

Instructions for filing
COTTON BOWL ATHLETIC ASSOCIATION
Form 990 - Exempt Organization
for the period ended April 30, 2010

Signature...

The original return should be signed (using full name and title) and dated by an authorized officer of the organization.

Filing...

The signed return should be filed on or before December 15, 2010 with...

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

Payment of tax...

No payment of tax is required.

The return should be sent certified mail, return receipt requested.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning 05/01, 2009, and ending 04/30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization COTTON BOWL ATHLETIC ASSOCIATION	D Employer identification number 75-0863843
		Doing Business As	E Telephone number (817) 892-4800
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite ONE LEGENDS WAY	G Gross receipts \$ 9,972,031.
		City or town, state or country, and ZIP + 4 ARLINGTON, TX 76011	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		F Name and address of principal officer: RICK BAKER ONE LEGENDS WAY ARLINGTON, TX 76011	
J Website: ▶ WWW.ATTCOTTONBOWL.COM		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1937 M State of legal domicile: TX	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PRESENT THE MOST INNOVATIVE OF ALL COLLEGE FOOTBALL BOWL GAMES AND TO BE THE LEADER IN CREATING PREMIER COLLEGE SPORTS EXPERIENCES FOR UNIVERSITIES, STUDENT ATHLETES, SPONSORS AND THE COMMUNITY.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	91
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	90
	5	Total number of employees (Part V, line 2a)	5	61
	6	Total number of volunteers (estimate if necessary)	6	100
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	1,706,220.	976,505.
	9	Program service revenue (Part VIII, line 2g)	9,231,863.	8,773,599.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	255,064.	129,531.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	86,760.	92,396.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,279,907.	9,972,031.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,000,000.	6,750,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,383,593.	1,529,251.
	16 a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses, Part IX, column (D), line 25		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,451,837.	2,724,032.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,835,430.	11,003,283.	
19	Revenue less expenses. Subtract line 18 from line 12	1,444,477.	-1,031,252.	
Net Assets or Fund Balances			Beginning of Year	End of Year
	20	Total assets (Part X, line 16)	8,243,770.	8,862,196.
	21	Total liabilities (Part X, line 26)	1,416,219.	1,360,582.
22	Net assets or fund balances. Subtract line 21 from line 20	6,827,551.	7,501,614.	

Part II Signature Block

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

Sign Here	<input type="text"/> Signature of officer	<input type="text"/> Date
	<input type="text"/> Type or print name and title	

Paid Preparer's Use Only	Preparer's signature <input type="text"/> Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="text"/> BRUCE E BERNSTIEN & ASSOC, PC 10440 N CENTRAL EXPRESSWAY STE 1040 DALLAS, TX 75231	Date <input type="text"/>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) P00146008 EIN <input type="text"/> Phone no. <input type="text"/> 214-706-0840
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May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. *

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

ATTACHMENT 4

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 10,898,122. including grants of \$ 6,750,000.) (Revenue \$ _____)

THE ASSOCIATION'S SOLE ACTIVITY IS TO ORGANIZE AND HOLD THE COTTON BOWL CLASSIC AND CERTAIN RELATED ACTIVITIES AND EVENTS.

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services. (Describe in Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► 10,898,122.

Part IV Checklist of Required Schedules

Table with 3 main columns: Question, Yes, No. Rows 1-20 contain various questions about organizational requirements and reporting. Row 12A includes a sub-table with Yes/No columns.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, and Yes/No response boxes. Rows include questions 21 through 38 regarding grants, compensation, bond issues, and organizational transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No responses. Includes rows for 1a, 1b, 1c, 2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a-7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (91), 1b Enter the number of voting members that are independent (90), 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X), 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (X), 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (X), 5 Did the organization become aware during the year of a material diversion of the organization's assets? (X), 6 Does the organization have members or stockholders? (X), 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X), 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X), 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X), b Each committee with authority to act on behalf of the governing body? (X), 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X), 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?, 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X), 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990., 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X), 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X), 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X), 13 Does the organization have a written whistleblower policy? (X), 14 Does the organization have a written document retention and destruction policy? (X), 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X), b Other officers or key employees of the organization (X), 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X), 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MARTY MACINNIS ONE LEGENDS WAY ARLINGTON, TX 76011 817-892-4800

