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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

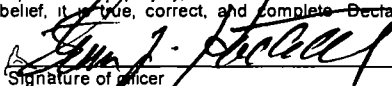
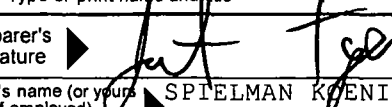
2009Open to Public
Inspection**A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20**

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 THE NATIONAL FOOTBALL FOUNDATION		D Employer identification number 51-0226347
		Doing Business As & COLLEGE HALL OF FAME, INC.		E Telephone number (972) 556-1000
		Number and street (or P O box if mail is not delivered to street address) Room/suite 433 LAS COLINAS BLVD EAST 1130		
		City or town, state or country, and ZIP + 4 IRVING, TX 75039		
F Name and address of principal officer				G Gross receipts \$ 1,392,559.
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(a) Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions)
J Website ▶ WWW.FOOTBALLFOUNDATION.ORG				H(c) Group exemption number ▶ 2679
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 1947 M State of legal domicile NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE FOUNDATION WAS ORGANIZED TO PROMOTE AND DEVELOP THE POWER OF AMATEUR FOOTBALL IN DEVELOPING QUALITIES OF LEADERSHIP, SPORTSMANSHIP, COMPETITIVE ZEAL AND ACADEMIC EXCELLENCE.		
	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	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	
	5 Total number of employees (Part V, line 2a)	5 0	
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
7b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	642,406.	452,855.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	34,734.	23,141.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	221,348.	236,915.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	898,488.	712,911.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	507,800.	449,640.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	24,125.	41,450.
	16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 7,000.	0.	7,000.
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	439,811.	288,916.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	971,736.	787,006.
	19 Revenue less expenses Subtract line 18 from line 12	-73,248.	-74,095.
	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)	1,905,401.	1,890,057.
	22 Net assets or fund balances Subtract line 21 from line 20.	115,564.	94,806.
		1,789,837.	1,795,251.

Part II Signature Block

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  STEVEN J. HATCHELL Type or print name and title	Date 11/15/10	Check if self-employed <input type="checkbox"/>
Paid Preparer's Use Only	Preparer's signature  Firm's name (or your name if self-employed), address, and ZIP + 4 SPIELMAN KRONIGSBERG & PARKER, LLP 888 SEVENTH AVENUE, 35TH FLOOR NEW YORK, NY 10106-0002	Date 11/12/10	Preparer's identifying number (see instructions) 054-66-9771
	EIN 13-3367751	Phone no 212-489-5200	May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

Form 990 (2009)

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Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

ATTACHMENT 3

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 \$ 756,982 including grants of \$ 449,641) (Revenue \$ _____)RECOGNITION OF SCHOLAR ATHLETES AT AWARD DINNERS. AWARDS
ARE SCHOLARSHIPS IN RECOGNITION OF ATHLETIC AND SCHOLASTIC
ENDEAVORS.**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 ► 756,982.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	<input type="checkbox"/>	<input type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input type="checkbox"/>	<input type="checkbox"/>
• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<input type="checkbox"/>	<input type="checkbox"/>
• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<input type="checkbox"/>	<input type="checkbox"/>
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<input type="checkbox"/>	<input type="checkbox"/>
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input type="checkbox"/>	<input type="checkbox"/>
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X	<input type="checkbox"/>	<input type="checkbox"/>
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12A Was the organization included in consolidated, independent audited financial statement for the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Form 990 (2009)

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>		X
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i>		X
24 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24 c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
25 b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable.	1a	0
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	0
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
4b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	4b	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
7d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	X
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?	9a	
9b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter.		
11a	Gross income from members or shareholders	11a	
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	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

	Yes	No
1a Enter the number of voting members of the governing body	1a	
b Enter the number of voting members that are independent	1b	
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?	2	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? . . .	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . .	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	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	9a	X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b 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?	10b	X
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	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	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	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	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
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?	16a	X
b 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?	16b	

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 ☒ 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 ▶ NATIONAL FOOTBALL FOUNDATION 433 LAS COLINAS BLVD. EAST, SUITE 1130 IRVING 972-556-1000

