's finar		
Pai	Table 1111 Organizations Maintaining Collect Complete if the organization answers			ther Similar Assets.
1a	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	assets held for public exhibition, educati	ion, or res	earch in furtherance of public
b	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide the following amounts relating to	FAS 116 (ASC 958), to report in its revel assets held for public exhibition, educati	nue stater	ment and balance sheet

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

▶ \$ __

Par	t III	Organizations Maintaining (continued)	Collections of Ar	t, Histo	rical	Trea	sures, o	or O	ther Simila	r Ass	sets
3		g the organization's acquisition, acce ction items (check all that apply)	ssion, and other reco	ds, chec	k any c	of the f	ollowing t	hat a	re a significan	t use	of its
а		Public exhibition		d	┌ Lo	an or e	exchange	progr	ams		
b	Γ	Scholarly research		e	┌ ot	her					
c		Preservation for future generations									
4	Provi Part :	de a description of the organization's XIII	collections and expla	ain how t	hey furt	her th	e organiza	ation'	s exempt purp	ose ir	1
5		ig the year, did the organization solic ts to be sold to raise funds rather tha								Yes	□No
Pa	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		orm 99	0, Par	t IV, I	ine 9, or	rep	orted an am		
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other interm	ediary fo	r contri	bution	s or other	asse	_	Yes	∏ No
ь	If '	"Yes," explain the arrangement in Pa	ert XIII and complete	the follow	wing tah	ole				A mou	ınt
c		ginning balance	me XIII and complete	ene iono	ming car	,,,		1 c			
d		ditions during the year						1d			
e		stributions during the year						1e			
f		ding balance						1f			
2 a		he organization include an amount or	n Form 990, Part X, lin	e 21, for	escrov	vorcu	stodial ac		t liability?	Yes	□ No
b	If"Y€	es," explain the arrangement in Part	XIII Check here if the	e explana	atıon ha	as bee	n provideo	d in P	art XIII		🗆
Pa	rt V	Endowment Funds. Complet	e if the organizatio	n answ	ered "\	Yes" t	o Form 9	990,	Part IV, line	10.	
			(a)Current year	(b) Prior	year	b (c)	Two years b	ack (d) Three years b	ack ((e)Four years back
1 a	_	nning of year balance									
b	Cont	ributions									
c	Netı losse	nvestment earnings, gains, and									
d	Gran	ts or scholarships									
e		r expenditures for facilities programs 									
f	A dm	inistrative expenses									
g	End (of year balance									
2	Provi	de the estimated percentage of the o	urrent year end balan	ce (line :	1g, colu	ımn (a)) held as				
а	Board	d designated or quasi-endowment >									
ь	Perm	anent endowment ►									
c	Temp	porarily restricted endowment >									
3a		percentages on lines 2a, 2b, and 2c s here endowment funds not in the pos	•	ation tha	at are h	eld an	d adminis	tered	for the		
	-	nization by	J								Yes No
	` '	nrelated organizations					•			3a(i	
ь	` '	elated organizations es" on 3a(ii), are the related organiza			 bodulo l		•			3a(ii	'
4		ribe in Part XIII the intended uses o	·							30	
	rt VI	Land, Buildings, and Equip									
		Complete if the organization a		rm 990		IV, lır					
		Description of property			(a) or other nvestme		(b) Cost or oth (othe	er bas	Accumulas (c)deprecia		(d)Book value
1 a	Land							232,30	0		232,300
b	Buildir	ngs					7	767,70	0 1	.13,189	654,511
c	Leasel	hold improvements									
d	Equipr	nent						213,38	1 1	.17,861	95,520