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LARRY K. ANDERS DIRECTOR	1.00	X						0.	0.	0.
CARL Y. BAGGETT DIRECTOR	1.00	X						0.	0.	0.
W. MIKE BAGGETT DIRECTOR	1.00	X						0.	0.	0.
TERRY BAILEY DIRECTOR	1.00	X						0.	0.	0.
R. CRAIG BAKER DIRECTOR	1.00	X						0.	0.	0.
BRIAN D. BARNARD DIRECTOR	1.00	X						0.	0.	0.
KEVIN BARTHOLOMEW DIRECTOR	1.00	X						0.	0.	0.
JON W. BILSTROM DIRECTOR	1.00	X						0.	0.	0.
WILLIAM A. BLASE, JR. DIRECTOR	1.00	X						0.	0.	0.
NICK BRINER DIRECTOR	1.00	X						0.	0.	0.
BILL BROWN DIRECTOR	1.00	X						0.	0.	0.
DAVE BROWN DIRECTOR	1.00	X						0.	0.	0.
CHARLES A. BURTON DIRECTOR	1.00	X						0.	0.	0.
JAMIE BUTCHER DIRECTOR	1.00	X						0.	0.	0.
LANCE R. BYRD DIRECTOR	1.00	X						0.	0.	0.
J. LARRY CANTRELL DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TOM CRAVENS DIRECTOR	1.00	X						0.	0.	0.
JOHN F. CRAWFORD DIRECTOR	1.00	X						0.	0.	0.
L. KEENAN DELANEY DIRECTOR	1.00	X						0.	0.	0.
A.R. (BUDDY) DIKE DIRECTOR	1.00	X						0.	0.	0.
WILLIAM C. DUVALL DIRECTOR	1.00	X						0.	0.	0.
PHIL DYER DIRECTOR	1.00	X						0.	0.	0.
GAYLE M. EARLS DIRECTOR	1.00	X						0.	0.	0.
FRED EULER DIRECTOR	1.00	X						0.	0.	0.
FIN EWING, III DIRECTOR	1.00	X						0.	0.	0.
JERRY FARRINGTON DIRECTOR	1.00	X						0.	0.	0.
JEFFREY D. FEHLIS DIRECTOR	1.00	X						0.	0.	0.
R. BRUCE GADD DIRECTOR	1.00	X						0.	0.	0.
PAUL GOLDEN DIRECTOR	1.00	X						0.	0.	0.
1b Total CONTINUED AT SCHEDULE J-2								861,348.	0.	70,000.

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 5		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **5**

