DLN: 93493133030099 OMB No 1545-0047 **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.

Interna	l Revenue		► Information abou	ial security numbers on this form as it ut Form 990 and its instructions is at $\underline{v}$	www IRS go	ov/form9			Open to Public Inspection
A F	or the 2	2017 ca <b>■</b>		ning 07-01-2017 , and ending 06	6-30-2018				
□ Ad	ck if appl dress cha me chand	ange	C Name of organization AMERICAN ATHLETIC CONFERENCE				<b>D Employ</b> 51-024		fication number
□ Inı	tıal returi	n	Doing business as						
	al return/te nended re		Number and street (or P O box if m 15 PARK ROW WEST 3RD FLOOR	naıl ıs not delivered to street address) Room	n/suite		E Telepho	ne numbe	r
□Ар	plication	pending -		ntry, and ZIP or foreign postal code			(401) 2	272-9108	3
			PROVIDENCE, RI 02903	,, and <u>2.1</u> . or 10.01g., poots, soud			<b>G</b> Gross re	eceıpts \$ 7	77,793,750
			F Name and address of principal ERIC ZIADY	al officer	H(a)	Is this a	group re	eturn for	
			15 PARK ROW WEST PROVIDENCE, RI 02903		Н(Р)	subordır Are all s		tes	☐Yes ☑No
I Ta	k-exempt	t status	✓ 501(c)(3)	(insert no ) 4947(a)(1) or 527	─ ` `	ıncluded	?		Yes No
J W	ebsite:		P //THEAMERICAN ORG/	(		Group e		•	•
<b>K</b> Form	n of orga	nization	✓ Corporation ☐ Trust ☐ Asso	ociation Other •	<b>L</b> Year o	of formatic	n 1979	M State	of legal domicile RI
				odd P					
Pa		Sumn efly desc	<b>nary</b> cribe the organization's mission o	or most significant activities					
Activities & Governance	AM OF REI	ERICAN THE CO LATIONS	ATHLETIC CONFERENCE WAS OF NFERENCE, TO ENCOURAGE SOU SHIPS AND HIGH STANDARDS OF	RGANIZEĎ TO SUPERVISE AND CONTF JND ACADEMIC PRACTICES FOR STUD F COMPETITIVE PERFORMANCE AMON ITABLE AND EDUCATIONAL ACTIVITIE	ENT ATHLE G INDIVIDU	TES, TO	ESTABLI MEMBE	SH FRIEI R INSTIT	NDLY TUTIONS, AND TO
ove.									
ত ×্চ				scontinued its operations or disposed on body (Part VI, line 1a)			its net a	assets	13
ties	l			f the governing body (Part VI, line 1b)				4	13
Ĭ	<b>5</b> To	tal num	ber of individuals employed in ca	alendar year 2017 (Part V, line 2a) .				5	39
A	<b>6</b> To	tal num	ber of volunteers (estimate if ne	cessary)			ı	6	0
				t VIII, column (C), line 12				7a	0
	<b>b</b> N∈	et unrela	ated business taxable income froi	m Form 990-T, line 34	· · ·			7b	0
		antributu	ons and grants (Part VIII, line 1h		-	Prior	<b>Year</b> 280,	625	Current Year 288,784
ēnuō,			ervice revenue (Part VIII, line 20	•			74,177,		77,399,507
Rave	l	-	•	lines 3, 4, and 7d )				0	94,806
<u>—</u>	<b>11</b> Ot	ther reve	enue (Part VIII, column (A), lines	s 5, 6d, 8c, 9c, 10c, and 11e)			18,	907	10,653
	<b>12</b> To	tal reve	nue—add lines 8 through 11 (mu	ıst equal Part VIII, column (A), lıne 12	2)		74,477,	525	77,793,750
				column (A), lines 1–3 )			62,271,		67,922,154
	l		aid to or for members (Part IX, c	, ,,	<u>,</u>		6.452	0	6 206 504
Ses		•	other compensation, employee be hal fundraising fees (Part IX, colu	enefits (Part IX, column (A), lines 5–10	<sup>()</sup>		6,153,	.889	6,286,504
Expenses			aising expenses (Part IX, column (D), l	, ,,				+	
ਕੁ	l		enses (Part IX, column (A), lines	· -			15,135,	208	13,582,859
	<b>18</b> To	tal expe	enses Add lines 13-17 (must equ	ual Part IX, column (A), line 25)			83,560,	987	87,791,517
	<b>19</b> Re	evenue l	ess expenses Subtract line 18 fr	rom line 12			-9,083,	462	-9,997,767
Net Assets or Fund Balances					Beg	inning of	Current \	Year	End of Year
sets	20 To	otal asse	ts (Part X, line 16)				36,327,	767	26,203,573
t As			lities (Part X, line 26)				6,233,		6,107,031
ξŠ	l		or fund balances Subtract line				30,094,		20,096,542
Pa			ture Block						
know		nd belief		nined this return, including accompany Declaration of preparer (other than o					
		*****							
	, , ,	C ·				2019-0	5-13		
Sign		Signatur	re of officer			2019-0 Date	5-13		_
		ERIC ZI	ADY CHIEF FINANCIAL OFFICER				05-13		
Sign Here		ERIC ZIA	ADY CHIEF FINANCIAL OFFICER print name and title int/Type preparer's name	Preparer's signature	Date	Date		PTIN	
	·	ERIC ZIA	ADY CHIEF FINANCIAL OFFICER print name and title	Preparer's signature ANTHONY W SCORPIO	Date	Date Check		PTIN P0136014	15
Here ———————————————————————————————————	·	ERIC ZI. Type or Pri	ADY CHIEF FINANCIAL OFFICER print name and title int/Type preparer's name iTHONY W SCORPIO  This name	ANTHONY W SCORPIO	Date	Check self-en	☐ If nployed EIN ► 05	P0136014 -0392605	
Paid Pre	:   <u> </u> :	ERIC ZI. Type or Pri	ADY CHIEF FINANCIAL OFFICER print name and title int/Type preparer's name ITHONY W SCORPIO  This name MULLEN SCORPIO & C  This address 67 CEDAR STREET	ANTHONY W SCORPIO  ERILLI	Date	Check self-en	☐ If nployed EIN ► 05	P0136014	
Paid Pre Use	d Darer Only	ERIC ZI. Type or Pri	ADY CHIEF FINANCIAL OFFICER print name and title int/Type preparer's name NTHONY W SCORPIO  Tm's name MULLEN SCORPIO & C Tm's address F67 CEDAR STREET PROVIDENCE, RI 029	ANTHONY W SCORPIO  ERILLI		Check self-en Firm's Phone	☐ If nployed EIN ► 05	P0136014 -0392605 751-3860	

Form	990 (2017)					Page <b>2</b>
Par	t IIII Statement	t of Program Service	e Accomplis	hments		
	Check if Sche	edule O contains a respo	onse or note to	any line in this Part III		🗹
1	Briefly describe the	organization's mission				
CONI STAN CHAI MIAM	FERENCE, TO ENCOUF NDARDS OF COMPETIT RITABLE AND EDUCAT 11 BEACH BOWL, LLC	RAGE SOUND ACADEMIC FIVE PERFORMANCE AM TONAL ACTIVITIES BOT , WHICH IS A WHOLLY	PRACTICES FOOD FOR THE SUBSICE SUBSICE PROPERTY OF THE SUBSICE SUBSICE PROPERTY OF THE PROPERT	OR STUDENT ATHLETES, ALS AND MEMBER INSTI UNITED STATES AND NA	ERCOLLEGIATE ACTIVITIES WITH TO ESTABLISH FRIENDLY RELAT TUTIONS, AND TO ENCOURAGE, ATIONALLY IN ADDITION, IT HAS ATHLETIC CONFERENCE THE M TIONED BOWL GAME	IONSHIPS AND HIGH FOSTER AND SUPPORT 5 AS AN AFFILIATE, THE
2	Did the organization	undertake any significa	ant program ser	vices during the year wh	nich were not listed on	
	the prior Form 990					☐ Yes ☑ No
	•	ese new services on Sch	nedule O			
3	•			changes in how it condu	cts, any program	
	services? If "Yes." describe th	ese changes on Schedu	 le O			☐ Yes ☑ No
4	Describe the organize Section 501(c)(3) as	zation's program service	accomplishmen	I to report the amount o	argest program services, as mea f grants and allocations to others	
4a	(Code See Additional Data	) (Expenses \$	84,964,884	including grants of \$	67,922,154 ) (Revenue \$	77,793,750 )
4b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
<b>4</b> c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
4d	Other program serv	ices (Describe in Schedi	ıle O )			
	(Expenses \$	•	uding grants of	\$	) (Revenue \$	)
46	Total program ser	vice expenses >	84.964.8	184		

Part IV Checklist of Required Schedules

11e

11f

12a

12b

17

18

19

Yes

Yes

Yes

Yes

No

Nο

No

Nο

No

No

Nο

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No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 😼 . . . 2 Yes Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 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? 4 Nο If "Yes," complete Schedule C, Part II 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? 5 Nο 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? Nο 6

Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 💆 . . .

