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# Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

**2005**

Open to Public Inspection

**A** For the 2005 calendar year, or tax year beginning **SEP 1, 2005** and ending **AUG 31, 2006**

Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type See Specific Instructions

**C** Name of organization

**NATIONAL LACROSSE LEAGUE, INC.**

Number and street (or P O box if mail is not delivered to street address)

**53 WEST 36TH STREET**

City or town, state or country, and ZIP + 4

**NEW YORK, NY 10018**

**200608**

**D** Employer identification number

**16-1541221**

**E** Telephone number

**212-764-1390**

**F** Accounting method

☐ Cash ☒ Accrual

☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

**H** and **I** are not applicable to section 527 organizations

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No

**H(b)** If "Yes," enter number of affiliates ▶ **N/A**

**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No (If "No," attach a list)

**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

**I** Group Exemption Number ▶ **N/A**

**M** Check ☒ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

**Website:** ▶

**Organization type** (check only one) ☒ 501(c) ( **6** ) (insert no.) ☐ 4947(a)(1) or ☐ 527

Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return**

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **7,107,231.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a			
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ <b>0.</b> noncash \$ <b>0.</b> )	1d			<b>0.</b>
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3	Membership dues and assessments	3			<b>6,250,726.</b>
	4	Interest on savings and temporary cash investments	4			<b>16,820.</b>
	5	Dividends and interest from securities	5			
	6a	Gross rents	6a			
	b	Less rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe ▶ )	7				
Expenses	8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	b	Less cost or other basis and sales expenses	8a			
	c	Gain or (loss) (attach schedule)	8b		<b>206,804.</b>	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		<b>-206,804.</b>	
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	STMT 2			
	a	Gross revenue (not including \$ <b>0.</b> of contributions reported on line 1a)	9a			
	b	Less direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
	11	Other revenue (from Part VII, line 103)	11			<b>839,685.</b>
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			<b>6,900,427.</b>	
Net Assets	13	Program services (from line 44, column (B))	13			
	14	Management and general (from line 44, column (C))	14			
	15	Fundraising (from line 44, column (D))	15			
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17			<b>6,525,113.</b>
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18			<b>375,314.</b>
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19			<b>-292,028.</b>
	20	Other changes in net assets or fund balances (attach explanation)	20			<b>-113,174.</b>
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			<b>-29,888.</b>

523001 02-03-06

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

Form 990 (2005)

**Part II** Statement of  
Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ 0 • noncash \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 472,167.			
26 Other salaries and wages	26 395,722.			
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29 59,915.			
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 32,357.			
34 Telephone	34 21,228.			
35 Postage and shipping	35 26,155.			
36 Occupancy	36 86,856.			
37 Equipment rental and maintenance	37			
38 Printing and publications	38 10,592.			
39 Travel	39 174,783.			
40 Conferences, conventions, and meetings	40 104,438.			
41 Interest	41 20,926.			
42 Depreciation, depletion, etc. (attach schedule)	42			
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g SEE STATEMENT 4	43g 5,119,974.			
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 6,525,113.			

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A, (ii) the amount allocated to Program services \$ N/A,

(iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

Form 990 (2005)

**Part III** Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 5

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**a OPERATION OF AN ELEVEN MEMBER CLUB LEAGUE WHICH EXHIBITS TO THE PUBLIC THE SPORT OF PROFESSIONAL LACROSSE PLAYED AT THE HIGHEST POSSIBLE QUALITY AND ENHANCES PUBLIC AWARENESS OF PROFESSIONAL INDOOR LACROSSE, ITS TEAMS, AND ITS PLAYERS.**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**b**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**c**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**d**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**e Other program services (attach schedule)**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**f Total of Program Service Expenses** (should equal line 44, column (B), Program services) ►

Form 990 (2005)

