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#### DLN: 93493017009217

OMB No 1545-0047

Open to Public

Department of the Departure Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

**Return of Organization Exempt From Income Tax** 

▶ Information about Form 990 and its instructions is at <u>www IRS gov/foim990</u>

Inspection

псетн	i Keven	iue Servic	ce					
			lendar year, or tax year begin C Name of organization	ning 03-01-2015 , and ending 02-29-20	16	D Empl		
_	eck if ap Idress ch		NATIONAL FOOTBALL LEAGUE PLA ASSOCIATION	AYERS			-	entification number
_	ame cha	-				52-1	16980	19
☐ In	ıtıal retu	ırn	Doing business as					
Fii eturn/	nal ′termina	ted		If mail is not delivered to street address) Room/si	uıte	E Teleph	one nur	nber
	nended r		1133 20TH STREET NW			(202	756-	9100
Ap	plication	pending	City or town, state or province, of WASHINGTON, DC 20036	country, and ZIP or foreign postal code		6.6		+ 267 442 224
			E Name and address of prin	ocupal officer			•	\$ 367,413,221
			<b>F</b> Name and address of prin DEMAURICE SMITH	icipai onicei		s this a grou <sub>l</sub> ubordinates?		n for ┌───Yes 🔽
			1133 20TH STREET NW WASHINGTON, DC 20036			No		
[ Ta:	x-exem	pt status	501(c)(3) <b>√</b> 501(c) ( 5 )	_		re all subord ncluded?	ınates	□Yes □ No
	- 1 1	<b>.</b>		(Illselt 110 )   4947(a)(1) 01   327			n a list	(see instructions)
, ,	epsite		/W NFLPA COM			Group exemp		mber <b>&gt;</b>
<b>K</b> Forr	n of org	anızatıon	▼ Corporation  Trust  Ass	ociation Other ►	L Year	of formation 1	956 N	1 State of legal domicile VA
Рa	rt I	Sum	mary					
ГС			•	ion or most significant activities				
	<u>SE</u>	ESCH	EDULE O					
S S								
Governance	<b>2</b> C	heck th	nis box ▶ ┌ if the organization	n discontinued its operations or disposed	of more th	an 25% of it	s net a	ssets
	3 N	umher	of voting members of the gove	erning body (Part VI, line 1a)			з	32
Ø √A db			-	rs of the governing body (Part VI, line 1b			4	0
Ě				ın calendar year 2015 (Part V, line 2a)	•		5	112
Activities &	6 T	otal nur	mber of volunteers (estimate i	fnecessary)			6	0
•				n Part VIII, column (C), line 12			7a	0
	<b>b</b> Ne	t unrela	ated business taxable income	from Form 990-T, line 34			7b	(
						Prior Year		Current Year
Rəvenue	8		ibutions and grants (Part VIII	•	21 290 726		24.462.274	
	9 10	_	am service revenue (Part VIII tment income (Part VIII, colu	ı, iine 2g)	•	31,380,736 16,423,492		34,463,274
č	11		•	A), lines 5, 6d, 8c, 9c, 10c, and 11e)		36,994		40,775,842
	12		, , ,	11 (must equal Part VIII, column (A), lir	ne 🗀	84,798		80,694,140
		12)						
	13		, ,	art IX, column (A), lines 1-3)			,500	117,328
	14		·	rt IX, column (A), line 4) oyee benefits (Part IX, column (A), lines		282	,778	302,425
8	15	5-10)		oyee beliefits (Fart 1x, column (x), mes		16,479	,182	17,125,436
Expenses	16a	Profes	ssional fundraising fees (Part	IX, column (A), line 11e)			0	C
3	b		ındraısıng expenses (Part IX, column	• • • • • • • • • • • • • • • • • • • •				
	17			A), lines 11a-11d, 11f-24e)	•	21,986		23,581,372
	18 19		·	must equal Part IX, column (A), line 25) ne 18 from line 12		38,834 45,964	-	41,126,561
. s	19	Keven	ide less expelises Subtract II	me 16 nom me 12				39,567,579
Net Assets or Fund Balances					Beginni	ng of Current	Year	End of Year
Bai	20		assets (Part X, line 16)			284,985	,154	311,083,236
	21		liabilities (Part X, line 26) .		•	17,508		13,599,950
	22 1 III		ssets or fund balances Subtra l <b>ature Block</b>	act line 21 from line 20		267,476	,6/3	297,483,286
Jnde ny ki	r penal nowled	lties of ge and	perjury, I declare that I have	examined this return, including accompa complete Declaration of preparer (other t				
		<b>1</b>				20/7 -		
Sign		Signa	ature of officer			2017-01-17 Date		
Here		, DEM	AURICE SMITH EXECUTIVE DIRECTO	DR .				
			e or print name and title					
			Print/Type preparer's name IOANN WOODSON CPA	Preparer's signature JOANN WOODSON CPA	Date	Check   ıf	PTIN P0129	93745
Paid		-	Firm's name			self-employed		
	pare	r	Firm's name CALIBRE CPA GROU			Phone no (20		
Use	Only	<b>y</b>   [	WEST			,20	,	

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5	Yes	
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III 💆	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
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, Pait V 🔰	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11</b> c		No
	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	<b>11</b> d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	<b>12</b> a		No
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 and XII is optional	<b>12</b> b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20</b> a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	990 (2015)			Page <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	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 to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		

25a

25b

26

27

28a

28b

28c

29

30

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33

34

352

35b

36

37

38

Yes

Yes

Yes

Yes

Form 990 (2015)

Νo

Nο

Nο

Νo

Νo

Nο

Nο

Nο

Νo

Νo

Nο

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

31

instructions for applicable filing thresholds, conditions, and exceptions)

