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Form **990** 

Department of the Treasury

### **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)

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

2009

Open to Public
Inspection

Check if applicable Address change Name change Initial return Ferminated Amended return Application pending		C Name of organization	1-2009 and ending 06-30-2010		D Employer ide	entification number
Name change (Initial return Ferminated Amended return	Please use IRS	American Football Coaches Fou	ndation		91-193243	32
(initial return Ferminated Amended return	label or print or	Doing Business As			E Telephone n	
Terminated Amended return	type. See				(254) 754-	9900
	Specific Instruc- tions.	Number and street (or P O box 100 Legends Lane	of mail is not delivered to street address	ss) Room/suite	<b>G</b> Gross receipts	\$ 1,945,576
pplication pendino		City or town, state or country, a Waco, TX 76706	and ZIP + 4			
	9	,				
		me and address of principal o	fficer		s a group retur	
		ΓTEAFF egends Lane		affilia	tes?	ΓYes <b>Γ</b> Νο
	Waco,	TX 76706		H(b) Are al	l affiliates includ	led?
ax-exempt statu	s 🔽 501(c	) ( 3 ) <b>◀</b> (insert no )	o(1) or		o," attach a list p exemption ni	(see instructions) imber ►
<b>Website: ►</b> ht	tp //www afo	:a com/afcf/				
orm of organizatio	on 🔽 Corpora	tion Trust Association Oth	er 🕨	L Year of for	rmation 1998	M State of legal domicile
art I Sun	nmary					
· ·		ie organization's mission or r	•			
PRO M	OTE & ADV	ANCE EDUCATION IN CO.	ACHING FOOTBALL			
2 Check	this hox 🝽		nued its operations or disposed	of more than	25% of its net	assets
	•		dy (Part VI, line 1a)			
	_					
			governing body (Part VI, line 1b	)		
		mployees (Part V , line 2a) .				·
6 Totalı	number of vo	olunteers (estimate if necess	ary)		6	
	-		art VIII, column (C), line 12 .	•	7:	a
<b>b</b> Netur	related bus	iness taxable income from Fo	orm 990-T, line 34		7	ь
				Prio	r Year	<b>Current Year</b>
8 Cont	ributions an	d grants (Part VIII, line 1h)			1,518,433	1,698,9
9 Progi	ram service	revenue (Part VIII, line 2g)				
			nes 3, 4, and 7d)		77,662	72,5
		art VIII, column (A ), lines 5			-273,263	-301,6
	•	, , , , , , , , , , , , , , , , , , , ,	equal Part VIII, column (A), line	<u> </u>	273,203	301,0
			equal rate viri, column (A), mix	-	1,322,832	1,469,9
			umn (A), lines 1-3)		69,400	77,4
14 Bene	fits paid to d	or for members (Part IX, colu	mn (A ), line 4 )			
			fits (Part IX, column (A), lines 5	i_		
10)	,		(* (*			
		Iraising fees (Part IX, columi			113,000	108,0
		enses (Part IX, column (D), line 25				
			1a-11d, 11f-24f)		1,341,772	963,3
18 Total			l Part IX, column (A), line 25)		1,524,172	1,148,8
1	nue less ex	penses Subtract line 18 from	n line 12		-201,340	321,0
					of Current ear	End of Year
19 Reve	l assets (Pa	rt X, line 16)			2,123,884	2,438,0
					33,433	26,5
<b>20</b> Total	l liabilities (I				2,090,451	2,411,5
20 Total 21 Total			from line 20		_,000,1011	, -,-
<ul><li>20 Total</li><li>21 Total</li><li>22 Net a</li></ul>		nd balances Subtract line 21	from line 20		2,030,131	
20 Total 21 Total 22 Net a rt III Sig	nature Bl penalties of pe	nd balances Subtract line 21  OCK  ergury, I declare that I have examir	ed this return, including accompanying		atements, and to	
20 Total 21 Total 22 Net a rt II Sig	nature Bl penalties of pe	nd balances Subtract line 21  OCK  ergury, I declare that I have examir			atements, and to	
20 Total 21 Total 22 Net a rt III Sig	nature Bl penalties of pe	nd balances Subtract line 21  OCK  ergury, I declare that I have examir	ed this return, including accompanying	d on all informati	atements, and to on of which prepai	
20 Total 21 Total 22 Net a rt II Sig Under and be	nature Bl penalties of pe elief, it is true,	ock ergury, I declare that I have examir correct, and complete Declaration	ed this return, including accompanying		atements, and to on of which prepai	
20 Total 21 Total 22 Net a  rt III Sig  Under and be  *** e  *** Sig	nature BI penalties of pellef, it is true,  **** nature of office	ock ergury, I declare that I have examing correct, and complete Declaration	ed this return, including accompanying	d on all informati	atements, and to on of which prepai	
20 Total 21 Total 22 Net a rt III Sig Under and be 1	nature BI penalties of pelef, it is true,	ock ergury, I declare that I have examing correct, and complete Declaration er	ed this return, including accompanying	d on all informati	atements, and to on of which prepai	
20 Total 21 Total 22 Net a  rt III Sig  Under and be so signed with the signed	penalties of pellef, it is true,  **** Inature of office ant Teaff EXEC pe or print name	ock ergury, I declare that I have examing correct, and complete Declaration er	ned this return, including accompanying of preparer (other than officer) is based	d on all information and a	atements, and to on of which prepai 05-12	rer has any knowledge
20 Total 21 Total 22 Net a  rt III Sig  Under and be result of the second of the secon	penalties of pelellef, it is true,  **** nature of office ant Teaff EXEC pe or print name	ock ergury, I declare that I have examing correct, and complete Declaration er  DIRECTOR he and title	ned this return, including accompanying of preparer (other than officer) is based	d on all informati	atements, and to on of which prepai	rer has any knowledge
20 Total 21 Total 22 Net a  IT II Sig Under and be  ** Sig  Gra Tyl  Prepare signature	penalties of pelellef, it is true,  **** nature of office ant Teaff EXEC pe or print name	ock ergury, I declare that I have examing correct, and complete Declaration er  DIRECTOR he and title	Date 2011-04-26	d on all information 2011-in Date	atements, and to on of which prepaid 05-12	rer has any knowledge
20 Total 21 Total 22 Net a  rt II Sig Under and be an e  *** Gra Tyl  Prepare signature  parer's  Firm's	penalties of peellef, it is true,  **** nature of office ant Teaff EXEC pe or print nam er's Gary E	ock ergury, I declare that I have examing correct, and complete Declaration er  DIRECTOR he and title	Date 2011-04-26	2011- Date	O5-12  Preparer's identications	rer has any knowledge
20 Total 21 Total 22 Net a  rt III Sig Under and be  ***  e  Prepare signatu  arer's  Firm's  fi self-o	penalties of pellef, it is true,  **** and Teaff EXEC pe or print namer's Gary 6	ock ergury, I declare that I have examing correct, and complete Declaration er  DIRECTOR ne and title  Boyd  JAYNES REITMEIER BOYD & T	Date 2011-04-26	2011- Date	atements, and to on of which prepaid 05-12	rer has any knowledge