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			
FRANK ROCCO PRESIDENT		X						0.		
ROB OSHINSKIE VICE PRESIDENT		X						0.		
WILLIAM C. NICHOL TREASURER		X						0.		
GERY GEHRMAN PRESIDENT		X						0.		
GERALD HOUGH VICE PRESIDENT		X						0.		
GARY OSTENSON SECRETARY		X						0.		
BILL WELLS PRESIDENT		X						0.		
PATRICK CHUN BOARD MEMBER		X						0.		
DAN HAVENER BOARD MEMBER		X						0.		
ERIC HAMILTON PRESIDENT		X						0.		
RON RICK VICE PRESIDENT		X						0.		
JAMES BALL SECRETARY		X						0.		
VINCENT J. BOCCANFUSO TREASURER		X						0.		
DICK WILLIAMS PRESIDENT		X						0.		
BOB PETRONE VICE PRESIDENT		X						0.		
PAT SHIRES VICE PRESIDENT		X						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			
WILLIAM T. O'BRIEN PRESIDENT/TREASURER		X						0.		
PAUL CRISCUOLO VICE PRESIDENT/SECRETARY		X						0.		
A. DENNIS CANIGLIA PRESIDENT		X						0.		
CHARLES L. CLAY, JR. TREASURER		X						0.		
RON MANSFELD VICE PRESIDENT		X						0.		
PAUL GLAGOLA PRESIDENT		X						0.		
TIM HERB VICE PRESIDENT		X						0.		
BRIAN VAN DEUSEN VICE PRESIDENT		X						0.		
DON GIACOMELLI SECRETARY		X						0.		
STEVE BAILEY PRESIDENT		X						0.		
ROGER THESING TREASURER		X						0.		
JULIA GANDERT SECRETARY		X						0.		
ROD RHOADS PRESIDENT		X						5,000.		
1b Total CONTINUED AT SCHEDULE J-2								41,450.		

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 **0**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		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
NONE		

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 **0**

Part VIII Statement of Revenue

51-0226347

				(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	10,903			
	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	441,952			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		452,855			
Program Service Revenue				Business Code			
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 4		23,141			23,141
	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		895,545			
	b	Less direct expenses		679,648			
	c	Net income or (loss) from fundraising events		215,897	215,897		
	9a	Gross income from gaming activities See Part IV, line 19					
	b	Less direct expenses					
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances					
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue			Business Code				
11a	MISCELLANEOUS			21,018	21,018		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		21,018				
12	Total Revenue. See instructions		712,911	236,915		23,141	

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).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(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 . . .	449,640.	449,640.		
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	41,450.	37,305.	4,145.	
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	0.			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	0.			
9	Other employee benefits	0.			
10	Payroll taxes	0.			
11	Fees for services (non-employees)				
a	Management	0.			
b	Legal	0.			
c	Accounting	2,500.	2,250.	250.	
d	Lobbying	0.			
e	Professional fundraising services See Part IV, line 17	7,000.			7,000.
f	Investment management fees	0.			
g	Other	3,141.	2,826.	315.	
12	Advertising and promotion	13,613.	12,252.	1,361.	
13	Office expenses	76,663.	68,997.	7,666.	
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	0.			
17	Travel	13,072.	11,765.	1,307.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	49,464.	44,518.	4,946.	
20	Interest	504.	454.	50.	
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization . . .	0.			
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	PLAY IT SMART	65,252.	65,252.		
b	HONORARIUM	12,459.	12,459.		
c	PLAQUES, AWARDS & TROPHIES	22,410.	22,410.		
d	MEMBERSHIP DUES	29,838.	26,854.	2,984.	
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	787,006.	756,982.	23,024.	7,000.
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	453,904.	1	459,592.
	2 Savings and temporary cash investments	810,700.	2	822,067.
	3 Pledges and grants receivable, net	44,208.	3	2,456.
	4 Accounts receivable, net		4	
	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		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities	596,589.	11	605,942.
	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		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,905,401.	16	1,890,057.	
Liabilities	17 Accounts payable and accrued expenses	12,444.	17	16,186.
	18 Grants payable	103,120.	18	78,620.
	19 Deferred revenue		19	
	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	115,564.	26	94,806.
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	1,586,118.	27	1,577,346.
	28 Temporarily restricted net assets	203,719.	28	217,905.
	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	1,789,837.	33	1,795,251.
34 Total liabilities and net assets/fund balances	1,905,401.	34	1,890,057.	

