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Organization Exempt From I

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A r</u>	or tn	2010 calendar year	<u> </u>	<u> </u>			, and endir	19			, 20		
R.	heck if ap		ation THE NATI		BALL FO	OUNDATIO	ON		D Employer ide		on number		
	_	& COLLEGE	E HALL OF F	AME, INC.					22-150	3812			
\perp	Addre	Doing Business A					· · · · ·						
	Name		et (or PO box if mai		treet addres	s)	Room/suite		E Telephone nu		_		
	Initial		COLINAS BLV				1130	_	(972) 55	6-100	00		
L	Term	City or town, state or country, and ZIP + 4											
	Amen return	INVINO,							G Gross receipt		6,881,132.		
	Applic pendi	9	ress of principal office						H(a) Is this a grou affiliates?	p return fo	Yes X No		
			COLINAS BLV	D EAST IRV	/ING, :	rx 7503	9		H(b) Are all affilia	es include	d? Yes No		
		mpt status X 501(c)			t no)	4947(a)(1)	or 52	7	If "No," attac	halist (se	e instructions)		
J	Websi	e: ▶ WWW.FOOTBA	LLFOUNDATIO	N.ORG			.,		H(c) Group exemp				
		forganization X Corpo	ration Trust	Association	Other 	·	L Year o	f format	1947 M	State of I	egal domicile NY		
Pa	rt I	Summary	· ·										
	1	Briefly describe the orga	anization's mission	n or most significa	int activitie:	s			-				
e)		THE FOUNDATION											
anc		AMATEUR FOOTBA					DERSHIP	, SE	PORTSMANSH	IIP,			
ē		COMPETITIVE ZE											
Governance	2	Check this box ▶											
•ಕ	3	Number of voting memb								3	47.		
Activities	4	Number of independent	voting members (of the governing t	oody (Part	VI, line 1b)				4	47.		
ξ	5	Total number of individu	ials employed in c	alendar year 2010	0 (Part V, I	ne 2a)				5	53.		
Ac	6	Total number of volunte	ers (estimate if nec	essary)						6	150.		
	7 a	Total gross unrelated bu	isiness revenue fro	m Part VIII, colum	nn (C), line	12				7a			
	b	Net unrelated business	taxable income fro	m Form 990-T, lin	ne 34	<u> </u>				7 b			
Q									Prior Year		Current Year		
CERNONING)	8	Contributions and grants	s (Part VIII, line 1h)						2,324,48		4,983,783.		
	9	Program service revenue	e (Part VIII, line 2g)						838,71		1,169,520.		
6	10	nvestment income (Par	t VIII, column (A),	lines 3, 4, and 7d))				-112,09		136,357.		
回	11	Other revenue (Part VII	I, column (A), lines	5, 6d, 8c, 9c, 10d	c, and 11e)				-452 , 34	4 .	-510,398.		
	12	Total revenue - add line	s 8 through 11 (m	ust equal Part VIII	l, column (A), line 12),			2,598,76		5,779,262.		
N.	13	Grants and similar amou	unts paid (Part IX, d	column (A), lines 1	1-3)				851,63	1.	414,889.		
<u></u>	14	Benefits paid to or for m	nembers (Part IX, c	olumn (A), line 4)						0.	0.		
C:SeSi	15	Salaries, other compens	sation, employee b	enefits (Part IX, co	olumn (A),	lines 5-10)			2,675,95	5.	2,599,195.		
Ģ	16a	Professional fundraising fees (Part IX, column (A), line 11e)							42,17	8.	109,045.		
Expe	b	Total fundraising expenses (Part IX, column (D), Ine 25)				2							
==	17	Other expenses (Part IX	(, column (A), lines	11a-11d, 144-341		VEU .			1,821,50		1,556,058.		
	18	Total expenses Add line	es 13-17 (must eq	ual Part ﷺ colum	n (A), line	25) (ñ		5,391,26	8.	4,679,187.		
	19	Revenue less expenses	Subtract line 18 f	rom line 🔁 . 🛝	IG 1.5	.2nss . C	<u> </u>		-2,792,50	7.	1,100,075.		
Net Assets or Fund Balances							2 ∥	Begin	ning of Current Y		End of Year		
set	20	Total assets (Part X, line	16)		0.0 PM	0	<u> </u>		15,165,40		15,697,720.		
₹ B B	21	Total liabilities (Part X, li	ne 26)		JUEN	, UT			8,524,94		7,357,577.		
<u> 원</u>	22	Net assets or fund balar	nces Subtract line	21 from line 20.	<u></u>		~ · · · · · ·		6,640,45	9.	8,340,143.		
	rt II	Signature Block											
Und	der per rect. ar	alties of perjury, I declare the decomplete Declaration of p	at I have examined the	us return, including	accompany	ing schedules	and statement	s, and to	o the best of my k	nowledge	and belief, it is true,		
		A T	1 // 0	vet -		, , , , , , , , , , , , , , , , , , ,				7.	1		
	ign	am	1. Walle							191	11		
Н	ere	Signature of officer	4 11		7		0	^	Date	' '			
		STEVEN		CHELL,	PRE	50DE	NT d	<u> </u>	EU				
		Type or print name a				$\overline{}$							
Paid		Print/Type preparer's name	1	Preparer's sign	ature+	ナノ	Date	10	Check if self-		PTIN		
	ı parer	0 = 110 1 110 1	lylor	1/2/		41	8/9	2/11	employed >		P00300382		
	Only	Firm's name SPIELMAN KOENIGSBURG & PARKER LIP									367751		
		Firm's address > 888 SI	EVENTH AVENUE 35	TH LOOR NEW YO	ORK, NY	106-0002			Phone no	212-4	189-5200		
May	the I	S discuss this return w	ith the preparer sh	n above? (see i	instruction	3)				<u> </u>	X Yes No		
For	Page	work Reduction Act No	tice see the sena	rate instructions							Form 990 (2010)		

**		

the prior Form 990 or 990-EZ?	Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
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? 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	1	
the prior Form 990 or 990-E2?		•
the prior Form 990 or 990-E2?		
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services by expenses ("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		the prior Form 990 or 990-EZ?
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HALL OF FAME EXPENSES— COSTS ASSOCIATED WITH SUPPORTING THE HALL OF FAME OF THE NATIONAL FOOTBALL FOUNDATION & COLLEGE HALL OF FAME, INC. LOCATED IN SOUTH BEND, INDIANA. 4b (Code	4	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
OF FAME OF THE NATIONAL FOOTBALL FOUNDATION & COLLEGE HALL OF FAME, INC. LOCATED IN SOUTH BEND, INDIANA. 4b (Code		
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OF THE NATIONAL FOOTBALL FOUNDATION & COLLEGE HALL OF FAME, INC.,		/////
INCLUDING PROGRAMS CONDUCTED AT LOCAL CHAPTER LEVELS.		
		INCLUDING PROGRAMS CONDUCTED AT LOCAL CHAPTER LEVELS.
4d Other program services (Describe in Schedule O) ATTACHMENT 2		
(Expenses \$ 1,035,613. Including grants of \$ 234,000.)(Revenue \$) 4e Total program service expenses ▶ 3,663,160.		
	- U	7, 663, 160.



Form 9	90 (2010	22-1. 812		Page 3
Part		Checklist of Required Schedules	-	
			Ye	No No
1	Is the	organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		
		ete Schedule A		(
2	Is the	organization required to complete Schedule B, Schedule of Contributors? (see instructions) $\dots \dots $		۲
3	Did the	e organization engage in direct or indirect political campaign activities on behalf of or in opposition to		
	candid	atès for public office? If "Yes," complete Schedule C, Part I		X
4	Sectio	n 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-	
	electio	on in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the	organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,		
	assess	ments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,		1
				X
6		e organization maintain any donor advised funds or any similar funds or accounts where donors have		
	_	tht to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"		1
	-	ete Schedule D, Part I		X
7		e organization receive or hold a conservation easement, including easements to preserve open space,		١
		vironment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<u> </u>
8		e organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		,
		ete Schedule D, Part III		K
		e organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part		
		provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"		1,
	•	ete Schedule D, Part IV		X
10		ne organization, directly or through a related organization, hold assets in term, permanent, or	. .	ار
		endowments? If "Yes," complete Schedule D, Part V) .	K
		organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		
		I, IX, or X as applicable		
а		e organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	_ .	x
_		ule D, Part VI	<u>a _ </u>	`
D		e organization report an amount for investments—other securities in Part X, line 12 that is 5% or more otal assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	_	x
•		e organization report an amount for investments-program related in Part X, line 13 that is 5% or more	-	 "
C		otal assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		x
а		e organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	-	+
u			ا ا	x
		ed in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		x
		e organization's separate or consolidated financial statements for the tax year include a footnote that addresses	-	+
•		anization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	f	X
12a		e organization obtain separate, independent audited financial statements for the tax year? If "Yes,"		1
		te Schedule D, Parts XI, XII, and XIII	a i	x
b		e organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if		
		anization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	ь	X
13		organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	3	X
		e organization maintain an office, employees, or agents outside of the United States?	а	X
b	Did the	e organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		
	busine	ss, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV · · 14	b	X
15	Did the	e organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		
	organi	zation or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15	5	X
16	Did the	e organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		
		viduals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	3	X
17	Did the	e organization report a total of more than \$15,000 of expenses for professional fundraising services		
	on Par	t IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	<u>, </u>	X
18		e organization report more than \$15,000 total of fundraising event gross income and contributions on	1	
		III, lines 1c and 8a? If "Yes," complete Schedule G, Part II	3 3	X
19		e organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		_
		complete Schedule G, Part III		X
		e organization operate one or more hospitals? If "Yes," complete Schedule H	a	X
þ		" to line 20a, did the organization attach its audited financial statements to this return? Note . Some Form	1	
	990 file	ers that operate one or more hospitals must attach audited financial statements (see instructions) 20	b	

Form **990** (2010)



22-1

Par	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	١.,	l "I	ı
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States		l .	! !
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	_
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		x	
	employees? If "Yes," complete Schedule J	23		
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? If "Yes," answer lines 24b			Х
	through 24d and complete Schedule K. If "No," go to line 25	24a		
D	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	242		
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	250		Х
_	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	230	-	<u> </u>
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L. Part II.	26		х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	2 3 2 5	24.14	.1,7
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	A NE		新港
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	" "	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
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		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? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			v
35	IV, and V, line 1	34		X
ээ a	Did the organization receive any payment from or engage in any transaction with a	35		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2			
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<u> </u>	$\vdash \vdash \vdash$	
-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R			
	Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	197 Note. All Form 990 filers are required to complete Schedule O	38	x	

m 990 (201	U	22-13	012
art V	Statements Regarding Other IRS Filings and Tax Compliance		

	Check if Schedule O contains a response to any question in this Part V			X
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1 c		
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 53		,	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			17
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3ь		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		1	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	.		Х
_	account)?	4a		Λ
D	If "Yes," enter the name of the foreign country			
52	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
-	organization solicit any contributions that were not tax deductible?	6a	х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6ь	x	
7	Organizations that may receive deductible contributions under section 170(c).			
а	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	Х	
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b	Х	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		<u> X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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	8		X
9	organization, have excess business holdings at any time during the year?	0		
а	Did the organization make any taxable distributions under section 4966?	9a		Х
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	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			l
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			Ţ
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		Х
	Note. See the instructions for additional information the organization must report on Schedule O			
D	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
4.2	Enter the amount of reserves on hand	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		
	The provide an explanation in Schedule C	170		

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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.

