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Department of the Treasury
Internal Revenue Service

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

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

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

A For the 2007 calendar year, or tax year beginning

SEP 1, 2007

and ending

JUN 30, 2008

<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization NATIONAL LACROSSE LEAGUE, INC.		D Employer identification number 16-1541221																																																																																																																																																													
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																																																																																																																																																													
		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).																																																																																																																																																																	
G Website. ►																																																																																																																																																																	
J 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																																																																																																																																																																	
K Check here ► <input type="checkbox"/> if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return																																																																																																																																																																	
L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ► 3,047,815.																																																																																																																																																																	
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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
22a	Grants paid from donor advised funds (attach schedule)				
	(cash \$ <u>0</u> • noncash \$ <u>0</u>)				
	If this amount includes foreign grants, check here ► <input type="checkbox"/>	22a			
22b	Other grants and allocations (attach schedule)				
	(cash \$ <u>0</u> • noncash \$ <u>0</u>)				
	If this amount includes foreign grants, check here ► <input type="checkbox"/>	22b			
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees, etc listed in Part V-A				
b	Compensation of former officers, directors, key employees, etc listed in Part V-B				
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26	Salaries and wages of employees not included on lines 25a, b, and c				
27	Pension plan contributions not included on lines 25a, b, and c				
28	Employee benefits not included on lines 25a - 27				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies				
34	Telephone				
35	Postage and shipping				
36	Occupancy				
37	Equipment rental and maintenance				
38	Printing and publications				
39	Travel				
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)				
43	Other expenses not covered above (itemize).				
a					
b					
c					
d					
e					
f					
g	SEE STATEMENT 2				
44	Total functional expenses Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)				
		1,993,518.			
44		3,047,815.			

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

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 3	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 A TWELVE 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 ► <input type="checkbox"/>	
b	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ► <input type="checkbox"/>	

Form 990 (2007)

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			
	45 Cash - non-interest-bearing	47,644.	45	80,866.
	46 Savings and temporary cash investments	101,007.	46	102,188.
	47 a Accounts receivable	47a 397,755.		
	b Less: allowance for doubtful accounts	47b	248,341.	47c 397,755.
	48 a Pledges receivable	48a		48c
	b Less: allowance for doubtful accounts	48b		
	49 Grants receivable			49
	50 a Receivables from current and former officers, directors, trustees, and key employees			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b
	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		18,921.	53 27,729.
	54 a Investments - publicly-traded securities	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments - other securities	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
	55 a Investments - land, buildings, and equipment basis	55a		
	b Less: accumulated depreciation	55b		55c
	56 Investments - other			56
	57 a Land, buildings, and equipment: basis	57a		
	b Less accumulated depreciation	57b		57c
	58 Other assets, including program-related investments (describe ► DUE FROM TEAMS)		980,644.	58 1,064,556.
	59 Total assets (must equal line 74) Add lines 45 through 58		1,396,557.	59 1,673,094.
	60 Accounts payable and accrued expenses		1,046,040.	60 1,321,396.
	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 4)		350,517.	65 351,698.
	66 Total liabilities. Add lines 60 through 65		1,396,557.	66 1,673,094.
	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	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		0.	72 0.
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		0.	73 0.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		1,396,557.	74 1,673,094.

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	3,047,815.
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): _____ Add lines b1 through b4	b4	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): _____ Add lines d1 and d2	d2	0.
e	Total revenue (Part I, line 12). Add lines c and d.	e	3,047,815.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	3,047,815.
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): _____ Add lines b1 through b4	b4	
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): _____ Add lines d1 and d2	d2	
e	Total expenses (Part I, line 17). Add lines c and d	d	0.
		e	3,047,815.

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.)

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 ► 12

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 the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.

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
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76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change 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 ► N/A

and check whether it is exempt or nonexempt

81 a Enter direct and indirect political expenditures. (See line 81 instructions) 81a 0.
 b Did the organization file Form 1120-POL for this year? 81b X

723161/12-27-07

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 <i>quid pro quo</i> 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?	N/A	
85 a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85c	2,061,347.
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85d	0.
	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	85e	0.
c	Dues, assessments, and similar amounts from members	85f	0.
d	Section 162(e) lobbying and political expenditures		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	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?	85g	
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 a	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	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	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	
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
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, 2007	90b	46
91 a	The books are in care of ► GEORGE DANIEL Located at ► 53 WEST 36TH STREET, NEW YORK, NY	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	91b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