Did the organization maintain collections of works of art, historical treasures, or other similar assets? R 

Nο Nο 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 Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Νo assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞 . . . . . . . . 11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c 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 Yes 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

13 14a business, investment, and program service activities outside the United States, or aggregate foreign investments 14h

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . .

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

12a Did the organization obtain separate, independent audited financial statements for the tax year?

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . . 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

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

29

Page 4

Part IV Checklist of Required Schedules (continued) Yes

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 . . . . . . Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

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,"

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

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

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

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

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

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

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

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

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

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

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 member

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

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

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

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

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

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

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

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

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

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

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

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

instructions for applicable filing thresholds, conditions, and exceptions)

20a

Yes

Yes

20b

21

22

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35h

36

37

Yes

Form 990 (2017)

No

Νo Νo

Nο

Νo

Nο

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

orm	990 (2017)			Page
Par				_
	Check if Schedule O contains a response or note to any line in this Part V	•		Ш
	Fortunation according to the Devil 2 of Forms 1000 Fortun O. A set annulus black in the Devil 2 of Forms 1000 Fortun O. A set annulus black in the Devil 2 of Forms 1000 Fortun O. A set annulus black in the Devil 2 of Forms 1000 Fortun O. A set annulus black in the Devil 2 of Forms 1000 Fortun O. A set annulus black in the Devil 2 of Forms 1000 Fortun O. A set annulus black in the Devil 2 of Forms 1000 Fortun O. A set annulus black in the Devil 2 of Forms 1000 Fortun O. A set annulus black in the Devil 2 of Forms 1000 Fortun O. A set annulus black in the Devil 2 of Forms 1000 Fortun O. A set annulus black in the Devil 2 of Forms 1000 Fortun O. A set annulus black in the Devil 2 of Forms 1000 Fortun O. A set annulus black in the Devil 2 of Forms 1000 Fortun O. A set annulus black in the Devil 2 of Forms 1000 Fortun O. A set annulus black in the Devil 2 of Forms 1000 Fortun O. A set annulus black in the Devil 2 of Forms 1000 Fortun O. A set annulus black in the Devil 2 of Forms 1000 Fortun O. A set annulus black in the Devil 2 of Fortun O. A set annulus black in the Devil		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 286  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?	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 by this return			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	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	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		No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
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 transaction?			No
		5b		
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	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 10b			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
L-	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

orm	990 (2	2017)					Page <b>6</b>
Par	t VI	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 to 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched	ule O		" respo	nse to li	_
		Check if Schedule O contains a response or note to any line in this Part VI		<del></del>			✓
Se	ction	A. Governing Body and Management					
1a	Enter	the number of voting members of the governing body at the end of the tax year	1a	13		Yes	No
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or ir committee, explain in Schedule O					
b	Enter	the number of voting members included in line 1a, above, who are independent	1b	13			
2		ny officer, director, trustee, or key employee have a family relationship or a busine r, director, trustee, or key employee?	ss rela	tionship with any other	2		No
3		ne organization delegate control over management duties customarily performed by icers, directors or trustees, or key employees to a management company or other p			3		No
4	Did th	ne organization make any significant changes to its governing documents since the	prior F	Form 990 was filed?	4		No
5	Did th	ne organization become aware during the year of a significant diversion of the organ	nızatıo	n's assets? .	5		No
6	Did th	ne organization have members or stockholders?			6		No
7a		ne organization have members, stockholders, or other persons who had the power to	to elec	t or appoint one or more	7a		No
b		ny governance decisions of the organization reserved to (or subject to approval by) ns other than the governing body?	mem	bers, stockholders, or	7b		No
8		ne organization contemporaneously document the meetings held or written actions illowing	undert	aken during the year by			
а	The g	overning body?			8a	Yes	
b	Each (	committee with authority to act on behalf of the governing body?			8b	Yes	
9		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who ization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i> C			9		No
Se	ction	B. Policies (This Section B requests information about policies not requ	ired b	y the Internal Revenu	e Code	e.)	
						Yes	No
10a	Did th	ne organization have local chapters, branches, or affiliates?			10a		No
b		s," did the organization have written policies and procedures governing the activitie ranches to ensure their operations are consistent with the organization's exempt pi			10b		
11a	Has th	he organization provided a complete copy of this Form 990 to all members of its go	vernin	g body before filing the	11a		No
b	Descr	ibe in Schedule O the process, if any, used by the organization to review this Form	990				
12a	Did th	ne organization have a written conflict of interest policy? If "No," go to line 13 .			12a	Yes	
b		officers, directors, or trustees, and key employees required to disclose annually int	erests	that could give rise to	12b	Yes	
c		ne organization regularly and consistently monitor and enforce compliance with the	policy •	? If "Yes," describe in	12c		No
13	Did th	ne organization have a written whistleblower policy?			13		No
14	Did th	ne organization have a written document retention and destruction policy?			14		No
15	Did th	ne process for determining compensation of the following persons include a review ans, comparability data, and contemporaneous substantiation of the deliberation and	and ap	proval by independent sion?			
а	The o	rganization's CEO, Executive Director, or top management official			15a	Yes	
b	Other	officers or key employees of the organization			15b		No
	If "Ye	s" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a		ne organization invest in, contribute assets to, or participate in a joint venture or si le entity during the year?		errangement with a	16a		No
b	ın joir	s," did the organization follow a written policy or procedure requiring the organizat it venture arrangements under applicable federal tax law, and take steps to safegu s with respect to such arrangements?	ard th		16b		
Se	ction	C. Disclosure					
17	List th	ne States with which a copy of this Form 990 is required to be filed▶					
18		on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 99 ible for public inspection  Indicate how you made these available  Check all that ap		990-T (501(c)(3)s only)			
		Own website 🛮 🗹 Another's website 🗗 Upon request 🔲 Other (explain in So	hedul	e O)			
19	policy	ibe in Schedule O whether (and if so, how) the organization made its governing do , and financial statements available to the public during the tax year					
20		the name, address, and telephone number of the person who possesses the organ EN GIBLIN 15 PARK ROW WEST PROVIDENCE, RI 02903 (401) 272-9108	ızatıon	's books and records			

BOARD MEMBER- UNIVERSITY O

BOARD MEMBER- EAST CAROLIN

BOARD MEMBER- SOUTHERN MET

BOARD MEMBER- UNIV OF CENTRAL FL

(11) DR CECIL P STATON

(12) DR R GERALD TURNER

(13) DALE WHITTAKER

(14) MICHAEL L ARESCO

COMMISSIONER, PRESIDENT

(15) DONNA DEMARCO EGAN

SR ASSOC COMM -COO

SR ASSOC COMM - CFO

(17) THOMAS R ODJAKJIAN

SR ASSOC COMM - BROADCAS

(16) ERIC ZIADY

Part VII

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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

