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## Form 990

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

Denetit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements.

2011
Open to Public

Open to Public Inspection

<u>A</u> I	or the	2011 calendar year, or tax year beginning APR 1, 2011 and endir	ng M	AR 31, 2012	
В	Check if ipplicable	C Name of organization		D Employer identific	ation number
	Address change	USA FOOTBALL, INC.	ŀ		
	Name change		$\neg \dashv$	11-36	567205
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room	n/suite	E Telephone number	
	Termin-	45 N. PENNSYLVANIA STREET 700		-	514-7750
	Amendo			G Gross receipts \$	10,844,028.
	Applica	INDIANAPOLIS, IN 46204	Ī	H(a) Is this a group re	
	pendin	F Name and address of principal officer. SCOTT HALLENBECK		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates incl	uded? Yes No
	Tax-exe	mpt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527	If "No," attach a	list. (see instructions)
		e: ► WWW.USAFOOTBALL.COM	]	H(c) Group exemption	number -
		organization: X Corporation	L Year c	of formation: 2002 M	State of legal domicile: IN
	т—		EDIT	T E O	
8 2013	' '	Briefly describe the organization's mission or most significant activities $\ \ \underline{\sf SEE} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	IBDU.	DE O	<del></del>
亞	2	Check this box   If the organization discontinued its operations or disposed o	f more	than 25% of its not as	ente —
oc>	ı	Number of voting members of the governing body (Part VI, line 1a)	n more	3	15
ဆို	1	Number of independent voting members of the governing body (Part VI, line 1b)		4	15
oX	1	Fotal number of individuals employed in calendar year 2011 (Part V, line 2a)		5	38
Ţį	1	Fotal number of volunteers (estimate if necessary)		6	250
<del>~</del> ંકે		Fotal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
IJ∛	1	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
SCANNED FEB enue Activities	T -	tot annotation business taxable income month of the cool 1, into 64	$\neg$	Prior Year	Current Year
₹	8 (	Contributions and grants (Part VIII, line 1h)		11,740,000.	1,122,265.
Revenue	1	Program service revenue (Part VIII, line 2g)		1,013,405.	4,391,165.
e e	ı	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		206,848.	291,700.
ď	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,128,148.	1,872,106.
	1	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,088,401.	7,677,236.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	949,893.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ý	1 45 6	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,452,238.	3,302,741.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be	b T	Total fundraising expenses (Part IX, column (D), (ine 25), ( )	,		
ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,810,561.	8,683,281.
	18	Total expenses Add lines 13-17 (must equal Part 💢 column (A), line 25)		9,262,799.	12,935,915.
		Revenue less expenses Subtract line 18 from line 12 119 9 7 NVC		4,825,602.	<5,258,679.>
10 g	3	Fotal assets (Part V. line 16)	Beg	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		13,164,172.	8,974,922.
Net Assets or	21	Total liabilities (Part X, line 26)		1,067,058.	2,176,397.
SE SE		Net assets or fund balances Subtract line 21 from line 20		12,097,114.	6,798,525.
		Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules and			/ knowledge and belief, it is
true	, correct	, and complete. <b>Dec</b> laration of preparer (other than officer) is based on all information of which p	reparer	has any knowledge.	<u> </u>
		\ XWI			,3
Sig	ın	Signature of officer		Date/	
He	re	JIM ELJAS, CPA, SENIOR DIRECTOR OF FINAN	<u>ICE</u>		
		Type or print name and title			
		Print/Type preparer's name  Preparer's signature	/   <sup>0</sup>	Date Check	PTIN
Paı	r	JOANN WOODSON Dan Woodson		1 1 10 / 13   "self-employe	
	parer	Firm's name CALIBRE CPA GROUP PLLC		Firm's EIN	47-0900880
Use	Only	Firm's address 7501 WISCONSIN AVENUE, SUITE 1200	WES		
_		BETHESDA, MD 20814	_	Phone no. (	202)331-9880
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)	_		X Yes No
132	001 01-23	3-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2011)