Part VIII Statement of Revenue

75-0863843

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions) . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	976,505.				
	g Noncash contributions included in lines 1a-1f: \$		50,000.				
	h Total. Add lines 1a-1f ▶			976,505.			
Program Service Revenue	Business Code						
	2a <u>GAME RELATED INCOME</u>		900099	7,830,979.	7,830,979.		
	b <u>EVENT TICKET SALES</u>		900099	13,200.	13,200.		
	c <u>GAME TICKET SALES</u>		900099	429,420.	429,420.		
	d <u>OTHER FEES</u>		900099	500,000.	500,000.		
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f ▶			8,773,599.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 6 ▶			129,531.			129,531.
	4 Income from investment of tax-exempt bond proceeds . . . ▶			0.			
	5 Royalties ▶			0.			
		(i) Real	(ii) Personal				
	6a Gross Rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) ▶			0.			
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory						
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss) ▶			0.			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a						
	b Less: direct expenses b						
	c Net income or (loss) from fundraising events ▶			0.			
	9a Gross income from gaming activities. See Part IV, line 19 a						
	b Less: direct expenses b						
c Net income or (loss) from gaming activities ▶			0.				
10a Gross sales of inventory, less returns and allowances a							
b Less: cost of goods sold b							
c Net income or (loss) from sales of inventory ▶			0.				
Miscellaneous Revenue			Business Code				
11a <u>POSTAGE</u>		900099	71,187.			71,187.	
b <u>MISC OTHER</u>		900099	21,209.			21,209.	
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶			92,396.				
12 Total Revenue. See instructions ▶			9,972,031.	8,773,599.	0.	221,927.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	6,750,000.	6,750,000.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	701,545.	666,468.	35,077.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
7 Other salaries and wages	322,200.	306,090.	16,110.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	62,874.	59,730.	3,144.	
9 Other employee benefits	242,081.	229,977.	12,104.	
10 Payroll taxes	200,551.	190,523.	10,028.	
11 Fees for services (non-employees):				
a Management	0.			
b Legal	0.			
c Accounting	35,143.	33,386.	1,757.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	98,434.	93,512.	4,922.	
12 Advertising and promotion	0.			
13 Office expenses	21,541.	20,464.	1,077.	
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	12,597.	11,967.	630.	
17 Travel	38,242.	36,330.	1,912.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization . . .	92,296.	87,681.	4,615.	
23 Insurance	0.			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>GAME RELATED OPERATIONS</u> -----	1,370,819.	1,370,819.		
b <u>GAME RELATED ENTERTAINMENT</u> -----	480,230.	480,230.		
c <u>BOWL ALLIANCE</u> -----	249,533.	249,533.		
d <u>PRINTING AND PUBLICATIONS</u> -----	142,564.	135,436.	7,128.	
e <u>POSTAGE & SHIPPING</u> -----	82,860.	78,717.	4,143.	
f All other expenses -----	99,773.	97,259.	2,514.	
25 Total functional expenses. Add lines 1 through 24f	11,003,283.	10,898,122.	105,161.	
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	7,652,738.	1	5,987,769.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	33,539.	4	203,762.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	114,074.	9	179,072.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,533,506.		
	b Less: accumulated depreciation	10b 167,913.	143,419.	10c 1,365,593.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	300,000.	15	1,126,000.
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,243,770.	16	8,862,196.	
Liabilities	17 Accounts payable and accrued expenses	201,566.	17	332,789.
	18 Grants payable		18	
	19 Deferred revenue	1,214,653. <i>ATCH. 7</i>	19	1,027,793.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,416,219.	26	1,360,582.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,827,551.	27	6,665,614.
	28 Temporarily restricted net assets		28	836,000.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	6,827,551.	33	7,501,614.	
34 Total liabilities and net assets/fund balances	8,243,770.	34	8,862,196.	

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form **990** (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization COTTON BOWL ATHLETIC ASSOCIATION	Employer identification number 75-0863843
---	---

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a Type I b Type II c Type III - Functionally integrated d Type III - Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
ATTACHMENT 1									
Total									6,750,000.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Rows include: 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2008 Schedule A, Part II, line 14; 16a 33 1/3 % support test - 2009; b 33 1/3 % support test - 2008; 17a 10%-facts-and-circumstances test - 2009; b 10%-facts-and-circumstances test - 2008; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows include: 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) - 15 %; 16 Public support percentage from 2008 Schedule A, Part III, line 15 - 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows include: 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) - 17 %; 18 Investment income percentage from 2008 Schedule A, Part III, line 17 - 18 %

19 a 33 1/3 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV)		(V)		(VI)		(VII) AMOUNT OF SUPPORT
			YES	NO	YES	NO	YES	NO	
BIG 12 CONFERENCE	75-2604555	501 (C) (3)	X		X		X		3,500,000.
SOUTHEASTERN CONFERENCE	63-0377461	501 (C) (3)	X		X		X		3,250,000.
TOTAL AMOUNT OF SUPPORT									6,750,000.