Form 990 (2009)

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
2b	Were the organization's financial statements audited by an independent accountant?		X
2c	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		
2d	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 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
3b	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 **THE NATIONAL FOOTBALL FOUNDATION
& COLLEGE HALL OF FAME, INC.**

Employer identification number
51-0226347

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 US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
ATTACHMENT 1									
Total									

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

Schedule A (Form 990 or 990-EZ) 2009

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

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

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	%

19a **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 1SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV) YES NO	(V) YES NO	(VI) YES NO	(VII) AMOUNT OF SUPPORT
NATIONAL FOOTBALL FOUNDATION & COLLEGE HALL OF FAME, INC	22-1508812 09		X			

TOTAL AMOUNT OF SUPPORT

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

2009

**Open To Public
Inspection**

Employer Identification number
51-0226347

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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

Schedule G (Form 990 or 990-EZ) 2009

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events (add col (a) through col (c))
		BANQUET (event type)	(event type)	1 (total number)	
Revenue	1 Gross receipts	895,545.			895,545.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	895,545.			895,545.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	679,648.			679,648.
	10 Direct expense summary Add lines 4 through 9 in column (d)				(679,648.)
	11 Net income summary Combine line 3, column (d), and line 10				215,897.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %	
7 Direct expense summary Add lines 2 through 5 in column (d)				()	
8 Net gaming income summary Combine line 1, column d, and line 7					

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," explain		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a %		
b	An outside facility 13b %		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ► _____		
	Address ► _____		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address of the third party		
	Name ► _____		
	Address ► _____		
16	Gaming manager information		
	Name ► _____		
	Gaming manager compensation ► \$ _____		
	Description of services provided ► _____		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
& COLLEGE HALL OF FAME, INC.

THE NATIONAL FOOTBALL FOUNDATION

Employer identification number

51-0226347

Part II General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part III Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	CENTRAL PENNSYLVANIA CHAPTER AVAILABLE UPON REQUEST	25-1838332		12,000				SCHOLARSHIP
	CLARK COUNTY CHAPTER AVAILABLE UPON REQUEST	91-1579375		13,500				SCHOLARSHIP
	COLUMBUS CHAPTER AVAILABLE UPON REQUEST	31-0973244		14,000				SCHOLARSHIP
	DELAWARE VALLEY CHAPTER AVAILABLE UPON REQUEST	22-2243900		34,500				SCHOLARSHIP
	GENE CASEY NEW HAVEN COUNTY CHAPTER AVAILABLE UPON REQUEST	06-1038403		5,950				SCHOLARSHIP
	GREATER ATLANTA CHAPTER AVAILABLE UPON REQUEST	58-2025886		47,358				SCHOLARSHIP
	GREATER AUSTIN CHAPTER AVAILABLE UPON REQUEST	74-2654723		16,000				SCHOLARSHIP
	GREATER BALTIMORE CHAPTER AVAILABLE UPON REQUEST	23-7394080		16,750				SCHOLARSHIP
	GREATER CINCINNATI CHAPTER AVAILABLE UPON REQUEST	31-1219210		11,000				SCHOLARSHIP
	IOWA CHAPTER AVAILABLE UPON REQUEST	42-1490047		15,000				SCHOLARSHIP
	MIDDLE TENNESSEE CHAPTER AVAILABLE UPON REQUEST	62-1517843		23,250				SCHOLARSHIP
	NASSAU CHAPTER AVAILABLE UPON REQUEST	13-3904965		7,500				SCHOLARSHIP

25

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations
- For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
- Schedule I (Form 990) 2009

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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.

GRANT FUND

SCHEDULE I- PART I- QUESTION 2

INDIVIDUALS QUALIFY TO RECEIVE GRANTS FROM THE FOUNDATION BASED ON ACADEMIC AND ATHLETIC EXCELLENCE.

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization
& COLLEGE HALL OF FAME, INC.