Part III   Statement of Program Service Accomplishments  Check I Schedule Coordana areasonase to any question in the Part III		990 (2011) USA FOOTBALL, INC.	11-3667205 Page <b>2</b>
SEE SCHEDULE O  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 E2?  2 Did the organization create conducting, or make significant changes in how it conducts, any program services? □ Yes □ No II Yes. 'describe these changes on Schedule O II Yes.' describe the Schedule O II Yes.' described the Schedule O II Yes.' des	Par	t IIi Statement of Program Service Accomplishments	
SEE SCHEDULE 0    Dear the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 E27   If "Yes, "describe these riew services on Schedule 0   3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?		Check if Schedule O contains a response to any question in this Part III	<u>X</u>
2 Did the organization undertake any significant program services during the year which were not listed on this prior Form 900 or 990 EZ?  If Yes, I describe these new services on Schedule O  If Yes, I describe these new services on Schedule O  If Yes, I describe these new services on Schedule O  If Yes, I describe these new services on Schedule O  Describe the organization sprayers are secured prior to the sequence of the amount of grants and allocations of the schoro 501(c)(3) and 501(c)(4) organizations and section 4947(c)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and sevene, I any, for each program service reported.  40 (cost ) (topics 10, 10, 118, 115, national parties 5 949, 893.) (newnes 4, 627, 951.)  DEVELOPED AND DELIVERED EDICATIONAL AND OTHER USEFUL CONTENT FOR YOUTH FOOTBALL AS A INTEGRATED PLAYER SAFETY PROGRAM FOR YOUTH FOOTBALL LEAGUES; PROMOTED THE SPORT OF YOUTH FOOTBALL LEAGUES; PROMOTED THE SPORT OF YOUTH FOOTBALL SAND CAMPS; DEVELOPED ADMINISTRATIVE TOOLS FOR YOUTH FOOTBALL SAND CAMPS; DEVELOPED ADMINISTRATIVE TOOLS FOR YOUTH FOOTBALL LEAGUES; INCLUDING LEAGUES INCLUDING REGIONAL AND NATIONAL COMPETITIONS; AND FERFORMED RESEARCH ON YOUTH FOOTBALL.  4c (costs ) (topics see 5 noticing grants of 5 noticing grants of 5 ) (topics see 5 ) (topics	1	Briefly describe the organization's mission:	
the prior Form 990 or 990-E27  If "Yes," describe these new sonvices on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O  If "Yes," describe these changes on Schedule O  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses  Section 501(c)(8) and 501(c)(4) organizations and section 4947(c)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, it any, for geath program service reported.  DEVELOPED AND DEDILIVERED EDUCATIONAL AND OTHER USEFUL CONTENT FOR YOUTH POOTBALL COACHES AND PLAYERS; CREATED AND DEPLOYED HEADS UP FOOTBALL AS A INTEGRATED PLAYER SAPETY PROGRAM FOR YOUTH FOOTBALL LEAGUES.  A INTEGRATED PLAYER SAPETY PROGRAM FOR YOUTH POOTBALL LEAGUES.  THE SPORT OF YOUTH FOOTBALL; CONDUCTED PLAYER AND COACH CLINICS AND CAMPS; DEVELOPED ADMINISTRATIVE TOOLS FOR YOUTH FOOTBALL LEAGUES.  INCLUDING LEAGUE WEBSITES AND BEST PRACTICES; MANAGED NFL FLAG  INCLUDING REGIONAL AND NATIONAL COMPETITIONS; AND PERFORMED RESEARCH ON YOUTH FOOTBALL.   46 (Code  ) (Superioses		SEE SCHEDULE O	
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(Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses ► 10,018,115.  Form 990 (2011)		91	
(Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses ► 10,018,115.  Form 990 (2011)			
(Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses ► 10,018,115.  Form 990 (2011)			
4e Total program service expenses ► 10,018,115.  Form 990 (2011)	4d	Other program services (Describe in Schedule O)	
Form <b>990</b> (2011)			)
	<u>4e</u>	Total program service expenses ► 10,018,115.	
	12000		Form <b>990</b> (2011)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A		Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		- 23	<del></del>
3	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
7	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide			
3	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	_10_	-11	
• •	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	•		-
<b>.</b>	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
Ť	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	Ì		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A) line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	ļ	1	
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	ļ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			ļ
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		ļ	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	L	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1		
	complete Schedule G, Part III	19	ļ	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1	<u> </u>
		Form	990	(2011)

Part IV Checklist of Required Schedules (continued)

,			Yes	No
	d the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	nited States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21_	X	
	d the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	olumn (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
	id the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	nd former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		3,7	
	chedule J	23_	X	
	id the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	st day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	045		v
	chedule K If "No", go to line 25 id the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		_X_
	id the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Id the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		
	ny tax-exempt bonds?	24c		
	id the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	ection 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		
	isqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_x_
	the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	nat the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	chedule L, Part I	25b		_x_
	/as a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	erson outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
	id the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	ontributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
of	fany of these persons? If "Yes," complete Schedule L, Part III	27_		X_
28 W	as the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
ins	structions for applicable filing thresholds, conditions, and exceptions)			
аА	current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b A	family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	n entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	rector, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
	nd the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
	d the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	ontributions? If "Yes," complete Schedule M	30_		X
	id the organization liquidate, terminate, or dissolve and cease operations?			
	"Yes," complete Schedule N, Part I	31_		X
	id the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			\ <b>.</b>
	chedule N, Part II	32_		<u> </u>
	nd the organization own 100% of an entity disregarded as separate from the organization under Regulations ections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	20		v
	Vas the organization related to any tax-exempt or taxable entity?	33_		<u> X</u>
	"Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
	old the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	338		
	ection 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
	ection 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		- <del></del>
	"Yes," complete Schedule R, Part V, line 2	36		Х
	old the organization conduct more than 5% of its activities through an entity that is not a related organization			<u></u>
	nd that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ļ	Х
	old the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	lote. All Form 990 filers are required to complete Schedule O	38_	Х	
				2011)

	Check if Schedule O contains a response to any question in this Part V			
`			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		4 ,	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		<u> 24.</u>	
	(gambling) winnings to prize winners?	10	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 38			
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)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	•	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		_X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	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?	7e	•	X_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ļ <u>.</u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		ļ
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			
a	Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against	-		
b				
120	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?	120		İ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		<u> </u>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O	130		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
J	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
_	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
			990	(2011)
				/