<ul> <li>List all of the organization's former director organization, more than \$10,000 of reportable co</li> </ul>										
List persons in the following order individual trus compensated employees, and former such person	stees or directo		-					_		
Check this box if neither the organization no		aanızat	ion c	omp	ens	ated a	anv i	current officer, dire	ector, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position that pers	on (do an on on is	(C) o not e both ecto	) t che ox, u n an or/tr		ore er	(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
(1) DR JOHN BARDO BOARD MEMBER- WICHITA ST U	2 00	x						0	0	0
(2) VADM WALTER E CARTER BOARD MEMBER- US NAVAL ACA	2 00	×						0	0	0
(3) GERALD CLANCY MD BOARD MEMBER- UNIVERSITY O	2 00	x						0	0	0
(4) RICHARD ENGLERT BOARD MEMBER- TEMPLE UNIVE	2 00	x						0	0	0
(5) MICHAEL A FITTS BOARD MEMBER- TULANE UNIVE	2 00	x						0	0	0
(6) DR JUDY GENSHAFT BOARD MEMBER- UNIV OF S	2 00	х						0	0	0
(7) SUSAN HERBST PHD BOARD MEMBER- UNIV OF CON	2 00	х						0	0	0
(8) DR RENU KHATOR BOARD MEMBER- UNIVERSITY O	2 00	х						0	0	0
(9) NEVILLE PINTO BOARD MEMBER-UNIVER OF CI	2 00	x						0	0	0
(10) DR DAVID RUDD	2 00	×						0	0	0

2 00

2 00

2 00

40 00

40 00

40 00

40 00

Х

Х

Χ

Х

0

0

1.817.087

250,094

222,911

231.823

0

0

0

0

0

0

66,117

59,735

30,854

62.867

Form **990** (2017)

compensation from the organization ▶ 1

Part VII

Page 8

Fell	Section A. Officers, Directors	, ilustees, k	Cy Liii	PICY	CCS	, ai	iu ing	iiies	st compensated	Linployees (cor	itinueu)	
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	than c	ne b	ox, ι n of	t ch unle ficei	eck moss person and a contract and a	son	( <b>D</b> ) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	Estim amount comper from	ated of other nsation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organiza rela organiz	ted
(18) E	LLEN M FERRIS	40 00					x		209,564			36,753
<u> </u>	COMM -GOVERNANCE		••••				ļ		200,000		1	
	IATHAN C POMEDAY	40 00	<b>.</b>				×		197,629			29,507
/201 6	COTT A DRADED											
H3300	C COMM - FOOTBALL						X		195,213	1		47,279
·	ERNADETTE M CAFARELLI	40 00					×		187,649			33,773
/22) 1	OHN M MARINATTO											
	ER COMMISSIONER	40 00						Х	125,000	1		0
											1	
							<u> </u>					
c T	ub-Total	VII, Section A							3,436,970	0		366,885
2	Total number of individuals (including but of reportable compensation from the orga	t not limited to				/e) v	who re	ceive	ed more than \$100	,000		
											Yes	No
3	Did the organization list any <b>former</b> offic line 1a? <i>If "Yes," complete Schedule J for</i>						e, or h	-	est compensated er	nployee on	<b>y</b> es	
4	For any individual listed on line 1a, is the organization and related organizations gr individual									he · · · ·	l Yes	
5	Did any person listed on line 1a receive o services rendered to the organization? If '										1 1 1 1 1 1	No
Se	ction B. Independent Contractors	}										
1	Complete this table for your five highest of from the organization Report compensation										nsation	
	· · · · · · · · · · · · · · · · · · ·	(A)	iddi ye	ui Cii	41119	, ,,,,,				(B)	(0	
COVIN	Name and b IGTON & BURLING LLP	ousiness address							Descript LEGAL SERVIC	tion of services ES	Compe	158,434
	ENTH STREET NW INGTON, DC 200014956											

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

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

	90 (2017)								Page <b>9</b>
Part '	Statement of Revenue Check if Schedule O contains	- roono	nco or noto to an	u lina in thia	Dort VIII				П
	CHECK II SCHEDULE O COITAINS	a respo	inse of flote to all	(A) Total rev		( <b>B</b> ) Related or exempt function		(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a Federated campaigns	1a				revenue			512-514
nts ints	<b>b</b> Membership dues	1b							
Gra not	c Fundraising events	1c							
ts	<b>d</b> Related organizations	1d							
ig ei	e Government grants (contributions)	1e							
ons, Sin	f All other contributions, gifts, grants, and similar amounts not included								
Contributions, Giffs, Grants and Other Similar Amounts	above  g Noncash contributions included	1f	288,784						
Contr and C	In lines 1a-1f \$		•	20	0 704				
	<u>J</u>		Busines		8,784				
Revenue	2a POST SEASON TOURNAMENTS			900099	44,9	98,023	44,998,023		
₹ •	b television & radio rights			900099	21,4	64,200	21,464,200		
Program Service	C NCAA SPONSORSHIPS & GRANTS			900099		91,593	6,391,593		
Serv	d CONFERENCE CHAMPIONSHIPS			900099		64,769 34,381	3,164,769 1,234,381		
am	e corporate sponsors			900099		46,541	146,541		
ogr.	<b>f</b> All other program service revenue		77	,399,507			· · ·		
₫.	<b>9Total.</b> Add lines 2a-2f		<u> </u>						
	3 Investment income (including divid similar amounts)			•	94,806	5			94,806
	4 Income from investment of tax-exe	mpt bo	ond proceeds	<b>▶</b>					
	<b>5</b> Royalties			<b>&gt;</b>					
	(1) Rea		(II) Personal	_					
	da Gross rents								
	<b>b</b> Less rental expenses								
	c Rental income or			$\dashv$					
	(loss)			_					
	d Net rental income or (loss) (i) Securit		(II) Other						
	<b>7a</b> Gross amount	.ies	(II) Other	$\dashv$					
	from sales of assets other								
	than inventory								
	<b>b</b> Less cost or other basis and								
	sales expenses  C Gain or (loss)			$\dashv$					
	d Net gain or (loss)	•	<b>&gt;</b>	_					
	<b>8a</b> Gross income from fundraising evo (not including \$	ents of							
Other Revenue	contributions reported on line 1c) See Part IV, line 18								
Re	<b>b</b> Less direct expenses	ь							
ler	c Net income or (loss) from fundrais		ents Þ						
Ott	<b>9a</b> Gross income from gaming activity See Part IV, line 19	es							
		a							
	<b>b</b> Less direct expenses	ь							
	c Net income or (loss) from gaming 10aGross sales of inventory, less	activiti آ	es •						
	returns and allowances	J							
		a		_					
	b Less cost of goods sold	b							
	Net income or (loss) from sales of Miscellaneous Revenue	invento	Business Code						
	11aMISCELLANEOUS INCOME		90009	99	10,653	3	10,653		
	b								
	С	$\neg \uparrow$							
	d All other revenue		·						
	e Total. Add lines 11a-11d				10,653	3			
	<b>12 Total revenue.</b> See Instructions		• • •		77,793,750	77,4	10,160		0 94,806
									Form <b>990</b> (2017)