	Check if Schedule O centerns a reconence to any question in this Bort VI			[1				
	Check if Schedule O contains a response to any question in this Part VI	• • •	•	X				
Sect	ion A. Governing Body and Management							
	,	C S a	Yes	No #				
1a	Enter the number of voting members of the governing body at the end of the tax year			· ; *,				
b	Enter the number of voting members included in line 1a, above, who are independent	` ' '	. ~ <u>د</u> با	3.5				
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?							
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 governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Does the organization have members or stockholders?	6	Х					
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?	7 b	Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during							
•	the year by the following			'				
а	The governing body?	8a	X					
b	Each committee with authority to act on behalf of the governing body?	8 b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			†				
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X				
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue)					
	on Direction (Time decision Direction and Indiana about position interrequired by the interritorional		Yes	No				
40-	Done the garagest as house level shooters have also as officiated	10a	X					
10a	Does the organization have local chapters, branches, or affiliates?	IVa		\vdash				
D	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?							
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	44.	Х	}				
	form?	11a		 				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	40		x				
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u> </u>				
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	v	}				
13	Does the organization have a written whistleblower policy?	13	Х	\				
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	ļ						
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a						
b	Other officers or key employees of the organization	15b	X	<u> </u>				
	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		<u></u>				
Sect	ion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed \(\subseteq \text{IN, MI, NJ, NY,} \)							
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 X Upon request							
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	rest						
-	policy, and financial statements available to the public	•						
20		he						
-	State the name, physical address, and telephone number of the person who possesses the books and records of toganization THE ORGANIZATION 433 LAS COLINAS BLVD EAST, STE 1130 IRVING, TX	750	39	. _				
	972-556-1000							

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII........

Y	

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
- 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, if any 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

(A)	(B)			(0	C)			(D)	(B) (C) (D) (E)								
Name and Title	Average hours per		_		_	that ap		Reportable compensation	Reportable compensation	Estimated amount of							
ATTACHMENT 4	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations							
(1) EDWARD F MCGINLEY III					İ												
DIRECTOR		X															
(2)WILLIAM V CAMPBELL																	
DIRECTOR		X		<u> </u>			ļ										
(3) EUGENE F CORRIGAN DIRECTOR		x															
(4) JACK LENGYEL					 				· · · · · · · · · · · · · · · · · · ·								
DIRECTOR		x															
(5)ARCHIE MANNING					_					<u> </u>							
CHAIRMAN		Х		х			1										
(6) ROBERT E MULCAHY III			\vdash		<u> </u>		 	-									
DIRECTOR	[Х															
(7)ARCHIE GRIFFIN				-	-												
DIRECTOR		Х															
(8) GEORGE M WEISS			\vdash														
VICE CHAIRMAN		Х		Х													
(9) CLAYTON I BENNETT					_				- "								
VICE CHAIRMAN		Х		Х				1									
(10)BARBARA A. DOOLEY																	
DIRECTOR		Х	;														
(11)TROY AIKMAN																	
DIRECTOR	-7	Х															
(12)ROBERT A SIMMS	<u> </u>				l —		1										
DIRECTOR	-7	Х															
(13)GRANT TEAFF																	
DIRECTOR		Х															
(14)TERRY S JACOBS										· · · · · · · · · · · · · · · · · · ·							
DIRECTOR		Х															
(15)WILLIAM R BATTLE III																	
DIRECTOR		X															
(16)MICHAEL J CLEARY																	
DIRECTOR		X															

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(A)	(B)			(0	C)			(D)	(E)			(F)
Name and title	Average hours per week (describe hours for related organizations in Schedule O)		Institutional trustee		k Key employee	Highest compensated a employee		Reportable compensation from the organization (W-2/1099-MISC)	Reporta compens from rela organiza (W-2/1099	ation ated tions	amo comp fro orga and	imated pount of their ensation m the nization related nizations
(17) JEFFERSON W KIRBY DIRECTOR		x								İ		
(18) GEORGE M STEINBRENNER III												
DIRECTOR (19) JACK FORD	<u> </u>	X			├	-	 					
DIRECTOR		x										
(20) JAMES A. HASLAM II									-		_	
DIRECTOR		Х										
DIRECTOR M COONEY		х										
DIRECTOR		x										
(23) JOE CASTIGLIONE						 	╁					
DIRECTOR	<u> </u>	Х				L.						
DIRECTOR		Х										_
(25)GENE DEFILIPPO												
DIRECTOR		X			ļ		<u> </u>					
DIRECTOR A PLONSKY		x				1			:			
(27) J MURRY BOWDEN			H	_	 	-	├-					
VICE CHAIRMAN		X				1	ľ			Ţ		
(28) DAVID M DAVIS					<u> </u>	1	T					
DIRECTOR	<u> </u>	X			<u> </u>		<u> </u>					
1b Sub-total							\blacktriangleright	064 535				
c Total from continuation sheets to Part VII, S								964,535. 964,535.		0		37,310.
d Total (add lines 1b and 1c)									\$100 000 H			37,310.
reportable compensation from the organization			115 (E) 5	u ai	DUV	e) wii	o re	ceived more than	\$ 100,000 II	1		
												Yes No
3 Did the organization list any former offic	er, directo	or or	tru	ste	e.	kev e	emp	olovee, or highest	compens	ated		
employee on line 1a? If "Yes," complete Sched	ule J for suc	ch ind	lvidu	ıal	٠.						3	Х
4 For any individual listed on line 1a, is the	sum of	repor	table	e c	om	pensa	atioi	n and other comp	pensation	from		
the organization and related organizations												X
Individual											4	Λ
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5	Х
Section B. Independent Contractors							<i>F</i>				 _	
Complete this table for your five highest compensation from the organization	compensat	ed in	dep	enc	den	t con	trac	ctors that received	more that	an \$100	000,0	of
(A) Name and business add								(B) Description of sei	24000		(C)	ation
ATTACHMENT 5		_		_			╁		VICES			
							\dagger					
					_		<u> </u>					
							$oxed{\bot}$					
0 Table				_		- :-	L,					
2 Total number of independent contractors (ii more than \$100,000 in compensation from th				nite	d t	o thos 2	se I	isted above) who	received			
										كالبياب	بالكساعد	

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Par	t VIII	Statement 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
χω	1a	Federated campaigns 1a					
rant	b	Membership dues 1b	250,539.				
S, g	C	Fundraising events 1c	1,066,996.				
gift ar a	d	Related organizations 1d					
ns,	e	Government grants (contributions) 1e					
itioi er si	Í	, , ,					
ribu		and similar amounts not included above . 1f	3,666,248.				
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		4,983,783.			
Program Service Revenue			Business Code				
eve	2a	HALL OF FAME ADMIS	900099	205,720.	205,720.		ļ
e E	ь	HALL FAME FUNDING	900099	521,800.	521,800.		
Š	С	HALL SPONSORSHIP	900099	442,000.	442,000.		
Se	d						
гал	e						
rog	f	All other program service revenue			<u> </u>		
	g	Total. Add lines 2a-2f		1,169,520.			
	3	Investment income (including dividends, inter-	est, and	106 771			196,771.
		other similar amounts). ATTACHMENT		196,771.			190,771.
	4	Income from investment of tax-exempt bond p	_	0.			
	5	Royalties · · · · · · · · · · · · · · · · · · ·	(II) Personal	0.			
		Gross Rents	` <u>`</u>				
	6a b	Less rental expenses					
	6	Rental income or (loss) .					
	d	Net rental income or (loss)		0.			
	7 a	(ı) Securities	(II) Other				
	/a	Gross amount from sales of assets other than inventory					
	ь	Less cost or other basis					
		and sales expenses 60,414.					
	С	Gain or (loss)					
i		Net gain or (loss)	<u> ▶</u>	-60,414.			<u> </u>
ne	8a	Gross income from fundraising	3 m C 11 7				
le l		events (not including \$1,066,996.	ATCH 7				!
è		of contributions reported on line 1c)					
-e		See Part IV, line 18 a	1				
Other Revenu	b	Less direct expenses b Net income or (loss) from fundraising events .		-659,206.]
O	C	Gross income from gaming activities	0 0.	-035,200.			
i	9a	See Part IV, line 19 a					
	ь	Less direct expenses b	1				
	c	Net income or (loss) from gaming activities		0.			
	10a						
		returns and allowances a					
	ь	Less. cost of goods sold b	1				
	c	Net income or (loss) from sales of inventory		0.			
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS	900099	148,808.	148,808.		
	ь				· · · · · · · · · · · · · · · · · · ·		
1	С					<u> </u>	
	d	All other revenue					<u> </u>
	4 2 e	Total. Add lines 11a-11d		148,808.			
	12	Total revenue See instructions		5,779,262.	1,318,328.		196,771.

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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)

	not include amounts reported on lines 6b, , 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 as'sistance to governments and				
	organizations in the U.S. See Part IV, line 21	182,040.	182,040.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	232,849.	232,849.		
3	Grants and other assistance to governments,	Į	į		
	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	343,660.	343,660.		
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.	1 101 760	074 500	147 050
7	Other salaries and wages	1,544,195.	1,121,760.	274,583.	147,852
8	Pension plan contributions (include section 401(k)	162 741	104 476	05 500	12 742
	and section 403(b) employer contributions)	163,741.	124,476.	25,522.	13,743
9	Other employee benefits	415,931.	316,192.	64,830.	34,909
10	Payroll taxes	131,668.	100,095.	20,523.	11,050
11	Fees for services (non-employees)				
	Management	0.	30,767.	16 526	
	Legal	47,303. 46,803.	30,767.	16,536. 16,361.	
	Accounting	40,803.	30,442.	10,301.	
	Lobbying	109,045.			109,045
	Professional fundraising services See Part IV, line 17	0.			109,043
	Investment management fees	104,595.	68,032.	36,563.	_ _
	Other	789.	631.	103.	55
12	Advertising and promotion	32,361.	27,839.	2,939.	1,583
13	Office expenses	0.	27,033.	2,333.	1,303
14	Information technology	0.			
15	Royalties	139,391.	93,392.	29,899.	16,100
16	Occupancy	183,485.	126,203.	37,233.	20,049
17	Travel		120,2001	3172331	207013
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	30,000.	30,000.		
20		5,997.	4,018.	1,979.	
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	17,397.		17,397.	
23	Insurance ATCH 12	70,488.	60,427.	6,540.	3,521
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f If				
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O)				
я	PUBLIC RELATIONS	361,837.	309,255.	34,178.	18,404
-	UTILITIES	114,622.	110,024.	2,989.	1,609
c	EQUIPMENT AND BUILDING REPAI	92,776.	82,512.	6,672.	3,592
d	PHOTOS & AWARDS	88,164.	88,164.		
	HALL OF FAME EXPENSES	77,535.	77,535.		
-	All other expenses	142,515.	102,847.	33,768.	5,900
	Total functional expenses. Add lines 1 through 24f	4,679,187.	3,663,160.	628,615.	387,412
	Joint Costs. Check here ▶ if following			· ·	
	SOP 98-2 (ASC 958-720) Complete this line				
	only if the organization reported in column (B) joint costs from a combined educational			İ	
	campaign and fundraising solicitation	1			