Cat No 11282Y

#### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

The AFCF shall engage in a variety of activities to promote and advance education in coaching the game of football at the youth, amateur and recreational levels and shall promote and support generally the sport of amateur or recreational football at the secondary and collegiate levels of education

2	Did the organization unde the prior Form 990 or 990				which were not listed on	┌ Yes ┌ No	
	If "Yes," describe these n	ew services on Sch	dule O				
3	Did the organization ceas services?	• ,	ke sıgnıfıcan	t changes in how it co	nducts, any program	┌ Yes ┌ No	
	If "Yes," describe these c	hanges on Schedule	0				
4		)1(c)(4) organizatior	ns and section	on 4947(a)(1) trusts a	largest program services b ire required to report the am service reported		
4a	(Code	) (Expenses \$	775,569	ıncludıng grants of \$	) (Revenue \$	)	
		DATION SUPPORTS EDUC	CATIONAL SEMI	NARS, WORKSHOPS & OTH	H FOOTBALL LEAGUES, JUNIOR HI ER METHODS OF INSTRUCTION, 1 ILITIES		
4b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)	
4c	(Code	) (Expenses \$		ıncludıng grants of \$	) (Revenue \$	)	
4d	Other program services	(Describe in Sched	ule O )				
	(Expenses \$		ing grants of	<sup>=</sup> \$	) (Revenue \$	)	
4e	Total program service ex	kpenses <b>⊩</b> \$	775,56	9			

	· · · · · · · · · · · · · · · · · · ·		
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	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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	3		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		N o
5	Section 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	5		
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.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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.	9		Νο
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
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	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ĺ		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	14b		Νο
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 U S? If "Yes," complete Schedule F, Part II	15		Νο
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 U S ? If "Yes," complete Schedule F, Part III	16		Νο
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	17	Yes	
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	18	Yes	
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	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο

Par	t IV Checklist of Required Schedules (continued)			
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? If "Yes," complete Schedule I, Parts I and II	21		Νo
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? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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? If "Yes," complete Schedule L, Part $I$	25a		Νο
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? If "Yes," complete Schedule L, Part I	25b		No
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? If "Yes," complete Schedule L, Part II	26		No
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? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
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 owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes	
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? If "Yes," complete Schedule R, Part VI	37		No
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	38	Yes	

year

orm	990 (2009)			Page			
Par	t 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 3						
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable						
_	1b 0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable						
2-	gaming (gambling) winnings to prize winners?	1c	Yes				
2a	Statements filed for the calendar year ending with or within the year covered by this return						
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?						
	<b>Note:</b> 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		No			
	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		No			
b	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						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No			
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c					
6a							
b	organization solicit any contributions that were not tax deductible?						
7	were not tax deductible?	6b					
_	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		l No			
a	services provided to the payor?	/a		IN O			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7c		l No			
d	file Form 8282?			110			
_	11 Test, indicate the manifer of forms 0202 med daring the year 1 1 1 1						
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f					
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h					
8	required?	<b>/</b> 11					
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
	Did the organization make any taxable distributions under section 4966?	9a					
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter						
а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter						
а	Gross income from members or shareholders						
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )						
17-		13-					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes " enter the amount of tax-exempt interest received or accrued during the	12a					
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						