**Part IV Balance Sheets** (See the instructions)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year	(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	1,518.	45
	46 Savings and temporary cash investments		46
	47 a Accounts receivable	2,261,027.	
	b Less: allowance for doubtful accounts	100,000.	47c 2,161,027.
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		48c
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges		53
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55 a Investments - land, buildings, and equipment: basis	49,976.	
	b Less: accumulated depreciation	49,976.	55c
56 Investments - other		56	
57 a Land, buildings, and equipment: basis			
b Less: accumulated depreciation		57c	
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 6 )	23,400.	58 102,094.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	1,493,058.	59 2,263,121.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	1,435,291.	60 1,943,214.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 7 )	349,795.	65 349,795.
66 <b>Total liabilities.</b> Add lines 60 through 65)	1,785,086.	66 2,293,009.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>		
	67 Unrestricted		67
	68 Temporarily restricted		68
	69 Permanently restricted		69
	<b>Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74</b>		
	70 Capital stock, trust principal, or current funds	0.	70 0.
	71 Paid-in or capital surplus, or land, building, and equipment fund	0.	71 0.
	72 Retained earnings, endowment, accumulated income, or other funds	-292,028.	72 -29,888.
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	-292,028.	73 -29,888.
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	1,493,058.	74 2,263,121.	

Form 990 (2005)



Yes	No
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11

75b

**X**

75c

**X**

75d

**x**

	Yes	No
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76

X

77

**X**

78a

**X**

78b

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**X**

79

---

**X**

80a

**X**

N/A

81a

0

81h

**x**

81b

**Part VI Other Information** (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	X
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members	85c	6,250,726.
d	Section 162(e) lobbying and political expenditures	85d	0.
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	0.
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0.
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under: section 4911 ▶ N/A, section 4912 ▶ N/A, section 4955 ▶ N/A		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	N/A
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A
90 a	List the states with which a copy of this return is filed ▶ NONE		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	47
91 a	The books are in care of ▶ GEORGE DANIEL Telephone no ▶ 212-764-1390		
	Located at ▶ 53 WEST 36TH STREET, NEW YORK, NY ZIP + 4 ▶ 10018		
b	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)?	91b	X
	If "Yes," enter the name of the foreign country ▶ N/A		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c	X
	If "Yes," enter the name of the foreign country ▶ N/A		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

Form 990 (2005)



**Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					6,250,726.
95 Interest on savings and temporary cash investments			14	16,820.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					-206,804.
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a ADVERTISING/SPONSORSHIPS	541800	683,915.			
b LICENSING			15	133,572.	
c MISCELLANEOUS INCOME			01	22,198.	
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		683,915.		172,590.	6,043,922.
105 Total (add line 104, columns (B), (D), and (E))					6,900,427.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
94	TEAM DUES & ASSESSMENTS AND EXPANSION REVENUE

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
SEE STATEMENT 9	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here: 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.

Signature of officer: [Signature] Date: 9/22/10 Type or print name and title: GOMER DANIEL, Commissioner

Paid Preparer's Use Only: Preparer's signature: [Signature] Date: 9-16-10 Check if self-employed: ☐ Preparer's SSN or PTIN: 13-3385019

Firm's name (or yours if self-employed), address, and ZIP + 4: O'CONNOR DAVIES MUNNS AND DOBBINS, LLP  
60 E. 42ND STREET, 36TH FL  
NEW YORK, NY 10165

Phone no: 212-286-2600

## FOOTNOTES

STATEMENT 1

PART V-A, QUESTION 75B

A FAMILY RELATIONSHIP EXISTS BETWEEN TWO BOARD MEMBERS:  
ANGELA AND ROBERT BATINOVICH.

FORM 990	GAIN (LOSS) FROM SALE OF OTHER ASSETS	STATEMENT	2
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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
LOSS FROM DISCONTINUED FRANCHISE	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	206,804.	0.	0.	-206,804.
TO FM 990, PART I, LN 8		206,804.	0.	0.	-206,804.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION	AMOUNT
PRIOR PERIOD ADJUSTMENT	-113,174.
TOTAL TO FORM 990, PART I, LINE 20	-113,174.