22-15-12

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
\neg	1	Cash - non-interest-bearing	4,156.		3,946.
- 1	2	Savings and temporary cash investments	285,669.	2	1,872,982.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	312,678.	4	275,404.
	5	Receivables from current and former officers, directors, trustees, key	₩		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
		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)), persons	r		
		described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of			
.,		section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use	71,350.	-	83,129.
_	9	Prepaid expenses and deferred charges ATCH .9 [17,215.	9	28,266.
	10a	Land, buildings, and equipment cost or			
I		other basis Complete Part VI of Schedule D 10a 747,797.			
	b	ther basis Complete Part VI of Schedule D Less accumulated depreciation	663,236.		643,297.
	11	Investments - publicly traded securities	7,907,031.	11	7,070,854.
	12	Investments - other securities See Part IV, line 11		12	
1	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	5,904,065.		5,719,842.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	15,165,400.		15,697,720.
	17	Accounts payable and accrued expenses	1,466,303.		899,586.
	18	Grants payable	778,855.	18	883,322.
	19	Deferred revenue	_	19	
	20	Tax-exempt bond liabilities		20	
ŝ	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
abi		employees, highest compensated employees, and disqualified persons			
ן⊏		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties ATCH. 11	515,147.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties		24	
I	25	Other liabilities Complete Part X of Schedule D	5,764,636.	25	5,574,669.
_	26	Total liabilities. Add lines 17 through 25	8,524,941.	26	7,357,577.
ses		Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34.			٧,
ä	27	Unrestricted net assets	3,461,917.	27	4,807,429.
Ba	28	Temporarily restricted net assets	-189,063.	28	-374,182.
힏	29	Permanently restricted net assets	3,367,605.	29	3,906,896.
or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	-	30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets	33	Total net assets or fund balances	6,640,459.		8,340,143.
-1	34	Total liabilities and net assets/fund balances	15,165,400.		15,697,720.
				,	Form 990 (2010)

Form **990** (2010)

Page **12**

Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI		X	
1	Total revenue (must equal Part VIII, column (A), line 12)			262.
2	Total expenses (must equal Part IX, column (A), line 25)			187 <u>.</u>
3	Revenue less expenses Subtract line 2 from line 1	1,1	00,	075.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	6,6	40,	459.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	99,	609.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))	8,3	40,	143.
Pa	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a		2a	^ - -	X
b		2 b	X	
C	the state of the s			
_	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2 c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			1
	issued on a separate basis, consolidated basis, or both			
	X Separate basis Consolidated basis 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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			1
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3 b		

Form **990** (2010)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization THE NATIONAL FOOTBALL FOUNDATION

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.

Employer identification number

& COL	LEGE HALL OF I	FAME, INC.						l	22	-1508812					
Part I	Reason for Pub	lic Charity Statu	s (All organizations mu	st cor	nplete	this pa	art) Se	e instr	uctions						
The org	anization is not a priv	vate foundation be	cause it is (For lines 1 th	rough	11, ch	eck only	one bo	x)							
1	A church, conventi	on of churches, or	association of churches	descrit	oed in s	section	170(b)	(1)(A)(i)	٠.						
2	A school described	d in section 170(b)	n section 170(b)(1)(A)(ii). (Attach Schedule E)												
3	A hospital or a coo	perative hospital s	service organization descr	ibed in	sectio	on 170(b)(1)(A)	(iii).							
4	A medical researd	ch organization op	perated in conjunction wi	th a h	nospita	ıl descr	ibed in	sectio	n 170(t	o)(1)(A)(iii). Ent	er the				
	hospital's name, ci	ty, and state $___$. 	. .							
5	An organization of	perated for the be	nefit of a college or univ	ersity	owned	d or ope	erated I	by a go	vernme	ntal unit descri	bed in				
	section 170(b)(1)(A)(iv). (Complete F	v). (Complete Part II)												
6	A federal, state, or	r local government	al government or governmental unit described in section 170(b)(1)(A)(v).												
7			ormally receives a substantial part of its support from a governmental unit or from the general												
	described in section	on 170(b)(1)(A)(vi)	. (Complete Part II)												
8	•		i on 170(b)(1)(A)(vi). (Com	•											
9 X	-		es (1) more than 331/3%					· · · · · · · · · · · · · · · · · · ·		•	_				
			s exempt functions - sub			-									
			ome and unrelated busi						n 511	tax) from busing	nesses				
			ne 30, 1975 See section												
10			ited exclusively to test for		•				•						
11			rated exclusively for the							-					
			upported organizations de					•			ection				
			pes the type of supporting	_			-	lines 1		− ĭ					
•	a Type I	b Type	••			nally inte			_ d	Type III - Othe					
e			t the organization is not												
	509(a)(1) or section		agers and other than one	or mo	re put	oliciy su	рропес	organ	izations	aescribea in s	ection				
f			en determination from th	o IDC	that it	T.	I 7	Fuma II	T	a III a					
•	organization, check							туре п,	от тур	e iii supporting	[]				
g			nization accepted any gift		ntribut	on from		· · · ·		• • • • • • • •	Ш				
9	following persons?		mization accepted any gin	. 01 00	minbut	ion non	ally O	i iiie							
	<u>- · · · · · · · · · · · · · · · · · · ·</u>		ectly controls, either alor	ne or f	naeth	er with	nerson	e deec	ribed in	(II) Ye	s No				
			dy of the supported organ			or with	person	3 4030	i ibcu iii	11g(i)	+				
			scribed in (i) above?		• •					11g(ii)	_				
			son described in (i) or (ii) a	bove?	• • •					11g(iii)	+				
h			out the supported organiza)		• • • •			• • • • • • • • • • • • • • • • • • • •	ш				
1 (i)	Name of supported	(iı) EIN	(iii) Type of organization	T	Is the	(v) Did v	ou notify	(vi)	s the	(vii) Amount	of				
	organization		(described on lines 1-9	organi	zation in listed in	the orga	nızatıon	organia	zation in	support	•				
			above or IRC section (see instructions))	yourg	overning ment?		(i) of apport?		rganized US?						
				Yes	No	Yes	No	Yes	No						
(A)															
(B)															
(C)															
					<u>_</u>										
(D)															
				-		_									
(E)															
			*	<u> </u>		2 ,									
Total				´											

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

Schedule A (Form 990 or 990-EZ) 2010

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Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
raitii	
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under
	Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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					<u>.</u>	
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						
<u>Sec</u>	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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. (s	see instructions) .		<i>.</i>		12	
13	First five years. If the Form 990 is forganization, check this box and stop here	or the organizat	ion's first, secon	id, third, fourth,	or fifth tax ve	ar as a section	501(c)(3) ▶
	tion C. Computation of Public Sup						
14	Public support percentage for 2010 (li					14	<u></u>
15	Public support percentage from 2009	Schedule A, Pa	ert II, line 14			15	<u>%</u>
16a	331/3% support test - 2010. If the o						
	this box and stop here. The organization	on qualifies as a	publicly suppor	rted organizatıo	n		▶ 🔲
b	331/3% support test - 2009. If the c	organization did	not check a b	ox on line 13 o	or 16a, and line	: 15 is 331/3%	or more,
	check this box and stop here. The organization	anızatıon qualıfı	es as a publicly	supported orga	nızation		▶ 🗀
17a	10%-facts-and-circumstances test - 2						
	or more, and if the organization me						
	Part IV how the organization meets t						
	organization						▶ 🔲
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the orga						
	Explain in Part IV how the organization						
	supported organization						▶ 🗀
18	Private foundation. If the organization						
	instructions	<u> </u>					
					s	chedule A (Form 9	90 or 990-EZ) 2010

JSA



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 or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

<u>Sec</u>	tion A. Public Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")	4,464,879.	3,577,965.	3,261,354.	2,324,480.	4,983,783.	18,612,461.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the					1	
	organization's tax-exempt purpose	1,422,617.	1,346,741.	1,536,838.	1,142,919.	1,551,770.	7,000,885.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		ì				
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on		į				
	its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to the		1	į			
	organization without charge						
6	Total. Add lines 1 through 5	5,887,496.	4,924,706.	4,798,192.	3,467,399.	6,535,553.	25,613,346.
-	Amounts included on lines 1, 2, and 3		-775	.,,,	<u> </u>		
	received from disqualified persons	118,500.	113,000.	110,000.	297,606.	327,333.	966,439.
b	Amounts included on lines 2 and 3		115,000.	110,000,	251,0001		200,1001
	received from other than disqualified persons that exceed the greater of						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13				484,000.		484,000.
_	for the year	118,500.	113,000.	110,000.	781,606.	327,333.	1,450,439.
8 8	Add lines 7a and 7b	110,300.	, 115,000.	110,000.		327,333.	1,430,433.
Ü	line 6)			,		,	24 162 007
500	tion B. Total Support						24,162,907.
	alendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
		5,887,496.	4,924,706.	- ``	- `-:		
9 10a	Amounts from line 6,	3,007,490.	4,924,700.	4,798,192.	3,467,399.	6,535,553.	25,613,346.
	payments received on securities loans,						
	rents, royalties and income from similar	465 360	972 011	557 140	246 004	106 771	2 220 007
L.	Unrelated business taxable income (less	465,369.	873,811.	557,142.	246,904.	196,771.	2,339,997.
U							
	section 511 taxes) from businesses			į	ļ		
_	acquired after June 30, 1975	465 360	072 011	555 540	246 224	406 774	0 000
	Add lines 10a and 10b	465,369.	873,811.	557,142.	246,904.	196,771.	2,339,997.
11	Net income from unrelated business activities not included in line 10b,			l			
	whether or not the business is regularly						
	carried on						-
12	Other income Do not include gain or		ļ	1			
	loss from the sale of capital assets						
	(Explain in Part IV) ATCH 1	2,230,931.	1,328,345.	1,351,165.	336,974.	148,808.	5,396,223.
13	Total support. (Add lines 9, 10c, 11,		}				
	and 12)	8,583,796.	7,126,862.	6,706,499.	4,051,277.	6,881,132.	33,349,566.
14	First five years. If the Form 990 is for						
	organization, check this box and stop here.			· · · · · · · · ·	• • • • • • • •		· · · · •
	tion C. Computation of Public Sup				 		70 45 24
15	Public support percentage for 2010 (line 8,					15	72.45%
16	Public support percentage from 2009 Sche			· · · · · · · · ·	<u></u>	16	69.69%
Sec	tion D. Computation of Investmer			·			
17	Investment income percentage for 2010 (lin			3, column (f))	<i>.</i>	17	7.02%
18	Investment income percentage from 2009					_18	7.02%
19a	331/3% support tests - 2010. If the org						
	17 is not more than 331/3%, check the						
b	331/3% support tests - 2009. If the orga	nization did not	check a box on li	ne 14 or line 19	a, and line 16 is	more than 331/3	% and
	line 18 is not more than 331/3%, check	this box and st	op here The org	anization qualifie	es as a publiciv	supported organiz	ation ▶ i

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2010

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Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Also complete this part for any additional information. (See instructions).

manachons).						
		-		<u>AT</u>	TACHMENT 1	
SCHEDULE A, PART II	I - OTHER INC	OME				
DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
MISCELLANEOUS	2,230,931.	1,328,345.	1,351,165.	336,974.	148,808.	5,396,223.
TOTAL	2,230,931,	1,328,345.	1,351,165.	336,974,	148,808.	5,396,223.