Part V Statements Regarding Other IRS Filings and Tax Complian
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Par	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		V			_
		effect if Schedule o contains a response of flote to any line in this	uit	<u> </u>	· · i	Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	213		103	110
		the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
		L ie organization comply with backup withholding rules for reportable payments to	vend	fors and reportable			
·		g (gambling) winnings to prize winners?		· · · · · ·	1c	Yes	
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered	2a	112			
h	•	s return			2b	Yes	
U		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file					
3a	Did th	ie organization have unrelated business gross income of \$1,000 or more during	the y	year?	3a		Νo
b	If "Ye	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatio</i>	on in S	Schedule O	3b		
4a	Atany	y time during the calendar year, did the organization have an interest in, or a sig	gnatu	re or other authority			
		a financial account in a foreign country (such as a bank account, securities acc	ount,	or other financial	4a		No
h		int)?					110
b		s," enter the name of the foreign country ▶	and	Financial Accounts			
	(FBAF		and	i manetal Accounts			
5a	Was t	he organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited t			5b		No
С	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?					
		-, ,			<b>5</b> c		
6a		the organization have annual gross receipts that are normally greater than \$10			6a		No
h	-	ization solicit any contributions that were not tax deductible as charitable cont s," did the organization include with every solicitation an express statement th					
		not tax deductible?		· · · ·	6b		
7	Organ	izations that may receive deductible contributions under section 170(c).					
а		e organization receive a payment in excess of \$75 made partly as a contribution		d partly for goods and	7a		
b		es provided to the payor?			7b		
		e organization sell, exchange, or otherwise dispose of tangible personal proper					
		rm 8282?	٠.		<b>7</b> c		
d	If"Ye	s," indicate the number of Forms 8282 filed during the year	7d				
e	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	_		
_	D. J. L.	and the second s			7e		
		e organization, during the year, pay premiums, directly or indirectly, on a perso			7f		
g	requir	organization received a contribution of qualified intellectual property, did the ored?	rganiz • •	Cation life Form 8899 as	7g		
h	Ifthe	organization received a contribution of cars, boats, airplanes, or other vehicles	, did t	the organization file a			
_		1098-C?	•		7h		
8	-	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus	siness	s holdings at any time			
		g the year?			8		
9a	Did th	ie sponsoring organization make any taxable distributions under section 49667			9a		
b	Did th	ie sponsoring organization make a distribution to a donor, donor advisor, or rela	ted p	erson?	9b		
10	Section	on 501(c)(7) organizations. Enter					
а	Initiat	tion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross faciliti	receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
11		on <b>501(c)(12) organizations.</b> Enter					
		Income from members or shareholders	11a				
b	Gross	Income from other sources (Do not net amounts due or paid to other sources					
	agains	st amounts due or received from them)..........[	11b				
12a	Section	on 4947(a)(1) non-exempt charitable trusts.Is the organization filing Form 990	ın lıe	u of Form 1041?	<b>12</b> a		
b		s," enter the amount of tax-exempt interest received or accrued during the	134				
13	year Section	on 501(c)(29) qualified nonprofit health insurance issuers.	12b				
	Jectil	m ===(=/(==)   quaimieu nompromit meaitii mauramee issuers.					
а		organization licensed to issue qualified health plans in more than one state? No	ote. S	ee the instructions for	43-		
h		onal information the organization must report on Schedule O the amount of reserves the organization is required to maintain by the states	ı		13a		
ט		ch the organization is licensed to issue qualified health plans	13b				
c	Enter	the amount of reserves on hand	<b>13</b> c				
14a	Dıd th	e organization receive any payments for indoor tanning services during the tax	year	?	14a		No
b	If"Ye	s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	tion in	Schedule O	14b		

orm	990 (2015)			Page
Par	<b>TVI</b> Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, condescribe the circumstances, processes, or changes in Schedule O. See instructions.	or 10	)b belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI			[
Se	ection A. Governing Body and Management			
	, , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  1a 32			
	If there are material differences in voting rights among members of the governing body, or if the governing 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 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Re	venu	ue Cod	e.)
	_		Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	<b>10</b> a	Yes	
ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			

10b Yes affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Yes **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 . . . . . Yes Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 13 Yes Did the organization have a written document retention and destruction policy? . . . . . . . . . . Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . . . 15a Yes 15b Yes 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 **16**a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . . . . . . . . . . . . . . 16b

# Section C. Disclosure 7 List the States with which a copy of this Form 990 is required to be filed▶

18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website 🗸 Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records CHARLES ROSS 1133 20TH STREET NW WASHINGTON, DC 20036 (202) 756-9100 Part VII

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (B) (C) (D) (F) (A) (E) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations from the (W-2/1099for related 2/1099-MISC) organization and Former Highest compensat employee Individual trustee É organizations MISC) related ũ stitutional below organizations employee 医含 dotted line) Trustee See Additional Data Table

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	Name and Title A verage hours per week (list any hours		than o	one l both	oox, an o	heck unless officer stee)	i,	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See Additional Data Table										
1b Sub-Total						•				
c Total from continuation she d Total (add lines 1b and 1c)	•	ection A	۱. 	٠.	٠.	. •		5,107,398	1,720,231	628,945

3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No

## **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A)	(B)	(C)
Name and business address	Description of services	Compensation
WINSTON & STRAWN LLP	LEGAL SERVICES	5,694,021
36235 TREASURY CENTER		
CHICAGO, IL 606946200		
HILLARD HEINTZE LLC	BACKGROUND INVESTIGATION SERVICES	1,059,919
30 SOUTH WACKER DRIVE SUITE 1400		
CHICAGO, IL 60606		
PRICEWATERHOUSECOOPERS LLP	CONSULTING SERVICES	499,000
PO BOX 7247-8001		
PHILADELPHIA, PA 191708001		
LATHAM & WATKINS LLP	LEGAL SERVICES	401,608
555 11TH STREET NW SUITE 1000		
WASHINGTON, DC 200041304		
W CHARLES BENNETT	CONSULTING SERVICES	342,195
2155 LOUISIANA BLVD NE		
ALBUROUEROUE, NM 87110	1	1