100 LEGENDS LANE WACO,TX 76706 (254) 754-9900

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

Sa	ection A. Governing Body and Management				
30	scholl A. Governing body and Hanagement			Yes	No
		Г		103	140
1a	Enter the number of voting members of the governing body 1a	17			
ь	Enter the number of voting members that are independent 1b	17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship other officer, director, trustee, or key employee?	with any	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the supervision of officers, directors or trustees, or key employees to a management company or other pe		3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form	h			
_	filed?		4		No No
5	Did the organization become aware during the year of a material diversion of the organization's assets	′ • •	5		No
6	Does the organization have members or stockholders?	. • • . •	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more mem governing body?		7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other person	ns?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken du year by the following	rıng the			
а	The governing body?		8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at the	9		Νο
50	organization's mailing address? If "Yes," provide the names and addresses in Schedule O ection B. Policies (This Section B requests information about policies not required by the		9		NO
	evenue Code.)	Internal			
110	veride code.			Yes	No
102	Does the organization have local chapters, branches, or affiliates?	ſ	10a		No
	If "Yes," does the organization have written policies and procedures governing the activities of such cl	hanters			
	affiliates, and branches to ensure their operations are consistent with those of the organization? .		10Ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filir	ig the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that couto conflicts?	ld give rise	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Y describe in Schedule O how this is done	es,"	12c	Yes	
13	Does the organization have a written whistleblower policy?		13	Yes	
14	Does the organization have a written document retention and destruction policy?		14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval b	ıy			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and The organization's CEO, Executive Director, or top management official	4661310117	15a	Yes	
	Other officers or key employees of the organization		15a	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )	• •	130	162	
	Ti fes to line a of b, 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 arranger taxable entity during the year?		16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluation participation in joint venture arrangements under applicable federal tax law, and taken steps to safegu	ate its			
	organization's exempt status with respect to such arrangements?		16b		
Sa	ection C. Disclosure		_05		
17	List the States with which a copy of this Form 990 is required to be filed L , NY				
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-	 [ (501(c)			
	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. A nother's website. Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, cor interest policy, and financial statements available to the public. See Additional Data Table	ıflıct of			
20	State the name, physical address, and telephone number of the person who possesses the books and i	records of th	e orqa	nızatıor	ı <b>⊨</b> -
	GRANT TEAFF		J		

### Part VIII 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, and current key employees 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, or 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 i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
<b>(A)</b> Name and Title	(B) Average hours	<b>(C)</b> Position (check all that apply)						(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

Forr	n 990 (2009)			Page <b>8</b>
1b	Total	,704		56,528
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			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete <i>Schedule J for such individual</i>	3		No
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	4	Yes	
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	5		No
S	ection 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		<b>(C</b> Comper	
		$\frac{1}{2}$		
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 \( \blacktrianglerightarrow 0.000 \)			
		F	Form <b>99</b> 0	<b>)</b> (2009)

Form 9								Page <b>9</b>
Part \	<b>/!!!!</b>	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
報告	1a	Federated cam	paigns 1a					
a Ta	ь	Membership du	es <b>1b</b>	97,770				
ું. ⊞	C	Fundraising eve	ents <b>1</b> c	1,569,844				
∄ੁ≅	d		rations 1d					
ξĒ	e	Government grants						
afío er.∢	f	All other contribution similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	31,385				
Contributions, gifts, grants and other similar amounts	g		butions included in					
돌	h				1,698,999			
<u> </u>	┞"	Total. Add filles	5 1 d - 11		1,050,555			
≘	2a			Business Code				
Program Service Revenue	b							
	c							
	d							
	e							
<u> </u>	f	All other progra	am service revenue					
Š				_				
	g 3		ome (including dividen					
			ar amounts)	<b>-</b>	72,507			72,507
	4		stment of tax-exempt bond	<b>-</b>				
	5	Royalties		•				
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
	_	Cross amount	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of						
		assets other than inventory						
	b	Less cost or other basis and						
	<sub>c</sub>	sales expenses Gaın or (loss)						
	d	• •	s)					
<u> </u>	8a	Gross income f	rom fundraısıng					
Other Revenue		\$	,844 s reported on line 1c)					
ě		See Part IV, lin						
<u>.</u>			а	174,070				
ŧ	b c		penses <b>b</b> (loss) from fundraising	475,671	-301,601			-301,601
•	9a		rom gamıng actıvıtıes	events ·	302,002			301,001
	ь		a penses b					
	10a	Gross sales of		vities				
		returns and allo	a					
	b c		oods sold <b>b</b> (loss) from sales of inve	entory 📂				
		Miscellaneous		Business Code				
	11a							
	ь							
	С							
	d	All other reven	ue					
	е	Total. Add lines	s 11a-11d	🛌				
	12	Total revenue.	See Instructions	▶	1,469,905	0	0	-229,094