SCHEDULE D (Form 990)

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 Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

	of the organization THE NATIONAL FOOTBALL FOUNDATION COLLEGE HALL OF FAME, INC.	Employer identification number 22-1508812
Par	organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	<u> </u>
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 advisors in writing that the assets held in o	
	funds are the organization's property, subject to the organization's exclusive legal control?	L Yes L No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fur used only for charitable purposes and not for the benefit of the donor or donor advisor, or for	nds can be
	purpose conferring impermissible private benefit?	• -
Par		
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
•		of an historically important land area
		of a certified historic structure
	Preservation of open space	of a certified filstoric structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	un the form of a concentation
-	easement on the last day of the tax year	in the form of a conservation
	easement on the last day of the tax year	Held at the End of the Tax Year
_	Total number of conservation easements	
a		1 1
b	Total acreage restricted by conservation easements	
C	Number of conservation easements on a certified historic structure included in (a)	· 2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or termi	nated by the organization during the
_	tax year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, h	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ea	sements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easemed	ents during the year
	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of s	
	(i) and 170(h)(4)(B)(ii)?	Yes No
9	mir and any and the man and any and any any and any any any any any any any any any any	nd expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's finan	cial statements that describes the
	organization's accounting for conservation easements	· · · · · · · · · · · · · · · · · · ·
Par		er Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1 a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its works of art, historical treasures, or other similar assets held for public exhibition, ed	revenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, ed public service, provide, in Part XIV, the text of the footnote to its financial statements that de-	ucation, or research in furtherance of
b		
IJ	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its works of art, historical treasures, or other similar assets held for public exhibition, ed	revenue statement and balance sheet
	public service, provide the following amounts relating to these items	addition, or research in furtherance of
		⊳ \$
	(i) Revenues included in Form 990, Part VIII, line 1	600,000
2	If the organization received or held works of art, historical treasures, or other similar	
-	following amounts required to be reported under SFAS 116 (ASC 958) relating to these iter	
а	Revenues included in Form 990, Part VIII, line 1	. • •
	Assets included in Form 990, Part X	· · · · · · · · · · · · · · · · · · ·
For P	Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2010

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che	dule D (Form 990) 2010			2	2-15	312			P	age 2
	t III Organizations Maintaini	ng Collections o	f Art, Histo	rical Treasure	s, or O	ther Similar A	ssets (continued	7)	
										
3	Using the organization's acquisition collection items (check all that app		other recor	ds, check any o	of the f	following that a	re a sig	nificant us	se of	fıts
а	X Public exhibition		d 🗌	Loan or ex	change	e programs				
b	Scholarly research		e	Other						
C	X Preservation for future ge	enerations								
4	Provide a description of the organ	nization's collection	ns and expla	ain how they fu	rther th	ne organization'	s exemp	t purpose	ın l	Part
	XIV									
5	During the year, did the organization	on solicit or receive	donations o	f art, historical ti	easure	s, or other simil	ar			
	assets to be sold to raise funds rath	ner than to be mair	ntained as pa	rt of the organiz	ation's	collection?	[Yes	X	No
Pai	t IV Escrow and Custodial A	rrangements. Co	omplete if t	he organization	n answ	ered "Yes" to	Form 99	0. Part I	V.	
	line 9, or reported an an								•	
1 a	Is the organization an agent, truste	e, custodian or oth	er intermedi	ary for contribut	ions or	other assets no	t			
	included on Form 990, Part X?						[Yes		No
þ	If "Yes," explain the arrangement in	Part XIV and com	plete the foll	lowing table			•	-		•
	· · · · · · · · · · · · · · · · · · ·			•		A	mount			
С	Beginning balance				1c					
d	Additions during the year				1d					
е	Distributions during the year				1e					
f	Ending balance				1f					
2a	Did the organization include an am	ount on Form 990	, Part X, line	21?				Yes	T	No
b	If "Yes," explain the arrangement in	n Part XIV					•			-
Pai	t V Endowment Funds. Con	nplete if organiza	ation answe	ered "Yes" to Fe	orm 99	0, Part IV, line	10.			
		(a) Current year	(b) Prior ye					(e) Four y	ears l	back
1 a	Beginning of year balance	3,367,605.	2,708,	668. 6,6	331,171			; .		
b	Contributions	278,585.	29,	030.	10,000	. 1	7, .	,- % .	, " ",	y - '
C	Net investment earnings, gains,					*		e (),	7.75°C	4 34, "
	and losses	269,706.	635,	9072,1	120,299]		-,"
	Grants or scholarships	9,000.	6,	000.			,			
е	Other expenditures for facilities .									
	and programs			2,0	012,204					
f	Administrative expenses									
g	End of year balance	3,906,896.	3,367,	605. 2,	708,668					
2	Provide the estimated percentage	of the year end bal	ance held as							
а	Board designated or quasi-endown		%							
	Permanent endowment ► 100.0	0000 %								
		_%								
3 a	Are there endowment funds not in	the possession of	the organiza	ition that are he	ld and a	administered for	the	_		
	organization by							Y	es	No
	(i) unrelated organizations							3a(i)		_ <u>X</u>
	(ii) related organizations							3a(ii)		X
b	If "Yes" to 3a(II), are the related org							3 b		
4	Describe in Part XIV the intended i	uses of the organiza	ation's endov	vment funds						
Pai	rt VI Land, Buildings, and Equ	uipment. See Fo	rm 990, Pa	rt X, line 10.						
	Description of investment		or other basis estment)	(b) Cost or other b	asis	(c) Accumulated depreciation	(d) Book valu	e	
1a	Land								—	
	Buildings									
	Leasehold improvements			22,1	94	17,755			4,4	39.
									-	

Schedule D (Form 990) 2010

38,859.

600,000.

643,298.

d Equipment

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

86,745

125,603.

600,000.



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Part VII	Investments - Other Securities. See	Form 990, Part X, lii	ne 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
(1) Financia	al derivatives			
	-held equity interests			
	·			·
(A)				
(B)				
<u>(C)</u>				
<u>(D)</u>				
<u>(E)</u>				
(F) (G)				
<u>(H)</u>		- 		
(I)				
	n (b) must equal Form 990, Part X, col (B) line 12)	>		· 经企业的 1.000 000 000 000 000 000 000 000 000 0
Part VIII		Form 990, Part X, II		
	(a) Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year m	luation narket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)		 		
(8)			 	
(9)				
(10)				
	n (b) must equal Form 990, Part X, col (B) line 13)	>		at if a
Part IX	Other Assets. See Form 990, Part X	, line 15		
		(a) Description		(b) Book value
	FROM OTHER FUNDS			5,574,669
	INSURANCE - CSV			145,173
(3)				
(4)				
(6)				
(7)				
(8)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, col (B) line 15)			▶ 5,719,842
Part X	Other Liabilities. See Form 990, Par	t X, line 25		
1	(a) Description of liability	(b) Amour	nt	
	ral income taxes		5.50	
	TO OTHER FUNDS	5,574	, 669.	
(3)			 	
(4)				
(5)				
<u>(6)</u> <u>(7)</u>				
(8)				
(9)				
(10)				
(11)				
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 2	25) ▶ 5,574,	,669.	

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

JSA 0E1270 1 000

Schedule D (Form 990) 2010



22-1	5	312

Part	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Stater	nent	S	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	<u> </u>	5,779,262.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		4,679,187.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3		1,100,075.
4	Net unrealized gains (losses) on investments	4		602,151.
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV)	8		-2,542.
9	Total adjustments (net) Add lines 4 through 8	9		599,609.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		1,699,684.
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn		
1	Total revenue, gains, and other support per audited financial statements	\dots	1	7,146,172.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	Γ	, 5 ₁	
а	Net unrealized gains on investments 2a 602, 15	51.	ا المالية ا	
b	Donated services and use of facilities		1. 82	
С	Recoveries of prior year grants 2c		· 🐰	
d	Other (Describe in Part XIV) 2d 764,75	59.		
е	Add lines 2a through 2d	\Box	2e	1,366,910.
3	Subtract line 2e from line 1		3	5,779,262.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	,	e sité o	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	,"		
b	Other (Describe in Part XIV) 4b			
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	5,779,262.
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per F	etui	'n	
1	Total expenses and losses per audited financial statements		1	5,446,488.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		ζ.,	
а	Donated services and use of facilities 2a	,	·	
b	Prior year adjustments 2b			
C	Other losses 2c 2c			
ď	Other (Describe in Part XIV) 2d 767, 30)1.	11.8	
е	Add lines 2a through 2d		2e	767,301.
3	Subtract line 2e from line 1	: : [3	4,679,187.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1	149	
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV)			
C	Add lines 4a and 4b	L	4 c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	4,679,187.
Part	XIV Supplemental Information			
Part V,	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comp Iditional information	lete	this pa	art to provide
SEE	PAGE 5			
			-	
				
				
			-	
			Sched	lule D (Form 990) 2010

COLLECTION OF MEMORABILIA

SCHEDULE D- PART III- QUESTION 1A, 4

THE FOUNDATION HAS A SUBSTANTIAL COLLECTION OF COLLEGE FOOTBALL MEMORABILIA. THE MEMORABILIA HAS BEEN ACCCUMULATED OVER MANY YEARS MAINLY BY DONATION AND IS UNIQUE TO THE SPORT OF COLLEGE FOOTBALL. INCONFORMITY WITH THE PRACTICE FOLLOWED BY MANY HALLS OF FAME/MUSEUMS, THE COST OF MEMORABILIA IS NOT INCLUDED ON THE BALANCE SHEET.

ENDOWMENT FUND

SHEDULE D- PART V- QUESTION 4

THE ENDOWMENT FUND IS COMPRISED OF TWO TYPES OF CONTRIBUTIONS (1) WHEREBY THE INCOME FROM SUCH CONTRIBUTIONS IS TO BE USED SPECIFICALLY FOR SCHOLARSHIPS, AND; (2) WHEREBY THE INCOME IS NOT RESTRICTED. THE BOARD OF DIRECTORS HAS DESIGNATED THAT THE INCOME FROM DONORS' CONTRIBUTIONS, WHICH IS NOT RESTRICTED, BE ACCUMULATED IN THE UNRESTRICTED FUND AS A BOARD DESIGNATED ENDOWMENT FUND.

RECONCILIATION OF REVENUE

SCHEDULE D- PART XII, LINE 2D

RECONCILIATION - \$678,587 - FUND RAISING DINNER EXPENSE

86,172 - SPECIAL EVENTS EXPENSE

\$764,759

FUND RAISING DINNER - GROSS PROCEEDS FROM THE FINANCIAL STATEMENTS WAS \$944,825. WE TOOK THE EXPENSE FROM THE DINNER OF \$678,587 TO COME TO NET

Schedule D (Form 990) 2010

PROCEEDS OF \$266,238 THAT WE USED PER THE TAX RETURN.