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

982,331

Part VII Investments—Other Securities. C See Form 990, Part X, line 12.	complete if the organi	zation answered 'Ye	es' on Form 990, Part IV, line 11b.
(a) Description of security or catego (including name of security)	ry	(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests			
(3)O ther			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.	•		
Complete if the organization answere	ed 'Yes' on Form 990,		
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. Complete if the organization		orm 990, Part IV, line	
(a) Des	scription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or		'Yes' on Form 990,	'
See Form 990, Part X, line 25. 1. (a) Description of liability	(b) Book value		<u> </u>
Federal income taxes			
DEFERRED COMPENSATION	154.7	6.7	
	154,7		
DUE TO MEMBER SCHOOL	22,0		
BANK OVERDRAFT	13,9	12	
		\dashv	
		_	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 190,7	35	
2. Liability for uncertain tax positions In Part XIII, provorganization's liability for uncertain tax positions under	vide the text of the footn	ote to the organization	
XIII			

Schedule D (Form 990) 2015

1 2

а

Part XIII

information

10,486,466

2e

4c

3	Subtract line 2e from line 1	3	10,486,466
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	10,486,466
Part	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s pe	Return.
1	Total expenses and losses per audited financial statements	1	10,273,509
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)]	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	10,273,509
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		

2a

2b

2c

2d

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Investment expenses not included on Form 990, Part VIII, line 7b.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional

Explanation

Other (Describe in Part XIII)

Supplemental Information

Add lines 4a and 4b .

Return Reference

Net unrealized gains (losses) on investments

Donated services and use of facilities

Recoveries of prior year grants .

Other (Describe in Part XIII) .

Add lines 2a through 2d .

10,273,509

Schedule D (Form 990) 2015		Page 5				
Part XIII Supplemental Information (continued)						
Return Reference	Explanation					

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule I (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

MID-EASTERN ATHLETIC CONFERENCE

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

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

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

2015

DLN: 93493132010647 OMB No 1545-0047

Employer identification number

Open to Public Inspection

						56-0992403	
Part I General Information	on on Grants ar	nd Assistance					
 Does the organization maintain the selection criteria used to a Describe in Part IV the organization 	ward the grants or a	ssistance?				stance, and	√ Yes No
Part II Grants and Other Assist that received more than				plete if the organization	answered "Yes" on F	Form 990, Part IV, line 21	l , for any recipient
(a) Name and address of organization or government	(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							
2 Enter total number of section 5			I sted in the line 1 table .			▶	13
3 Enter total number of other org	anızatıons lısted ın	the line 1 table				▶ _	0
For Paperwork Reduction Act Notice, se	e the Instructions fo	r Form 990.		Cat No 50055P		Schedu	le I (Form 990) 2015

Schedule I (Form 990) 2015

Part III can be duplicated if addi		npiete ii the organizatior	ranswered fes on For	m 990, Part IV, line 22	
(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
1) NCAA SPECIAL ASSISTANCE FUND	2391	791,330			

Part IV Supplemental 1	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.							
Return Reference	Explanation	on		·	·			
	I							

PART I, LINE 2 THE MID-EASTERN ATHLETIC CONFERENCE ENSURES THAT ALL STUDENT ATHLETES SELECTED TO RECEIVE GRANT FUNDS ADHERE TO THE STATED REQUIREMENTS PER THE GRANT THE ENTITY ADHERE'S TO THE FOLLOWING GUIDELINES $\,\,1\,$ A STUDENT ATHLETE IS LIMITED UP TO \$850 ASSISTANCE PER ACADEMIC YEAR OR LESS AS DEEMED BY THE INSTITUTION 2 UNLESS THERE IS AN UNUSUAL

MUST BE USED FOR THE APPROVED PURPOSE

CIRCUMSTANCE ALL REQUESTS WILL BE PROCESSED ON A MONTHLY BASIS $\,3\,$ RECEIPTS MUST BE INCLUDED WITH THE APPLICATION FOR MEDICAL EXPENSES 4 ALL RECEIPTS FOR MONIES DISBURSED MUST BE TURNED IN AND KEPT ON FILE WITH THE INSTITUTION