Yes

No

Form 99	90 (20	15)						Page <b>9</b>
Part V	/++:	Statement o						_
		Check If Schedi	ule O contains a respor	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
~ ×	1a	Federated cam	paigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership du	ıes <b>1b</b>					
	С	Fundraising eve	ents <b>1c</b>					
	d	Related organiz	zations 1d					
<u>1</u> €	e Government grants (contributions) 1e		-					
ons Sir	f	All other contribute	ons, gifts, grants, and <b>1f</b>	-		-		
ributi Other	•	sımılar amounts no	ot included above					
	g	Noncash contribute 1a-1f \$	ons included in lines					
Contand	h	Total. Add lines	s 1a-1f					
				Business Code				
E L	2a	PLAYERS DUES		900099	32,168,380	32,168,380		
₹ >	b	AGENTS & FIN AD\	V FEES	900099	2,231,889	2,231,889		
AC e	С	RETIRED PLAYER I	DUES	900099	63,005	63,005		
<u>£</u>	d							<u> </u>
Program Service Revenue	e	A.II. a.th. a						
rogr	f	All other progra	am service revenue					
<u> </u>	g		s 2a-2f		34,463,274			
	3	Investment inc	come (including dividen ar amounts)	<u> </u>	5,186,304			5,186,304
	4	Income from inves	stment of tax-exempt bond	proceeds ►				
	5	Royalties		-	39,110,417			39,110,417
	6a	Gross rents	(ı) Real	(II) Personal				
	Va							
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
	7a	Gross amount	(ı) Securities	(II) O ther				
	/4	from sales of assets other than inventory	286,987,801					
	b	Less cost or other basis and	286,719,081					
		sales expenses Gain or (loss)	268,720					
	d	Net gain or (los	,		268,720			268,720
Other Revenue		Gross income f events (not inc	from fundraising					
ther R	Ь	See Part IV, lir	ne 18 a					
0	С		· (loss) from fundraising	events <b>&gt;</b>				
	9a		from gaming activities ne 19 a					
	ь	Less direct ex	penses b					
	c	Net income or (	(loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo		-				
	ь	Less cost of a	oods sold b					
		_	(loss) from sales of inve	entory ►				
		Miscellaneou	s Revenue	Business Code				
	11a	MANAGEMENT	T FEES	900099	1,150,000	1,150,000		
	b	MISCELLANEC	ous	900099	515,425	515,425		
	C	Λ II a+b						
	d e	All other reven  Total. Add lines		▶				
	12				1,665,425			
		TOTAL REVENUE.	See Instructions .	•	80,694,140	36,128,699		0 44,565,441

# Part IX Statement of Functional Expenses

	organizations must com			

	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and				
	domestic governments See Part IV, line 21	117,328			
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	302,425			
5	Compensation of current officers, directors, trustees, and key employees	3,179,307			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	9,633,063			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,330,597			
9	Other employee benefits	2,350,655			
10	Payroll taxes				
		631,814			
11	Fees for services (non-employees)				
а	Management				
b	Legal	6,602,971			
С	Accounting	1,234,871			
d	Lobbying	428,273			
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	488,591			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,482,707			
12	Advertising and promotion	312,704			
13	Office expenses	762,541			
14	Information technology	136,136			
15	Royalties				
16	Occupancy	1,866,959			
17	Travel	3,414,625			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,053,573			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	572,738			
23	Insurance	1,397,541			
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	MEMBERSHIP SERVICES	1,306,332			
b	DUES AND SUBSCRIPTIONS	155,625			
c	CBA DRUG PROGRAM	150,000			
d	LICENSING	96,813			
е	All other expenses	118,372			
25	Total functional expenses. Add lines 1 through 24e	41,126,561			
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)				

	990 (2	,			Page <b>11</b>
Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	1		<u>· · · · · </u>
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing	1,343,798	1	1,257,622
	2	Savings and temporary cash investments	50,126,026	2	44,186,684
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	390,323	4	6,095,701
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
				5	
Assets	6	Loans and other 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 section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
ΑS	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	2,414,339	9	1.979.230
	10a	Land, buildings, and equipment cost or other basis	2,414,000	9	1,070,200
	100	Complete Part VI of Schedule D 10a 7,914,421			
	b	Less accumulated depreciation <b>10b</b> 6,964,791	1,203,649	<b>10</b> c	949,630
	11	Investments—publicly traded securities	154,631,384	11	179,778,392
	12	Investments—other securities See Part IV, line 11	72,487,212	12	74,584,720
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	2,388,423	15	2,251,257
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	284,985,154	16	311,083,236
	17	Accounts payable and accrued expenses	1,880,565	17	2,243,417
	18	Grants payable		18	
	19	Deferred revenue	12,663,368	19	8,028,091
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		21	
lities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Liabil		persons Complete Part II of Schedule L		22	
$\exists$	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24)  Complete Part X of Schedule D			
			2,964,548	25	3,328,442
	26	Total liabilities. Add lines 17 through 25	17,508,481	26	13,599,950
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶			
<u> </u>	27	Unrestricted net assets	267,476,673	27	297,483,286
eg G	28	Temporarily restricted net assets		28	
Ξ	29	Permanently restricted net assets		29	
Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
<u>:</u>	30	Capital stock or trust principal, or current funds		30	
5.SE	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Ā	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net .	33	Total net assets or fund balances	267,476,673	33	297,483,286
	34	Total liabilities and net assets/fund balances	284,985,154	34	311,083,236

80,694,140

41,126,561

39,567,579

267,476,673

-9,560,966

297,483,286

Yes

▽

No

Νo

Nο

Form 990 (2015)

# **Reconcilliation of Net Assets**

	Check if Schedule O contains a response or note to any line in this Part XI							. [	
1	Total revenue (must equal Part VIII, column (A.), line 12.)								

equal Part VIII, column (A), line 12) . . . . . .

Total expenses (must equal Part IX, column (A), line 25) . . . . .

Revenue less expenses Subtract line 2 from line 1 . . . . Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

Net unrealized gains (losses) on investments . . . . . Donated services and use of facilities .

Investment expenses . Prior period adjustments .