SPECIAL EVENTS EXPENSE- GROSS PROCEEDS FROM THE FINANCIAL STATEMENTS WAS \$116,191. WE TOOK THE EXPENSE FROM SPECIAL EVENTS OF \$86,172 TO COME TO NET GAIN OF \$30,019 THAT WE USED PER THE TAX RETURN.

RECONCILIATION OF EXPENSES

SCHEDULE D- PART XIII, LINE 2D

RECONCILIATION - \$678,587 - FUND RAISING DINNER EXPENSE

86,172 - SPECIAL EVENTS EXPENSE

2,542 - BOOK TO TAX DEPRECIATION DIFFERENCE

\$767,301

FUND RAISING DINNER - GROSS PROCEEDS FROM THE FINANCIAL STATEMENTS WAS \$944,825. WE TOOK THE EXPENSE FROM THE DINNER OF \$678,587 TO COME TO NET PROCEEDS OF \$266,238 THAT WE USED PER THE TAX RETURN.

SPECIAL EVENTS EXPENSE- GROSS PROCEEDS FROM THE FINANCIAL STATEMENTS WAS \$116,191. WE TOOK THE EXPENSE FROM SPECIAL EVENTS OF \$86,172 TO COME TO NET GAIN OF \$30,019 THAT WE USED PER THE TAX RETURN.

DEPRECIATION EXPENSE-\$19,939 PER FINANCIAL STATEMENTS

\$17,397 PER TAX RETURN

\$ 2,542 DIFFERENCE

Schedule D (Form 990) 2010

RECONCILIATION OF NET ASSETS

SCHEDULE D- PART XI, LINE 8

DEPRECIATION EXPENSE-\$19,939 PER FINANCIAL STATEMENTS

\$17,397 PER TAX RETURN

\$ 2,542 DIFFERENCE

SCHEDULE G (Form 990 or 990-EZ)

Fundraising or Gaming Activities

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.

OMB No 1545-0047 Open To Public Inspection

Department of the Treasury Internal Revenue Service

-	FOOTBALL FOU	INDATIO	N		Employer identification 22-1508812	
& COLLEGE HALL OF FAME, INC. Fundraising Activities. Co.		nization a	nswered	"Yes" to Form 9		
Part I Form 990-EZ filers are not						
1 Indicate whether the organization ra	ised funds through		•			
a X Mail solicitations	е	_		non-government g		
b Internet and email solicitations c X Phone solicitations	f			government grants	3	
c X Phone solicitations d X In-person solicitations	g	Spec	ciai fundra	ising events		
2a Did the organization have a written	or oral agreement w	uth any inc	dividual (in	ocluding officers d	iractore truetase	
or key employees listed in Form 990					Ising services?	X Yes No
b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the		fundraiser	s) pursuar	nt to agreements i	ander which the fun	draiser is to be
Compensated at least \$0,000 by the	T	T			(a) A manual and to	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outions?	(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			
1	ADVICE					
FISHBAIT MARKETING LLC	CONSULTING	ļ	Х	277,500.	50,500.	227,000.
2 MARTS & LUNDY	ADVICE CONSULTING		x	0.	10 545	10 545
3	CONSULTING	1	^		18,545.	-18,545.
DONAHUE & SMITH INC.	CONSULTING		x	0.	40,000	-40,000.
4	-					
5						
6	 	 			!	
•						
7						
8	ļ 					
0						
9		1				
		İ				
10						
	<u> </u>					
Total	<u> </u>	<u></u>	▶	277,500.	109,045.	168,455.
3 List all states in which the organization or licensing MI, TN,						·
			· 			
			· -			

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

Schedule G (Form 990 or 990-EZ) 2010



Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		groot receipte greater than ¢e,et	••			
			(a) Event #1 DINNER	(b) Event #2 HOF ENSHRINMNT	(c) Other Events	(d) Total events (add col (a) through
		,	(event type)	(event type)	(total number)	col (c))
e		•				
Revenue	1	Gross receipts	944,825.	188,230.	316,191.	1,449,246
Re	2	Less Charitable contributions	562,575.	188,230.	316,191.	1,066,996.
	3	Gross income (line 1 minus line 2)	382,250.			382,250
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses	678,587.	276,697.	86,172.	1,041,456
	10	Direct expense summary Add lines 4	through 9 in column (d)			(1,041,456.)
	11	Net income summary Combine line 3	3, column (d), and line 10	<u> </u>	<u> ▶</u>	-659,206
Pa	rt l	Gaming. Complete if the org than \$15,000 on Form 990-	janization answered "` EZ, line 6a.	Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Reve	_ 1	Gross revenue				
ses		Cash prizes				
zxpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes%	Yes%	Yes%	
	7	Direct expense summary Add lines 2	? through 5 in column (d)	·		()
	8	Net gaming income summary Combi	ine line 1, column d, and	I line 7		
9 a b	Is	nter the state(s) in which the organizat the organization licensed to operate g "No," explain	gaming activities in each	of these states?		. Yes No
10 a	W If	ere any of the organization's gaming l	licenses revoked, suspe		ng the tax year?	. Yes No

Schedule G (Form 990 or 990-EZ) 2010

Sched	ule G (Form 990 or 990-EZ) 2010
11	Does the organization operate gaming activities with nonmembers?
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?
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	
	revenue?
b	The rest of the mineral of gaining foreign to be and the digamentation of the difference of the title
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party
	Name ▶
	Address ▶
16	Gaming manager information
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions
	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license? Yes No
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 🕨 \$
Par	Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).
	part to provide any additional information (see instructions).

JSA

Schedule G (Form 990 or 990-EZ) 2010

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No 1545-0047 2010 Open to Public

Inspection

Employer identification number

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

FOOTBALL PROGRAM AID å Schedule I (Form 990) (2010) (h) Purpose of grant or assistance 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 Part × Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 22-1508812 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book FMV, apprasal, other) (d) Amount of cash grant (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 172,613 (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations THE NATIONAL FOOTBALL FOUNDATION For Paperwork Reduction Act Notice, see the Instructions for Form 990. Il can be duplicated if additional space is needed Part | General Information on Grants and Assistance (p) EIN Enter total number of other organizations & COLLEGE HALL OF FAME, INC. (a) Name and address of organization or government (1) SEE ATTACHED LIST Part II (4) Ξ 3

[2]

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5

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<u></u>

<u>1</u>

(12)

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22-1508812

Page 2

Schedule I (Form 990) (2010)

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. Part III can be duplicated if additional space is needed

(f) Description of non-cash assistance (e) Method of valuation (book, FMV appraisal, other) (d) Amount of non-cash assistance 9,000. 295,000. -1, 151. -70,000. (c) Amount of cash grant (b) Number of recipients 16. (a) Type of grant or assistance 1 ACADEMIC SCHOLARSHIPS CHAPTER SCHOLARSHIPS 4 EXPIRED SCHOLARSHIPS 3 REBATE SCHOLARSHIPS £, 9

SCHOOL DISCRETIONARY FUND

Part IV

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

FORM 990 - SCHEDULE I - PART II

GRANTS ARE USED TO PAY FOR COACHES SALARIES. THE NATIONAL FOOTBALL

FOUNDATION, INC. REQUIRES SCHOOLS TO PROVIDE A CONFIRMATION THAT COACHES

HAVE BEEN PAID BEFORE THEY RELEASE ANY OF THESE FUNDS.

V 10-7.1

22-1508812

Page 2

Schedule I (Form 990) (2010)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Part III

	(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
-						
2						
က						
4						
2						
9						
7						
Part IV	Part IV Supplemental Information. Complete this part		ide the informat	tion required in	Part I, line 2, and any	to provide the information required in Part I, line 2, and any other additional information

SCHOLARSHIP FUND

FORM 990 - SCHEDULE I - PART III

SCHOLARSHIP FUNDS ARE PROVIDED TO THE BEST AND BRIGHTEST STUDENT ATHLETES

FROM THE COLLEGE GRIDIRON.

50608

SCHEDULE J (Form 990)

Compensation Information



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

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

& COLLEGE HALL OF FAME, INC.

THE NATIONAL FOOTBALL FOUNDATION

Employer Identification number 22-1508812

Ves No No No No No No No N	Part	Questions Regarding Compensation			
990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel				Yes	No
First-class or charter travel X Travel for companions Tax indemnification and gross-up payments Discretionary spending account If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain, If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain, If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or replain, If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or replain to replain the provision of all of the explain, If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or remove payment or provision of all of the expenses described above? If "No," complete Part III to explain, If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or remove payment or remove payment from the expenses described in line 1a? Indicate which, if any, of the following the organization uses to establish the compensation of the organization's ECO/Executive Director Check all that apply X Compensation committee Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee Independent compensation survey or study Approval by the board or compensation committee Approval by the board or compensation committee Independent compensation survey or study Approval by the board or compensation committee Independent compensation and survey or study Approval by the board or compensation or a related organization? Approval by the board or compensation or a related organization? If "Yes" to line 5 aor 5 the describe in Part III For person	1a				
Travel for companions		990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
Tax indemnification and gross-up payments					ŀ
Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. 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 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 X Compensation committee Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee. 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. Receive a severance payment from, an equity-based compensation arrangement? 4a		Travel for companions Payments for business use of personal residence			
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . 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? . 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 X		Tax indemnification and gross-up payments Health or social club dues or initiation fees			1
or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. 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? 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 X		Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. 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? 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 X	h	If any of the haves on line 12 are checked, did the organization follow a written native regarding navment.			
explain. 15 X 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 X Compensation committee	b	or reimbursement or provision of all of the expenses described above? If "No." complete Part III to			1
directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 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 X		explain	1b	X	
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 X	2				
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 X Compensation committee Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee Using 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 Receive a severance payment or change-of-control payment from the organization or a related organization? Ab Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 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 The organization? A X Sb X If "Yes" to line 5 a or 5b, describe in Part III 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 The organization? A X Sb X Sb X Sb X Ware any amounts reported 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 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 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		<u> </u>
organization's CEO/Executive Director Check all that apply X Compensation committee X Written employment contract Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Approval by the board or compensation initee Approval by the board or compensation Approval by the board o				3	
X Compensation committee X Written employment contract Compensation survey or study Approval by the board or compensation committee A 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 A A X A A A A A A A	3				
Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee 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 Receive a severance payment or change-of-control payment from the organization or a related organization? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 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 The organization? The organization? The organization? The organization? Any related organization? The organization? The organization? Any related organization? The organization? The organization? The organization? The organization? The organization? The organization? The organization? The organization? The organization? The organization? The organization? The organization is an 65' If "Yes," describe in Part III The organization in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 67' If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in					
Form 990 of other organizations Approval by the board or compensation committee 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? Receive a severance payment or change-of-control payment from the organization or a related organization? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 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 The organization? The organization? The organization? Any related organization? The organization? The organization? The organization? The organization? The organization? The organization? The organization? The organization? The organization? The organization? The organization? The organization on the net earnings of The organization? The organization? The organization? The organization? The organization? The organization on the net earnings of The organization? The organization? The organization of the net earnings of The organization? The organization? The organization? The organization on the net earnings of The organization? The organization? The organization on the net earnings of The organization? The organization on the net earnings of The organization? The organization? The organization on the net earnings of The organization on the net earnings of The organization? The organization? The organization? The organization of the net earnings of The organization? The organization? The organization? The organization of the net earnings of The organization? The organization of the organization of the organization of the organization of the		Written employment contract			
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In Part III					
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		in Part III	8		x
Regulations section 53 4958-6(c)?	9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		-	
		Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2010

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	-	(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	<u> </u>	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	benefits	(B)(I)-(D)	reported in pnor Form 990 or Form 990-EZ
	€	291,500.	50,000.	2,160.	53,350.	39, 212.	436,222.	380,302.
1 STEVEN HATCHELL		0	0		0.	0.	0	
	ε	134,480.	10,000.	. 769	37,648.	10,318.	193,143.	163,009.
2 SUE CHUNG	(ii)	i	0.		0.	0	0	
	Ξ	157,800.	7,000.	443.	18,418.	33,497.	217, 158.	165,266.
3 MATTHEW SIGN	(ii)	0.		0.	0.	0.	0.	0.
	€	1						
)	(ii)							
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)) 6	(ii)							
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10	(E)			- 1				
	(i)	1				1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
11	(i)							
	_j (E)	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
12	E							
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15	(E)							
		1		1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 	1	
16	(1)							
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Schedule J (Form 990) 2010

Schedule J (Form 990) 2010

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.