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.							
	ll other organizations must complete column (A) but are not required to	complete column	(B), (C), and (B)	(D).	(D)		
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses		
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV, line 21 $$						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	77,480	77,480				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors, trustees, and key employees						
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$						
7	Other salaries and wages						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)						
9	Other employee benefits						
10	Payroll taxes						
11	Fees for services (non-employees)						
а	Management	403,365	297,569	105,796			
b	Legal	16,080	16	16,064			
c	Accounting						
d	Lobbying						
e	Professional fundraising See Part IV, line 17	108,000			108,000		
f	Investment management fees						
g	Other	17,594	17,594				
12	Advertising and promotion	7,008	7,008				
13	Office expenses	21,697	17,397	4,300			
14	Information technology						
15	Royalties						
16	Occupancy	72,376	14,841	57,535			
17	Travel	21,677	6,755	14,922			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings						
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	461		461			
23	Insurance						
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)						
а	Publications production	142,506	142,506		0		
ь	Audio and visual produc	140,776	138,952	1,824	0		
c	MISCELLANEOUS	55,487	32,788	13,909	8,790		
d	food & beverage	41,959	326	41,633	0		
e	Speaker honorarium	12,150	12,150	0	0		
f	All other expenses	10,233	10,187	46			
25	Total functional expenses. Add lines 1 through 24f	1,148,849	775,569	256,490	116,790		
26	Joint costs. Check here ► ☐ 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) (B) Beginning of year End of vear 215.930 317.480 1 Cash—non-interest-bearing . . . . . . . . . . . . 1 1.562.344 2 1.507.279 2 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 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 6 Notes and loans receivable, net . . . . . 8 Inventories for sale or use . . . . . . 9 Land, buildings, and equipment cost or other basis Complete Part 10.981 10a 10a VI of Schedule D 461 10b 10.981 0 b Less accumulated depreciation . . . . 10c 11 11 345,149 12 613,296 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 2,123,884 16 2,438,055 8.475 17 492 17 Accounts payable and accrued expenses 18 18 19 19 20 20 Liabilities 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 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 24.958 25 Other liabilities Complete Part X of Schedule D . . . . . 25 26.055 26 Total liabilities. Add lines 17 through 25 . . . . . 33,433 26 26,547 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 2.086.445 2,411,508 27 27 Unrestricted net assets . . . . 28 4.006 28 0 Temporarily restricted net assets . . . . . Fund 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here 📂 🥅 and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 2,411,508 33 Total net assets or fund balances . . . . 2,090,451 33 34 Total liabilities and net assets/fund balances . . . . . 2.123.884 2,438,055 34

### Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3а	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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

**Employer identification number** 

OMB No 1545-0047

Inspection

### **SCHEDULE A**

(Form 990 or 990EZ) Department of the Treasury

Internal Revenue Service

h

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.

**Public Charity Status and Public Support** 

Name of the organization American Football Coaches Foundation

•		Reason for Fubile charity Status (All organizations must complete this part.) See histractions
ne o	rganı	zation is not a private foundation because it is (For lines 1 through 11, check only one box )
1	Γ	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).
2	Γ	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	Γ	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state
5	Γ	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	$\Gamma$	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	Γ	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	$\vdash$	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9	<u>'</u>	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross
9	1*	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% 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 )
0	<u> </u>	An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b>
1	1	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 <b>section 509(a)(3).</b> Chec the box that describes the type of supporting organization and complete lines 11e through 11h  a
e	Γ	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)

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

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 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? Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ed in rning	(v) Did you notify the organization in col (i) of your support?		(vi) Is the organizati col (i) orga	on in anized	(vii) A mount of support?
		ınstructions))	Yes	No	Yes	No	Yes	No	
Total									

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b)</b> 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	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) <b>Dublic Support</b> Subtract line F from						
6	<b>Public Support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b</b> ) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV ) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and <b>stop here</b>						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
<b></b>	and <b>stop here.</b> The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	<b>▶</b> □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and <b>stop here.</b> The organization				,		▶
17a	10%-facts-and-circumstances test-	<b>-2009.</b> If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						<b>▶</b> ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

**▶**□

### Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Se	ction A. Public Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	562,289	798,963	2,607,975	1,518,433	1,698,999	7,186,65
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						
3	purpose Gross receipts from activities that						
3	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						
6	the organization without charge <b>Total.</b> Add lines 1 through 5	562,289	798,963	2,607,975	1,518,433	1,698,999	7,186,65
	A mounts included on lines 1, 2,	,	,	, ,		, ,	· · ·
	and 3 received from disqualified						
	persons						
b	A mounts 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						
С 8	Add lines 7a and 7b <b>Public Support</b> (Subtract line 7c						
0	from line 6)						7,186,65
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	<b>(f)</b> Total
9	A mounts from line 6	562,289	798,963	2,607,975	1,518,433	1,698,999	7,186,65
10a	Gross income from interest,						
	dividends, payments received on	20.174	12.027	76 201	77.662	72 507	200 65
	securities loans, rents, royalties and income from similar	39,174	42,927	76,381	77,662	72,507	308,65
	sources						
Ь	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	39,174	42,927	76,381	77,662	72,507	308,65
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	6,250	130,815	180,700	-273,263	-301,601	-257,09
	capital assets (Explain in Part	, l	,	,	,		•
13	IV ) Total support (Add lines 9, 10c,	607.712	072.705	2.005.050	1 222 022	1 460 005	7 220 21
	11 and 12 )	607,713	972,705	2,865,056	1,322,832	1,469,905	7,238,21
14	First Five Years If the Form 990 is check this box and stop here	for the organizatio	n's first, second	, thırd, fourth, or f	ıfth tax year as a	501(c)(3) organi	zation, ►
Se	ection C. Computation of Pub	lic Support Pe	rcentage				
15	Public Support Percentage for 2009			13 column (f))		15	99 290 %
16	Public support percentage from 200			.,,		16	93 060 %
•	,, , ,		,				23 000 7
Se	ection D. Computation of Inv						
17	Investment income percentage for	<b>2009</b> (line 10c col	lumn (f) dıvıded b	y line 13 column	(f))	17	4 260 %
18	Investment income percentage from	n <b>2008</b> Schedule <i>A</i>	A, Part III, line 1	7		18	4 550 %

L9a 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

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.** 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