THE NATIONAL FOOTBALL FOUNDATION

Employer identification number
51-0226347

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHEAST OHIO CHAPTER AVAILABLE UPON REQUEST	34-1591205		18,000				SCHOLARSHIP
NORTHERN CALIFORNIA CHAPTER AVAILABLE UPON REQUEST	94-2478114		21,000				SCHOLARSHIP
NORTHWEST INDIANA CHAPTER AVAILABLE UPON REQUEST	20-2151811		14,226				SCHOLARSHIP
ORANGE COUNTY CHAPTER AVAILABLE UPON REQUEST	95-3338544		27,000				SCHOLARSHIP
RHODE ISLAND CHAPTER - SEE ATTACHED AVAILABLE UPON REQUEST	22-3002906		14,350				SCHOLARSHIP
ST LOUIS - TOM LOMBARDI CHAPTER AVAILABLE UPON REQUEST	43-1630669		23,400				SCHOLARSHIP
TRIANGLE CHAPTER OF NORTH CAROLINA AVAILABLE UPON REQUEST	56-1989469		16,000				SCHOLARSHIP
UNIVERSITY OF GEORGIA CHAPTER AVAILABLE UPON REQUEST	58-2025882		12,457				SCHOLARSHIP
UTAH CHAPTER AVAILABLE UPON REQUEST	87-0547508		10,000				SCHOLARSHIP
VALLEY OF THE SUN CHAPTER AVAILABLE UPON REQUEST	86-0721525		20,000				SCHOLARSHIP
VERMONT CHAPTER AVAILABLE UPON REQUEST	13-3778684		11,500				SCHOLARSHIP
WALTER J ZABLE - SAN DIEGO CHAPTER AVAILABLE UPON REQUEST	95-3758568		19,600				SCHOLARSHIP
WYOMING CHAPTER AVAILABLE UPON REQUEST	13-3778686		18,800				SCHOLARSHIP

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

Schedule I-1 (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 **THE NATIONAL FOOTBALL FOUNDATION
& COLLEGE HALL OF FAME, INC.**

Employer identification number
51-0226347

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			
GARY FLETCHER CHAIR		X						0.		
DOUG FISHER VICE PRESIDENT		X						0.		
EDWARD WATTO PRESIDENT		X						0.		
MICHAEL HANCHARIK II VICE-PRESIDENT		X						0.		
JACK LEGATH VICE-PRESIDENT		X						0.		
DEWAYNE ALEXANDER DIRECTOR		X						0.		
RENO BENSON DIRECTOR		X						0.		
SCOTT BRUNETTE DIRECTOR		X						0.		
MICHAEL J. CLEARY PRESIDENT		X						0.		
PHILIP ABRAMS DIRECTOR		X						0.		
WIL ATCHINSON DIRECTOR		X						0.		
TIMOTHY S. HARDEN PRESIDENT		X						0.		
JIM VRUGGINK EXECUTIVE DIRECTOR		X						2,500.		
BART BURRELL PRESIDENT		X						0.		
JEFF LOVE VICE PRESIDENT - FINANCE		X						0.		
DICK WHITNEY DIRECTOR		X						0.		
TOM PRUKOP DIRECTOR		X						0.		
DR. ARACELY MORA DIRECTOR		X						0.		
MIKE QUINN DIRECTOR		X						0.		
EMO DINITTO PRESIDENT		X						5,000.		
JEAN M. HOUGH TREASURER		X						0.		