Form 990 (2011) USA FOOTBALL, INC. 11-3667205 Page 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 (	D. See ii	nstructions.			
	Check if Schedule O contains a response to any question in this Part VI					X
Sec	tion A. Governing Body and Management					
			<del></del>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15	i 🗀		
	If there are material differences in voting rights among members of the governing body, or if the governing			1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh					
_	officer, director, trustee, or key employee?		u., u	2	-	X
3	Did the organization delegate control over management duties customarily performed by or under the	he direc	et supervision			
Ū	of officers, directors, or trustees, or key employees to a management company or other person?	ne direc	zt supervision	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	000	na filadů	4		X
			is med /			X
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		
6	Did the organization have members or stockholders?			6		X
7a	, , , , , , , , , , , , , , , , , , , ,	appoint	one or	l _		.,
	more members of the governing body?			7a_		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by th	e following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached a	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal I	Revenu	e Code )			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy befo	re filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	-	•			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	se to con	iflicts?	12b		Х
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "					
	in Schedule O how this was done			12c		х
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14	х	
15	Did the process for determining compensation of the following persons include a review and appro-	val by v	ndenendent	1**		<u> </u>
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	_	acpendent			
_	The organization's CEO, Executive Director, or top management official	•		45-	Х	
d L	Other officers or key employees of the organization			15a	^	X
D				15b		
16	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			1		
юа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	vith a	1		٠,,
	taxable entity during the year?			16a	ļ	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	•	•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	anızatıo	n's			Ì
	exempt status with respect to such arrangements?		<del></del>	16b	L	<u> </u>
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► IN					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	-T (Sect	tion 501(c)(3)s only)	avaılat	le	
	for public inspection. Indicate how you made these available. Check all that apply					
	Own website X Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	conflict	of interest policy, ar	nd finai	ncial	
	statements available to the public during the tax year					
20	State the name, physical address, and telephone number of the person who possesses the books	and rec	ords of the organiza	ation 🖹	•	
	JIM ELIAS CPA - 317-614-7750					
	45 N. PENNSYLVANIA STREET SUITE 700, INDIANAPOLIS	, IN	1 46204			
13200	6			Form	990	(2011)

## 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

#### 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

<b>(A)</b> Name and Title	(B) Average			(C Pos	C) ition	1		( <b>D)</b> Reportable	(E) Reportable	(F) Estimated
Name and The	hours per		not c	heck	more	than o		compensation	compensation	amount of
	week					r/trus		from	from related	other
	(describe	ector						the	organizations	compensation
	hours for	trustee or director	, s	ļ		ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	Institutional frustee	l	8	npens		(W-2/1099-MISC)		organization and related
	in Schedule	dual tr	tonal	_	yoldu	st con	<u></u>			organizations
	O)	Individual	Institu	Officer	Key employee	Highest compensated employee	Former			organization.c
(1) RAY ANDERSON										
DIRECTOR	1.00	Х						0.	0.	0.
(2) JOE BROWNE										
DIRECTOR	1.00	X	<u> </u>	<u></u>	L			0.	0.	0.
(3) DESMOND HOWARD			l							
DIRECTOR	1.00	X		<u> </u>				0.	0.	0.
(4) JASON BELSER			İ	ŀ						_
DIRECTOR	1.00	X	ļ	<u> </u>				0.	0.	0.
(5) TOM COVE	1 00									
DIRECTOR	1.00	X						0.	0.	0.
(6) BOB GARDNER	1 00	,,								
DIRECTOR	1.00	X		-		_		0.	0.	0.
(7) MARK MEANA	1 00	٠,								
SECRETARY	1.00	Α.			<u> </u>			0.	0.	0.
(8) GRANT TEAFF	1.00	-						0.	0.	0
DIRECTOR	1.00	^			-	<del> </del> -			0.	0.
(9) JIM DELANEY DIRECTOR	1.00	v	ļ					0.	0.	0.
(10) MERRIL HOGE	1.00	^	-	-	┢	<del> </del>			0.	
DIRECTOR	1.00	X						0.	0.	0.
(11) MIKE WILCOX										
DIRECTOR	1.00	х						0.	0.	0.
(12) ROGER GOODELL			-							
DIRECTOR	1.00	Х						0.	0.	0.
(13) CARL FRANCIS										
DIRECTOR	1.00	Х		<u>.                                    </u>				0.	0.	0.
(14) DEMAURICE F. SMITH										
DIRECTOR	1.00	X	<u> </u>					0.	0.	0.
(15) CARL PETERSON										
CHAIRMAN	1.00	X		<u> </u>	<u> </u>	<u>L</u> .	ļ	0.	0.	0.
(16) ALEXIA GALLAGHER										`
DIRECTOR	1.00	X				<u> </u>		0.	0.	0.
(17) SCOTT HALLENBECK										
EXECUTIVE DIRECTOR	40.00	<u> </u>		X				345,978.	0.	24,288.

132007 01-23-12

Form **990** (2011)

(A) Name and business address	(B) Description of services	(C) Compensation
SPORTS SPONSORSHIP AND EVENTS CONSULTING, I 7 WYNNEWOOD DRIVE, CRANBURY, NJ 08512 PROMETHEUS SPORTS MARKETING, LLC	SPONSORSHIP AND EVENT CONSULTING DIGITAL STRATEGY AND	268,600.
4912 CREEKSIDE DRIVE, CLEARWATER, FL 33760 TOBACCO ROAD TECHNOLOGIES, 205 WILD TURKEY	WEB APPLICATION DEV WEB APPLICATION	199,950.
TRAIL, CHAPEL HILL, NC 27516	DEVELOPMENT	187,000.
2 Total number of independent contractors (including but not limited to those lister \$100,000 of compensation from the organization ▶ 3	d above) who received more than	
\$100,000 of compensation from the organization		

Form 990 (2011)