FAILURE TO SUBMIT RECEIPTS WILL RESULT IN STUDENT ATHLETE'S ACCOUNT BEING ASSESSED IN ADDITION, MONIES RECEIVED

Schedule I (Form 990) 2015

Additional Data

BETHUNE BLVD DAYTONA BEACH, FL

COPPIN STATE

2500 W NORTH AVE BALTIMORE, MD 21216 DELAWARE STATE

1200 N DUPONT HWY DOVER, DE 19901

UNIVERSITY

UNIVERSITY

32114

Software ID: Software Version:

EIN: 56-0992403

Name: MID-EASTERN ATHLETIC CONFERENCE

14,743

91,377

Form 990,Schedule I, Pa	rt II, Grants and	d Other Assistance	e to Domestic Org	anizations and D	omestic Governme	nts.
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	
BETHINE COOKMAN	E0 0704736	115	117 200			1

or government				assistance	othery	
BETHUNE-COOKMAN UNIVERSITY 640 DR MARY MCLEOD	59-0704726	115	117,298			

BETHUNE-COOKMAN UNIVERSITY	59-0704726	115	117,298		

organization or government		ıf applıcable	grant	cash assistance	(book, FMV, appraisal, other)
BETHUNE-COOKMAN UNIVERSITY	59-0704726	115	117,298		

115

115

52-6002033

51-0305893

organization or government		іт арріісавіе	grant	casn assistance	other)	non-c
BETHUNE-COOKMAN	59-0704726	115	117,298			

cash	(book, FMV, appraisal,	non-cash assistance
assistance	other)	

valuation	(g) Description of	(h) Purpose of gran
ppraisal,	non-cash assistance	or assistance
)		

STUDENT ATHLETE OPPORTUNITY FUND

STUDENT ATHLETE

OPPORTUNITY FUND

STUDENT ATHLETE OPPORTUNITY FUND

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 59-0977035 115 67,190 STUDENT ATHLETE FLORIDA A&M UNIVERSITY RTUNITY FUND

TALLAHASSEE, FL 32307 HAMPTON UNIVERSITY	54-0505990	115	85,361		STUDEN
KING JR BLVD					OPPOR

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

115

53-0204707

HOWARD UNIVERSITY 2400 SIXTH ST NW

WASHINGTON, DC 20059

TALLAHASSEE,FL 32307					
HAMPTON UNIVERSITY 100 E QUEEN ST HAMPTON, VA 23668	54-0505990	115	85,361		STUDENT ATHLETE OPPORTUNITY FUND

STUDENT ATHLETE

OPPORTUNITY FUND

TALLAHASSEE,FL 32307					
HAMPTON UNIVERSITY	54-0505990	115	85,361		STUDENT ATHLE
100 E QUEEN ST					OPPORTUNITY F

154,403

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or aovernment assistance 52-6002033 115 49,122 STUDENT ATHLETE MORGAN STATE UNIVERSITY OPPORTUNITY FUND 1700 EAST COLD SPRING IANE TATHIFTE

BALTIMORE, MD 21251					
NC A&T STATE UNIVERSITY 1601 E MARKET ST GREENSBORO,NC 27411	56-6000007	115	63,680		STUDENT OPPORTU

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

700 PARK AVE NORFOLK, VA 23504

94,318 NORFOLK STATE 54-6002808 115

UNITY FUND STUDENT ATHLETE UNIVERSITY OPPORTUNITY FUND

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) SC STATE UNIVERSITY 57-6000950 115 56,822 STUDENT ATHLETE FOUNDATION OPPORTUNITY FUND 300 COLLEGE AVE ORANGEBURG, SC 29115 NT ATHLETE TUNITY FUND

OPPORTUNITY FUND

UNIVERSITY OF MARYLAND EASTERN SHORE 11868 ACADEMIC OVAL PRINCESS ANNE, MD 21853	52-6002033	115	24,584		STUDENT ATHLETE OPPORTUNITY FUND
SAVANNAH STATE	58-6002069	115	40,945		STUDENT ATHLETE

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

UNIVERSITY

3219 COLLEGE ST SAVANNAH

SAVANNAH, GA 31404

(a) Name and address of (c) IRC section (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant **(b)** EIN (d) A mount of cash organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance arant or aovernment assistance other) 115 71,406 56-6000730 STUDENT ATHLETE OPPORTUNITY FUND

NORTH CAROLINA CENTRAL UNIVERSITY 1801 FAYETTEVILLE STREET

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

DURHAM, NC 27707

Schedule J (Form 990)

Department of the

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ▶ Complete if the organization answered "Yes" on 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.