Other changes in net assets or fund balances (explain in Schedule O) . column (B))

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, Part XIII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . . . . . . . . . . . . . 1 Accounting method used to prepare the Form 990 Cash ✓ Accrual Other

Separate basis Consolidated basis

Schedule O

Schedule O

**b** Were the organization's financial statements audited by an independent accountant? basis, consolidated basis, or both

Separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

Single Audit Act and OMB Circular A-133?

a separate basis, consolidated basis, or both

✓ Consolidated basis

If the organization changed its method of accounting from a prior year or checked "Other," explain in

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Both consolidated and separate basis

Both consolidated and separate basis

1

2

3

4

5

6

7

8

9

10

2b Yes

2c

3a

3b

2a

Yes

### Software ID: Software Version:

**EIN:** 52-1169809

22.00

Name: NATIONAL FOOTBALL LEAGUE PLAYERS

ASSOCIATION

Form 990, Part VII - Compensation Compensated Employees, and Inde	of Officers, pendent Co	Direc ntrac	tor tors	s,T	rus	tees	, K	ey Employees	, Highest	
<b>(A)</b> Name and Title	(B) Average	Pos	ition	( <b>C</b> )		chec	ı	<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
valle and title	hours per week (list any hours	more pers	than on is	one bot ecto	box h an or/tr	, unle office ustee	ess er e)	compensation from the organization	compensation from related organizations	amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
SAM ACHO	2 00									
DIRECTOR		×						778	15,025	C
DWAYNE ALLEN	2 00							770		_
DIRECTOR		×						778	8,578	(
JOHNSON BADEMOSI	2 00							770		_
DIRECTOR		×						778	0	(
DWAYNE BOWE	2 00							0	075	
DIRECTOR		×						U	875	
MATT BRYANT	2 00	l x						665	2 000	
DIRECTOR								000	2,000	
CHRIS CANTY	2 00	l x						778	0	,
DIRECTOR								776	0	
THOMAS DAVIS	2 00	l x						778	86,250	
DIRECTOR										
CORY HARKEY	2 00	l x						770	,	_
DIRECTOR								778	U	
JOHNATHAN JOSEPH	2 00									
DIRECTOR		×						0	0	
NICK MANGOLD	2 00							_		_
DIRECTOR		×						0	84,596	

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

778

778

778

8,390

8,000

(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
JOHN DENNEY DIRECTOR	2 00	x						665	0	0
VON MILLER DIRECTOR	2 00	×						0	3,500	0
JARED ODRICK DIRECTOR	2 00	×						0	0	0
RAMON FOSTER DIRECTOR	2 00	×						778	0	0
KEDRIC GOLSTON DIRECTOR	2 00	×						778	0	0
ROBERT GOULD DIRECTOR	2 00	x						0	0	0

2 00

2 00

2 00

2 00

Х

Χ

CHAD GREENWAY

MARCEL REECE

VINCENT JACKSON

RASHAD JENNINGS

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

.....

........

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (C)

(F)

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related	unles	ore tl	than ersoi icer	not one on is and		,	(D) Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
JASON MCCOURTY DIRECTOR	2 00	x						665	47,125	0
JORDY NELSON DIRECTOR	2 00	x						0	0	0
DARRELL STUCKEY DIRECTOR	2 00	x						778	348	0
RYAN WENDELL VICE PRESIDENT	2 00	х						778	0	C
GLOVER QUIN DIRECTOR	2 00	x						0	1,500	C
ERIC REID DIRECTOR	2 00	х						778	1,500	С

2 00

2 00

2 00

2 00

Х

Χ

665

778

VINCENT REY DIRECTOR

DEMECO RYANS

RICHARD SHERMAN

DIRECTOR

DIRECTOR

MATT SLATER DIRECTOR

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

5,778

3,391

5,891

1,040

15,000

13,347

45,000

compensated Employees, and Inde	pendent co.	Huac	LUIS	•			ı	1	1
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	unles	ore tl ss pe offic direct	than ersoi icer a tor/t	not one on is and trust	an Forme	(D) Reportable compensation from the organization (W- 2/1099- MISC)	from related organizations (W- 2/1099-MISC)  55 0  91 2,600  91 0  40 0	(F) Estimated amount of other compensation from the organization and related organizations
ZACH STRIEF DIRECTOR	2 00	x					665	0	0
LORENZO ALEXANDER DIRECTOR	2 00	x					5,891	2,600	0
SCOTT WELLS VICE PRESIDENT	2 00	x					891	0	0
CORNELIUS BENNETT DIRECTOR	2 00	х					6,040	0	0
KYLE WILLIAMS DIRECTOR	2 00	х					0	750	0
JASON WITTEN	2 00	х				Г	0	46,650	С

2 00

2 00

2 00

2 00

Х

Χ

DIRECTOR

MATT HASSELBECK

VICE PRESIDENT

MARK HERZLICH

VICE PRESIDENT

ADAM VINATIERI

VICE PRESIDENT

VICE PRESIDENT

MIKE MCBATH

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

83,593

82,212

88,413

101,679

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	unles	ore tl ss pe	than ersoi icer	not one on is and		,	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
BRIAN WATERS VICE PRESIDENT	2 00	x						5,000	0	0
BENJAMIN WATSON VICE PRESIDENT	2 00	х						5,665	1,312	0
ERIC WINSTON PRESIDENT	2 00	x						3,391	0	0
RYAN CLARK VICE PRESIDENT	2 00	x						30,888	0	0
ZAK DEOSSIE VICE PRESIDENT	2 00	x						5,891	0	C
JAY FEELY VICE PRESIDENT	2 00	x						5,778	0	С

40 00

40 00

40 00

40 00

. . . . . . . . . . . . . . . . . . .

Х

Х

Χ

1,857,897

282,571

784,621

691,009

1,327,885

DEMAURICE SMITH

CHARLES ROSS

IRA FISHMAN

EXECUTIVE DIRECTOR

MANAGING DIRECTOR

THOMAS DEPASO

GENERAL COUNSEL

DIRECTOR OF FINANCE & ASSE

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

(A) (B) (C) (D) (E)

(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
HEATHER M MCPHEE ASSOCIATE GENERAL COUNSEL	40 00					х		368,980	0	53,258
MICHELE J YARAS-DAVIS SENIOR DIRECTOR	40 00					х		339,265	0	89,116
NATHANIEL EHRLICH ASSOCIATE GENERAL COUNSEL	40 00					х		323,861	0	82,093
JASON BELSER	40 00					х		358,664	0	48,581

SR DIR OF PLAYER SERVICE

#### DLN: 93493017009217

Cat No 50084S Schedule C (Form 990 or 990-EZ) 2015

## SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

<u>www.irs.gov/form990</u>.