Schedule A (Form 990 or 990-EZ) 2009

## Software ID: Software Version:

**EIN:** 91-1932432

Name: American Football Coaches Foundation

### Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours	Posi t	(( tion ( hat a	che	)			(D) Reportable compensation from the	(F) Estimated amount of other	
	per week	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
RC SLOCUM PRESIDENT	1 00	Х		х				500	0	0
DAL SHEALY VICE PRESIDENT	1 00	Х		х				500	0	0
JANET ROBERTSON SECRETARY	8 00	Х		х				0	55,075	0
ADAM GUESS TREASURER	8 00	Х		х				0	64,000	0
GRANT TEAFF EXECUTIVE DIRECTOR	4 00	Х		х				0	321,004	56,528
TURNER GILL DIRECTOR	1 00	Х						250	250	0
DANIEL KNOTTS DIRECTOR	1 00	Х						500	0	0
GREG ABEL DIRECTOR	1 00	Х						0	0	0
DENNIS GRAPENTHIN DIRECTOR	1 00	Х						0	0	0
JIM TRESSEL DIRECTOR	1 00	Х						0	0	0
DENNIS POPPE DIRECTOR	1 00	Х						500	0	0
BOB CASCIOLA DIRECTOR	1 00	Х						250	0	0
MIKE BOURLAND DIRECTOR	1 00	Х						125	125	0
RICH RODRIGUEZ DIRECTOR	1 00	Х						250	250	0
MIKE WILCOX DIRECTOR	1 00	Х						0	0	0
ROY HAMLIN DIRECTOR	1 00	X						500	0	0
KENNY HANSMIRE DIRECTOR	1 00	Х						250	0	0
CHUCK NEINAS DIRECTOR	1 00	Х						0	0	0
GENE WASHINGTON DIRECTOR	1 00	Х						0	0	0
BOB FORD DIRECTOR	1 00	Х						0	0	0
DENNIS GRAPENTHIN DIRECTOR	1 00	Х						250	0	0
TYRONE WILLINGHAM DIRECTOR	1 00	Х						0	0	0

### Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Publications production	142,506	142,506		0
Audio and visual produc	140,776	138,952	1,824	0
MISCELLANEOUS	55,487	32,788	13,909	8,790
food & beverage	41,959	326	41,633	0
Speaker honorarium	12,150	12,150	0	0

DLN: 93493133049011

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

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

Open to Public

пеша	Revenue Service F Attach to Fo	orm 990. F See separate instructions.	Inspection
	me of the organization erican Football Coaches Foundation		Employer identification number
			91-1932432
Pa	Organizations Maintaining Donor Ac		inds or Accounts. Complete if the
	organization answered "Yes" to Form 99	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Bonor advised idinas	(b) I alias alia other accounts
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the o	-	or advised Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit		•
Pa	rt II Conservation Easements. Complete	ıf the organızatıon answered "Yes" to	Form 990, Part IV, line 7.
2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualication of the last day of the tax year	on or pleasure)	historically importantly land area ertified historic structure of a conservation
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified his	toric structure included in (a)	2c
d	Number of conservation easements included in (c) ac	equired after 8/17/06	2d
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminated	d by the organization during
	the taxable year 🛌		
4	Number of states where property subject to conserva	ation easement is located ►	<u></u>
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ling of violations, and Yes No
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easeme	ents during the year ▶
7	A mount of expenses incurred in monitoring, inspecting	ng, and enforcing conservation easements	during the year ► \$
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	(d) above satisfy the requirements of sect	∵ion <b>⊤Yes                                    </b>
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the organization's financial	
Pai	<b>t III</b> Organizations Maintaining Collectio Complete if the organization answered "		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or researc	h ın furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research in	•
	(i) Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$
	(ii) Assets included in Form 990, Part X		<b>►</b> \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS		

Revenues included in Form 990, Part VIII, line 1

**b** Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tre</u>	<u>easur</u>	es, or O	<u>the</u>	· Simila	<u>r Asse</u>	ts (cc	ntınued)
3	Using the organization's accession and other items (check all that apply)	records, check an	y of th	ne foll	owing th	nat are	a sıgnıfıca	int us	e of its c	ollection		
а	Public exhibition		d	Γ	Loan o	rexcha	ange progr	ams				
ь	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	llections and expla	ıın hov	w they	further	the or	ganızatıon	's ex	empt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					ılar	Γ,	Yes	┌ No
Par	Part IV, line 9, or reported an an	ements. Compl	ete ıf	the o	organiz	ation			es" to Fo	rm 990	,	·
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	ediary	for c	ontribut	ions or	other ass	ets n	ot	Γ,	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	and complete the	follow	ving ta	ble		Г					
							-	_		A mou	nt	
C	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year						-	1e				
f	Ending balance						L	<b>1</b> f				
2a	Did the organization include an amount on Fo	rm 990, Part X, lin	e 21?							Γ,	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV							_				
Pa	rt V Endowment Funds. Complete	f the organizatio (a)Current Year		)Prior \			orm 990, Years Back		IV, line hree Years		Equr V	ears Back
1a	Beginning of year balance	4,006	(D	PHOL	822,733	(c) Iwo	rears back	(a)	niee rears	back (e)	rour to	ears back
ь	Contributions	1,000			022,733							
c	Investment earnings or losses	-4,006										
d	Grants or scholarships	.,,,,										
e	Other expenditures for facilities				818,727							
-	and programs				010,727							
f	Administrative expenses											
g	End of year balance				4,006							
2	Provide the estimated percentage of the yea	r end balance held	as					•		•		
а	Board designated or quasi-endowment 🕨											
ь	Permanent endowment											
С	Term endowment ▶											
3a	Are there endowment funds not in the posses	ssion of the organiz	atıon	that a	re held	and ad	mınıstered	d for t	:he			
	organization by	•									Yes	No
	(i) unrelated organizations									3a(i)		Νo
	(ii) related organizations									3a(ii)		No
	If "Yes" to 3a(II), are the related organization	•						٠		3b		
4	Describe in Part XIV the intended uses of th					\0 D=	+ 1/ 1	1.0				
Par	t VI Investments—Land, Buildings	s, and Equipme	<u>πτ. 5</u>			•	· ·				Г	
	Description of investment				a) Cost or sıs (ınves		( <b>b)</b> Cost or basis (oth			ımulated cıatıon	(d) B	ook value
1a	Land		•									
b	Buildings		•									
c	Leasehold improvements											
d	Equipment		-			10,981				10,981		0
_ e	Other	<u></u>										
Tota	<b>l.</b> Add lines 1a-1e <i>(Column (d) should equal Fo</i>	rm 990, Part X, colui	mn (B,	), line	10(c).)				▶			0
									Sched	dule D (F	orm 9	90) 2009