Part IX Statement of Funct	tional Expenses
----------------------------	-----------------

form 990 (2017)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nizations must comp	lete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX	<u>.</u>		🗆
Do not include amounts reported on lines 6b, 'b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	67,922,154	67,922,154	-	
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,547,013	1,655,558	891,455	
<b>6</b> 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	2,640,686	1,716,446	924,240	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	321,138	208,740	112,398	
9 Other employee benefits	534,861	347,660	187,201	
<b>10</b> Payroll taxes	242,806	157,824	84,982	
11 Fees for services (non-employees)				
a Management				
<b>b</b> Legal	109,674	98,707	10,967	
c Accounting	34,215		34,215	
d Lobbying				
e 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)	159,868	127,894	31,974	
12 Advertising and promotion				
13 Office expenses	150,801	90,481	60,320	
14 Information technology	298,629	238,903	59,726	
15 Royalties				
<b>16</b> Occupancy	756,442	605,153	151,289	
17 Travel	253,739	202,991	50,748	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	200,705		30,7.10	
19 Conferences, conventions, and meetings	381,059	304,847	76,212	
20 Interest	· · · · · · · · · · · · · · · · · · ·	,	,	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	37,612	30,090	7,522	
23 Insurance	346,834	277,467	69,367	
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 )	340,034	211,401	03,307	
a OFFICIATING	5,648,777	5,648,777		
<b>b</b> CONFERENCE CHAMPIONSHIP	3,229,943	3,229,943		
c PUBLIC RELATIONS/PROMO	1,110,087	1,110,087		
d UNINSURED LOSSES DUE TO	625,717	625,717		
e All other expenses	439,462	365,445	74,017	
25 Total functional expenses. Add lines 1 through 24e	87,791,517	84,964,884	2,826,633	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)		·		

11

Liabilities

Fund Balances

Assets or 30

Net

31

32

33

34

11,810,089

3,155,884

26,203,573

264,232

5,841,016

1.783

6,107,031

20,096,542

20,096,542

26.203.573

Form **990** (2017)

11 12

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17

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22 23

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30

31

32

33

34

13,273,783

36,327,767

597,492

5,569,883

66.083

6,233,458

30.094,309

30,094,309

36.327.767

Page **11** 

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

		Beginning of year		End of year
1	Cash-non-interest-bearing		1	11,
2	Savings and temporary cash investments	21,150,189	2	10,

10.801,920 Pledges and grants receivable, net . . . 3 1 340 635 264.075 Accounts receivable, net . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 5

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . 7 Notes and loans receivable, net .

Assets Inventories for sale or use . 8 510,347 Prepaid expenses and deferred charges 9 156,404 10a Land, buildings, and equipment cost or other 711,441 10a basis Complete Part VI of Schedule D 52.813 10c 15,201

696,240 10b b Less accumulated depreciation Investments—publicly traded securities . Investments—other securities See Part IV, line 11 . Investments—program-related See Part IV, line 11

12 13 14 Intangible assets . . . . 15 Other assets See Part IV, line 11 . 16 **Total assets.**Add lines 1 through 15 (must equal line 34) . 17 Accounts payable and accrued expenses

18 Grants payable . . . 19 Deferred revenue . . .

Tax-exempt bond liabilities . . . . . . Escrow or custodial account liability Complete Part IV of Schedule D

20 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L .

23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties

Other liabilities (including federal income tax, payables to related third parties,

and other liabilities not included on lines 17-24) Complete Part X of Schedule D

25 26 Total liabilities. Add lines 17 through 25 . .

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

27 28 Temporarily restricted net assets 29

complete lines 27 through 29, and lines 33 and 34. Permanently restricted net assets

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

and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Organizations that follow SFAS 117 (ASC 958), check here ightleftarrows and

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

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?

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

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Financial Statements and Reporting

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

20,096,542 Part XII Yes Nο

☐ Cash ☑ Accrual ☐ Other **1** Accounting method used to prepare the Form 990 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

2a

2b

2c

3a

3b

Yes

Yes

Nο

Nο

Form 990 (2017)

### Additional Data

Software ID:

Software Version:

**EIN:** 51-0244593

Name: AMERICAN ATHLETIC CONFERENCE

Form 990, Part III, Line 4a:

Form 990 (2017)

TO SUPERVISE AND CONTROL INTERCOLLEGIATE ATHLETES WITHIN THE SCOPE OF THE EDUCATIONAL PURPOSE OF THE CONFERENCE TO ENCOURAGE SPORTSMANSHIP AND SOUND ACADEMIC PRACTICES FOR STUDENT ATHLETES AND HIGH STANDARDS OF COMPETITIVE PERFORMANCE

efile	e GR/	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 93	3493133030099		
		ULE A		Public	Charity Statu	s and Pul	olic Supp		OMB No 1545-0047		
	m 990	0 or	Con	nplete if the o	rganization is a sect	r a section	2017				
990E	. <b>L</b> )			4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.							
•		the Treasury	► Inf	ormation abou	ut Schedule A (Form www.irs.a	990 or 990-EZ ov/form990.	) and its instru	ıctions is at	Open to Public Inspection		
Name	e of th	ne organiza THLETIC CONFI						Employer identific	ation number		
								51-0244593			
Pa					<b>us</b> (All organization e it is (For lines 1 thro			See instructions.			
1 ne o	rganiz		•		`	<b>3</b> ,	,	/A\/:\			
_		•		,	ssociation of churches						
2	Ш				1)(A)(ii). (Attach Scl	•	• •				
3		·		•	vice organization desc			•			
4			esearch orga and state _	inization operat	ed in conjunction with	a hospital descri	bed in <b>section</b>	170(b)(1)(A)(iii). E	nter the hospital's		
5		(b)(1)(A)	( <b>iv).</b> (Compl	ete Part II )	it of a college or unive				ped in <b>section 170</b>		
6		A federal, s	tate, or local	l government or	r governmental unit de	escribed in <b>sectio</b>	on 170(b)(1)(A	۱)(v).			
7				rmally receives <b>(vi).</b> (Complete	a substantial part of it Part II )	s support from a	governmental u	init or from the genera	al public described in		
8		A communi	ty trust desc	rıbed ın <b>sectior</b>	n 170(b)(1)(A)(vi)	(Complete Part I	I)				
9					escribed in <b>170(b)(1)</b> See instructions Enter				ege or university or a		
10		An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)									
11					d exclusively to test fo	r public safety S	ee section 509	(a)(4).			
12	<b>✓</b>	more public	ly supported	l organizations (	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>i09(a)(1)</b> or <b>se</b> (	ction <b>509</b> (a)(2	). See section 509(a			
а	<b>✓</b>	Type I. A sorganization	upporting or n(s) the pow	ganızatıon oper er to regularly a	rated, supervised, or c appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by			
b		Type II. A	supporting o		<ul> <li>bervised or controlled in ation vested in the sar</li> </ul>						
С	П	must com	olete Part I	V, Sections A		·					
	_		,	, ,	ions) You must com	•					
d	Ш	functionally	ıntegrated	The organizatio	d. A supporting organ in generally must satis rt IV, Sections A and	fy a distribution	requirement and				
e		Check this	oox if the org	ganization recei	ved a written determing integrated supporting	nation from the I		vpe I, Type II, Type II	functionally		
f	Enter		,,	d organizations	micegrated Supporting	organization		1	3		
g	Provid	de the follow	ing informat	ion about the si	upported organization(	s)		_			
		lame of supp organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	т`	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
						Yes	No				
See /	Addıtıc	nal Data Tal	ole								
Total			13					67,922,154	(		

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

S	ection A. Public Support							
	Calendar year	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2	017	(f) Total
	(or fiscal year beginning in) ▶	(4) 2015	(5) 201	(6) 2013	(4) 2010	(0) -	01/	(1) 10ta
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
_	include any "unusual grant ")							
2	Tax revenues levied for the organization's benefit and either paid							
	to or expended on its behalf							
3	The value of services or facilities							
3	furnished by a governmental unit to							
	the organization without charge							
4	<b>Total.</b> Add lines 1 through 3							
	The portion of total contributions by							
•	each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the amount							
	shown on line 11, column (f)							
6	Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
	Calendar year	(a)2013	<b>(b)</b> 2014	(c)2015	(d)2016	(e)2	017	(f)Total
	(or fiscal year beginning in) ▶	(4)2013	(6)2014	(6)2013	(4)2010	(0)2	017	(1)10ta1
7	Amounts from line 4							
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties and							
	income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10								
	loss from the sale of capital assets (Explain in Part VI )							
11	, ,							
	10							
12	Gross receipts from related activities, e	tc (see instructio	ons)		1	12		
				1.6 11 601			)(2)	
13	First five years. If the Form 990 is for	=			-		· · · · <u>-</u>	_
	check this box and <b>stop here</b>						▶∟	
S	ection C. Computation of Public	<b>Support Perc</b>	entage					
14	Public support percentage for 2017 (line	e 6, column (f) dı	vided by line 11,	column (f))		14		
	Public support percentage for 2016 Sch					15		
	33 1/3% support test—2017. If the			on line 13, and lin	ie 14 is 33 1/3% oi		eck this	hov
10a					16 14 13 33 1/3 /0 01	i illore, cii	IECK CIIIS	▶□
	and <b>stop here.</b> The organization qualif							
b	33 1/3% support test—2016. If the	organization did	not check a box of	on line 13 or 16a, i	and line 15 is 33 1	/3% or mo	ore, chec	_
	box and stop here. The organization							▶ □
17a	10%-facts-and-circumstances test-	<b>–2017.</b> If the ord	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line	14	
	is 10% or more, and if the organization							
	in Part VI how the organization meets t							
	organization			-	·			▶□