2015
Open to Public Inspection

Service

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

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

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

NA	ame of the organization TIONAL FOOTBALL LEAGUE PLAYERS			Employer idei	ntification number
	SOCIATION			52-1169809	
Par	rt I-A Complete if the or	ganization is exempt under	section 501(	c) or is a section 527	7 organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect politi	cal campaign act	ivities in Part IV	
2	Political expenditures			•	\$
3	V olunteer hours				
Par	rt I-B Complete if the or	ganization is exempt under	section 501(	c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization un	der section 4955	•	\$
2	Enter the amount of any excise	e tax incurred by organization manag	jers under section	n 4955 <b>&gt;</b>	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 472	20 for this year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
Par	rt I-C Complete if the or	ganization is exempt under	section 501(	c), except section 50	)1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ection 527 exemp	ot function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to o	ther organizations	for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file <b>F</b>	orm 1120-POL for this year?			Yes No
5	organization made payments l amount of political contribution	nd employer identification number (E For each organization listed, enter th ns received that were promptly and o political action committee (PAC) If	ie amount paid fro Iirectly delivered	om the filing organization's to a separate political orga	funds Also enter the anization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					

Subtract line 1g from line 1a  $\,$  If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

10	nedule (	, (F	orm 990 or 990-E2) 2015			Page 2
P	art II-	Α	Complete if the organization is exempt under section $501(c)(3)$ and under section $501(h)$ .	file	ed Form 5768	(election
١.	Check	<b>&gt;</b>	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures)	l gro	up member's nar	ne, address, EIN
3	Check	•	If the filing organization checked box A and "limited control" provisions apply			
			Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	lobby	ng)	oying expenditures to influence public opinion (grass roots			

		(The term "expenditures" means amounts paid or incurred.)							
a	Total lobbying expenditures to influence public lobbying)	opinion (grass roots			•				
b	Total lobbying expenditures to influence a legi	slative body (direct lobbying)							
c	Total lobbying expenditures (add lines $1a$ and	1b)							
d	Other exempt purpose expenditures								
e	Total exempt purpose expenditures (add lines	1c and 1d)							
f	Lobbying nontaxable amount Enter the amoun	t from the following table in both columns							
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:							
	Not over \$500,000	20% of the amount on line 1e							
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000							
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000							
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000							
	Over \$17,000,000	\$1,000,000							

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)							
Lobbying Expe	nditures During	4-Year Avera	ging Period				
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	(e) Total		
Lobbying nontaxable amount							
Lobbying ceiling amount (150% of line 2a, column(e))							
Total lobbying expenditures							
Grassroots nontaxable amount							
Grassroots ceiling amount (150% of line 2d, column (e))							
Grassroots lobbying expenditures							
	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount  Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount  Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount (150% of line 2d, column (e))	Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount (150% of line 2d, column (e))  Grassroots lobbying expenditures	Calendar year (or fiscal year beginning in)  (a)2012 (b)2013 (c)2014 (d)2015  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount (150% of line 2d, column (e))		

Return Reference

	filed Form 5768 (election under section 501(h)).		-1	/  -	
or e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(	a)	(b	<u> </u>
ctiv	uty	Yes	No	A mou	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	103			
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pai	t III-A Complete if the organization is exempt under section $501(c)(4)$ , section $501(c)(6)$ .	<b>501</b> (c	)(5), o	r secti	on
			_	Yes	
1	Were substantially all (90% or more) dues received nondeductible by members?		_	<b>1</b> Yes	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		<u> </u>	2	No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	No
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."				
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a	<u> </u>		
	Carryover from last year	2b			
b	Total	2c			
b c	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3			
с 3			I		
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	4			
с 3	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	4			

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

# **SCHEDULE D**

(Form 990)

Department of the

Internal Revenue Service

Treasury

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Inspection

DLN: 93493017009217

**Employer identification number** Name of the organization NATIONAL FOOTBALL LEAGUE PLAYERS ASSOCIATION 52-1169809 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶\_ Number of states where property subject to conservation easement is located ▶\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)

#### Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
  - If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenue included on Form 990, Part VIII, line 1

the organization's accounting for conservation easements

(B)(I) and section 170(h)(4)(B)(II)?

- (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the
- following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
  - Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

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

☐ No

Par	(continued)	Collections of A	Art, Hi	storic	al Trea	isures, or (	Other Similar A	ssets
3	Using the organization's acquisition, acce collection items (check all that apply)	ession, and other red	cords, c	heck aı	y of the	following that	are a significant us	e of its
а	Public exhibition		d		Loan or	exchange prog	grams	
b	Scholarly research		е		Other			
c	Preservation for future generations							
4	Provide a description of the organization's	s collections and ex	plain ho	w thev	further ti	ne organizatioi	n's exempt purpose	ın
-	Part XIII		p					
5	During the year, did the organization solid assets to be sold to raise funds rather that							s No
Par	rt IV Escrow and Custodial Arra Complete if the organization a Part X, line 21.	ngements.						<b>'</b>
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?	todian or other intei	rmediar	y for co	ntrıbutıo	ns or other ass	sets not <b>Ye</b> s	s No
b	If "Yes," explain the arrangement in Pa	art XIII and complet	te the fo	llowing	table		Am	ount
c	Beginning balance					<b>1</b> c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
<b>2</b> a	Did the organization include an amount or	n Form 990, Part X,	line 21,	, for es	row or c	ustodial accou	int liability?   Yes	s
b	If "Yes," explain the arrangement in Part	XIII Check here ıf	the exp	lanatıoı	n has bee	en provided in	Part XIII	🗆
Pa	rt V Endowment Funds. Complet	te if the organiza	tion an	swere				
_		(a)Current year	<b>(b)</b> P	nor year	b (c	Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance				_			
Ь	Contributions							
c	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the o	current year end bal	ance (lı	ne 1g,	column (a	a)) held as		
а	Board designated or quasi-endowment <b>&gt;</b>							
b	Permanent endowment ▶							
c	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c s	should equal 100%						
3а	Are there endowment funds not in the posorganization by  (i) unrelated organizations	_	nızatıon 	that ar	e held ar	nd administere		Yes No
b	(ii) related organizations				 Ile D2		<del></del>	(ii)
4	Describe in Part XIII the intended uses of							
Pai	rt VI Land, Buildings, and Equip							
	Complete if the organization a  Description of property	inswered 'Yes' to	Form 9				Form 990, Part X  Accumulated	
	Description of property		(	Cost or of Invest	her basis	(b) Cost or other ba (other)		(d)BOOK Value
<b>1</b> a	Land		· · L					
	Buildings		· ·					
	Leasehold improvements		·			1		_
	Equipment		·			7,914,	421 6,964,7	91 949,630
	Other		rt V colu	ımn (P)	line 10/			949 630