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2010

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

THE NATIONAL FOOTBALL FOUNDATION

& COLLEGE HALL OF FAME, INC.

Employer identification number 22-1508812

DISCLOSURE

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

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

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC,

UPON REQUEST.

BUSINESS RELATIONSHIP BETWEEN MEMBERS

990 - PART VI - SECTION A. - GOVERNING BODY & MANAGEMENT - QUESTION 2
BOARD OF DIRECTORS MAY HAVE VARIOUS BUSINESS RELATIONSHIPS WITH OTHER
BOARD MEMBERS THAT NFF IS NOT PARTY TO NOR DO THEY HAVE ANY FURTHER
KNOWLEDGE. THE BUSINESS RELATIONSHIPS ARE NOT RELATED TO NFF AND ARE
CONFIDENTIAL BETWEEN THE PARTIES INVOLVED IN THE BUSINESSES.

REVIEW OF FORM 990

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

THE ORGANIZATION IS PROVIDED WITH A FINAL DRAFT COPY OF THE FORM 990

PRIOR TO FILING. THE AUDIT COMMITTEE REVIEWS THE RETURN FOR ACCURACY.

THE FORM 990 IS THEN PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS
FOR THEIR REVIEW AND APPROVAL.

COMPENSATION

990 - PART VI - SECTION B. - POLICIES - QUESTION 15

THE ORGANIZATION HAS A COMPENSATION COMMITTEE IN PLACE TO DETERMINE

COMPENSATION FOR THE ORGANIZATION'S CEO. ALL OTHER COMPENSATION, FOR

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

Employer identification number 22-1508812

OPERATIONAL PERSONNEL, IS DETERMINED BY THE CEO.

ORGANIZATION MEMBERS

990 - PART VI - GOVERNING BODY AND MANAGEMENT - QUESTION 7

THE ORGANIZATION WAS ESTABLISHED AS A NOT-FOR-PROFIT CORPORATION WITH

"MEMBERS" BEING THE LEGAL MEMBERS OF THE CORPORATION. THE BOARD OF

DIRECTORS ARE ELECTED AT THE ANNUAL MEETING OF THE MEMBERS. MEMBERS ARE

ALSO ENTITLED TO VOTE AT THE MEMBER'S MEETINGS AND CAN CONDUCT BUSINESS

AS MAY PROPERLY COME BEFORE THEIR MEETING FROM THE BOARD OF DIRECTORS.

ATTACHMENT 1

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

THE FOUNDATION WAS ORGANIZED TO HONOR THE GREAT PLAYERS AND COACHES
IN THE HISTORY OF COLLEGE FOOTBALL AND TO INSPIRE OUR NATION'S YOUTH
TO COMPETE ON THE ATHLETIC FIELDS AND IN THE CLASSROOM AND TO ASSUME
LEADERSHIP ROLES ON HIGH SCHOOL AND COLLEGE CAMPUSES. THE
ORGANIZATION PARTLY ACCOMPLISHES THIS BY AWARDING SCHOLARSHIPS TO
HIGH SCHOOL AND COLLEGE FOOTBALL PLAYERS BASED UPON ACADEMIC
EXCELLENCE, ATHLETIC ABILITY AND LEADERSHIP QUALITIES.

FORM 990, PART III, LINE 4D - OTHER PROGRAM	SERVICES	ATTACHMENT	2 2
DESCRIPTION	GRANTS	EXPENSES	REVENUE
AWARDS & SCHOLARSHIPS	234,000.	1,005,059.	
TEL RA		30,554.	
TOTALS	234,000.	1,035,613.	

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

Employer identification number 22-1508812

ATTACHMENT 3

PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

	(A) NAME AND TITLE	(B) HOURS	(C) P	OSITION	COME	PENSATION	N FROM	(E) OBUED
20	BILL MARTIN	(B) HOURS	(1)(2)	(3)(4)(3)(6)	(D) ORG.	(E) KEL.	ORG.	(F)OTHER
23	DIRECTOR		v					
20			Х					
30	CHUCK NEINAS		17					
21	DIRECTOR		Х					
31	STEVEN HATCHELL				0.40 666		_	
20	PRESIDENT & CEO		Х	X	343,660).	0.	92,562.
32	JAMES E DELANY							
	DIRECTOR		X					
33	JERRY JONES							
	DIRECTOR		X					
34	JOHN JUNKER							
	DIRECTOR		Х					
35	ROBERT K KRAFT							
	DIRECTOR		X					
36	MICHAEL MOE							
	DIRECTOR		X					
37	KEVIN PLANK							
	DIRECTOR		X					
38	MICHAEL L SLIVE							
	DIRECTOR		Х					
39	ROGER WILLIAMS							
	DIRECTOR		Х					
40	DEBORAH A YOW							
	DIRECTOR		Х					
41	RONNIE LOTT							
	DIRECTOR		Х					
42	JOHN J. MACK		••					
	DIRECTOR		х					
43	GEORGE F. PYNE							
	DIRECTOR		х					
44	ROBERT EPLING							
	DIRECTOR		Х					
45	P. SCOTT MCKIBBEN		Λ					
	DIRECTOR		Х					
46	JIM NANTZ		Λ					
	DIRECTOR		v					
	T. BOONE PICKENS		X					
3/	DIRECTOR		v					
40			X					
40	SUE CHUNG						_	
40	DIRECTOR OF FINANCE/TREASURER			Х	145,177	•	0.	47,966.
49	MATTHEW SIGN							
	COO/SECRETARY			X	165,243	•	0.	51,915.

_	•
Page	7

Cabadula O	Corm	000	000	C 7\	2040
Schedule O	rorm	990 01	990-	EZ)	2010

Name of the organization THE NATIONAL FOOTBALL FOUNDATIO	N	Employer i	dentification num	ber
& COLLEGE HALL OF FAME, INC.		22-	1508812	
		ATTAC	HMENT 3 (CONT'D)
50 PHILIP MARWILL				
DIRECTOR OF COMMUNICATIONS	X	113,405.	0.	30,054.
51 WILL RUDD				
NATIONAL DIRECTOR OF EVENTS	Х	108,517.	0.	40,566.
52 CHARLES GOMES				
COO FOR PLAY IT SMART PROGRAM	X	88,533.	0.	24,247.

ATTACHMENT 4

FORM 990, PART VII, COLUMN B - ESTIMATED AVÉRAGE PER WEEK

NAME AND TITLE	HOURS	DEVOTED	FOR	RELATED	ORGANIZATI	ON
STEVEN HATCHELL						
PRESIDENT & CEO		40.00				
SUE CHUNG						
DIRECTOR OF FINANCE/TREASURER		40.00				
MATTHEW SIGN COO/SECRETARY		40.00				
PHILIP MARWILL		40.00				
DIRECTOR OF COMMUNICATIONS		40.00				
WILL RUDD						
NATIONAL DIRECTOR OF EVENTS		40.00				
CHARLES GOMES						
COO FOR PLAY IT SMART PROGRAM		40.00				

ATTACHMENT 5

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION		
HOLME ROBERTS & OWEN LLP 90 SOUTH CASCADE AVENUE, SUITE 1300 COLORADO SPRINGS, CO 80903	LEGAL SERVICES	280,411.		
SPIELMAN KOENIGSBERG & PARKER 888 SEVENTH AVENUE, 35TH FLOOR NEW YORK, NY 10106	AUDITING &CONSULTING	144,197.		

TOTAL COMPENSATION 424,608.

Schedule O (Form 990 or 990-EZ) 2010

Schedule O (Form 990 or 990-EZ) 2010 Page 2 THE NATIONAL FOOTBALL FOUNDATION **Employer identification number** Name of the organization & COLLEGE HALL OF FAME, INC. 22-1508812 ATTACHMENT 6 FORM 990, PART VIII - INVESTMENT INCOME (A) (B) (C) (D) TOTAL RELATED OR UNRELATED **EXCLUDED** DESCRIPTION REVENUE EXEMPT REVENUE BUSINESS REV. REVENUE INTEREST INCOME 110. 110. 196,661. 196,661. INVESTMENT INCOME TOTALS 196,771. 196,771. ATTACHMENT 7 FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS DESCRIPTION AMOUNT FUNDRAISING DINNER PROCEEDS 1,066,996. TOTAL 1,066,996. ATTACHMENT 8 FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
FUNDRAISING DINNER PROCEEDS	-122,171.	678,587.	-800,758.
BOWL CHAMPIONSHIP SERIES	200,000.		200,000.
HALL OF FAME ENSHRINEMENT	188,230.	276,697.	-88,467.
SPECIAL EVENTS	116,191.	86,172.	30,019.
TOTALS	382,250.	1,041,456.	-659,206.

& COLLEGE HALL OF FAME, INC.

Name of the organization THE NATIONAL FOOTBALL FOUNDATION Employer Identification number

> 22-1508812 ATTACHMENT 9

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

BEGINNING

ENDING

DESCRIPTION

BOOK VALUE

BOOK VALUE

PREPAID EXPENSES

17,215.

28,266.

TOTALS

17,215.

28,266.

ATTACHMENT 10

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
TREASURY NOTES	334,160.	584,025.
MUTUAL FUNDS	6,510,890.	5,578,233.
CORPORATE BONDS	738,227.	676,925.
MORTGAGE BACKED SECURITIES	323,754.	231,671.
TOTALS	7,907,031.	7,070,854.

ATTACHMENT 11

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: JP MORGAN CHASE

ORIGINAL AMOUNT:

150,000.

INTEREST RATE:

2.750000 06/07/2007

DATE OF NOTE:

06/07/2010

MATURITY DATE: REPAYMENT TERMS:

MONTHLY

SECURITY PROVIDED:

EQUIPMENT AND FURNITURE

PURPOSE OF LOAN:

TO FINANCE RELOCATION

DESCRIPTION AND FMV

\$150,000 CASH

OF CONSIDERATION:

BEGINNING BALANCE DUE

20,512.