DLN: 93493132010647 OMB No 1545-0047

Open to Public

Treas	ury nal Revenue Service	,	•			Insp	ectio	n
	me of the organiz	•			Employer identificati	on nur	nber	
MIE	-EASTERN ATHLETIC	C CONFERENCE						
Da	rt I Questi	ions Regarding Compensation			56-0992403			
FC	Questi	ons Regarding Compensation					Yes	No
1a	Check the anni	ropiate box(es) if the organization provi	ded an	y of the following to or for a person	listed on Form		163	NO
La		Section A, line 1a Complete Part III to						
	First-clas	ss or charter travel	Г	Housing allowance or residence fo	r personal use			
	Travel for	companions		Payments for business use of pers	sonal residence	ĺ		Ì
	┌ ⊤axıdemı	nification and gross-up payments		Health or social club dues or initia	ition fees			
	Discretion	nary spending account		Personal services (e g , maid, cha	uffeur, chef)			
b		oxes in line 1a are checked, did the orga t or provision of all of the expenses desc				1b		
2		zation require substantiation prior to rei		· .	•			
	directors, trust	tees, officers, including the CEO/Execu	tive Di	rector, regarding the items checked	in line la?	2		
3		, if any, of the following the filing organiz CEO/Executive Director Check all that						
		ted organization to establish compensat						
	✓ Compens	ation committee	√	Written employment contract				
	Independ	ent compensation consultant		Compensation survey or study				
	Form 990	of other organizations	✓	Approval by the board or compens	ation committee			
4		r, did any person listed on Form 990, Pa	art VII	, Section A , line 1a with respect to	the filing organization			
	or a related org	janization						
а	Receive a seve	erance payment or change-of-control pa	yment	7		4a		Νo
b	Participate in,	or receive payment from, a supplement	al nonq	qualified retirement plan?		4b		Νo
C		or receive payment from, an equity-bas				4c		Νo
	If "Yes" to any	of lines 4a-c, list the persons and prov	ride the	e applicable amounts for each item	ın Part III			
	Only 501(c)(3)), 501(c)(4), and 501(c)(29) organizatio	one mu	et complete lines 5-9				
5		ted on Form 990, Part VII, Section A, I		·	any			
	compensation	contingent on the revenues of		•	·			
а	The organization	on?				5a		Νo
b	Any related org	ganızatıon?				5b		Νo
	If "Yes," on lin	e 5a or 5b, describe in Part III						
6		ted on Form 990, Part VII, Section A, l contingent on the net earnings of	ine 1a	, did the organization pay or accrue	any			
а	The organization	on?				6 a		Νo
b	Any related org	ganızatıon?				6b		Νo
	If "Yes," on lin	e 6a or 6b, describe in Part III						
7		ted on Form 990, Part VII, Section A, l described in lines 5 and 6? If "Yes," des			on-fixed	7		No
8		unts reported on Form 990, Part VII, pa						
	in Part III	ınıtıal contract exception described in R	kegulat	ions section 53 4958-4(a)(3)/ If "	res, describe	8		No
9	If "Yes" on line section 53 495	e 8, did the organization also follow the i 58-6(c)?	rebutta	ible presumption procedure describ	ed in Regulations	9		

Page 2

Schedule J (Form 990) 2015

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	· ·	(E) Total of columns	(F) Compensation in
		Base (ı) compensation	(II) Bonus & Incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 DR DENNIS THOMAS	/i>	232,717	n	n	10.000	13 931	256 648	n

10,000

13.931

256.648

COMMISSIONER

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015	Page 3
Part III Supplemental Inform	nation
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

Schedule J (Form 990) 2015

efile GRAPHIC pr	int - DO NOT PROCESS	As Filed Data -
SCHEDULE O	Supplementa	al Information
(Form 990 or 990-EZ)	· · · · · · · · · · · · · · · · · · ·	ide information for re

Department of the

Internal Revenue Service

Treasury

formation 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.