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

2009

Name of the organization COTTON BOWL ATHLETIC ASSOCIATION	Employer identification number 75-0863843
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization COTTON BOWL ATHLETIC ASSOCIATION	Employer identification number 75-0863843
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	AMERICAN AIRLINES 4255 AMON CARTER BLVD. FT. WORTH, TX 76155	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	AT&T, INC. 208 S. AKARD STREET DALLAS, TX 75202	\$ 508,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	CAMPCO BUSINESS SYSTEMS 11255 HWY 80 WEST STE 116 ALEDO, TX 76008	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	CIRCA 2000 5800 LEGACY STE C-5 PLANO, TX 75024	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	DR PEPPER SNAPPLE GROUP 5301 LEGACY DRIVE PLANO, TX 75024	\$ 32,380.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	EWING AUTOMOTIVE GROUP 4464 W. PLANO PARKWAY PLANO, TX 75093	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization COTTON BOWL ATHLETIC ASSOCIATION	Employer identification number 75-0863843
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	GEICO 20 W. KINZIE ST STE 160 CHICAGO, IL 60654	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	LAWRY'S THE PRIME RIB 14655 DALLAS PARKWAY DALLAS, TX 75240	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	PLAINSCAPITAL BANK 2323 VICTORY AVE. DALLAS, TX 75219	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	SAMSUNG 1301 E. LOOKOUT DRIVE RICHARDSON, TX 75082	\$ 205,525.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	WILSON SPORTING GOODS 54 SHADY VALLEY DRIVE CONWAY, AR 72032	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization COTTON BOWL ATHLETIC ASSOCIATION

Employer identification number

75-0863843

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	AIRLINE VOUCHERS _____ _____ _____	\$ 15,000.	10/01/2009
3	COPIER SERVICES _____ _____ _____	\$ 5,000.	01/02/2010
4	SPORT JACKETS _____ _____ _____	\$ 5,000.	09/01/2010
6	60 CARS FOR A WEEK _____ _____ _____	\$ 10,000.	12/21/2009
8	DINNER OF BOTH TEAMS _____ _____ _____	\$ 10,000.	12/29/2009
11	FOOTBALLS _____ _____ _____	\$ 5,000.	12/27/2009

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

Name of the organization

COTTON BOWL ATHLETIC ASSOCIATION

Employer identification number

75-0863843

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?, 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Revenues, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XI V and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21?
b If "Yes," explain the arrangement in Part XI V.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the year end balance held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,972,031.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,003,283.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-1,031,252.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	1,912,000.
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-206,685.
9	Total adjustments (net). Add lines 4 through 8	9	1,705,315.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	674,063.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	11,884,031.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	1,912,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	1,912,000.
3	Subtract line 2e from line 1	3	9,972,031.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	9,972,031.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	11,209,968.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	206,685.
e	Add lines 2a through 2d	2e	206,685.
3	Subtract line 2e from line 1	3	11,003,283.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	11,003,283.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

EXPENSES INCLUDED ON BOOKS BUT NOT ON RETURN

SCHEDULE D, PART XI, LINE 8 & PART XIII, LINE 2D:

OFFICE EXPENSES \$171,910

FEES FOR SERVICES \$34,775

Part XIV Supplemental Information *(continued)*

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE US

 SHCEUDLE I, PART I, LINE 2:

 ON AN ANNUAL BASIS, THE SPONSORING AGENCY OF A POSTSEASON BOWL MUST

 GENERATE BOWL-BASED REVENUE EQUAL TO OR GREATER THAN ALL THE CONTRACTUAL

 FINANCIAL COMMITMENTS FROM THE TWO PARTICIPATING INSTITUTIONS AN

 CONFERENCES. THE GRANT OR DISTRIBUTION TO THE PARTICIPATING INSTITUTIONS

 AND CONFERENCES SHALL BE EQUAL IN VALUE AND THE EXPECTATION SHALL BE THAT

 THE GRANT OR DISTRIBUTION MEETS, AT A MINIMUM, THE PARTICIPATING TEAMS'

 REASONABLE CONTRACTUAL TRAVEL OBLIGATIONS AND PARTICIPATION EXPENSES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