Р	art IIII Support Schedule for						
	(Complete only if you cl						er Part II. If
-	the organization fails to	qualify under	the tests listed	below, please co	omplete Part II.	)	
36	ection A. Public Support  Calendar year		Γ	I	I	I	
	(or fiscal year beginning in) ▶	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
-	from line 6) ection B. Total Support						
30	Calendar year			1	1		
	(or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
L0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
Ь	Unrelated business taxable income						
_	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
	Add lines 10a and 10b  Net income from unrelated business						
11	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12							
	loss from the sale of capital assets (Explain in Part VI )						
13	Total support. (Add lines 9, 10c,						
	11, and 12 )						
14	First five years. If the Form 990 is for	r the organization	n's first, second, tl	hird, fourth, or fift	h tax year as a se	ection 501(c)(3) o	
	check this box and <b>stop here</b>						▶⊔
	ection C. Computation of Public S						
15	Public support percentage for 2017 (lin			column (†))		15	
16	Public support percentage from 2016 S		·			16	
	ection D. Computation of Investr				2) )		
17	Investment income percentage for 201	,	• • • • • • • • • • • • • • • • • • • •	line 13, column (f	.))	17	
18	Investment income percentage from 20	·	•			18	
19a	<b>33</b> 1/3% <b>support tests—2017.</b> If the o	organization did i	not check the box	on line 14, and lir	ne 15 is more thar	n 33 1/3%, and lir	ne 17 is not
	more than 33 1/3%, check this box and s	<b>stop here.</b> The o	rganization qualifi	es as a publicly su	upported organiza	tion	ightharpoons
b	33 1/3% support tests—2016. If the	e organization did	not check a box	on line 14 or line	19a, and line 16 is	s more than 33 1/	
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	janization	ightharpoons
20	Private foundation. If the organization	n did not check a	a box on line 14, 1	l9a, or 19b, check	this box and see	instructions	▶ □

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete

Page 4

4c

5a

5b 5c

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

No

No

No

No

No

No

No

Schedule A (Form 990 or 990-EZ) 2017

amendment to the organizing document)

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

provide detail in Part VI.

answer line 10b below

6

7

8

10a

Sections A and D, and complete Part V ) Section 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		No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509			

1	_
2	
	2

	If No, describe in <b>Part VI</b> now the supported organizations are designated. If designated by class or purpose,		
	describe the designation If historic and continuing relationship, explain	1	No
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		
	ın section 509(a)(1) or (2)	2	No
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
h	Did the organization confirm that each supported organization qualified under section 501(c)(4) (5) or (6) and satisfied		

	2 clon	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	
c	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	3c	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a	No

	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	
c	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 12a or 12b in Part I, answer (b) and (c) below	4a	No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	
С	Did the organization support any foreign supported organizations		

501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support

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

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

than (1) its supported organizations, (11) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

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,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

	redule A (101111 990 01 990-LZ) 2017		- 1	age 2
P	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
ā	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
	A family member of a person described in (a) above?	11b		No
	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		No
	Section B. Type I Supporting Organizations		T	
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	Yes	No No
2	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		No
•	Section 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		
•	Section 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	;		
		1		
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		
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		
-	Section E. Type III Functionally-Integrated Supporting Organizations			<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
	The organization satisfied the Activities Test. Complete line 2 below	-		
	b  The organization is the parent of each of its supported organizations Complete line 3 below			
	The organization supported a governmental entity Describe in <b>Part VI</b> how you supported a government entity (see	. Instru	ctions)	
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 supported organizations and explain</b> 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		
	<b>b</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	21-		
3	Parent of Supported Organizations Answer (a) and (b) below.	2b		
د	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of	3a		
	the supported organizations? <i>Provide details in Part VI.</i> b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard			
	supported organizations. It is too, describe in a data the role played by the organization in this regard	3.5	ı	ı

Page **6** 

Par 1	Type III Non-Functionally Integrated 509(a)(3) Supporting O	_		Doub VII Coo
-	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	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		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<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			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	tegrat	ed Type III supporting or	ganization (see

details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 (ii) (iii)

**10** Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i) Underdistributions Distributable instructions) **Excess Distributions** Pre-2017 Amount for 2017 1 Distributable amount for 2017 from Section C, line

2 Underdistributions, if any, for years prior to 2017

(reasonable cause required-- explain in Part VI)

See instructions		
3 Excess distributions carryover, if any, to 2017		
a		
<b>b</b> From 2013		
c From 2014		
<b>d</b> From 2015		
e From 2016		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
<b>h</b> Applied to 2017 distributable amount		
<ul> <li>Carryover from 2012 not applied (see instructions)</li> </ul>		
j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2017 from Section D, line 7		
<u>      \$                              </u>		
Applied to underdistributions of prior years		

b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4

Schedule A (Form 990 or 990-EZ) (2017)

5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

c Excess from 2015. . . . .

See instructions

d Excess from 2016. Excess from 2017.

31 and 4c 8 Breakdown of line 7 a Excess from 2013. **b** Excess from 2014.

Schedule A (	Form 990 or 990-EZ) 2	Page 8			
Part VI	Section A, lines 1, 2, Part IV, Section D, lin	mation. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, 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, es 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 and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See			
		Facts And Circumstances Test			
990 Sched	lule A, Supplemen	tal Information			
	Return Reference Explanation				

# PART IV, SECTION A, LINE 1 THE SUPPORTED ORGANIZATIONS ARE MEMBERS OF THE AMERICAN ATHLETIC CONFERENCE AS DEFINED IN

THE ORGANIZATION'S BY-LAWS

90 Schedule A, Supplemental Information						
Return Reference	Explanation					
PART IV, SECTION B, LINE 1	THE BOARD OF DIRECTORS IS COMPRISED OF THE PRESIDENT'S OF ITS MEMBER INSTITUTIONS PER THE BY-LAWS, NO ELECTION OR APPOINTMENT OF ADDITIONAL DIRECTORS SHALL BE REQUIRED OR PERMITTE D					

### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 51-0244593

Name: AMERICAN ATHLETIC CONFERENCE

(i)Name of supported organization	(ii)EIN	(iii)	(iv	<u>()</u>	(v)	(vi)		
(1) Name of Supported organization	(11)2111	Type of organization (described on lines 1- 9 above (see instructions))	Is the organization listed in your governing document?		Is the organization listed in your		Amount of monetary support (see instructions)	Amount of other support (see instructions)
			Yes	No				
(A) UNIVERSITY OF CENTRAL FLORIDA	592924021	2		No	7,429,397	0		
(A) UNIVERSITY OF CINCINNATI	316000989	2		No	7,610,012	0		
(B) UNIVERSITY OF CONNECTICUT	060772160	2		No	9,159,706	0		
(C) EAST CAROLINA UNIVERSITY	566000403	2		No	3,885,640	0		
(D) UNIVERSITY OF HOUSTON	746001399	2		No	5,433,315	0		
(E) UNIVERSITY OF MEMPHIS	626048540	2		No	5,184,811	0		
(F) UNIVERSITY OF SOUTH FLORIDA	593102112	2		No	8,914,679	0		
(G) SOUTHERN METHODIST UNIVERSITY	750800689	2		No	4,553,210	0		
(H) TEMPLE UNIVERSITY	231365971	2		No	4,987,876	0		
(I) TULANE UNIVERSITY	720423889	2		No	3,742,756	0		
(J) UNIVERSITY OF TULSA	730579298	2		No	3,852,990	0		
(K) UNITED STATES NAVAL ACADEMY	520613669	2		No	3,156,071	0		
(L) WICHITA STATE UNIVERSITY	481124839	2		No	11,691	0		