ENDING BALANCE DUE

Schedule O (Form 990 or 990-EZ) 2010

Schedule O (Form 990 or 990-EZ) 2010 THE NATIONAL FOOTBALL FOUNDATION Name of the organization & COLLEGE HALL OF FAME, INC.

Employer identification number

22-1508812 ATTACHMENT 11 (CONT'D)

LENDER: WACHOVIA- LINE OF CREDIT

ORIGINAL AMOUNT:

500,000.

INTEREST RATE:

4.750000

DATE OF NOTE:

11/30/2008

MATURITY DATE:

03/31/2010

PURPOSE OF LOAN:

LINE OF CREDIT

DESCRIPTION AND FMV

UNSECURED LINE OF CREDIT

OF CONSIDERATION:

BEGINNING BALANCE DUE

494,635.

ENDING BALANCE DUE

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE

515,147.

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE

ATTACHMENT 12

15,426. 1,709. 262.

15

HX НΧ

200DB 6,825. 150DB 1,143. 200DB

84,922.

123,504. 100.000 22,194. 100.000 2,099. 100.000

01/01/2007

01/01/2007 01/01/2007

FURNITURE & EQUIP

VIDEO FOOTAGE

01/01/1980

575,000. 100.000

07/01/2008

25,000. 100.000

Bus %

Unadjusted Cost or basis

Date placed in service

Asset description

LIBRARY COLLECTION FURNITURE & FIXTUR LEASEHOLD IMPROVEM

GENERAL DEPRECIATION
DEPRECIATION Description of Property

ΗX

Current-year depreciation

Current-year 179 expense

MA ACRS CRS class

Lfe

2010

Beginning Ending
Accumulated Accumulated Medepreciation depreciation thod Conv Accumulated Accumulated amortization amortization Code 881. 69,496. 5,116. 75,493. 75,493. Basis for depreciation 722,797. 722,797. 123,504. 22,194. 2,099. 575,000. Basis Reduction 179 exp reduction in basis

PAGE 42 ATTACHMENT 12

17,397.

92,890.

747,797.

Subtotals

AMORTIZATION

TOTALS.

Cost or basis

Date placed in service

Asset description

Current-year amortization

Lfe

17,397.

92,890.

747,797.

Less Retired Assets

Subtotals

Listed Property

v 10-7.1

B24568 7012 *Assets Retired JSA 0X9024 1 000

TOTALS. . . .

Form **4562**

Sepreciation and Amortization (Including Information on Listed Property)

➤ See separate instructions.

OMB No 1545-0172

Attachment Sequence No

Department of the Treasury Internal Revenue Service (99)

► Attach to your tax return.

Name(s) shown on return Identifying number THE NATIONAL FOOTBALL FOUNDATION
Business or activity to which this form relates 22-1508812

	ENEDAL DEDDECTARIO	AT.							
	ENERAL DEPRECIATION			470					
Pa	Election To Expense Co				wou comp	loto Bort I			
	Note: If you have any lis								
1	Maximum amount (see instructions)			• • • • •			• • • •	1	
2	Total cost of section 179 property pl							2	
3	Threshold cost of section 179 prope						• • • •	3	<u>-</u>
4 5	Reduction in limitation Subtract line Dollar limitation for tax year Subtract line 4 fror separately, see instructions	: 3 from line 2 If zero o m line 1 if zero or less, enter	or less, enter -(-0- If mamed filing)			• • • •	4	
			<u> </u>		siness use on				
	(a) Description	or property		(b) Cost (bu	isiness use on	y) (c) Elect	ed cost		, ,
	5.0				- 1 -	 			,
_	Listed property Enter the amount from	om line 29			<u>.</u> <u>. 7</u>				
8	Total elected cost of section 179 pro							8	<u> </u>
9	Tentative deduction Enter the smalle	er of line 5 or line 8						9	
10	Carryover of disallowed deduction fr							10	
11	Business income limitation Enter th							11	
12								12	
13					. 🕨 13	3			
$\overline{}$	e: Do not use Part II or Part III below for					1-1-4-1			44
	rt Special Depreciation							see II	nstructions)
14	Special depreciation allowance for		•						
	during the tax year (see instructions)							14	
15	Property subject to section 168(f)(1)	election						15	
10	Other depreciation (including ACRS)	D		(0	· · · · · ·			16	<u></u>
Ρá	rt MACRS Depreciation (Do not include liste			uctions)				
		<u> </u>	*****	tion A	<u>-</u>				17 207
17	MACRS deductions for assets place							17	17,397
18	If you are electing to group any						al		
	asset accounts, check here	Discord in Commiss	D 204			🕨			
	Section B - Assets	(b) Month and year	(c) Basis for (e General Dep	reciation	on Sy	ystem
	(a) Classification of property	placed in service	(business/inve	estment use	(d) Recovery period	(e) Convention	(f) Met	thod	(g) Depreciation deduction
19a	3-year property						L		
t	5-year property						<u> </u>		
	7-year property	_					<u> </u>		
	10-year property	_]							
	15-year property	_							
f	20-year property	_							
	25-year property				25 yrs		S/	L	
h	Residential rental				27 5 yrs	ММ	S/	L	
	property				27 5 yrs	ММ	S/	L	
i	Nonresidential real			_	39 yrs	ММ	S/	L	
	property			•		ММ	S/	L	
	Section C - Assets F	Placed in Service D	Ouring 2010	Tax Year	Using the	Alternative De	precia	tion	System
20a	Class life						S/I	L	
b	12-year				12 yrs		S/I	L	
	40-year				40 yrs	ММ	S/I	Ĺ	
Pa	rt IV Summary (See instruction	ons.)							
21	Listed property Enter amount from I	ne 28						21	
22	Total. Add amounts from line 12, line	s 14 through 17, line	s 19 and 20 ir	column (g), and line 2	1 Enter here			
	and on the appropriate lines of your r	eturn Partnerships ar	nd S corporation	ons - see in	structions .	<u></u>	<u></u> .	22	17,397
23	For assets shown above and placed								
	portion of the basis attributable to se	ection 263A costs	<u></u>	<u></u>	23				
E 0 =	Dononusek Dadustian Ast Matter as	im- d							

Part V

_	
•	

	4

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A all of Section B and Section C if applicable

	240, colun	nns (a) through (c)	ot Section A,	all of	Section	B, and	Section	10116	аррисаріе) 					
	Section A -	Depreciation and	Other Infor	matio	n (Caut	ion: Se	e the in	struc	tions for I	imits fo	or passe	nger at	utomobi	les)	
248	Do you have evidenc	e to support the bus	iness/investm	ent use	claimed	? Y	es	No	24b If "\	es," is	the evide	nce writt	en?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cost	(d) or other b		(e) sis for depr usiness/inw use only	reciation estment	(f) Recovery period	(Met	(g) thod/ vention	Depre	(h) eciation uction	Elected	section cost
25	Special depreciation year and used more the										. 25			4 A	garefreis German
26	Property used more t						-		-			L		1000.	, , ,
	, , , , , , , , , , , , , , , , , , , ,			6						Γ					
				6			•		 	 				 	
_				6					 	 		-		 	
27	Property used 50% of	l less in a qualified bi	1	۳					<u> </u>	<u> </u>		L		1	
-	Troperty asea 50% of	ricas in a qualifico oc		6	-				1	S/L -		1		T	
				6						S/L -		-		1	٠.
				6						S/L -		-		1	`_, * _,
	Add amounts in police		<u> </u>	<u> </u>		- 04					T 00			1. 5	
20	Add amounts in colur Add amounts in colur	mn (n), lines 25 thro	bugn 27 Enter	r nere a	ina on iin	e 21, pa	ige 1		• • • • •		. 28	<u> </u>	1	<u> </u>	<u></u>
	Add diffounts in Cold	in (i), inte 20 Enter								• • • •	• • • •	• • • •	. 29	<u> </u>	
C					Inform										
emi	mplete this section for ployees, first answer the	venicles used by a	n C to see if v	or, pari	iner, or o	otner "n ention t	nore thai	n 5% i	owner," or	related	person	It you p	provided	vehicles	to you
	proyector, mot direction the	- queenone in econo	11 0 10 300 11 9					T		г .			- >		
30	Total business/inveduring the year (do	not include comm		(a) Vehicle 1		(b) Vehicle 2		V			d) ucle 4	(e) Vehicle 5		(f) Vehicle 6	
3 1	miles)							1							
		sonal (noncomm						<u> </u>		 	· · · · · · · ·				
-	•	•	dillig)									1			
22	miles driven					-		_							
33	Total miles driven	•				ł		1							
	lines 30 through 32			Yes	l Na	V	l Na				T	<u> </u>	T	 	
34	Was the vehicle	•	F	res	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
٠.	use during off-duty ho				 	-	 	┞	-		 -				
35	Was the vehicle														
	more than 5% ow				 		+	<u> </u>							
36	Is another vehicle	•													
_	use?				L	L	<u> </u>				<u> </u>	<u> </u>	<u> </u>		
mo	swer these question re than 5% owners o	r related persons	you meet a (see instructi	n exc ons)	eption	to com	pleting	Sect	on B for	vehicle	es used	by em			
37	Do you maintain a your employees?										ng com	muting,	by	Yes	No
38	Do you maintain a v			hibits	nersona	 Luse o	 f vehicle		ent comm	····		 employe		-	
	See the instructions for														
39	Do you treat all use o	f vehicles by employe	es as persona	luse?											
	Do you provide m								from vo						
	use of the vehicles, an				, μ. υ , υ υ υ ,				•		•				
41	Do you meet the re				obile de	 monstr	ation use	 ? (Sec	 e instructio	ons)					
	Note: If your answer to	o 37, 38, 39, 40, or 4	11 is "Yes," do	not co	mplete S	Section	B for the	covere	d vehicles	٠,١٥ /				-	
Pa	rt VI Amortizati													1	
		-	/L)								(e	,			
	(a) Description of	f costs	(b) Date amortiz begins	ation	Am	(c) nortizable	e amount		(d) Code se	ction	Amorti: perio percer	zation d or	Amortiza	(f) ation for th	ns year
42	Amortization of costs	s that begins during	g your 2010	tax ye	ear (see	ınstruc	tions)	1				<u> </u>			

Form 4562 (2010)

43

44

50608

JSA 0X2310 4 000

43 Amortization of costs that began before your 2010 tax year

44 Total. Add amounts in column (f) See the instructions for where to report

0
~
0
7

22-1508812

15,426.

Current-year depreciation

262. 1,709.