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

Schedule J-2 (Form 990) 2009

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 **THE NATIONAL FOOTBALL FOUNDATION
& COLLEGE HALL OF FAME, INC.**

Employer identification number
51-0226347

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			
BURT KINERIC PRESIDENT		X						0.		
KIMBRA BUNDY SECRETARY/TREASURER		X						450.		
BOB BUNTON EXECUTIVE DIRECTOR		X						0.		
ERIC W. MUNDWILLER TREASURER		X						0.		
DON HUGO DIRECTOR		X						0.		
CHARLIE ADAMS DIRECTOR		X						0.		
AJ CARR DIRECTOR		X						0.		
CHARLIE BRYANT DIRECTOR		X						0.		
WOODY CHASTAIN PRESIDENT		X						0.		
DAVID SMITH VICE-PRESIDENT		X						0.		
STEVE JONES VICE PRESIDENT		X						0.		
CHARLES D. HORTON TREASURER		X						0.		
DAN MANUCCI EXECUTIVE DIRECTOR		X						12,000.		
FRANK KUSH CHAIRMAN OF THE BOARD		X						0.		
JANIE RIDDLE PRESIDENT		X						0.		
TED UPDIKE SECRETARY		X						0.		
MICHAEL HEZECKER CHAIRMAN OF THE BOARD		X						0.		
LYNN KYNOCH ADMIN ASSISTANT		X						1,500.		
BRIAN FOGARTY PRESIDENT		X						0.		
CAROL EIZNER SECRETARY		X						15,000.		
WALTER ZABLE TRUSTEE		X						0.		

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

Schedule J-2 (Form 990) 2009

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

► See the Instructions for Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the Organization THE NATIONAL FOOTBALL FOUNDATION
& COLLEGE HALL OF FAME, INC.

Employer Identification number
51-0226347

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

[illegible]

**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.**

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization **THE NATIONAL FOOTBALL FOUNDATION
& COLLEGE HALL OF FAME, INC.**

Employer identification number
51-0226347

ATTACHMENT 2

DISCLOSURE

990 PART VI- SECTION C.- DISCLOSURE- QUESTION 19

THE NATIONAL FOOTBALL FOUNDATION & COLLEGE HALL OF FAME, INC. DOES NOT
MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL
STATEMENTS AVAILABLE TO THE PUBLIC.

CONFLICT OF INTEREST, WHISTLEBLOWER, AND DOCUMENT RETENTION POLICIES

990 - PART VI - SECTION B. - POLICIES - QUESTION 12, 13, 14

CURRENTLY, THE ORGANIZATION DOES NOT HAVE WRITTEN CONFLICT OF INTEREST,
WHISTLEBLOWER, OR DOCUMENT RETENTION POLICIES IN PLACE. THEY WILL BE
DISCUSSING THE NEED FOR THE ABOVE REFERENCED POLICIES TO DETERMINE THEIR
POLICY NEEDS AND THE IMPLIMENTATION PROCESS OF THE POLICIES FOR THE NEXT
REPORTING PERIOD.

REVIEW OF FORM 990

990 - PART VI - SECTION B. - POLICIES - QUESTION 11

THE TREASURER IS PROVIDED WITH A FINAL DRAFT COPY OF THE FORM 990 PRIOR
TO FILING. THE TREASURER REVIEWS THE RETURN FOR ACCURACY AND APPROVAL.

ORGANIZATION MEMBERS

990 - PART VI - GOVERNING BODY AND MANAGEMENT - QUESTION 8

EACH CHAPTER IS ESTABLISHED AND GOVERNED THEMSELVES. WE DO NOT HAVE
DOCUMENTATION OF THE MEETINGS HELD OR WRITTEN ACTIONS TAKEN DURING THE
YEAR BY THE GOVERNING BODY OR BY EACH COMMITTEE THAT HAS THE AUTHORITY TO

Name of the organization THE NATIONAL FOOTBALL FOUNDATION
& COLLEGE HALL OF FAME, INC.

Employer identification number
51-0226347

ATTACHMENT 2 (CONT'D)

ACT ON BEHALF OF THE GOVERNING BODY.

ATTACHMENT 3

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

THE FOUNDATION, THROUGH ITS CHAPTERS, SUPPORTS ACADEMIC EXCELLENCE, ATHLETIC ABILITY AND LEADERSHIP QUALITIES PRIMARILY THROUGH HIGH SCHOOL FOOTBALL AND COMMUNITY ACTIVITIES. IN ADDITION TO THE COLLEGE SCHOLARSHIPS GRANTED AT THE NATIONAL LEVEL THE CHAPTERS HAVE SCHOLARSHIP PROGRAMS FOR LOCAL HIGH SCHOOL STUDENTS ATTENDING COLLEGE. THE SCHOLARSHIPS ARE AWARDED BY THE CHAPTERS BASED ON AN INDIVIDUAL'S ACADEMIC EXCELLENCE, ATHLETIC ABILITY AND LEADERSHIP QUALITIES.