	orm 990, Part X, line 12.			
	a) Description of security or category (including name of security)		(b)Book value	(c)Method of valuation Cost or end-of-year market valu
(1)Financial derivat			39,510	С
( <b>3)</b> 0 ther				F
(A) ALTERNATIVE	INVESTMENTS		74,545,210	r
Part VIIII Inve	st equal Form 990, Part X, col (B) line 12) stments—Program Related.	•	74,584,720	
Comp	olete if the organization answered '  (a) Description of investment	Yes' on Form 99	(b) Book value	Form 990, Part X, line 13. (c) Method of valuation
	(a) Bescription of investment		(B) Book value	Cost or end-of-year market valu
	nust equal Form 990, Part X, col (B) line 15		d 'Vas' on Form 990 Pr	
Part X Other	· <b>Liabilities.</b> Complete if the orgar orm 990, Part X, line 25.	nization answere	ed 'Yes' on Form 990, Pa	
Part X Other See Fo	Liabilities. Complete if the organ		ed 'Yes' on Form 990, Pa	
Part X Other See Fo	Liabilities. Complete if the organorm 990, Part X, line 25.  (a) Description of liability	nization answere	ed 'Yes' on Form 990, Pa	
Part X Other See Fo	Liabilities. Complete if the organorm 990, Part X, line 25.  (a) Description of liability	(b) Book val	ed 'Yes' on Form 990, Pa	
Part X Other See For S	Liabilities. Complete if the organorm 990, Part X, line 25.  (a) Description of liability	(b) Book val	ed 'Yes' on Form 990, Pa	
Part X Other See For S	Liabilities. Complete if the organorm 990, Part X, line 25.  (a) Description of liability	(b) Book values	ed 'Yes' on Form 990, Pa	
Part X Other See For S	C Liabilities. Complete if the organizer 990, Part X, line 25.  (a) Description of liability  ENSATION SECTION 457(B) PLAN	(b) Book values	ue	
Part X Other See Fo  1.  Federal Income taxe  DUES REBATE  DEFERRED COMPE	C Liabilities. Complete if the organizer 990, Part X, line 25.  (a) Description of liability  ENSATION SECTION 457(B) PLAN	(b) Book values	ue	
Part X Other See Fo  1.  Federal Income taxe  DUES REBATE  DEFERRED COMPE	C Liabilities. Complete if the organizer 990, Part X, line 25.  (a) Description of liability  ENSATION SECTION 457(B) PLAN	(b) Book values	ue	
Part X Other See Fo  1.  Federal income taxe  DUES REBATE  DEFERRED COMPE	C Liabilities. Complete if the organizer 990, Part X, line 25.  (a) Description of liability  ENSATION SECTION 457(B) PLAN	(b) Book values	ue	
Part X Other See Fo  1.  Federal income taxe  DUES REBATE  DEFERRED COMPE	C Liabilities. Complete if the organizer 990, Part X, line 25.  (a) Description of liability  ENSATION SECTION 457(B) PLAN	(b) Book values	ue	
Part X Other See Fo  1.  Federal income taxe  DUES REBATE  DEFERRED COMPE	C Liabilities. Complete if the organizer 990, Part X, line 25.  (a) Description of liability  ENSATION SECTION 457(B) PLAN	(b) Book values	ue	
Part X Other See Fo  1.  Federal income taxe  DUES REBATE  DEFERRED COMPE  DUE TO BROKER F	C Liabilities. Complete if the organizer 990, Part X, line 25.  (a) Description of liability  ENSATION SECTION 457(B) PLAN	(b) Book values 895	ed 'Yes' on Form 990, Pa	

Schedule D (Form 990) 2015

1 2 1

b	Donated services and use of f	acılıtıes		
c	Recoveries of prior year grant	s		
d	Other (Describe in Part XIII )			
е	Add lines 2a through 2d		2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .		3	
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not inc	uded on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and	d <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	
Part		xpenses per Audited Financial Statements With Expense	s per	Return.
_	·	nization answered 'Yes' on Form 990, Part IV, line 12a.		<u> </u>
1	·	r audited financial statements	1	
2		ıt not on Form 990, Part IX, line 25		
a		acılıtıes		
b	Prior year adjustments	<del> </del>	_	
c				
d	Other (Describe in Part XIII )		_	
е	Add lines <b>2a</b> through <b>2d</b>		2e	
3			3	
4		0, Part IX, line 25, but not on line 1:		
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )			
c			4c	
5	Total expenses Add lines <b>3</b> a	nd <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	
	Supplemental Inf	formation  Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2	h	
Part		, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to		de any additional
	Return Reference	Explanation		
PART	X, LINE 2	THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION TAKEN		
		TAKEN ARE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN NOT, BASED ON TECHNICAL MERITS, THAT THE POSITION WILL B		
		EXAMINATION INTEREST AND PENALTIES, IF ANY, ARE INCLUDE	DINE	XPENSES IN THE
		STATEMENTS OF ACTIVITIES AS OF FEBRUARY 29, 2016, THE NFL TAX POSITIONS AND BELIEVES THAT ALL ARE MORE LIKELY THAN		
		UPON EXAMINATION INCOME TAX REPORTING YEARS OPEN FOR		
		YEAR ENDED FEBRUARY 28, 2013 AND SUBSEQUENT YEARS		
				July D (Farmy 000) 2015

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments . . . .

Schedule D (Form 990) 2015		Page <b>5</b>
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493017009217 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number NATIONAL FOOTBALL LEAGUE PLAYERS 52-1169809 ASSOCIATION Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (d) A mount of cash (a) Name and address of **(b)** EIN (c) IRC section (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

#### **Additional Data**

WASHINGTON, DC 20006
BE THE CHANGE DBA GOT

1400 I ST NW SUITE 400 WASHINGTON, DC 20005

YOUR 6

26-0402451

Software ID: Software Version:

501(C)(3)

**EIN:** 52-1169809

Name: NATIONAL FOOTBALL LEAGUE PLAYERS

ASSOCIATION

Form 990,Schedule I, Pai	rt II, Grants and	Other Assistance	e to Domestic Org	anizations and D	omestic Governme	ents.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	(h) Purpose of grant or assistance
ACTIVE MINDS 2001 S STREET NW WASHINGTON, DC 20009	20-0587172	501(C)(3)	20,100				CHARITABLE CONTRIBUTION
ALLIANCE FOR RETIRED AMERICANS 815 16TH ST NW 4TH FLOOR	52-2277805	501(C)(4)	5,000				CHARITABLE CONTRIBUTION

23,450

CHARITABLE

CONTRIBUTION

(a) Name and address of **(b)** EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıf applicable grant cash (book, FMV, appraisal, l non-cash assistance or assistance or government assistance other) CENTER FOR COMMUNITY 27-0061100 501(C)(3) 5,000 CHARITABLE CHANGE ACTION CONTRIBUTION 1536 U STREET NW WASHINGTON, DC 20009 CENTER FOR MILITARY 43-1972568 501(C)(3) 5.000 CHARITABLE RIBUTION

RECRUITMENT					CONTRI
ASSESSMENT AND					
VETERANS EMPLOYED					
815 16TH ST NW SUITE 600					
WASHINGTON,DC 20006					
THE AMEDICAN EDIENDS	12 2062202	E01(C)(2)	10.000		CHADIT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

866 SECOND AVE 10TH

NEW YORK, NY 10017

FLOOR

CHARITABLE THE AMERICAN FRIENDS 13-3962392 501(C)(3) 10,000 OF THE YITZAK RABIN CTR CONTRIBUTION

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance arant or aovernment assistance other) 20-0263611 501(C)(5) 5,000 CHARITABLE WORKING AMERICA 815 16TH ST NW CONTRIBUTION WASHINGTON, DC 20036

CHARITABLE

CONTRIBUTION

20,100

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

WOUNDED WARRIOR
PROJECT INC
4899 BELFORT RD SUITE

JACKSONVILLE, FL 32256

20-2370934

**Compensation Information** 

DLN: 93493017009217 OMB No 1545-0047

# 2015

Open to Public

Schedule J (Form 990)

Department of the Treasury

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

**Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

Inspection

Intern	al Revenue Service						
	me of the organization IONAL FOOTBALL LEAGUE PLAYERS			Employer identification	on nur	nber	
	OCIATION			52-1169809			
Pa	rt I Questions Regarding Compensati	on					
						Yes	No
1a	Check the appropriate box(es) if the organization p 990, Part VII, Section A, line 1a Complete Part I						
	▼ First-class or charter travel		Housing allowance or residence fo	r personal use		ļ	ļ
	▼ Travel for companions	Г	Payments for business use of pers	onal residence			ļ
	Tax idemnification and gross-up payments	<b>✓</b>	Health or social club dues or initia	tion fees		ļ	ļ
	Discretionary spending account	Г	Personal services (e g , maid, cha	uffeur, chef)			ļ
b	If any of the boxes in line 1a are checked, did the reimbursement or provision of all of the expenses				1b	Yes	
2	Did the organization require substantiation prior to directors, trustees, officers, including the CEO/Ex			•	2	Yes	
3	Indicate which, if any, of the following the filing org organization's CEO/Executive Director Check all used by a related organization to establish compe	that apply	Do not check any boxes for metho	ds			
	▼ Compensation committee	<b>√</b>	Written employment contract				
	Independent compensation consultant	Г	Compensation survey or study				
	Form 990 of other organizations	✓	Approval by the board or compens	ation committee			
4	During the year, did any person listed on Form 99 or a related organization	0, Part VII	I, Section A, line 1a with respect to	the filing organization			
а	Receive a severance payment or change-of-contro	ol payment	t?		4a		Νo
b	Participate in, or receive payment from, a supplem	nental non	qualified retirement plan?		4b	Yes	
c	Participate in, or receive payment from, an equity-	-based cor	mpensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and	provide th	e applicable amounts for each item	ın Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organiz	zations mu	st complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section compensation contingent on the revenues of	A, line 1a	, did the organization pay or accrue	any			
а	The organization?				5a		
b	Any related organization?				5b		
	If "Yes," on line 5a or 5b, describe in Part III						
6	For persons listed on Form 990, Part VII, Section compensation contingent on the net earnings of	A, line 1a	, did the organization pay or accrue	any			
а	The organization?				<b>6</b> a		
b	Any related organization?				6b		
	If "Yes," on line 6a or 6b, describe in Part III						
7	For persons listed on Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,"			on-fixed	7		
8	Were any amounts reported on Form 990, Part VII subject to the initial contract exception described in Part III		•		8		
9	If "Yes" on line 8, did the organization also follow section 53 $4958-6(c)$ ?	the rebutta	able presumption procedure describ	ed in Regulations	9		

