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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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
InspectionSTATUTE CLEARED
OCT 17 2010C
OCT 17 2010

A For the 2005 calendar year, or tax year beginning		SEP 1, 2005	and ending	AUG 31, 2006
<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization NATIONAL LACROSSE LEAGUE, INC. 2000008 D Employer identification number 16-1541221		
<input type="checkbox"/> Please use IRS label or print or type See Specific Instructions		Number and street (or P O box if mail is not delivered to street address) 53 WEST 36TH STREET	Room/suite 406	E Telephone number 212-764-1390
		City or town, state or country, and ZIP + 4 NEW YORK, NY 10018	F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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)				
Website: ►				
Organization type (check only one) ► <input checked="" type="checkbox"/> 501(c) (6) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<input type="checkbox"/> Check here ► <input type="checkbox"/> 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.				
H and I are not applicable to section 527 organizations H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) If "Yes," enter number of affiliates ► N/A H(c) Are all affiliates included? N/A <input type="checkbox"/> Yes <input type="checkbox"/> No H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No I Group Exemption Number ► N/A M Check ► <input type="checkbox"/> if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)				

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

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

SEE STATEMENT 3

523001
02-03-06

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

Form 990 (2005)

10590916 756359 176195

2005.08010 NATIONAL LACROSSE LEAGUE, I 176195

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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

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

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 NoIf "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**

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.)

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

Part IV Balance Sheets (See the instructions)

		(A) Beginning of year	(B) End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only			
Assets	45 Cash - non-interest-bearing	1,518.	45
	46 Savings and temporary cash investments		46
	47 a Accounts receivable	47a 2,261,027.	
	b Less: allowance for doubtful accounts	47b 100,000.	47c 1,468,140. 2,161,027.
	48 a Pledges receivable	48a	
	b Less allowance for doubtful accounts	48b	48c
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	
	b Less allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges		53
	54 Investments - securities		54
	55 a Investments - land, buildings, and equipment: basis	55a 49,976.	
	b Less accumulated depreciation	55b 49,976.	55c
	56 Investments - other		56
	57 a Land, buildings, and equipment basis	57a	
	b Less accumulated depreciation	57b	57c
	58 Other assets (describe ► SEE STATEMENT 6)	23,400.	58 102,094.
Liabilities	59 Total assets (must equal line 74). Add lines 45 through 58	1,493,058.	59 2,263,121.
	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 ► SEE STATEMENT 7)	349,795.	65 349,795.
	66 Total liabilities. Add lines 60 through 65)	1,785,086.	66 2,293,009.
	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
Net Assets or Fund Balances	67 Unrestricted		67
	68 Temporarily restricted		68
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 70 through 74		
	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 Total net assets or fund balances (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 Total liabilities and net assets/fund balances. Add lines 66 and 73		1,493,058.	74 2,263,121.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions)

a	Total revenue, gains, and other support per audited financial statements	a	6,900,427.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify): _____	b4	
	Add lines b1 through b4	b	0.
c	Subtract line b from line a		
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): _____	d2	
	Add lines d1 and d2	d	0.
e	Total revenue (Part I, line 12). Add lines c and d	e	6,900,427.
Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
a	Total expenses and losses per audited financial statements	a	6,525,113.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify): _____	b4	
	Add lines b1 through b4	b	0.
c	Subtract line b from line a		
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): _____	d2	
	Add lines d1 and d2	d	0.
e	Total expenses (Part I, line 17). Add lines c and d	e	6,525,113.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 8		472,167.	0.	0.
			</td	

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes No

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ► 11

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?

Note. Related organizations include section 509(a)(3) supporting organizations
 If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization

d Does the organization have a written conflict of interest policy?

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other

Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Part VI **Other Information** (See the instructions.)

Yes No

76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization ► <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	81a	0.
81 a	Enter direct or indirect political expenditures (See line 81 instructions)	81b	X
b	Did the organization file Form 1120-POL for this year?		

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	
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	89b	
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	89c	
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	89d	N/A
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	89e	N/A
90 a	List the states with which a copy of this return is filed ► NONE	90b	47
b	Number of employees employed in the pay period that includes March 12, 2005	90c	
91 a	The books are in care of ► GEORGE DANIEL Located at ► 53 WEST 36TH STREET, NEW YORK, NY	91b	Telephone no ► 212-764-1390 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)? If "Yes," enter the name of the foreign country ► N/A	91c	
	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? If "Yes," enter the name of the foreign country ► N/A	91d	
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

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

Note: Enter gross amounts unless otherwise indicated.	Unrelated business income		(C) Exclusion code	(D) Amount	(E) Related or exempt function income
	(A) Business code	(B) 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					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate			14	16,820.	
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	Date	Type or print name and title	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN
523163 02-03-06	John Higgins, CPA	9-16-10	<input type="checkbox"/>	EIN ► 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

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
	0.	206,804.	0.
TO FM 990, PART I, LN 8		206,804.	0.

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	STATEMENT	5
	PART III		

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,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 8

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 ZYGAJ 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.

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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		472,167.	0.	0.

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.

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