•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f	its, and use 1f 1,	122,265.	1,122,265.			
	_	DADMTOTDAMTON T		Business Code		2 141 006		
		PARTICIPATION E			3,141,006.	3,141,006.		
9		MEMBERSHIP INCO	)ME	900099	783,780.	783,780.		-
Revenue	С	EVENTS		900099	466,379.	466,379.	<u>.</u>	
è	d		·					
	е		·					
·		All other program service reve	enue					
+	g	Total. Add lines 2a-2f			4,391,165.			ļ
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		<b>&gt;</b>	194,655.			194,655
	4	Income from investment of ta	x-exempt bond p	oroceeds >				
	5	Royalties			44,880.			44,880
			(ı) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		<b></b>				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	3263837.		1			
	b	Less cost or other basis						
		and sales expenses	3166792.					
	С	Gain or (loss)	97,045.	-				
		Net gain or (loss)	2,,020	<b>&gt;</b>	97,045.			97,045
_		Gross income from fundraisin	o events (not		21,043.			37,043
Other Revenue	O u	including \$	of					1
Ş		contributions reported on line						
¥		Part IV, line 18	•					
je	_	Less direct expenses	а		†			
5		•	b		1			
		Net income or (loss) from fund	-					<del> </del>
	9 a	Gross income from gaming ac						
ŀ		Part IV, line 19	a		-			
ŀ		Less. direct expenses	<b>b</b>		-			
		Net income or (loss) from gan	-					
	то а	Gross sales of inventory, less		60 064				
		and allowances	а					
		Less cost of goods sold	b	0.	+	60.051		
-	с	Net income or (loss) from sale			60,064.	60,064.		-
		Miscellaneous Revenu	ne	Business Code				
	11 a	SPONSORSHIPS	<del></del>		1,590,440.			1590440
	b	PARTICIPANT INC	COME	900099	137,945.	137,945.		ļ
	С	MISCELLANEOUS		900099	21,383.	21,383.		
	d	All other revenue	<del>_</del>	900099	17,394.	17,394.		
- 1	е	Total. Add lines 11a-11d		<u> </u>	1,767,162.			
- [					7,677,236.		0	. 1927020

### 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).

	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and			}	
	organizations in the United States. See Part IV, line 21	949,893.	949,893.		
2	Grants and other assistance to individuals in				
_	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16			<del></del>	
4	Benefits paid to or for members		-		
5	Compensation of current officers, directors,	441 447	441 447		
^	trustees, and key employees  Compensation not included above, to disqualified	441,447.	441,447.		
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,182,674.	1,216,660.	966,014.	
8	Pension plan accruals and contributions (include	2,102,074.	1,210,000.		
5	section 401(k) and section 403(b) employer contributions)	149,354.	93,808.	55,546.	
9	Other employee benefits	347,092.	218,006.	129,086.	
10	Payroll taxes	182,174.	119,499.	62,675.	
11	Fees for services (non-employees)			3373.33	
а	Management				
b	Legal	71,194.	569.	70,625.	
С	Accounting	10,241.		10,241.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	2,084,793.	1,811,654.	273,139.	
12	Advertising and promotion	300,802.	299,802.	1,000.	
13	Office expenses	1,435,066.	1,140,104.	294,962.	
14	Information technology	407,919.	406,104.	1,815.	
15	Royalties				
16	Occupancy .	305,618.	130,106.	175,512.	·
17	Travel	1,129,237.	993,135.	136,102.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	104 454	4.54 6.52	00 880	
19	Conferences, conventions, and meetings	194,451.	171,673.	22,778.	
20	Interest Page 15 to 25 t	2,300.	2,300.		
21	Payments to affiliates	E01 00F		E01 00E	
22	Depreciation, depletion, and amortization	501,095. 183,338.	144,602.	501,095. 38,736.	
23	Insurance	103,330.	144,604.	30,130.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	APPAREL & EQUIPMENT	1,811,779.	1,704,062.	107,717.	
b	DUDG AND GUDGGDIDGEONG	102,396.	61,082.	41,314.	
С	MISCELLANEOUS	89,580.	87,976.	1,604.	
d	DVD	21,081.	27.	21,054.	<del>_</del> _
е	All other expenses	32,391.	25,606.	6,785.	
25	Total functional expenses Add lines 1 through 24e	12,935,915.	10,018,115.	2,917,800.	0
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X	Balance	Sheet
raita	Dalance	Olleer

Parl	t X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		981,869.	2	1,093,964.
	3	Pledges and grants receivable, net	ļ		_3_	
	4	Accounts receivable, net	5,689,675.	4	<u>716,606.</u>	
Ì	5	Receivables from current and former officers, dir	ectors, trustees, key			
		employees, and highest compensated employee	s. Complete Part II			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)), persons described in section 4958(c)	(3)(B), and contributing			
		employers and sponsoring organizations of sect	on 501(c)(9) voluntary			
ا ي		employees' beneficiary organizations (see instru-	ctions)		6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use		85,415.	8	372,754.
	9	Prepaid expenses and deferred charges		207,426.	9	477,388.
	10a	Land, buildings, and equipment, cost or other		i		
		basis Complete Part VI of Schedule D	10a 1,873,284.			
	b	Less: accumulated depreciation	10ы 740,205.	952,780.		1,133,079. 5,161,876.
İ	11	Investments - publicly traded securities		5,202,920.	11	5,161,876.
	12	Investments - other securities See Part IV, line 1	1		12	
l	13	Investments - program-related See Part IV, line	11		13	
l	14	Intangible assets		14		
- 1	15	Other assets See Part IV, line 11	44,087.	15	19,255.	
	16_	Total assets. Add lines 1 through 15 (must equa	al line 34)	13,164,172.	16_	<u>8,974,922.</u>
	17	Accounts payable and accrued expenses	532,840.	17	707,629.	
ŀ	18	Grants payable			18	0.60 7.60
	19	Deferred revenue		534,218.	19	868,768.
1	20	Tax-exempt bond liabilities			20	
es	21	Escrow or custodial account liability. Complete I			21	
를	22	Payables to current and former officers, director				
Liabilities		highest compensated employees, and disqualifi	ed persons Complete Part II		1	
_		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	,		23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	17-24) Complete Part X of			600 000
ŀ		Schedule D		0. 1,067,058.		600,000. 2,176,397.
$\rightarrow$	26_	Total liabilities. Add lines 17 through 25	<b>V</b>	1,007,030.	26	2,110,391.
_		Organizations that follow SFAS 117, check he	ere X and complete			
Se		lines 27 through 29, and lines 33 and 34.		2 570 472		2 216 400
<u>a</u>	27	Unrestricted net assets		2,579,473.		2,216,489.
Ва	28	Temporarily restricted net assets		6,517,641.		1,582,036. 3,000,000.
힡	29	Permanently restricted net assets		3,000,000.	29	3,000,000.
띤		Organizations that do not follow SFAS 117, c	heck here   and			
8	00	complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds	16		30_	
As	31	Paid-in or capital surplus, or land, building, or ed			31	
	.7()	Retained earnings, endowment, accumulated in	come, or otner tunds	1	32	
Net	32	_		12 007 114	1 00	£ 700 E2E
Net Assets or Fund Balances	33 34	Total net assets or fund balances  Total liabilities and net assets/fund balances		12,097,114. 13,164,172.		6,798,525. 8,974,922.