ATTACHMENT 4

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST INCOME	10,737			10,737
DIVIDENDS	12,404			12,404
TOTALS	<u>23,141</u>			<u>23,141</u>

FEDERAL FOOTNOTES

BEGINNING BALANCE SHEET FIGURES DO NOT AGREE WITH PRIOR YEAR'S ENDING BALANCE SHEET FIGURES BECAUSE SOME OF THE CHAPTERS PARTICIPATING IN THIS YEAR'S GROUP RETURN, WERE NOT INCLUDED LAST YEAR'S GROUP RETURN BASED ON GROSS RECEIPTS BEING BELOW THE \$25,000 THRESHOLD. SIMILARLY, THERE WERE LOCAL CHAPTERS INCLUDED IN LAST YEAR'S GROUP RETURN THAT ARE NOT INCLUDED IN THIS YEAR'S GROUP RETURN BECAUSE OF FILING REQUIREMENTS. IN ORDER TO PROPERLY REFLECT THE BEGINNING BALANCE SHEET NUMBERS FOR 2009 FOR THE ENTITIES WHICH ARE REQUIRED TO REPORT, THE BEGINNING BALANCE SHEET FIGURES HAD TO BE RESTATED.

FEDERAL FOOTNOTES

SEE ATTACHED LIST OF CHAPTERS WITH LESS THAN \$25,000 OF REVENUE IN
2009.

Parent Organization	<u>The National Football Foundation & College Hall of Fame, Inc</u>
Federal ID No	<u>51-0226347</u>
Report Year Ending	<u>December 31,2009</u>

THE FOLLOWING CHAPTERS HAVE LESS THAN \$25,000 OF GROSS RECEIPTS AND ACCORDINGLY, ARE NOT REQUIRED TO FILE 2009 FORM 990 RETURNS

<u>Name of Affiliated Organization</u>	<u>Federal ID No</u>
1 Allstate Sugar Bowl	72-0864446
2 Arkansas	71-0728447
3 Auburn Chapter	63-0988003
4 Bergen County Chapter	22-3386932
5 Bill Denny/Cent NJ Chapter	22-2242516
6 Brian Piccolo Chapter	59-1595792
7 Capital District Chapter	14-1712711
8 Central Indiana Chapter	35-1964889
9 Chicago Metro Chapter	36-3866491
10 Comgan/Faircloth Chapter	56-1804650
11 Colorado Chapter	84-1217635
12 Commonwealth Chapter	31-1653811
13 Eastern MA Chapter	04-2656127
14 Essex County Chapter	51-0232352
15 Hawaii Chapter	94-3332856
16 Jerry Claiborne Chapter	13-3778685
17 Joe Mewhinney Chapter	04-3150517
18 Joe Yukica Chapter	02-0443763
19 King County/Seattle Chapter	91-1075941
20 Las Vegas Chapter	88-0293700
21 Los Angeles Chapter	95-3276028
22 Memphis Chapter	62-1053150
23 Michigan Chapter	38-2386728
24 Midlands Chapter	57-0967401
25 Mid-Michigan Chapter	20-3245988
26 Miss Gulf Coast Chapter	64-0623112
27 Miss/Lou Chapter	64-0785653
28 Mississippi State Chapter	64-0827147
29 Montana Chapter	81-0511143
30 Edward "Moose" Krause Chapter	35-1436531
31 Morris County Chapter	22-3400402