COTTON BOWL ATHLETIC ASSOCIATION

Employer identification number

75-0863843

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | | | |
|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | First-class or charter travel | <input type="checkbox"/> | Housing allowance or residence for personal use |
| <input type="checkbox"/> | Travel for companions | <input type="checkbox"/> | Payments for business use of personal residence |
| <input type="checkbox"/> | Tax indemnification and gross-up payments | <input type="checkbox"/> | Health or social club dues or initiation fees |
| <input type="checkbox"/> | Discretionary spending account | <input type="checkbox"/> | Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Compensation committee | <input checked="" type="checkbox"/> | Written employment contract |
| <input type="checkbox"/> | Independent compensation consultant | <input checked="" type="checkbox"/> | Compensation survey or study |
| <input type="checkbox"/> | Form 990 of other organizations | <input checked="" type="checkbox"/> | Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a** Yes No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** Yes No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** Yes No
- b** Any related organization? **5b** Yes No
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** Yes No
- b** Any related organization? **6b** Yes No
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7** Yes No

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** Yes No

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** Yes No

	Yes	No
1a		
1b		
2		
3		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		<input checked="" type="checkbox"/>

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
RICK BAKER	(i)	290,500.	105,392.	14,255.	60,000.	0.	470,147.	390,868.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MARTY MACINNIS	(i)	148,500.	44,639.	17,113.	10,000.	0.	220,252.	226,348.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

Name of the Organization

COTTON BOWL ATHLETIC ASSOCIATION

Employer identification number

75-0863843

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
J. J. GOMEZ DIRECTOR	1.00	X					0.	0.	0.	
JOSE GUTIERREZ DIRECTOR	1.00	X					0.	0.	0.	
BRUCE HARDY DIRECTOR	1.00	X					0.	0.	0.	
JON W. HEIDTKE DIRECTOR	1.00	X					0.	0.	0.	
JEFFREY M. HELLER DIRECTOR	1.00	X					0.	0.	0.	
THOMAS O. HICKS DIRECTOR	1.00	X					0.	0.	0.	
BILL HILL DIRECTOR	1.00	X					0.	0.	0.	
JACK HILL DIRECTOR	1.00	X					0.	0.	0.	
KRISTI SHERRILL HOYL DIRECTOR	1.00	X					0.	0.	0.	
WILLIAM D. JACKMAN DIRECTOR	1.00	X					0.	0.	0.	
J.S.B. (BRITT) JENKINS DIRECTOR	1.00	X					0.	0.	0.	
J. STEPHEN JONES DIRECTOR	1.00	X					0.	0.	0.	
MARK KEIFFER DIRECTOR	1.00	X					0.	0.	0.	
DEE J. KELLY, JR. DIRECTOR	1.00	X					0.	0.	0.	
SUE LAVENDER DIRECTOR	1.00	X					0.	0.	0.	
RUSSELL MARYLAND DIRECTOR	1.00	X					0.	0.	0.	
JAY MCAULEY DIRECTOR	1.00	X					0.	0.	0.	
FRED MCCLURE DIRECTOR	1.00	X					0.	0.	0.	
MICHAEL MILES DIRECTOR	1.00	X					0.	0.	0.	
BAKER MONTGOMERY DIRECTOR	1.00	X					0.	0.	0.	
CRAIG H. MOORE DIRECTOR	1.00	X					0.	0.	0.	