Form	'990 (2011) USA FOOTBALL, INC.	11-3	667205	Pag	ge <b>12</b>
Pai	t XI Reconciliation of Net Assets	_		-	-
	Check if Schedule O contains a response to any question in this Part XI				X
•					<del></del> _
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,67	7,2	36.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,93	5,9	15.
3	Revenue less expenses. Subtract line 2 from line 1	3	<5,25	8,6	<del>79.</del> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,09	7,1	14.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<3	9,9	<del>10.</del> >
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	_6,79	8,5	25.
Pa	rt XII 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	0			1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O		1	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				_
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a	L	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

		USA FOO	TBALL, INC.						11	<u>-3667</u>	<u> 205</u>	
Part I	Reason f	for Public Char	ity Status (All organiz	ations mus	st complet	e this part	) See inst	ructions				
The organ	ızatıon ıs not a	private foundation	because it is: (For lines 1	through 1	1, check o	only one bo	ox.)					
1 🖳			s, or association of churc		ribed in <b>se</b>	ction 170(	b)(1)(A)(i)					
2	A school desc	cribed in section 17	O(b)(1)(A)(ii). (Attach Scl	hedule E)								
3 🖳	A hospital or	a cooperative hospi	tal service organization o	described i	n section	170(b)(1)(	A)(iii).					
4	A medical res	earch organization of	operated in conjunction	with a hos	pıtal descr	ibed in sec	ction 170	(b)(1)(A)(iii	). Enter th	e hospital'	s nam	e,
	city, and state											
5 📖	An organization	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental unit	described	d in		
	section 170(	<b>(b)(1)(A)(iv).</b> (Comple	ete Part II)									
6 🖳	A federal, sta	te, or local governm	ent or governmental unit	t described	in sectio	n 170(b)(1	)(A)(v).					
7 X	An organization	on that normally rec	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general pı	ublic desci	ribed ir	n
		<b>b)(1)(A)(vi).</b> (Comple	•									
8 📙	A community	trust described in s	ection 170(b)(1)(A)(vi). (	(Complete	Part II)							
9 🔲	An organizati	on that normally rec	eives (1) more than 33 1	1/3% of its	support fr	om contrib	butions, m	embership	fees, and	d gross rec	eipts f	from
			nctions - subject to certa									
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired b	y the orgai	nization af	ter June 3	0, 197	5
—		<b>509(a)(2).</b> (Complete	•		_							
10	_	-	perated exclusively to te	· ·	•			-			_	
11	-	•	perated exclusively for the		•			-	•	•		or
			ations described in section				) See sec	tion 509(a	i)(3). Chec	ck the box	that	
		_ <del>_</del>	organization and comple		_					T W	S.I	
	a Type I		_		e III - Func					Type III - C		_
e			it the organization is not		•		•					n
		-	han one or more publicly						(a)(I) or so	ection 509	(a)(2)	
f	-		ten determination from t	ine ins tha	atitisa iy	pe i, Type	ii, or Type	9 111				
-		rganization, check th		ou auft or o	antribuitian	from only	of the fall		0002			
g	_		organization accepted ar lirectly controls, either al			-					Yes	No
			upported organization?	one or tog	eulei willi	persons u	escribed	ri (ii) ariu (i	ii) below,	110(i)	res	NO
	_		n described in (i) above?							11g(i) 11g(ii)		
	• • •	•	person described in (i) o		<b>-</b> 2					11g(iii)		
h			about the supported or	• •						[119(11)		<u> </u>
"	T TOVIGE LITE IN	onowing information	about the supported on	garnzation	(3)							
(:) Nome	of ounnorted	(::) FIN	(iii) Type of	(iv) Is the c	organization	(v) Did voi	i notify the	(vi) ls	the	(!!) Am		
	of supported anization	(ii) EIN	organization		sted in your			Lorganizatio	ration in col. anized in the support			
0.9	aeat.orr		(described on lines 1-9 above or IRC section	governing	document?	(i) of your	support?	U.S.	2	оор	,,,,,	
			(see instructions))	Yes	No	Yes	No	Yes	No			
								ļ				
					<u> </u>			<u> </u>				
												_
Total								<u> </u>	<u> </u>		_	
HA For I	Panerwork Re	duction Act Natica	see the Instructions f	-				Schodul	a A /Form	990 or 90	M-E71	2011

132021 01-24-12

Form 990 or 990-EZ.