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D** 

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

**Supplemental Financial Statements** 

OMB No 1545-0047

DLN: 93493133030099

Open to Public

Department of the Treasury

(Form 990)

▶ 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. Internal Revenue Service Information about Schedule D (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

Inspection Employer identification number

	ERICAN ATHLETIC CONFERENCE					sioyer identifice		
11.11E					51-0	0244593		
Pa	rt I Organizations Maintaining Donor Advi	sed Funds or O	ther	Similar Funds o				
	Complete if the organization answered "Ye							
		(a) Dono	or advi	sed funds		(b)Funds and of	ther a	ccounts
	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 adviso	ra in writing that t	ho 255	ets hold in donor ad	lucod i	funds are the		
	organization's property, subject to the organization's ex			ets field in donor ad	iviseu	iunus are the		Yes 🗌 No
•	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?							Yes 🗌 No
Pa	rt III Conservation Easements. Complete if the	ne organization a	answe	red "Yes" on Forr	n 990	, Part IV, line 7	7.	
_	Purpose(s) of conservation easements held by the orga							
	Preservation of land for public use (e.g., recreation	•	П	Preservation of an	histor	ically important l	and ar	rea
		in or education)				, ,		i ea
	☐ Protection of natural habitat		ш	Preservation of a	certifie	d historic structu	re	
	Preservation of open space							
!	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conserva	tion co	ntribution in the foi	rm of a	conservation  Held at the E	nd of	the Year
а	Total number of conservation easements				2a			
b	Total acreage restricted by conservation easements				2b			
c	Number of conservation easements on a certified histori	c structure include	d ın (a	)	2c			
d	Number of conservation easements included in (c) acquistructure listed in the National Register		•	•	2d			
1	Number of conservation easements modified, transferre	ed, released, exting	juished	, or terminated by	the or	ganızatıon durıng	the	
	Number of states where property subject to conservation	on easement is loca	ated ▶			_		
	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold		rıng, ır	spection, handling	of viola	ations,	es	□ No
,	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of v	iolatio	ns, and enforcing co	onserv	ation easements	durıng	g the year
	Amount of expenses incurred in monitoring, inspecting,  \$\blacktriangleright*	handling of violati	ons, a	nd enforcing conser	vation	easements durin	g the	year
!	Does each conservation easement reported on line 2(d)	ahove satisfy the	reaur	ments of section 1	70(b)(	4)(B)(ı)		
•	and section $170(h)(4)(B)(II)$ ?	above satisfy tile	, equire	aments of section I	, 5(11)(	4)(B)(I)		□ No
	In Part XIII, describe how the organization reports consbalance sheet, and include, if applicable, the text of the	footnote to the or		•		atement, and	-9	
_	the organization's accounting for conservation easemer							
¢Ι	<b>TIII</b> Organizations Maintaining Collections Complete if the organization answered "Ye				ier Sii	milar Assets.		
a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for	.6 (ASC 958), not t public exhibition, e	o repo	rt in its revenue sta on, or research in f				orks of
_	provide, in Part XIII, the text of the footnote to its finar							-6
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items							
(	i) Revenue included on Form 990, Part VIII, line 1					<b>&gt;</b> \$		
(I	i)Assets included in Form 990, Part X If the organization received or held works of art, historia	cal treasures, or of	her su	nılar assets for fina	ncial n	·		
•	following amounts required to be reported under SFAS				c.a. y			
а	Revenue included on Form 990, Part VIII, line 1					<b>▶</b> \$		
b	Assets included in Form 990, Part X					<b>▶</b> \$		

Cat No 52283D

Schedule D (Form 990) 2017

Par	t III	Organizations Mainta	aining Col	lections o	of Art, F	listori	cal Tr	eası	ıres, or	Other	Similar <i>i</i>	Assets (co	ontinued)	
3		ng the organization's acquisitions (check all that apply)	on, accession	n, and other	records,	check	any of	the fo	llowing t	hat are a	significant	t use of its	collection	ı
а		Public exhibition				d		Loan	or excha	ange prog	rams			
b		Scholarly research				е		Othe	r					
С		Preservation for future gene	erations											
4		vide a description of the organ : XIII	ıızatıon's col	lections and	l explain	how the	ey furth	er the	e organız	ation's ex	empt pur	pose in		
5		ing the year, did the organizatets to be sold to raise funds ra									ular	☐ Yes		No
Pa	rt IV	Escrow and Custodia Complete if the organiz X, line 21.			" on For	m 990	, Part	IV, lı	ne 9, or	reporte	ed an am			_
1a		ne organization an agent, trus uded on Form 990, Part X?	tee, custodi	an or other	ıntermed	lary for	contril	oution	s or othe	er assets	not	☐ Yes		No
b	If "\	Yes," explain the arrangement	ın Part XIII	and comple	ete the fo	llowing	table		Г			Amount		
c		inning balance	. III I GIC AIII	and comple	ste the re	mownig	table		ŀ	1c		Amount		_
d	_	itions during the year							ŀ	1d				_
е		ributions during the year							ŀ	1e				
f		ing balance							ŀ	1f				
<b>2</b> a		the organization include an ar	mount on Fo	rm 990 Par	t X line	21 for	escrow	or cu	L Istodial a	ccount lia	ability?			
b		es," explain the arrangement			·						•	⊔ Yes		No
Pa	rt V	Endowment Funds.	Complete if	the organ	ızatıon a	answer	ed "Ye	es" or	ı Form 🤄	990, Par	t IV, line	10.		
				(a)Currer	nt year	<b>(b)</b> P	rıor yeaı	-	(c)Two ye	ears back	(d)Three y	ears back (	( <b>e)</b> Four ye	ars back
	_	ning of year balance						_						
		ibutions						_						
		nvestment earnings, gains, an	d losses											
		s or scholarships												
е		r expenditures for facilities programs												
f	Admı	nistrative expenses												
g	End c	of year balance												
2	Prov	ride the estimated percentage	of the curre	nt year end	balance	(line 1	g, colur	nn (a	)) held as	s				
а	Boa	rd designated or quasi-endow	ment 🟲											
b	Perr	manent endowment 🟲												
С	Tem	porarily restricted endowmen	t 🟲											
		percentages on lines 2a, 2b,		•										
3a		there endowment funds not in anization by	n the posses	sion of the	organızat	on that	t are he	eld an	d admini	stered fo	r the		Yes	No
	(i)	unrelated organizations .					•					3a		<u> </u>
b	Ìf "۱	related organizations 'es" on 3a(ii), are the related	organızatıor					· .	• •			. 3a(		
4		cribe in Part XIII the intended			n's endo	wment f	unds							
Pa	rt VI				U a.a. Fa	000	Dt	T) ( ].	11_	C F	000 [	2a - V   I	. 10	
	Desc	Complete if the organiz	ation answ (a) Cost or oth (investme	er basis	(b) Cost						lepreciation		10.  ) Book val	lue
1a	Land													
b	Buildi	ngs												
c	Lease	ehold improvements												
d	Equip	ement					15	9,690			144,489	Э		15,201
е	Other	·					55	1,751			551,75	1		0
Tota	I Add	d lines 1a through 1e (Column	(d) must e	aual Form 9	90 Part	Y colur	nn (B)	line	10(c)			1		15 201