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

Schedule J-2 (Form 990) 2009

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

Name of the Organization

COTTON BOWL ATHLETIC ASSOCIATION

Employer identification number

75-0863843

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RONALD W. PARKER DIRECTOR	1.00	X					0.	0.	0.	
BRYANT H. PATTON DIRECTOR	1.00	X					0.	0.	0.	
WILLIAM G. PAYNE DIRECTOR	1.00	X					0.	0.	0.	
DAN S. PETTY DIRECTOR	1.00	X					0.	0.	0.	
W. DEWEY PRESLEY DIRECTOR	1.00	X					0.	0.	0.	
JACK B. PRINCE DIRECTOR	1.00	X					0.	0.	0.	
JESSE PRUITT DIRECTOR	1.00	X					0.	0.	0.	
JOHN C. REAP DIRECTOR	1.00	X					0.	0.	0.	
HOLLY REED DIRECTOR	1.00	X					0.	0.	0.	
EDDIE W. REEVES DIRECTOR	1.00	X					0.	0.	0.	
RUDY RODRIGUEZ, JR. DIRECTOR	1.00	X					0.	0.	0.	
TOD A. RUBLE DIRECTOR	1.00	X					0.	0.	0.	
DAVID D. RUSSELL, MD DIRECTOR	1.00	X					0.	0.	0.	
BETTY SANFORD DIRECTOR	1.00	X					0.	0.	0.	
JOHN FIELD SCOVELL DIRECTOR	1.00	X					0.	0.	0.	
JIM RAY SMITH DIRECTOR	1.00	X					0.	0.	0.	
ROBERT SMITH, III DIRECTOR	1.00	X					0.	0.	0.	
BILL SPICER DIRECTOR	1.00	X					0.	0.	0.	
JOHN STANKEY DIRECTOR	1.00	X					0.	0.	0.	
SAM S. STOLLENWERCK DIRECTOR	1.00	X					0.	0.	0.	
JOHN T. STUART, III DIRECTOR	1.00	X					0.	0.	0.	

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

Schedule J-2 (Form 990) 2009

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

Name of the Organization

COTTON BOWL ATHLETIC ASSOCIATION

Employer identification number

75-0863843

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
A. STARKE TAYLOR, JR. DIRECTOR	1.00	X						0.	0.	0.
GAIL TORREANO DIRECTOR	1.00	X						0.	0.	0.
JIM TREBILCOCK DIRECTOR	1.00	X						0.	0.	0.
BRYAN TRUBEY DIRECTOR	1.00	X						0.	0.	0.
JIM L. TURNER DIRECTOR	1.00	X						0.	0.	0.
ALVIN WADE DIRECTOR	1.00	X						0.	0.	0.
MIKE WAINWRIGHT DIRECTOR	1.00	X						0.	0.	0.
ALAN B. WHITE DIRECTOR	1.00	X						0.	0.	0.
DORY WILEY DIRECTOR	1.00	X						0.	0.	0.
JEFF WILLIAMS DIRECTOR	1.00	X						0.	0.	0.
JIM WILLIAMS, JR. DIRECTOR	1.00	X						0.	0.	0.
LARRY D. YOUNG DIRECTOR	1.00	X						0.	0.	0.
JOHN L. ZOGG, JR. DIRECTOR	1.00	X						0.	0.	0.
THOMAS C. BAIN, JR. CHAIRMAN	1.00	X						0.	0.	0.
DAVID A. COLE VICE CHAIRMAN	1.00	X			X			0.	0.	0.
BRAD MAYNE VICE CHAIRMAN	1.00	X			X			0.	0.	0.
DANIEL P. NOVAKOV VICE CHAIRMAN	1.00	X			X			0.	0.	0.
KATHY SAUNDERS IMMEDIATE PAST CHAIRMAN	1.00	X			X			0.	0.	0.
BRAD SHAM VICE CHAIRMAN	1.00	X			X			0.	0.	0.
RICK BAKER PRESIDENT	40.00	X		X	X			410,147.	0.	60,000.
MARTY MACINNIS EXEC VP/CFO	40.00			X	X			210,252.	0.	10,000.

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

Schedule J-2 (Form 990) 2009

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization COTTON BOWL ATHLETIC ASSOCIATION	Employer identification number 75-0863843
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Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ _____

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ATTACHMENT 8					

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

OMB No. 1545-0047

2009

**Open To Public
Inspection**

Name of the organization
COTTON BOWL ATHLETIC ASSOCIATION

Employer identification number
75-0863843

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art				
2 Art-Historical treasures				
3 Art-Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		5,000.	FMV
6 Cars and other vehicles	X	60	10,000.	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities-Publicly traded				
10 Securities-Closely held stock				
11 Securities-Partnership, LLC, or trust interests				
12 Securities-Miscellaneous				
13 Qualified conservation contribution-Historic structures				
14 Qualified conservation contribution-Other				
15 Real estate-Residential				
16 Real estate-Commercial				
17 Real estate-Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>ATCH 2</u>)			35,000.	
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2009