FORM 990	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
REFEREE EXPENSES	136,423.			
EXPANSION				
DISTRIBUTIONS	2,490,000.			
HALL OF FAME EXPENSE	65,700.			
PROFESSIONAL LACROSSE PLAYERS ASSOCIATION	255,194.			
PLAYER DRAFT	5,729.			
PLAYOFF EXPENSES	57,745.			
ALL STAR GAME EXPENSES	3,200.			
SCOOP N SHOOT	15,169.			
INTERNSHIP EXPENSES	27,434.			
COMMISSIONS	431,630.			
MARKETING	154,507.			
TELEVISION PRODUCTION	485,047.			

INTERNET	24,254.
INSURANCE	68,032.
PROFESSIONAL FEES	177,489.
TEMPORARY SERVICES	9,192.
BAD DEBT EXPENSES	601,357.
MISCELLANEOUS EXPENSES	111,872.

TOTAL TO FM 990, LN 43	5,119,974.
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FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	5
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## EXPLANATION

TO PROMOTE AND FOSTER THE PRIMARY BUSINESS OF MEMBER CLUBS, WHICH IS TO PROFITABLY EXHIBIT TO THE PUBLIC PROFESSIONAL INDOOR LACROSSE OF THE HIGHEST POSSIBLE QUALITY, AND TO ENHANCE PUBLIC AWARENESS OF PROFESSIONAL INDOOR LACROSSE AND THE PLAYERS.

FORM 990	OTHER ASSETS	STATEMENT	6
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DESCRIPTION	AMOUNT
SECURITY DEPOSITS	17,500.
OTHER CURRENT ASSETS	84,594.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	102,094.

FORM 990	OTHER LIABILITIES	STATEMENT	7
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DESCRIPTION	AMOUNT
LINE OF CREDIT - CENTRAL JERSEY BANK	199,795.
ESCROW ACCOUNT - CBA	100,000.
ESCROW ACCOUNT - BUFFALO	50,000.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	349,795.

FORM 990      PART V-A - LIST OF OFFICERS, DIRECTORS,      STATEMENT      8  
 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JAMES JENNINGS 53 WEST 36TH STREET, SUITE 406 NEW YORK, NY 10018	COMMISSIONER 40.00	358,982.	0.	0.
GEORGE DANIEL 53 WEST 36TH STREET, SUITE 406 NEW YORK, NY 10018	DEPUTY COMMISSIONER 40.00	113,185.	0.	0.
BOB HAMLEY 53 WEST 36TH STREET, SUITE 406 NEW YORK, NY 10018	ALTERNATE GOVERNOR 2.00	0.	0.	0.
DOUG MOSS 53 WEST 36TH STREET, SUITE 406 NEW YORK, NY 10018	GOVERNOR 2.00	0.	0.	0.
DAN DIPOFI 53 WEST 36TH STREET, SUITE 406 NEW YORK, NY 10018	GOVERNOR 2.00	0.	0.	0.
DAVE ZYGAI 53 WEST 36TH STREET, SUITE 406 NEW YORK, NY 10018	ALTERNATE GOVERNOR 2.00	0.	0.	0.
BRAD BANISTER 53 WEST 36TH STREET, SUITE 406 NEW YORK, NY 10018	GOVERNOR 2.00	0.	0.	0.
KURT SILCOTT 53 WEST 36TH STREET, SUITE 406 NEW YORK, NY 10018	ALTERNATE GOVERNOR 2.00	0.	0.	0.
CHARLIE WRIGHT 53 WEST 36TH STREET, SUITE 406 NEW YORK, NY 10018	ALTERNATE GOVERNOR 2.00	0.	0.	0.
STEVE GOVETT 53 WEST 36TH STREET, SUITE 406 NEW YORK, NY 10018	GOVERNOR 2.00	0.	0.	0.
DUANE VIENNEAU 53 WEST 36TH STREET, SUITE 406 NEW YORK, NY 10018	ALTERNATE GOVERNOR 2.00	0.	0.	0.