Schedule D (Form 990) 2017	h	and IIVaall and Farma Of	Page 3
Part VII Investments—Other Securities. Complete if the organiza See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)	(b) Book value	(c) Metho	od of valuation f-year market value
(1) Financial derivatives			
(A)			
(B)			
(C)			
(D)			
(E)			_
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments—Program Related.  Complete if the organization answered 'Yes' on Form 990, F	Part IV, line	11c. See Form 990,	Part X, line 13.
(a) Description of investment (b) B	ook value		od of valuation f-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX  Other Assets. Complete if the organization answered 'Yes' on For	m 990 Part	IV line 11d. See Form	990 Part X line 15
(a) Description (1) WITHDRAWAL FEES RECEIVABLE			(b) Book value
(2) ENTRY FEES RECEIVABLE			140,000 3,015,884
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )			3,155,884
Part X Other Liabilities. Complete if the organization answered 'Y	es' on Form	n 990, Part IV, line 1	
See Form 990, Part X, line 25.  1. (a) Description of liability	<b>(b)</b> Bool	< value	
(1) Federal income taxes		4.700	
DEPOSITS PAYABLE (2)		1,783	
(3)			
(3) (4)			
(3) (4) (5)			
(3) (4) (5) (6)			
(3) (4) (5) (6) (7) (8)			
(3)         (4)         (5)         (6)         (7)			
(3)         (4)         (5)         (6)         (7)         (8)		1,783	

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Page 4

77,793,750

Schedule D (Form 990) 2017

1

Schedule D (Form 990) 2017

Part XI

1

d 2d e Add lines 2a through 2d . . . . . . 2e 3 77,793,750 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

Investment expenses not included on Form 990, Part VIII, line 7b . 4a Other (Describe in Part XIII ) . . . . . . 4h Add lines **4a** and **4b** . . . . . . . . . . 40 c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . .

5 77,793,750 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 87,791,517

2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . . 2a

2b 2c c

Other (Describe in Part XIII ) . 2d d Add lines 2a through 2d . 2e e

3 Subtract line 2e from line 1 . 3 87,791,517 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . 4a

4h b c 4c

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . . 5 5 87.791.517 **Supplemental Information** Part XIII

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 information Return Reference Explanation

See Additional Data Table

Page <b>5</b>		Schedule D (Form 990) 2017
	ormation <i>(continued)</i>	Part XIII Supplemental Info
	Explanation	Return Reference

Schedule D (Form 990) 2017

### **Additional Data**

Software ID: **Software Version:** 

**EIN:** 51-0244593

Name: AMERICAN ATHLETIC CONFERENCE

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	THE CONFERENCE IS EXEMPT FROM INCOME TAX AS A CHARITABLE ORGANIZATION UNDER SECTION 501 (C )(3) OF THE INTERNAL REVENUE CODE, AND IS NOT CONSIDERED A PRIVATE FOUNDATION THE CONFERE NCE EVALUATES ITS UNCERTAIN TAX POSITIONS USING THE GUIDANCE FOR CONTINGENCIES AS CONTAINE D IN THE US GENERALLY ACCEPTED ACCOUNTING PRINCIPLES THE CONFERENCE WAS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS

efile GRAPHIC print - D	O NOT PROCESS	As Filed Data -					DLN: 93493133030099
Schedule I (Form 990)			Other Assistan and Individual	_	•	-	OMB No 1545-0047 <b>2017</b>
Department of the Treasury Internal Revenue Service	Co ▶ Infor	Open to Public Inspection					
Name of the organization	ENCE					Employer	identification number
AMERICAN ATHLETIC CONFER	ENCE					51-02445	593
	mation on Grants						
			the grants or assistance,		for the grants or assistan	ce, and	☐ Yes ☑ No
2 Describe in Part IV the o	organization's procedu	res for monitoring the u	se of grant funds in the Ui	nited States			□ res 및 No
Part III Grants and Othe		nestic Organizations a I can be duplicated if ad		ents. Complete if the o	rganızatıon answered "Yes	" on Form 990, Part	: IV, line 21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descriptio noncash assist	
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
		-	s listed in the line 1 table				
For Paperwork Reduction Act No				Cat No 50055			Schedule I (Form 990) 2017

Schedule I (Form 990) 2017

Explanation

Return Reference

### **Additional Data**

4000 CENTRAL FLORIDA BLVD ORLANDO, FL 32816

UNIVERSITY OF CINCINNATI

CINCINNATI, OH 45221

BOX 210021

Software ID:
Software Version:

**EIN:** 51-0244593

Name: AMERICAN ATHLETIC CONFERENCE

31-6000989

Form 990,Schedule 1, Part	11, Grants and	Otner Assistance to	o Domestic Organiza	tions and Domesti	ic Governments.		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CENTRAL FLORIDA	59-2924021		7,429,397				FUNDING FOR ATHLETIC PROGRAM

FUNDING FOR

ATHLETIC PROGRAM

7,610,012

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance UNIVERSITY OF CONNECTICUT 06-0772160 9.159.706 FUNDING FOR 352 MANSFIELD ROAD IATHLETIC PROGRAM STORRS, CT 06269

FUNDING FOR

3,885,640

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

EAST CAROLINA UNIVERSITY

1000 EAST 5TH STREET GREENVILLE, NC 27858 56-6000403

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 74-6001399 5,433,315 FUNDING FOR IATHLETIC PROGRAM

UNIVERSITY OF HOUSTON 4800 CALHOUN ROAD HOUSTON, TX 77204

MEMPHIS, TN 38152

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

UNIVERSITY OF MEMPHIS 62-6048540 5.184.811 FUNDING FOR ATHLETIC PROGRAM 3720 ALUMNI AVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-3102112 8.914.679 FUNDING FOR UNIVERSITY OF SOUTH FLORIDA ATHLETIC PROGRAM 4202 F FOWLER AVENUE 75-0800689 4.553.210 FUNDING FOR

ATHLETIC PROGRAM

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

TAMPA, FL 33620 SOUTHERN METHODIST UNIVERSITY

PO BOX 750100 DALLAS, TX 75275

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 23-1365971 4.987.876 FUNDING FOR TEMPLE UNIVERSITY IATHLETIC PROGRAM

1801 NORTH BROAD STREET PHILADELPHIA, PA 19122

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

NEW ORLEANS, LA 70118

TULANE UNIVERSITY 72-0423889 3.742.756 FUNDING FOR ATHLETIC PROGRAM 6823 ST CHARLES AVENUE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 73-0579298 3.852.990 UNIVERSITY OF TULSA FUNDING FOR 800 SOUTH TUCKER DRIVE ATHLETIC PROGRAM TULSA, OK 74104