Current-year 179 expense ACRS CRS class class 15 Lfe Conv ΗX Η ΗX 6,825. 150DB 1,143. 200DB Beginning Ending
Accumulated Accumulated Medepreciation depreciation thod 84,922. 200DB 92,890. 92,890. 69,496. 881. 5,116. 75,493. 75,493. Basis for depreciation 575,000. 722,797. 722,797. 123,504. 22,194. 2,099. Basis Reduction 179 exp reduction in basis 123,504. 100.000 22,194. 100.000 2,099. 100.000 575,000. 100.000 100.000 8ns Unadjusted Cost or basis 25,000. 747,797. 747,797. Date placed in service 01/01/1980 07/01/2008 Subtotals 01/01/2007 01/01/2007 01/01/2007 Subtotals THE NATIONAL FOOTBALL FOUNDATION Asset description Description of Property GENERAL DEPRECIATION FURNITURE & FIXTUR LEASEHOLD IMPROVEM LIBRARY COLLECTION FURNITURE & EQUIP **AMORTIZATION** DEPRECIATION Less Retired Assets Listed Property TOTALS.... VIDEO FOOTAGE

V 10-7.1

PAGE 45

B24568 7012

JSA 0X9024 1 000

Assets Retired

TOTALS....

17,397.

Current-year amortization

Life

Accumulated Accumulated amortization amortization Code

Cost or basis

Date placed in service

Asset description

17,397

FEDERAL FOOTNOTES

FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK: EMPLOYEES GENERALLY WORK IN EXCESS OF 40 HOURS PER WORK WEEK.

FEDERAL FOOTNOTES

990, PART VII - COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS:

AMOUNTS ARE BASED UPON 2010 FORMS 1099; WHICH INCLUDES AMOUNTS ACCRUED FOR 2009.

The National Football Foundation, Inc.									
Academic Coach Grants - 2010									
Date	Check	Vendor	Amount	Paid	A/P	Total			
07/31/10	CHECK	Indianapolis Public Schis	(1,875 00)	Paid	(11,250.00)	(11,250.00)			
	11303	Irvington Public Schools-	7,500.00		(11,250.00)	(11,250.00)			
03/10/10	11420	Irvington Public Schools-	7,500.00	15,000.00		45.000.00			
01/01/10	11420	J0110-012	11,055.09	15,000.00	44 055 00	15,000 00			
07/31/10		Kansas City MO Schl Dist			11,055.09	11,055.09			
	11201	Knox County Schools	(5,000.00)		(5,000.00)	(5,000.00)			
		Knox County Schools	5,000.00						
			11,333.33						
		Knox County Schools	5,000.00		-				
		Knox County Schools	5,000.00						
		Knox County Schools	11,333.34	40.000.03					
		Knox County Schools	5,000.00	42,666 67		42,666.67			
		LA Unifed Sch District	(10,000.00)						
		LA Unifed Sch District	5,000.00						
		LA Unifed Sch District	5,000.00						
04/05/10	11395	Lynchburg City Schools	5,000.00						
		Lynchburg City Schools	5,000.00						
		Lynchburg City Schools	5,000.00						
		Lynchburg City Schools	5,000.00	20,000.00		20,000 00			
07/31/10		Metropolitan Public Schls	(5,000 00)		(5,000.00)	(5,000.00)			
07/31/10		MSD of Wayne Township	(2,500.00)		(2,500.00)	(2,500 00)			
		Mt Vernon HS Athletics	5,000 00						
		Mt Vernon HS Athletics	5,000.00	10,000.00		10,000.00			
		New Dorp FB Parents Club	2,500.00			-			
07/01/10	11416	New Dorp FB Parents Club	2,500.00	5,000.00		5,000 00			
07/31/10		North Plainfield BOE	(4,000.00)		(4,000.00)	(4,000.00)			
		Prince George Cty PS	5,000.00						
06/08/10	11404	Prince George Cty PS	5,000.00	10,000.00		10,000.00			
07/31/10		Public Schls of Tarrytown	(3,333.32)		(3,333.32)	(3,333.32)			
07/31/10		Richland Schl Dist One	(5,000 00)						
07/31/10		Richland Schl Dist One	(2,500.00)		(7,500.00)	(7,500.00)			
07/31/10	11262	Richland Schl Dist One	(2,500 00)	(2,500.00)		(2,500.00)			
07/31/10		Richmond Public Schools	(1,666.68)			-			
07/31/10		Richmond Public Schools	(1,666.68)			-			
07/31/10		Richmond Public Schools	(1,666 68)		(5,000.04)	(5,000 04)			
07/31/10		San Diego High School	(3,333.34)		(3,333.34)	(3,333.34)			
07/31/10		Seattle Public Schools	(5,000.00)		(5,000.00)	(5,000.00)			
07/31/10		Waterloo Community Schl D	(2,333.33)			•			
07/31/10		Waterloo Community Schl D	(2,333.34)		(4,666 67)	(4,666 67)			
			172,613.19	261,785.00	(89,171.81)	172,613.19			

The National Football Foundation, Inc.									
Academic Coach Grants - 2010									
Date	Check	Vendor	Amount	Pald	A/P	Total			
07/31/10		American Leadership Acd	(1,666.66)		(1,666.66)	(1,666.66)			
06/03/10		Asbury Park Board of Ed	(1,666.67)	(1,666.67)		(1,666.67)			
		Atlanta Public Schools	5,000 00						
		Atlanta Public Schools	5,000.00						
		Atlanta Public Schools	5,000.00			<u> </u>			
		Atlanta Public Schools	5,000.00						
		Atlanta Public Schools	5,000.00						
		Atlanta Public Schools	5,000.00		. ———				
		Atlanta Public Schools	5,000.00						
		Atlanta Public Schools	5,000 00						
		Atlanta Public Schools	5,000.00						
		Atlanta Public Schools	5,000.00						
		Atlanta Public Schools	5,000.00			<u></u>			
		Atlanta Public Schools	5,000.00						
		Atlanta Public Schools	5,000.00			 -			
		Atlanta Public Schools	5,000.00		-	- ·——			
		Atlanta Public Schools Atlanta Public Schools	1,385.00 5,000.00		·· 				
		Atlanta Public Schools	13,500.00						
						· - }			
		Atlanta Public Schools Atlanta Public Schools	13,500.00						
		Atlanta Public Schools	13,500.00	130,385.00		130,385.00			
07/31/10		Central High School	(2,500.00)	130,363.00	(2,500.00)				
		Central High School		(2.500.00)	[2,500.00]	(2,500.00)			
07/31/10		Chicago Public School	(2,500 00) (1,607.97)	(2,500.00)		(2,500.00)			
07/31/10		Chicago Public School							
07/31/10	 -	Chicago Public School	(1,604.50) (4,062.99)						
07/31/10		Chicago Public School	(4,062.98)						
07/31/10		Chicago Public School	(4,143.23)						
07/31/10		Chicago Public School	(6,911.86)		(22,393 53)	(22,393.53)			
	11391	Cincinnati Public Schools	5,000.00		(22,030 00)	(22,000.00)			
		Cincinnati Public Schools	5,000.00	10,000.00		10,000.00			
		Clarke Central High Schl	5,000.00	5,000.00		5,000.00			
		Cleveland Metropolitan SD	1,666.67	0,000.00		0,555 55			
		Cleveland Metropolitan SD	(1,686.67)						
07/31/10	·	Crenshaw High School	(3,750 00)		(3,750.00)	(3,750.00)			
		Curtis High Schi Football	2,500.00			701/00/00/			
		Curtis High Schl Football	2,500.00	5,000.00		5,000.00			
07/31/10		Edna Karr High School	(5,000.00)	5,000.00	(5,000.00)	(5,000 00)			
		Fairmont Heights Athletic	5,000.00	5,000.00	,0,000.00)	5,000.00			
		Financial Services & Educ	2,500.00						
		Financial Services & Educ	2,500.00	5,000.00		5,000.00			
1	1	Friends of Ballou/CFNCR	7,500.00						
		Friends of Ballou/CFNCR	3,750.00	11,250.00		11,250 00			
07/31/10		Ft Wayne Community Schis	(5,000.00)		(5,000.00)	(5,000.00)			
01/19/10		Fund for Public Schools-Refund	(7,850.00)	(7,850.00)		(7,850 00)			
07/31/10		Georgetown City Schl Dist	(3,333.34)		(3,333 34)	(3,333.34)			
		Grand St. Campus Wolves	2,000.00	2,000.00		2,000.00			
07/31/10		Indianapolis Public Schls	(1,875.00)			-			
07/31/10		Indianapolis Public Schls	(1,875.00)			-			
07/31/10		Indianapolis Public Schls	(1,875.00)			-			
07/31/10		Indianapolis Public Schis	(1,875.00)			-			
07/31/10		Indianapolis Public Schls	(1,875.00)			•			





Form 8868

(Rev January 2011)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed) A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of to file income tax returns Type or Name of exempt organization THE NATIONAL FOOTBALL FOUNDATION Employer identification in 22-1508812 File by the due date for 433 LAS COLINAS BLVD EAST									
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 mg a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time You can electronically files form granted in Part I or Part II with the exception of Form 8870, Info Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper form instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Chantes & Nonpro Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete. All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of the folio income tax returns. Type or Name of exempt organization THE NATIONAL FOOTBALL FOUNDATION Employer identification in the file by the due date for filing your return. A COLLEGE HALL OF FAME, INC. 22-1508812 Number, street, and room or suite no If a P O box, see instructions 1 Automatic 3-month extension of time to file and tim	► X								
Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month extension on a previously filed Form 8868 if you need a 3-month automatic extension of time to file (6 mc a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time You can electronically file 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Info Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper form instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Chanties & Nonpro Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only. All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of to file income tax returns. Type or print & COLLEGE HALL OF FAME, INC. Number, street, and room or suite no If a PO box, see instructions 1 A33 LAS COLINAS BLVD EAST City, town or post office, state, and ZIP code For a foreign address, see instructions 1 RVING, TX 75039									
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return See instructions IRVING, TX 75039									
INSTRUCTIONS IRVING, TX 75039									
Enter the Return code for the return that this application is for (file a separate application for each return)									
	01								
Application Return Application	Return								
Is For Code Is For	Code								
Form 990 01 Form 990-T (corporation)	07								
Form 990-BL 02 Form 1041-A	08								
Form 990-EZ 03 Form 4720	09								
Form 990-PF 04 Form 5227	10								
Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069	11								
Form 990-T (trust other than above) 06 Form 8870	12								
• The books are in the care of ▶ THE ORGANIZATION 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) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization is four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization is four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization is four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization is four digit Group Exemption Number (GEN) If the organization is found in the organization is found in the organization is found in the organization is found in the organization is found in the organization is found in the organization is found in the organization is found in the organization is found in the organization is found in the organization is found in the organization is found in the organization in the organization is found in the organization is found in the organization in the organization is found in the organization in the organization is found in the organization in the organization is found in the organization in the organization is found in the organization in the organization is found in the organization in the organization is found in the organization in the organization is found in the organization in the organization is found in the organization in the organization is found in the organization in the organization in the organization is found in the organization in the organization is found in the organization in the organization is found in the organization in the organization in the organization in the organization in the organization in the organization in the org	•								
for the whole group, check this box	n								
a list with the names and EINs of all members the extension is for									
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until08/15 , 20 11 , to file the exempt organization return for the organization named above. The extension for the organization's return for.	nsion is								
▶ X calendar year 20 1 0 or									
tax year beginning, 20, and ending, 20									
2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period									
3a 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.									
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 3b \$									
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS									
(Electronic Federal Tax Payment System) See instructions. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879.	a-EO for								
payment instructions.	3-EO 101								
For Paperwork Reduction Act Notice, see instructions.									