Part VII Investments—Other Securities. See  (a) Description of security or category			d of valuation
(including name of security)	(b)Book value	Cost or end-of	f-year market value
Financial derivatives  Closely-held equity interests			
Other			
Mutual funds	613,296		С
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	613,296		
Part VIII Investments—Program Related. See	· · · · · · · · · · · · · · · · · · ·		
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
	(=, = =================================	Cost or end-of	f-year market value
Total. (Column (b) should equal Form 990. Part X. col (B) line 13 )			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, lin			
	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	e 15. tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, ling (a) Description (a) Description (b) Should equal Form 990, Part X, col.(B) line 1	e 15. tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	e 15. tion		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	E 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	E 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	E 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	E 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	E 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	E 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	E 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	E 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	E 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	E 15. tion  5.) , line 25. (b) A mount	<b>.</b>	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	E 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	E 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	E 15. tion  5.) , line 25. (b) A mount		(b) Book value

Par	<b>TEXIT</b> Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,469,905
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,148,849
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	321,056
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	321,056
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	1,949,582
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a		
ь	Donated services and use of facilities 2b		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 479,677		
e	Add lines <b>2a</b> through <b>2d</b>	2e	479,677
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,469,905
4	A mounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
С	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	1,469,905
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	1,624,520
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	475,671
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,148,849
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,148,849
Par	t XIV Supplemental Information		
	oplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part III,	art IV , I	ınes 1b and 2b,

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
		Part XII, line 2d, AUDIT REPORT INCLUDES ASSETS
		RELEASED FROM RESTRICTIONS THAT WERE REPORTED
		AS REVENUES IN PRIOR REPORTING PERIODS of \$4,006 In
		addition, Special event revenue is reported net of \$475,671 of
		direct expenses Part XIII, line 2d, Direct expenses of
		\$475,671 in connection with special events are netted with
		Special Event revenue

As Filed Data -

DLN: 93493133049011

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

IL,NY

# **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

2009

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.

Open to Public Inspection

		ch to Form 990 or Form 9	50 EZIF See separate mstre	icuons.	Inspection
Name of the organization American Football Coaches	Foundation			Employer ider	ntification number
	Podildation			91-1932432	
	<b>Activities.</b> Completeliers are not required			" to Form 990, Part IV	, line 17.
1 Indicate whether the o	organization raised fund	ds through any of th	e following activities C	heck all that apply	
<b>a</b> Mail solicitations		•	Solicitation of n	on-government grants	
<b>b</b> Internet and e-ma	ıl solıcıtatıons	1	F Solicitation of g	overnment grants	
c   Phone solicitation	s	ģ	」	ing events	
<b>d</b> 🔽 In-person solicita	tions				
<b>b</b> If "Yes," list the ten hi	ahest paid individuals	or entities (fundrais	ara) nursuant to agree	ments under which the fur	adraic or ic
(i) Name of individual or entity (fundraiser)		(iii) Did fundraiser have custody or control of		(v) A mount paid to (or retained by) fundraiser listed in	
(i) Name of individual	least \$5,000 by the or	(iii) Dıd fundraıser have custody or	(iv) Gross receipts	(v) A mount paid to (or retained by)	(vi) A mount paid to (or retained by)
(i) Name of individual	least \$5,000 by the or	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					report	ed
			(a) Event #1  CEO/COTY Banquet (event type)	(b) Event #2  Chicago Golf (event type)	(c) O ther Events  1 (total number)	(d) Tot (Add col col		
₽	1	Gross receipts	1,462,830	152,572	110,483		1,72	5,885
Revenue	2	Less Charitable	1,362,080	110,046	79,689		1,551	1,815
<u>~</u>	3	Gross income (line 1 minus line 2)	100,750	42,526	30,794		174	4,070
	4	Cash prizes						
မွာ	5	Non-cash prizes						
Expenses	6	Rent/facility costs						
	7	Food and beverages						
Direct	8	Entertainment						
Δ	9	Other direct expenses .	297,372	116,181	62,117		475	5,670
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	•		475	5,670
	11	Net income summary Combine III	<u> </u>					1,600
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir	rganızatıon answered ne 6a.	"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more	e than	l
Revenue			(a) Bıngo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col		
	1	Gross revenue						
စ္	2	Cash prizes						
Expenses	3	Non-cash prizes						
	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	V olunteer labor	Г Yes <u>%</u> Г No		│ Yes <u>%</u> │ No			
	7	Direct expense summary Add lines	s 2 through 5 ın column (	d)				
	8	Net gaming income summary Com	bine lines 1, column d, a	nd line 7				
9 a b	Is th	er the state(s) in which the organiza he organization licensed to operate No," Explain				· 9a	Yes	No
10a b		e any of the organization's gaming l	licenses revoked, susper	nded or terminated during	the tax year?	10a		
11 12	Is th	s the organization operate gaming a he organization a grantor, beneficia ned to administer charitable gaming	ry or trustee of a trust or	a member of a partnersh	ıp or other entity	11		
						12	$oldsymbol{ol}}}}}}}}}}}}}}}}}}$	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
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?	,	
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		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Independent contractor		
<b>.7</b>	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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DLN: 93493133049011 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