## (Form 990 or 990-EZ) 2011 USA FOOTBALL, INC. 11-3667205 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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		<u> </u>			<del>.</del>	<del></del>	
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants.")	6145920.	8192801.	6412444.	12394290.	1906045.	35051500.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities		_					
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	6145920.	8192801.	6412444.	12394290.	1906045.	35051500.	
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						35051500.	
	Section B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
	Amounts from line 4	6145920.	8192801.		12394290.	1906045.	35051500.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources	332,853.	239,964.	195.970.	233,088.	239,535.	1241410.	
9	Net income from unrelated business		_ = =,= /_=, = =		7.5			
	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)	385,116.	766,632.	1053301.	1366433.	5374547.	8946029.	
11	Total support. Add lines 7 through 10						45238939.	
	Gross receipts from related activities,	etc (see instruction	ons)			12	94,590.	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)		
	organization, check this box and stor	_			•			
Section C. Computation of Public Support Percentage								
14	Public support percentage for 2011 (I	line 6, column (f) di	vided by line 11, o	olumn (f))		14	77.48 %	
15	00 20							
16a	33 1/3% support test - 2011. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this b	ox and	
	stop here. The organization qualifies	as a publicly supp	orted organization	1			ightharpoons X	
b	33 1/3% support test - 2010. If the	organization did no	t check a box on I	ine 13 or 16a, and	d line 15 is 33 1/3%	or more, check t	his box	
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			ightharpoons	
17a	10% -facts-and-circumstances tes	t - 2011. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,	
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop I	nere. Explain in Pa	rt IV how the orga	nization	
	meets the "facts-and-circumstances"			•	·	•	ightharpoons	
t	10% -facts-and-circumstances tes	_	•		_	17a, and line 15 is	10% or	
	more, and if the organization meets the							
	organization meets the "facts-and-circ				•			
18	Private foundation. If the organization				-		ns 🕨	
						edule A (Form 996		

#### 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.)

qualify under the tests listed be Section A. Public Support	Now, please com	plete Part II)				
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(4) 2010	(a) 2011	/A Total
1 Gifts, grants, contributions, and	(a) 2001	(10) 2000	(6) 2009	(d) 2010	(e) 2011	(f) Total
membership fees received (Do not						
include any "unusuał grants.")					<del> </del>	
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-					1	
iness under section 513						
4 Tax revenues levied for the organ-		<u> </u>		<del></del>		
ization's benefit and either paid to					1	
or expended on its behalf						
` <u> </u>				<u> </u>	<del> </del>	
5 The value of services or facilities					1	
furnished by a governmental unit to						1
the organization without charge	<del></del>	-				
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)			-			
Section B. Total Support	<del></del>	4				
- <del> </del>	4-1 0007	# \ 0000	1 1 1 1 1 1 1 1	4 10 004 0	1 1 2011	10 T. L. L
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6		+		<del> </del>		
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources			<u> </u>			
<b>b</b> Unrelated business taxable income	ı		1			
(less section 511 taxes) from businesses	ı					
acquired after June 30, 1975	1					
c Add lines 10a and 10b						
11 Net income from unrelated business	<del></del>			<del></del>	-	
activities not included in line 10b,	1				·	
whether or not the business is	1					
regularly carried on  12 Other income Do not include gain		+	<del> </del>		-	
or loss from the sale of capital	1					
assets (Explain in Part IV)	-	<del></del>	1		<del> </del>	
13 Total support (Add lines 9, 10c, 11, and 12)		<u> </u>	L	<u> </u>	1	_1
14 First five years. If the Form 990 is for	the organization	's first, second, the	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) orga	nızatıon,
check this box and stop here	<del></del>					<u> </u>
Section C. Computation of Publi	ic Support Pe	ercentage			-	
15 Public support percentage for 2011 (I	ine 8, column (f) o	divided by line 13,	column (f))	-	15	(
16 Public support percentage from 2010	Schedule A, Par	t III, line 15			16	<u> </u>
Section D. Computation of Inves	stment Incom	ne Percentage				
17 Investment income percentage for 20	11 (line 10c, colu	ımn (f) dıvıded by lı	ne 13, column (f))		17	
18 Investment income percentage from 2	•				18	(
19a 33 1/3% support tests - 2011. If the			on line 14, and lin	e 15 is more than	·	
more than 33 1/3%, check this box a	•				•	5 .7 IS NOT
		_		- · ·		/ and
b 33 1/3% support tests - 2010. If the						
line 18 is not more than 33 1/3%, che			•		•	on P 📙
20 Private foundation. If the organization	n did not check a	a box on line 14, 19	a, or 19b, check t			<u> </u>
132023 01-24-12				Sc	hedule A (Form	990 or 990-EZ) 20

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 11-3667205 USA FOOTBALL TNC

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
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 donor advis	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	<del></del>	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an his	torically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	• •	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structi	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
_	year >		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	- · · · · · · · · · · · · · · · · · · ·	
_	violations, and enforcement of the conservation easements i		└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 170	Yes No
9	In Part XIV, describe how the organization reports conservat	ion ageaments in its revenue and expense	
9	include, if applicable, the text of the footnote to the organization	•	
	conservation easements	tion's intaricial statements that describes	the organization's accounting for
Pai	t III Organizations Maintaining Collections o	f Art. Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	· <del>····································</del>	ment and balance sheet works of art.
	historical treasures, or other similar assets held for public ex	·	
	the text of the footnote to its financial statements that descr		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
b	If the organization elected, as permitted under SFAS 116 (AS		t and balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, e	**	
	relating to these items	•	<b>3</b>
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	al gain, provide
_	the following amounts required to be reported under SFAS 1	·	
а	Revenues included in Form 990, Part VIII, line 1	. , ,	<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$
	·		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2011