UNITED STATES NAVAL 52-0613669 3.156.071 FUNDING FOR ACADEMY IATHLETIC PROGRAM

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

566 BROWNSON ROAD ANNAPOLIS, MD 21402

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

WICHITA STATE UNIVERSITY 48-1124839 11,691 FUNDING FOR ATHLETIC PROGRAM

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

1845 FAIRMOUNT WICHITA, KS 67260

efil	e GRAPHIC pr	rint - DO NOT PROCESS As Filed	Dat	a -	DLN: 934	9313	3030	099
Sch	edule J	Compen	sat	ion Information	МО	IB No	1545-0	0047
•	n 990)	Com  ► Complete if the organization  ► A	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.					7
•	tment of the Treasury al Revenue Service			J (Form 990) and its instructions is a .gov/form990.	nt C		o Pul ectio	
Nar	ne of the organiza			En	nployer identificat			
AME	RICAN ATHLETIC CO	ONFERENCE		51	-0244593			
Pa	rt I Questi	ons Regarding Compensation		•				
	•						Yes	No
1a		opiate box(es) if the organization provided ection A, line 1a Complete Part III to prov						
	_	s or charter travel		Housing allowance or residence for per-				
		companions	님	Payments for business use of personal				
		nification and gross-up payments	H	Health or social club dues or initiation f				
	☐ Discretion	nary spending account	ш	Personal services (e g , maid, chauffeu	r, cner)			
b		xes in line 1a are checked, did the organiza all of the expenses described above? If "No			t or reimbursement	<b>1</b> b	Yes	
2		ation require substantiation prior to reimbu ees, officers, including the CEO/Executive D			.2	2	Yes	
	directors, truste	es, officers, including the CEO/Executive D	recto	r, regarding the items checked in line 1a	1'			
3		If any, of the following the filing organization						
		EO/Executive Director Check all that apply ed organization to establish compensation of			art III			
			<b>✓</b>					
		ation committee ent compensation consultant		Written employment contract Compensation survey or study				
		of other organizations	~	Approval by the board or compensation	n committee			
		-						
4	During the year related organiza	r, did any person listed on Form 990, Part V ation	II, Se	ection A, line 1a, with respect to the filing	g organization or a			
а	-	ance payment or change-of-control payme	n+2			4a	Yes	
b		r receive payment from, a supplemental no		lified retirement plan?		4b	165	No
c	•	r receive payment from, an equity-based c	-	·		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and provide the	ne ap	plicable amounts for each item in Part III	I			
			_					
_		e <b>), 501(c)(4), and 501(c)(29) organiza</b> ed on Form 990, Part VII, Section A, line 1a		-				
5		ontingent on the revenues of	i, ala	the organization pay or accrue any				
а	The organization	n?				5a		No
b	Any related orga					5b		No
	If "Yes," on line	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section A, line 1a ontingent on the net earnings of	a, dıd	the organization pay or accrue any				
а	The organization	n?				<b>6</b> a		No
b	Any related orga	anızatıon <sup>9</sup>				6b		No
	If "Yes," on line	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section A, line 1a escribed in lines 5 and 67 If "Yes," describe				7		No
8		ints reported on Form 990, Part VII, paid oi nitial contract exception described in Regula			rıbe	8		No
9	If "Yes" on line 5 53 4958-6(c)?	8, did the organization also follow the rebu	ttable	presumption procedure described in Reg	gulations section	9		140
Ear I	Danarwark Badı	uction Act Notice, see the Instructions	for E	orm 990 Cat No 500	53T Schedule J	/Earn	990)	2017

Part III Officers,	Dire	ctors, Trustees, Key	/ Employees, and Hig	ghest Compensated	Employees. Use dup	licate copies if addition	nal space is needed.	<u> </u>
For each individual whose instructions, on row (ii) [ <b>Note.</b> The sum of column	o no	ot list any individuals that	are not listed on Form 9	90, Part VII	.,	-	·	t individual
(A) Name and Title	3 (3)	(B) Breakdown (i) Base	of W-2 and/or 1099-MIS		(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior
		compensation	compensation	compensation				Form 990
1 MICHAEL L ARESCO COMMISSIONER, PRESIDENT	(i)	1,582,087	200,000	35,000	33,750	32,367	1,883,204	0
,	(ii)	0	0	0	0	0	0	0
2 DONNA DEMARCO EGAN SR ASSOC COMM -COO	(i)	240,094	0	10,000	30,042	29,693	309,829	0
	(ii)	0	0	0	0	0	0	0
3 ERIC ZIADY SR ASSOC COMM - CFO	(i)	212,911	0	10,000	2,184	28,670	253,765	0
on nooce contracto	(ii)	0	0	0	0	0	0	0
4 THOMAS R ODJAKJIAN SR ASSOC COMM -	(i)	221,823	0	10,000	27,728	35,139	294,690	0
BROADCAS	(ii)	0	0	0	0	0	0	0
5 ELLEN M FERRIS ASSOC	(i)	199,564	0	10,000	24,955	11,798	246,317	0
COMM -GOVERNANCE	(ii)	0	0	0	0	0	0	0
6 NATHAN C POMEDAY ASSOC COMM- MEN'S	(i)	187,629	0	10,000	7,420	22,087	227,136	0
BASKETBALL	(ii)	0	0	0	0	0	0	0
7 SCOTT A DRAPER ASSOC COMM - FOOTBALL	(i)	185,213	0	10,000	23,181	24,098	242,492	0
THE SECTION OF THE SE	(ii)	0	0	0	0	0	0	0
8 BERNADETTE M CAFARELLI	(i)	177,649	0	10,000	20,364	13,409	221,422	0
ASSOC COMM-COMM & EXTL	(ii)	0	0	0	0	0	0	0
9 JOHN M MARINATTO FORMER COMMISSIONER	(i)	125,000	0	0	0	0	125,000	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2017 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

Schedule 1 (Form 990) 2017

7BERNADETTE M CAFARELLI (I)
ASSOC COMM- COMM &
EXTL (II)

8JOHN M MARINATTO FORMER COMMISSIONER

(11)

(1)

(11)

177,649

125,000

Additional Data	а							
			Software ID:					
			Software Version:					
			EIN:	51-0244593				
			Name:	AMERICAN ATHLETIC	CONFERENCE			
	_							
	: J,		irectors, Trustees, Ke					
(A) Name and Title		(B) Breakdown (i) Base Compensation	of W-2 and/or 1099-MISC	compensation (iii)	(C) Retirement and other deferred	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B)
		(I) Base Compensation	Bonus & incentive compensation	Other reportable compensation	compensation			reported as deferred on prior Form 990
1MICHAEL L ARESCO COMMISSIONER,	(1)	1,582,087	200,000	35,000	33,750	32,367	1,883,204	0
PRESIDENT	(11)	0	0	0	0	0	0	0
1DONNA DEMARCO EGAN SR ASSOC COMM -COO	(ı)	240,094	0	10,000	30,042	29,693	309,829	0
	(11)	0	0	0	0	0	0	0
<b>2</b> ERIC ZIADY SR ASSOC COMM - CFO	(1)	212,911	0	10,000	2,184	28,670	253,765	0
	(11)	0	0	0	0	0	0	0
3THOMAS R ODJAKJIAN SR ASSOC COMM -	(1)	221,823	0	10,000	27,728	35,139	294,690	0
BROADCAS	(11)	0	0	0	0	0	0	0
<b>4</b> ELLEN M FERRIS ASSOC	(1)	199,564	0	10,000	24,955	11,798	246,317	0
COMM -GOVERNANCE	(11)	0	0	0	0	0	0	0
5NATHAN C POMEDAY ASSOC COMM- MEN'S	(1)	187,629	0	10,000	7,420	22,087	227,136	0
BASKETBALL	(11)	0	0	0	0	0	0	0
<b>6</b> SCOTT A DRAPER ASSOC COMM - FOOTBALL	(1)	185,213	0	10,000	23,181	24,098	242,492	0
	(11)	0	0	0	0	0	0	0

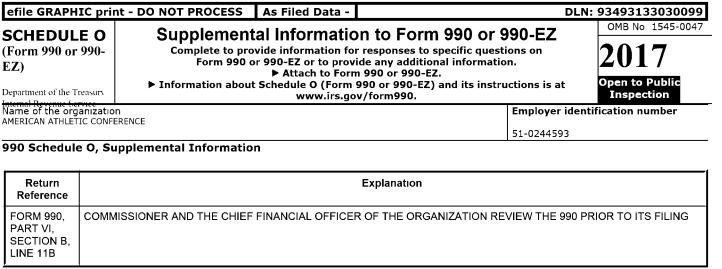
10,000

20,364

13,409

221,422

125,000



Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, AT TIME OF HIRE, THE BOARD HAD A SUB-COMMITTEE THAT HIRED A CONSULTANT TO REVIEW COMPARABL E WAGES AND BENEFITS TO DETERMINE THE SALARY OF THE COMMISSIONER THE COMMISSIONER HAS AN EMPLOYMENT CONTRACT

Return Explanation
Reference
FORM 990. THE CONFERENCE DOES NOT MAKE THESE DOCUMENTS AVAILABLE TO THE PUBLIC

990 Schedule O, Supplemental Information

FORM 990, THE CONFERENCE DOES NOT MAKE THESE DOCUMENTS AVAILABLE TO THE PUBLIC
PART VI,
SECTION C,
LINE 19