Part XI. Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
-----	----

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

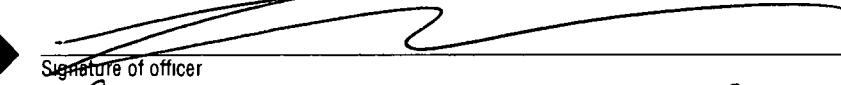
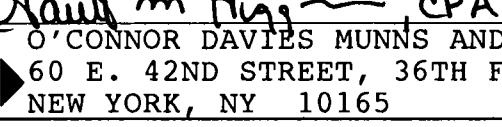
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
-----	----

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
-----	----

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			
		Date <i>9/27/10</i>		
Paid Preparer's Use Only	Preparer's signature 	Date <i>9-16-10</i>	Check if self- employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst X) <input type="checkbox"/>
	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	EIN <input type="checkbox"/>	Phone no ► 212-286-2600

Form 990 (2007)

PART V-A, QUESTION 75B

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

FORM 990

OTHER EXPENSES

STATEMENT

2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
REFEREE EXPENSES	211,847.			
PROFESSIONAL LACROSSE PLAYERS ASSOCIATION	170,303.			
PLAYER DRAFT	4,394.			
PLAYOFF EXPENSES	25,010.			
INTERNSHIP EXPENSES	10,746.			
COMMISSIONS	163,915.			
MARKETING	119,333.			
SPONSORSHIP COMMITMENTS	119,200.			
TELEVISION PRODUCTION	237,688.			
INTERNET	24,759.			
INSURANCE	81,199.			
PROFESSIONAL FEES	365,169.			
BAD DEBT EXPENSES	362,156.			
MISCELLANEOUS EXPENSES	97,799.			
TOTAL TO FM 990, LN 43	1,993,518.			

FORM 990

STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE

STATEMENT

3

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 LIABILITIES

STATEMENT 4

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
LINE OF CREDIT - CENTRAL JERSEY BANK	199,510.	199,510.
ESCROW ACCOUNT - CBA	101,007.	102,188.
ESCROW ACCOUNT - BUFFALO	50,000.	50,000.
TOTAL TO FORM 990, PART IV, LINE 65	350,517.	351,698.

FORM 990

PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 5

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	349,800.	0.	0.
GEORGE DANIEL 53 WEST 36TH STREET, SUITE 406 NEW YORK, NY 10018	DEPUTY COMMISSIONER 40.00	102,075.	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.
TERRY BRITTON 53 WEST 36TH STREET, SUITE 406 NEW YORK, NY 10018	ALTERNATE GOVERNOR 2.00	0.	0.	0.
KEVIN LOUGHERY 53 WEST 36TH STREET, SUITE 406 NEW YORK, NY 10018	GOVERNOR 2.00	0.	0.	0.

DOUG SCHAEER 53 WEST 36TH STREET, SUITE 406 NEW YORK, NY 10018	ALTERNATE GOVERNOR 2.00	0.	0.	0.
CONNIE KOWAL 53 WEST 36TH STREET, SUITE 406 NEW YORK, NY 10018	ALTERNATE GOVERNOR 2.00	0.	0.	0.
JERRY GIRKIN 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.
BRUCE URBAN 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	ALTERNATE GOVERNOR 2.00	0.	0.	0.
JOHN ARLOTTA 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.
JOHN GAGLIARDI 53 WEST 36TH STREET, SUITE 406 NEW YORK, NY 10018	ALTERNATE GOVERNOR 2.00	0.	0.	0.
LEO RUSSELL 53 WEST 36TH STREET, SUITE 406 NEW YORK, NY 10018	ALTERNATE GOVERNOR 2.00	0.	0.	0.
TIM KELLY 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	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	GOVERNOR 2.00	0.	0.	0.
BRIAN SILCOTT 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	ALTERNATE GOVERNOR 2.00	0.	0.	0.
STEVE 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.
DAVE WILKINSON 53 WEST 36TH STREET, SUITE 406 NEW YORK, NY 10018	ALTERNATE GOVERNOR 2.00	0.	0.	0.
PHIL ATLINGER 53 WEST 36TH STREET, SUITE 406 NEW YORK, NY 10018	ALTERNATE GOVERNOR 2.00	0.	0.	0.
MIKE KLOEPFER 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		451,875.	0.	0.

FORM 990

PART IX - INFORMATION REGARDING TAXABLE
SUBSIDIARIES AND DISREGARDED ENTITIES

STATEMENT 6

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.

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.