		TBALL, INC		_					Page 2
Par	t III Organizations Maintaining C								
3	Using the organization's acquisition, accession	on, and other record	s, check any of th	e following tha	it are a sigi	nificant	use of its	collection	items
	(check ali that apply)		<u> </u>						
а	Public exhibition	d		change progra	ams				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co			_			ose in Par	t XIV.	
5	During the year, did the organization solicit or				er sımılar a	ssets	_	٦.	
_	to be sold to raise funds rather than to be ma							Yes	No_
Par	t IV Escrow and Custodial Arranger reported an amount on Form 990, Par		ete if the organizat	on answered	"Yes" to Fe	orm 990	), Part IV,	ine 9, or	
12	Is the organization an agent, trustee, custodi		iany for contribute	one or other as	eete not in	cluded			
10	on Form 990, Part X?	an or other intermed	nary for contribute	ons or other as	3513 1101 11	icidaea		Yes	No
ь.	If "Yes," explain the arrangement in Part XIV	and complete the fo	llouina toblo					1 ies	L NO
D	ir res, explain the arrangement in Part XIV	and complete the lo	llowing table				l	A	<del></del>
_	Beginning balance					4-		Amount	
	Additions during the year					1c	ļ		
	Distributions during the year					1d	<del> </del>		
4	Ending balance					1e	ļ <del>.</del>		
30	Did the organization include an amount on Fe	orm 000 Port V line				1f	l	Yes	No
	If "Yes," explain the arrangement in Part XIV.		217				<u> </u>	」 res	NO
Par			swarad "Vas" to F	orm 990 Part	IV line 10				
	The state of the s	(a) Current year	(b) Prior year	(c) Two yea			voare back	(a) Four	years back
12	Beginning of year balance							(e) i oui	years back
1a	Contributions	3,000,000.	3,000,000	3,00	0.000.	3,1	000,000.		
0	Net investment earnings, gains, and losses			-					
ن م	Grants or scholarships								
u o	Other expenditures for facilities		··· <del>·</del>						
е	and programs				,				
	Administrative expenses								
'	End of year balance	3 000 000	3 000 000	3 00	0 000			<u>-</u> -	
9 2	Provide the estimated percentage of the curi	3,000,000.	3,000,000		0.000.		000,000.	L	
2	Board designated or quasi-endowment	ent year end balanc	e (iiile 19, coluitii) %	(a)) Held as					
h	Permanent endowment	%							
C	Temporarily restricted endowment	^% 							
·									
32	The percentages in lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization								
ou	by:	SSION OF THE ORGANIZE	ation that are neid	and administr	ored for the	organi	Zation	F	Yes No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations							3a(ii)	X
h	If "Yes" to 3a(ii), are the related organizations	e lietad se raquirad o	n Schadula D2					3b	
4	Describe in Part XIV the intended uses of the	•						30	
	t VI Land, Buildings, and Equipm								
	Description of property	(a) Cost or o		st or other	(c) Acc	umulat	ed l	(d) Book	value
	becomplion of property	basis (investr		s (other)	, , ,	eciation	I	(u) Door	value
1a	Land	, , , , , , , , , , , , , , , , , , , ,		· · · · · · · · · · · · · · · · · · ·					
-	Buildings		· <del>-</del>						
	Leasehold improvements	<u> </u>	1	93,410.		55,2	60-	138	3,150.
	Equipment			27,948.		$\frac{33,2}{27,5}$			7,374.
	Other			51,926.		57,3			1,555.
	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part			·		<b>•</b>		3,079.

Schedule D (Form 990) 2011

	dule D (Form 990) 2011 USA FOOTBALL, INC.				<u>3667205</u>	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Au	udited Financ	ial State	ement		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		7,677	
2`	Total expenses (Form 990, Part IX, column (A), line 25)		2		12,935	,915.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	. [	3		<5,258	<u>,679.</u>
4	Net unrealized gains (losses) on investments		4		<39	910.
5	Donated services and use of facilities		5			
6	Investment expenses .	. [	6			
7	Pnor period adjustments		7			
8	Other (Describe in Part XIV)		8			
9	Total adjustments (net) Add lines 4 through 8		9		<39	,910.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	1	10		<5,298	
Par	t XII Reconciliation of Revenue per Audited Financial Statements		ue per F	Returr		
1	Total revenue, gains, and other support per audited financial statements			1	8,164	.390.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		-			
а		2a <3	9,910.			
b			7,064.			
c	_ ` '	2c 32	,,001.	<del>'</del>		
q		2d		1		
	Add lines 2a through 2d	20		ا ۱	107	15/
_				2e	7,677	<u>,154.</u>
3	Subtract line 2e from line 1			3	1,611	, 430.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	ı				
а		4a	<del></del>	-		
b	·	4b		-		_
С	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	7,677	<u>,236.</u>
Pai	t XIII Reconciliation of Expenses per Audited Financial Statemen	ts With Expe	nses per	Retu	<del>,</del>	
1	Total expenses and losses per audited financial statements			1	13,462	<u>,979.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			1		
а	Donated services and use of facilities	2a 52	7,064.	.] [		
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIV)	2d		]		
е	Add lines 2a through 2d	<del></del>		2e	527	,064.
3	Subtract line 2e from line 1			3	12,935	.915.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1					
а		4a				
b	· · · · · · · · · · · · · · · · · · ·	4b		1		
~	Add lines 4a and 4b	<del>-10</del>		10		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			4c	12,935	
Pai	t XIV Supplemental Information			1 2	1 12,933	<u>, , , , , , , , , , , , , , , , , , , </u>
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 2d and 4b Also complete 2, Part XI, lines 8, Part XII, lines 2d and 4b Also complete					4, Part
			<del></del>	Sched	dule D (Form 9	990) 2011

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. INC General Information on Grants and Assistance USA FOOTBALL, Name of the organization Department of the Treasury Internal Revenue Service SCHEDULEI (Form 990) Part I