## NATIONAL LACROSSE LEAGUE, INC.

16-1541221

BRUCE URBAN 53 WEST 36TH STREET, SUITE 406 NEW YORK, NY 10018	GOVERNOR 2.00	0.	0.	0.
MARTY O'NEILL 53 WEST 36TH STREET, SUITE 406 NEW YORK, NY 10018	ALTERNATE GOVERNOR 2.00	0.	0.	0.
MATT MAJKA 53 WEST 36TH STREET, SUITE 406 NEW YORK, NY 10018	GOVERNOR 2.00	0.	0.	0.
TOM GARRITY 53 WEST 36TH STREET, SUITE 406 NEW YORK, NY 10018	GOVERNOR 2.00	0.	0.	0.
RUSS CLINE 53 WEST 36TH STREET, SUITE 406 NEW YORK, NY 10018	GOVERNOR 2.00	0.	0.	0.
CHRIS FRITZ 53 WEST 36TH STREET, SUITE 406 NEW YORK, NY 10018	ALTERNATE GOVERNOR 2.00	0.	0.	0.
MICHAEL FRENCH 53 WEST 36TH STREET, SUITE 406 NEW YORK, NY 10018	ALTERNATE GOVERNOR 2.00	0.	0.	0.
ANGELA BATINOVICH 53 WEST 36TH STREET, SUITE 406 NEW YORK, NY 10018	ALTERNATE GOVERNOR 2.00	0.	0.	0.
ROBERT BATINOVICH 53 WEST 36TH STREET, SUITE 406 NEW YORK, NY 10018	GOVERNOR 2.00	0.	0.	0.
STEVEN DONNER 53 WEST 36TH STREET, SUITE 406 NEW YORK, NY 10018	GOVERNOR 2.00	0.	0.	0.
JODY GAGE 53 WEST 36TH STREET, SUITE 406 NEW YORK, NY 10018	ALTERNATE GOVERNOR 2.00	0.	0.	0.
JOHNNY MOURADIAN 53 WEST 36TH STREET, SUITE 406 NEW YORK, NY 10018	GOVERNOR 2.00	0.	0.	0.
MALCOLM BORDERLEIN 53 WEST 36TH STREET, SUITE 406 NEW YORK, NY 10018	ALTERNATE GOVERNOR 2.00	0.	0.	0.

NATIONAL LACROSSE LEAGUE, INC.

16-1541221

JOHN BERGSMA 53 WEST 36TH STREET, SUITE 406 NEW YORK, NY 10018	ALTERNATE GOVERNOR 2.00	0.	0.	0.
TERRY SANDERSON 53 WEST 36TH STREET, SUITE 406 NEW YORK, NY 10018	ALTERNATE GOVERNOR 2.00	0.	0.	0.
BRAD WATTERS 53 WEST 36TH STREET, SUITE 406 NEW YORK, NY 10018	GOVERNOR 2.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>472,167.</u>	<u>0.</u>	<u>0.</u>

FORM 990

PART IX - INFORMATION REGARDING TAXABLE  
SUBSIDIARIES AND DISREGARDED ENTITIES

STATEMENT 9

## NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

NLL OUTDOOR LLC

## ADDRESS

53 WEST 36TH ST, NO 406, NEW YORK, NY 10018

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
20-8431361	100.00%	CURRENTLY INACTIVE	0.	0.

## NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

NLL MANAGER LLC

## ADDRESS

53 WEST 36TH ST, NO 406, NEW YORK, NY 10018

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
27-3518828	100.00%	CURRENTLY INACTIVE	0.	0.

## NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

NLL PROPERTIES LLC

## ADDRESS

53 WEST 36TH ST, NO 406, NEW YORK, NY 10018

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
20-8324918	100.00%	CURRENTLY INACTIVE	0.	0.



NATIONAL LACROSSE LEAGUE, INC.

16-1541221

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

NLL VENTURES LLC

ADDRESS

53 WEST 36TH ST, NO 406, NEW YORK, NY 10018

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
20-8325007	100.00%	CURRENTLY INACTIVE	0.	0.