### **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

Open to Public **Inspection** 

Name of the organization						Employer identifica	tion number
American Football Coaches Fou	ındation					91-1932432	
Part I General Inform	nation on Gran	ts and Assistance				•	
the selection criteria use  Describe in Part IV the o  Part II Grants and Otl	d to award the grange rganization's proce ner Assistance	ubstantiate the amount of to ts or assistance? dures for monitoring the us to Governments and y recipient that receive	e of grant funds in the	United States  the United States		anızatıon answered '	
		990) if additional space					
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of sec	tion 501(c)(3) and	government organizations					
						,	

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

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table					
	·			ı	

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

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the US	Part I, Line 2	Schedule I, Part I, Line 2 each year the foundation gives scholarship and grant awards to various collegiate and high school coaches who earn certain honors during the year In addition to the \$10,000 Randy Walker scholarship and the Power of Influence scholarship, amounts are paid to coaches and assistant coaches of schools winning championships and the school where the CEO Coach of the Year attended The amount each recipient receives ranges from \$1,000 to \$1,500 Checks are made payable to the schools and mailed to the athletic directors coaches who win multiple awards are only given an additional \$500 per award The AFCF also provides AFCA membership fee scholarship for high school coaches

Software ID: Software Version:

**EIN:** 91-1932432

Name: American Football Coaches Foundation

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Scholarship awards for Championship coaches	9	9,000			
Scholarship awards for Coach of the year awards	9	9,000			
Scholarship awards for Championship and coach of the year awards	19	13,500			
Scholarship awards for Assistant Coach of the year awards	5	5,000			
CEO COTY Scholarship Award	10	10,000			
Randy Walker Fund Scholarship	1	10,000			
Power of influence scholarship	1	1,000			
A merican Football Coaches Association Membership Fees	83	4,980			

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DLN: 93493133049011

OMB No 1545-0047

Open to Public

Inspection

### Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization American Football Coaches Foundation **Employer identification number** 

91-1932432

Pa	rt I Questions Regarding Compensation			
			Yes	Νo
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	Compensation committee   Written employment contract			
	Independent compensation consultant			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(i) Base (ii) Bonus & Incentive compensation		SC compensation  (iii) Other reportable compensation	(C) Retirement and other deferred compensation	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(1)-(D)	( <b>F</b> ) Compensation reported in prior Form 990 or Form 990-EZ	
GRANT TEAFF ((	(ı) ıı)	0 320,004	0	0	0 50,000	0 6,528		0	
			1,000	0	30,000	0,320	377,332	0	

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
	1 '	Grant Teaff is a participant in a non-qualified deferred compensation plan through American Football Coaches Association, a related tax-exempt organization. The total contributed to the plan during 2009 was \$50,000

Schedule J (Form 990) 2009

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DLN: 93493133049011

### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Transactions with Interested Persons**

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

OMB No 1545-0047

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Name of the organization American Football Coaches Foundation						-	dent if icat io	n numbei	•		
Part I Excess Benefit Train							4) organı		only).	40b	
			Tes on form 9	<del>90, r</del>	·			omi 990-62, Part V, ime 4			rected?
1 (a) Name of disq	ualıfıed	person			<b>(b)</b> Desc	riptio	on of trans	action		Yes	No
2 Enter the amount of tax impos		_	_					ear unde	r		
section 4958									• •		
3 Enter the amount of tax, If any	, on line	∠, abo	ve, reimbursea	by th	ie organization .	•	• • •		- \$		
Part II Loans to and/or I	From :	Intere	sted Person	ıs.							
Complete if the organiz	zation a	ns we re	d "Yes" on Form	1990	), Part IV, line 26	, or F	orm 990-E				
	(b) Lo	oan to	,			١,	<b>)</b> In App			( <b>)</b>	_
(a) Name of interested person and		m the	(c)O rigina		(d)Balance due		ault?	A pprov	1	<b>(g)</b> Writte igreemen	
purpose	organiz	zation?	principal amo				committee?				
	То	From				Yes	No	Yes	No	Yes	No
							_		+		
							_		+ +		
			<u> </u>	\$							
Total					Persons						
Complete if the orga						/. lin	e 27.				
					een interested per						
(a) Name of Interested pers	on		and th	ne or	ganızatıon		(C)AIT	iount or g	rant or type	orassist	ance
Part IV Business Transact	tions I	'ny oly	ing Interest	- A	Dersons						
Complete if the orga						/. lin	e 28a. 28	b. or 28	C.		
			) Relationship		,	<del>,</del>	,	_,		(e) Sh	arıng of
(a) Name of interested perso	n		veen interested		(c) A mount of		(d) Descr	rintion of	transaction	organi	zatıon's
(a) Name of miletested perso	11	•	rson and the		transaction		(u) Desci	i i ption of	a 5 a C L I U I I	Teve	nues?
		+	organization	+						Yes	No
Layne Pıttman			ter of executive		12,8		Producing a				Νο