**%** Employer identification number 11-3667205 X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	5,000 Check this	box if no one recipien	it received more th	an \$5,000 Part II	can be duplicated if	additional space is need	X 🔺 Dec	-
(a) Name and address of organization     or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
								1
								1
								1
								ł I
								l I
								1
Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations listed in the line 1 table	d government org	ganizations listed in the table	listed in the line 1 table					1 1
For Paperwork Reduction Act Notice, see the Instructions for For	see the Instructi	ons for Form 990.					Schedule I (Form 990) (2011)	I =

Page 2 (f) Description of non-cash assistance 11-3667205 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed USA LEAGUES AND PROGRAMS ARE ENCOURAGED TO APPLY AND A SPECIAL EFFORT IS APPLICANTS MUST MEET CERTAIN ORGANIZATIONAL REQUIREMENTS INCLUDING PROOF OF PACKAGES OF FOOTBALL EQUIPMENT OR APPAREL THAT RANGE IN VALUE FROM \$1,000 TO \$2,500 Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. TAX EXEMPT STATUS AND THEY MUST PROVIDE DEMOGRAPHIC AND OTHER INFORMATION 2: USA FOOTBALL AWARDS GRANTS TO YOUTH FOOTBALL OF EACH GRANT MADE TO IDENTIFY LEAGUES AND TEAMS THAT DEMONSTRATE FINANCIAL NEED. THE GRANTS CONSIST OF (d) Amount of non-cash assistance GIVEN THE SIZE (c) Amount of cash grant (b) Number of LEAGUES AND HIGH SCHOOL FOOTBALL PROGRAMS. recipients THAT ALLOWS USA FOOTBALL TO ASSESS NEED. FOOTBALL DOES NOT MONITOR GRANTEES. USA FOOTBALL, (a) Type of grant or assistance LINE PART I, Schedule I (Form 990) (2011) SCHEDULE I, Part IV Part III EACH.

Schedule I (Form 990) (2011)

132102 01-27-12

## 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.

2011

Open to Public Inspection

Name of the organization

Department of the Treasury

\_\_\_\_

► Attach to Form 990. ► See separate instructions.

USA FOOTBALL, INC.

Employer identification number 11-3667205

Pa	rt I   Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use		1	
	Travel for companions Payments for business use of personal residence		1	
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	X 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	1b	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	X	<u> </u>
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director Explain in Part III			
	Compensation committee X Written employment contract			ł
	Independent compensation consultant Compensation survey or study		1	
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of		ļ	
а	The organization?	. 5a	<u> </u>	<u> </u>
b	Any related organization?	5b	<u> </u>	X
	If "Yes" to line 5a or 5b, describe in Part III		•	
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			1
	contingent on the net earnings of			
	The organization?	6a	<b>├</b> ──	X
b	Any related organization?	6b	<u> </u>	X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
_	not described in lines 5 and 6? If "Yes," describe in Part III	7	$\vdash$	X
8	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	8	<del> </del>	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9	1	1

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

Schedule J (Form 990) 2011

11-3667205

Schedule J (Form 990) 2011

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(0)	(D)	(E)	(F)
(A) Name		(ı) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported as deferred in prior Form 990
	ε	274,978.	65,000.	6,000.	13,269.	11,019.	370,266.	0.
1 SCOTT HALLENBECK	3	0	0	0.	0	0	0.	
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2	3							
	Ξ							
3	(ii)							
	Θ							
4	(ii)							
	(i)							
2	(ii)							
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16	(ii)							
				ļ			Schedu	Schedule J (Form 990) 2011

#### 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.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number 11 – 3667205

USA FOOTBALL, INC.	11-366/205
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
FOOTBALL'S NATIONAL GOVERNING BODY, USA FOOTBALL LEADS TH	E GAME'S
DEVELOPMENT, INSPIRES PARTICIPATION, AND ENSURES A POSITI	VE EXPERIENCE
FOR ALL YOUTH, HIGH SCHOOL, AND OTHER AMATEUR PLAYERS.	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M	ISSION:
THE ORGANIZATION'S PRIMARY GOAL IS TO LEAD DEVELOPMENT OF	THE SPORT OF
FOOTBALL, INSPIRE PARTICIPATION AND PROMOTE A POSITIVE EX	PERIENCE FOR
YOUTH, HIGH SCHOOL AND OTHER AMATEUR PLAYERS. THE ORGANIZ	ATION PROVIDES
A VARIETY OF EDUCATIONAL PROGRAMS AND INNOVATIVE TOOLS FO	R COACHES,
OFFICIALS, ADMINISTRATORS, PLAYERS, AND PARENTS. THESE PR	OGRAMS AND
TOOLS EMPHASIZE HEALTH AND SAFETY AND ARE DELIVERED THROU	GH MEMBERSHIP
PROGRAMS AND THROUGH EVENTS AND OTHER DEVELOPMENTAL ACTIV	ITIES.
FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:	
IN JUNE 2011, THE ORGANIZATION BEGAN OPERATING THE "NFL F	LAG" FLAG
FOOTBALL PROGRAM UNDER LICENSE FROM THE NFL.	
FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION D	OES NOT HAVE A
COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNIN	G BODY.
FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS RE	VIEWED BY THE
EXECUTIVE DIRECTOR AND CONTROLLER OF USA FOOTBALL, INC. I	N CONJUCTION WITH

FORM 990, PART VI, SECTION B, LINE 15A: THE ORGANIZATION USES A WRITTEN

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

Schedule O (Form 990 or 990-EZ) (2011)

THE FIRM'S INDEPENDENT PUBLIC ACCOUNTANTS.