OMB No 1545-0047 2015 Open to Public Inspection

DLN: 93493132010647

Employer identification number Name of the organization MID-EASTERN ATHLETIC CONFERENCE 56-0992403

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE 990 IS REVIEWED FOR ANY DISCREPANCIES, QUESTIONS, AND CONCERNS BY THE EXECUTIVE AND FINANCE COMMITTEE UPON ADDRESSING AND RESOLVING SUCH ITEMS OF CONCERN THE 990 IS SUBSEQUENTLY APPROVED FOR FILING BY THE EXECUTIVE AND FINANCE COMMITTEE.
FORM 990, PART VI, SECTION B, LINE 12C	THERE IS A DUTY TO DISCLOSE IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTERE ST, AN INTERESTED DIRECTOR OR INTERESTED OFFICER MUST DISCLOSE THE EXISTENCE AND NATURE OF HIS OR HER MATERIAL FINANCIAL INTEREST TO THE CONFLICTS COMMITTEE PRIOR TO THE CONSIDERAT ION OF PROPOSED TRANSACTION, CONTRACT, OR ARRANGEMENT BY THE BOARD OR ANY COMMITTEE OF THE BOARD DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS AFTER THE DISCLOSURE OF THE FIN ANCIAL INTEREST, THE DISINTERESTED MEMBERS OF THE CONFLICTS COMMITTEE SHALL DETERMINE WHET HER A CONFLICT OF INTEREST EXISTS NEITHER THE BOARD NOR ANY COMMITTEE OF THE BOARD SHALL VOTE UPON ANY PROPOSED TRANSACTION, CONTRACT, OR ARRANGEMENT IN CONNECTION WITH WHICH AN A CTUAL OR POSSIBLE CONFLICT OF INTEREST HAS BEEN DISCLOSED BY AN INTERESTED DIRECTOR UNTIL SUCH TIME AS THE CONFLICTS COMMITTEE HAS ADDRESSED THE ACTUAL OR POSSIBLE CONFLICT OF INTEREST FOR MATTERS PENDING BEFORE THE FULL BOARD OF DIRECTORS, A REFERRAL TO THE CONFLICTS COMMITTEE WILL NOT BE REQUIRED WHERE THE INTERESTED DIRECTOR FULLY DISCLOSES TO THE BOARD HIS OR HER FINANCIAL INTEREST AND ABSTAINS FROM PARTICIPATION IN THE BOARDS CONSIDERATION OF THE PROPOSED TRANSACTION, CONTRACT, OR ARRANGEMENT

990 Schedule O, Supplemental Information

Return Explanation

STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Reference

FORM 990, PART

VI. SECTION C.

LINE 19

FORM 990, PART
VI, SECTION B,
LINE 15
WHEN ESTABLISHING THE COMPENSATION OF KEY EMPLOYEES THE COMMISSIONER MAKES RECOMMENDATIONS TO
THE BOARD ANNUALLY IN MAY WHEN ESTABLISHING COMPENSATION FOR THE COMMISSIONER THE CHAIRPERSON
OF THE BOARD WILL MAKE A RECOMMENDATION TO THE BOARD ANNUALLY IN MAY THIS PROCESS WAS
PERFORMED IN MAY OF 2013 FOR EACH KEY EMPLOYEE AND TOP MANAGEMENT OFFICIAL

THE ORGANIZATION MAKES ITS' GOVERNING DOCUMENTS. CONFLICT OF INTEREST POLICY AND FINANCIAL

990 Schedule O, Supplemental Information

Return Reference Explanation