32 National Capital Chapter	20-3791498
33 NE Indiana Chapter	35-1725367
34 Nebraska/Lincoln Chapter	47-0546428
35 New York City Chapter	13-2951261
36 Northern CT Chapter	06-6180755
37 Oklahoma Chapter	73-1416433
38 Ole Miss Chapter	64-0752523
39 Pasadena/San Gabriel Chapter	95-4402414
40 Passaic County Chapter	22-2217877
41 Philadelphia Chapter	23-1980564
42 Portland Chapter	04-3657398
43 Ralph Desantis Chapter	52-1964033
44 Riverside County Chapter	NONE
45 Rochester Chapter	56-2315821
46 S McNaughton Chapter	72-1228495
47 Sacramento Chapter	68-0002652
48 San Bernardino Chapter	91-1867853
49 San Fernando Valley Chapter	51-0152910
50 Schuylkill/Pottsville Chapter	23-2226442
51 SE CT Chapter	06-1052646
52 South Jersey Chapter	22-3208904
53 Southeastern Ohio Chapter	57-1205715
54 Southern Idaho Chapter	82-0493635
55 Springfield, OH Chapter	31-1366878
56 State of Maine	01-0440528
57 Suffolk Chapter	11-3286695
58 Sun Flower Chapter	48-1124666
59 Tacoma Pierce County Chapter	91-1027723
60 Tampa Chapter	59-2083760
61 Texas Tech Chapter	01-0680762
62 Toledo Chapter	51-0238523
63 Tn Cities Chapter	62-1529518
64 Twin Cities Chapter	26-1766618
65 West Virginia/Don Nehlen Chapter	04-3657382
66 Westchester Chapter	23-7405568
67 Western MA Chapter	51-0238521
68 Wisconsin Chapter	13-3779763

Parent Organization	<u>The National Football Foundation & College Hall of Fame, Inc</u>
Federal ID No	<u>51-0226347</u>
Report Year Ending	<u>December 31, 2009</u>

A total of affiliated organizations are included in this group return (Form 990) The organizations included are

<u>Name</u>	<u>Federal ID No</u>
1 Central PA Chapter	25-1838332
2 Clark County Chapter	91-1579375
3 Columbus Chapter	31-0973244
4 Delaware Valley Chapter	22-2243900
5 East Tennessee Chapter	51-0140304
6 Gene J. Casey New Haven Chapter	06-1038403
7 Greater Atlanta Chapter	58-2025886
8 Greater Austin Chapter	74-2654723
9 Greater Baltimore Chapter	23-7394080
10 Greater Cincinnati Chapter	31-1219210
11 Iowa Chapter	42-1490047
12 Lehigh Valley Chapter	23-1980566
13 Middle Tennessee Chapter	62-1517843
14 Nassau Chapter	13-3904965
15 Northeast Ohio Chapter	34-1591205
16 Northern California Chapter	94-2478114
17 Northwest Indiana Chapter	20-2151811
18 Orange County Chapter	95-3338544
19 Rhode Island Chapter	05-0468948
20 Southern AZ Chapter	86-0895623
21 St. Louis-Tom Lombardo Chapter	43-1630669
22 Triangle Chapter of North Carolina	56-1989469
23 University of Georgia Chapter	58-2025882
24 Utah Chapter	87-0547508
25 Valley of the Sun Chapter	86-0721525
26 Vermont Chapter	13-3778684
27 Walter J. Zable/San Diego Chapter	95-3758588
28 Wyoming Chapter	13-3778686

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print

File by the extended due date for filing the return. See instructions.

Name of Exempt Organization THE NATIONAL FOOTBALL FOUNDATION & COLLEGE HALL OF FAME, INC.

Employer identification number
51-0226347

Number, street, and room or suite no. If a P.O. box, see instructions.

433 LAS COLINAS BLVD EAST, SUITE 1130

For IRS use only

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

IRVING, TX 75039

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of **NATIONAL FOOTBALL FOUNDATION**

Telephone No **972 556-1000**

FAX No.

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **2679**. If this is

for the whole group, check this box ☐. If it is for part of the group, check this box ☒ **X** and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **11/15/2010**

5 For calendar year **2009**, or other tax year beginning and ending

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension **INFORMATION NECESSARY TO PREPARE A COMPLETE A ACCURATE RETURN IS CURRENTLY UNAVAILABLE. AS SOON AS THIS INFORMATION BECOMES AVAILABLE A RETURN WILL BE FILED**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

8a \$

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.

8b \$

0.

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **David Weeden**

Title **CPA**

Date **8/10/2010**

SPIELMAN KOENIGSBERG & PARKER, LLP
888 SEVENTH AVENUE, 35TH FLOOR
NEW YORK, NY 10106-0002

Form 8868 (Rev 4-2009)