Software ID: Software Version:

**EIN:** 91-1932432

Name: American Football Coaches Foundation

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DLN: 93493133049011

OMB No 1545-0047

2009

Open to Public Inspection

**SCHEDULE 0** 

(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.

Name of the organization

Employer identification number

91-1932432

American Football Coaches Foundation

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		Form 990 is mailed to members of the board prior to the May board meeting for review. The return is formally discussed and approved by the Board in the May meeting.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Employees and board members are required annually to disclose any conflicts of interest or potential conflicts

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		Compensation is determined based on the operating agreement between the AFCA and the AFCF. The AFCA Board of directors uses salary surveys of similar positions from organizations with a similar mission. The board approves the compensation through resolution.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The AFCF makes its governing documents conflict of interest policy, and financial statements available to public inspection upon request

ldentifier	Return Reference	Explanation
Form 990, Part XI, Line 2c		The finance committee assumues responsibility and oversight of the audit and the selection of an independent accountant and audit

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

DLN: 93493133049011

OMB No 1545-0047

2009

**Open to Public** Inspection

Schedule R (Form 990) 2009

Employer identification number

### **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

**SCHEDULE R** 

American Football Coaches Foundation				91-1932432	
Part I Identification of Disregarded Entities (Complete	e if the organization a	nswered "Yes" on	Form 990, Part I	(V, line 33.)	
(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
Part II Identification of Related Tax-Exempt Organiza or more related tax-exempt organizations during the	<b>tions</b> (Complete if th tax year.)	e organization an	swered "Yes" on	Form 990, Part	IV, line 34 because it had one
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sectio	(e) Public chanty sta (if section 501(c)	atus Direct controlling entity
American Football Coaches Associaction					90, Part IV, line 34 because it had one  (f) Direct controlling entity
100 Legends Lane  Waco, TX 76706 02-0232424	(c) Legal domicile (state or foreign country)  Total income  End-of-year assets  Direct controlling entity  Direct controlling entity   ganizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one ring the tax year.)  (b) Primary activity    (c) (d) (e) End-of-year assets   Direct controlling entity				
02-0232424					

Cat No 50135Y

(a) Name, address, and EIN of related organization  (b) Primary activity		ty		(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets		(h) Disproprtionate allocations?		te Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		<b>(j</b> Gener mana partr	al or Iging
								Yes	No			Yes	No
				s a Corporation of treated as a corpo				nswer	ed "Y	es" on F	orm 990, P	art IV,	
	cause it had one t		ciacca organización.				(f)	)	Ī	(a)	(h)		
(a) Name, address, and EIN o	f related organization	<b>(b)</b> Primary ad	ctivity	(c) Legal domicile (state or foreign country)	( <b>d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share of incor	f total	Sh end-	(g) nare of -of-year issets	(h) Percentag ownership		
									1				
									1				

(6)

chedule R (Form 990) 2009			Pag	je:
Part V Transactions With Related Organizations (Complete if the organization answer	red "Yes" on Form 990, Part IV, line 34, 35, or 36.)			
Note. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more relat	ed organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1	la		No
<b>b</b> Gift, grant, or capital contribution to other organization(s)	1	lb \	Yes	
<b>c</b> Gift, grant, or capital contribution from other organization(s)	1	Lc		No
<b>d</b> Loans or loan guarantees to or for other organization(s)	1	ld		No
e Loans or loan guarantees by other organization(s)	1	le	$\Box$	No
f Sale of assets to other organization(s)	1	Lf	-	Ne
g Purchase of assets from other organization(s)	1	Lg		N
h Exchange of assets	1	Lh		No
i Lease of facilities, equipment, or other assets to other organization(s)	1	Li		N
			$ \longrightarrow $	
j Lease of facilities, equipment, or other assets from other organization(s)	<u> </u>	Lj		No
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)	_1	Lk		No
I Performance of services or membership or fundraising solicitations by other organization(s)	L <sub>1</sub>	LI		No
m Sharing of facilities, equipment, mailing lists, or other assets	_1	lm \	Yes	
n Sharing of paid employees	1	Ln \	Yes	
Reimbursement paid to other organization for expenses	1	Lo L	$\dashv$	No
	<u> </u>	lp	$\rightarrow$	No
p Reimbursement paid by other organization for expenses	F	-	$\dashv$	
<b>q</b> Other transfer of cash or property to other organization(s)	1	lq		N
r Other transfer of cash or property from other organization(s)	t	Lr		N

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relations	hips and transaction thres	sholds
(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) American Football Coaches Associaction	М	203,808
(2) American Football Coaches Associaction	N	478,219
(3) American Football Coaches Associaction	В	410,000
(4)		
(5)		

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		<b>(e)</b> Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	N	
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