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

ATTACHMENT 2

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
AIRLINE VOCHURES	X		15,000.	FMV
COPIER SERVICES	X		5,000.	FMV
DINNER FOR BOTH TEAMS	X		10,000.	FMV
FOOTBALLS	X		5,000.	FMV
TOTALS			<u>35,000.</u>	

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990
Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

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**Open to Public
Inspection**

Name of the organization

COTTON BOWL ATHLETIC ASSOCIATION

Employer identification number

75-0863843

ATTACHMENT 3

FAMILY RELATIONSHIP AND BUSINESS RELATIONSHIP

FORM 990, PART VI, LINE 2:

TOMMY BAIN AND THOMAS BAIN IS A FATHER AND SON RELATIONSHIP; BETTY
SANFORD, JOHN CRAWFORD AND COURTNEY CRAWFORD HAVE FAMILY RELATIONSHIP;
GAYLE EARLS AND KELLY EARLS IS A FATHER AND SON RELATIONSHIP;
JOHN STUART AND MELISSA MACATEE IS A FATHER AND DAUGHTER RELATIONSHIP.
DAN PETTY AND KENT PETTY IS A FATHER AND SON RELATIONSHIP;
JOHN SCOVELL AND KING SCOVELL IS A FATHER AND SON RELATIONSHIP; SAM
STOLLENWERCK AND JOHN STOLLENWERCK IS A FATHER AND SON RELATIONSHIP.

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 10:

THE TAX RETURN IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE BEFORE
IT IS SIGNED BY THE PRESIDENT.

MONITORING AND ENFORCEMENT COMPLIANCE WITH CONFLICT OF INTEREST POLICY

FORM 990, PART VI, LINE 12C:

THE ORGANIZATION PRODUCES AN ANNUAL SURVEY REQUIRING ALL EMPLOYEES, BOARD
MEMBERS, COMMITTEE MEMBERS AND KEY VOLUNTEERS TO INFORM ON CONFLICTS. ANY
REPORTED CONFLICTS ARE REPORTED TO EACH RESPECTIVE AFFILIATE BOARD OF
DIRECTORS FOR REVIEW AND ACTION, WHERE APPROPRIATE. IN ADDITION, THOSE
SAME PEOPLE HAVE THE OBLIGATION TO UPDATE THE CONFLICT OF INTEREST
STATEMENTS DURING THE YEAR.

Name of the organization COTTON BOWL ATHLETIC ASSOCIATION	Employer identification number 75-0863843
<u>ATTACHMENT 3 (CONT'D)</u>	

PROCESS FOR DETERMINING COMPENSATION

FORM 990, PART VI, LINE 15:

COMPENSATION IS ANALYZED YEARLY USING THE FOOTBALL BOWL ASSOCIATION ANNUAL SALARY SURVEY COMPILED BY ERNST & YOUNG LLP. THE EXECUTIVE COMMITTEE WILL THEN RECOMMEND SALARIES AND ANY INCREASE/BONUS TO THE BOARD OF DIRECTORS. ALL COMPENSATION RECOMMENDATIONS ARE APPROVED/DISAPPROVED BY THE BOARD OF DIRECTORS AT THE ASSOCIATION'S APRIL BOARD MEETING.

AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC FORM 990, PART VI, LINE 19:

THE ORGANIZATION'S FINANCIAL STATEMENTS AND THE FORM 990 ARE PUBLICLY AVAILABLE AT WWW.ATTCOTTONBOWL.COM. THE ARTICLES OF INCORPORATION AND OTHER GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

SCHEDULE L, PART IV:

SOME BOARD MEMBERS OF THE ORGANIZATION ARE ALSO EMPLOYEES OF ORGANIZATIONS THAT QUALIFY TO RECEIVE GRANTS. THE ORGANIZATION HAS STRICT POLICIES REGARDING THE REVIEW AND GRANT AWARD APPROVAL PROCESS. A VOLUNTEER REVIEW PANEL IS FORMED FOR THE PURPOSE OF EVALUATING AND RECOMMENDING WHICH ORGANIZATIONS SHOULD RECEIVE GRANT FUNDS. THE MEMBERS OF THIS PANEL MUST CONFIRM THAT THEY HAVE NO CONFLICT OF INTEREST IN THESE DECISIONS. THEIR RECOMMENDATIONS ARE SENT TO THE INDIVIDUAL BOARD FOR APPROVAL. ANY BOARD MEMBER WHO IS ALSO A MEMBER OF THE ORGANIZATIONS BEING RECOMMENDED TO RECEIVE GRANT FUNDS ABSTAINS FROM ANY DISCUSSION, OR VOTING ON THE APPROVAL OF GRANT AWARDS.

Name of the organization

COTTON BOWL ATHLETIC ASSOCIATION

Employer identification number

75-0863843

ATTACHMENT 4FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE MISSION IS TO PRESENT THE MOST INNOVATIVE OF ALL COLLEGE FOOTBALL BOWL GAMES AND TO BE THE LEADER IN CREATING PREMIER COLLEGE SPORTS EXPERIENCES FOR UNIVERSITIES, STUDENT ATHLETES, SPONSORS AND THE COMMUNITY.

ATTACHMENT 5990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
BKM TOTAL OFFICE OF TEXAS POB 671066 DALLAS, TX 75267	OFFICE SPACE	230,646.
FOX BROADCASTING 100 E ROYAL LN DALLAS, TX 75039	TELEVISION SPOTS	200,000.
INCREDIBLE PRODUCTIONS INC. 3327 WYLIE DR DALLAS, TX 75235	PARTY PLANNERS	199,792.
LEGENDS HOSPITALITY ONE LEGENDS WAY ARLINGTON, TX 76011	CATERING SVCS	188,995.
EH TEASLEY & COMPANY 509 CORINTH ST DALLAS, TX 78254	SIGNAGE	185,797.
	TOTAL COMPENSATION	<u>1,005,230.</u>

ATTACHMENT 6FORM 990, PART VIII - INVESTMENT INCOME

Name of the organization COTTON BOWL ATHLETIC ASSOCIATION	Employer identification number 75-0863843
--	--

ATTACHMENT 6 (CONT'D)

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INVESTMENT INTEREST	129,531.			129,531.
TOTALS	<u>129,531.</u>			<u>129,531.</u>

ATTACHMENT 7

FORM 990, PART X - DEFERRED REVENUE

DESCRIPTION	ENDING BOOK VALUE
TICKET RENEWALS FOR NEXT YEAR	1,027,793.
TOTALS	<u>1,027,793.</u>

ATTACHMENT 8

SCHEDULE L, PART IV

(A) NAME OF INTERESTED PERSON	(B) RELATIONSHIP	(C) AMOUNT	(D) DESCRIPTION OF TRANSACTION	(E) YES NO
NICK BRINER	BOARD MEMBER	200,000.	SEE SCHEDULE O	
WILLIAM A. BLASE, JR.	BOARD MEMBER	771,400.	SEE SCHEDULE O	
BILL BROWN	BOARD MEMBER	800,000.	SEE SCHEDULE O	
JAMIE BUTCHER	BOARD MEMBER	771,400.	SEE SCHEDULE O	
JOSE GUTIERREZ	BOARD MEMBER	771,400.	SEE SCHEDULE O	
MARK KEIFFER	BOARD MEMBER	771,400.	SEE SCHEDULE O	
HOLLY REED	BOARD MEMBER	771,400.	SEE SCHEDULE O	
BILL SPICER	BOARD MEMBER	200,000.	SEE SCHEDULE O	
STEVE VISSOTZKY	BOARD MEMBER	200,000.	SEE SCHEDULE O	
LARRY YOUNG	BOARD MEMBER	150,000.	SEE SCHEDULE O	