# 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 on 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

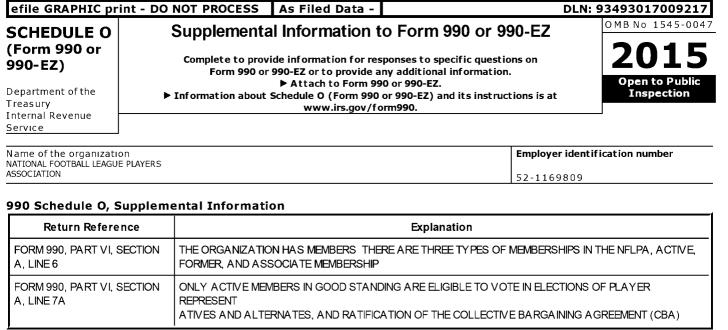
(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation in
		Base (1) compensation	(II) Bonus & Incentive compensation	(iII) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 DEMAURICE SMITH EXECUTIVE DIRECTOR	(i)	1,830,769	0	27,128	39,750	43,843	1,941,490	0
	(ii)	1,327,885	0	0	0	0	1,327,885	0
2 CHARLES ROSS DIRECTOR OF FINANCE &	(i)	250,482	21,000	11,089	38,118	44,094	364,783	0
ASSE	(ii)	0	0	0	0	0	0	0
3 IRA FISHMAN MANAGING DIRECTOR	(i)	759,086	16,000	9,535	39,750	48,663	873,034	0
		0	0	0	0	0	0	0
4 THOMAS DEPASO GENERAL COUNSEL	(i)	650,538	26,000	14,471	53,000	48,679	792,688	0
	(ii)	0	0	0	0	0	0	0
5 HEATHER M MCPHEE ASSOCIATE GENERAL	(i)	355,808	6,000	7,172	39,750	13,508	422,238	0
COUNSEL	(ii)	0	0	0	0	0	0	0
6 MICHELE J YARAS-DAVIS SENIOR DIRECTOR	(i)	307,564	21,000	10,701	53,000	36,116	428,381	0
	(ii)	0	0	0	0	0	0	0
7 NATHANIEL EHRLICH ASSOCIATE GENERAL	(i)	311,464	8,500	3,897	39,750	42,343	405,954	0
COUNSEL	(ii)	0	0	0	0	0	0	0
8 JASON BELSER SR DIR OF PLAYER SERVICE	(i)	63,797	0	294,867	10,734	37,847	407,245	0
	(ii)	0	0	0	0	0	0	0

CHARTERS FOR ANY INDIVIDUAL PROVIDING SERVICES TO THE NFLPA WITH A LEGITIMATE BUSINESS PURPOSE, SO LONG AS SUCH AIRPLANE CHARTERS ARE FOR VALID BUSINESS PURPOSES CONSISTENT WITH APPLICABLE PROVISIONS OF THE INTERNAL REVENUE  $oxed{\mathsf{CODE}}$  OF 1986 DOCUMENTATION SHALL INCLUDE THE NAMES OF ALL INDIVIDUALS FLYING ON THE AIRPLANE, THE BUSINESS PURPOSE(S)  $|\mathsf{FOR}|$  THEIR PRESENCE ON THE AIRPLANE, AND A STATEMENT OF THE BUSINESS PURPOSE(S) FOR WHICH THE PLANE WAS CHARTERED, INCLUDING AN EXPLANATION OF FACH STOP MADE BY THE AIRPLANE CHARTER FLIGHT. FIRST CLASS AND SPOUSAL TRAVEL - PURSUANT TO A RESOLUTION PASSED BY THE BOARD OF PLAYER REPRESENTATIVES, BOARD MEMBERS AND OFFICERS OF THE NFLPA AND OTHER INFIPA MEMBERS INVITED TO ATTEND OFFICIAL MEETINGS AND FUNCTIONS OF THE NEIPA MAY FLY FIRST CLASS TO SUCH MEETINGS IALONG WITH THEIR SPOUSES OR SIGNIFICANT OTHERS. THE ORGANIZATION'S TRAVEL POLICY PROVIDES ALL EMPLOYEES MUST FLY COACH ON ALL DOMESTIC FLIGHTS. ONLY THE EXECUTIVE DIRECTOR OR OTHERS AUTHORIZED BY THE EXECUTIVE DIRECTOR MAY TRAVEL IN BUSINESS OR FIRST CLASS WHEN BUSINESS NECESSITY SO REQUIRES THE ORGANIZATION PROVIDES TAXABLE HEALTH CLUB MEMBERSHIP BENEFITS TO ALL FULL TIME EMPLOYEES. THE ORGANIZATION PAYS UP TO \$30 A MONTH FOR STAFF HEALTH CLUB. MEMBERSHIPS. THE ORGANIZATION PAYS 100% OF THE EXECUTIVE DIRECTOR'S HEALTH CLUB MEMBERSHIP

Page 3

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015



990 Schedule O, Supplemental Information

Return

Reference

FORM 990, PART
VI. SECTION A.

THE ORGANIZATION'S CONSTITUTION IS ITS GOVERNING DOCUMENT. THE CONSTITUTION DESCRIBES THOSE DECISIONS
THAT HAVE TO BE MADE. RATIFIED OR APPROVED BY THE BOARD OF PLAYER REPRESENTATIVES. BETWEEN

Explanation

LINE 7B

MEETINGS OF THE BOARD, THE EXECUTIVE COMMITTEE IS EMPOWERED TO MANAGE THE BUSINESS AND AFFAIRS OF THE NFLPA. THE BOARD'S RESPONSIBILITIES AS WELL AS THOSE OF THE EXECUTIVE COMMITTEE ARE DESCRIBED IN THE CONSTITUTION

FORM 990. PART. FORM 990 IS DRAFTED THROUGH A COLLABORATIVE FEFORT OF THE NFL PA'S OUTSIDE AUDIT FIRM AND L

FORM 990, PART
VI, SECTION B,
LINE 11

FORM 990 IS DRAFTED THROUGH A COLLABORATIVE EFFORT OF THE NFLPA'S OUTSIDE AUDIT FIRM AND I
N-HOUSE FINANCIAL AND LEGAL PROFESSIONALS FINAL FORM 990 IS DISTRIBUTED TO THE HEAD OF TH
E BOARD PRIOR TO FILING AND IS MADE AVAILABLE TO ALL MEMBERS OF THE BOARD ON A PASSWORD PR
OTECTED WEBSITE. PRIOR TO FILING

Return Explanation
Reference

990 Schedule O. Supplemental Information

FORM 990. PART

VI, SECTION B,
LINE 12C

THE OFFICERS HAVE A RESPONSIBILITY TO AVOID ANY CONFLICTS OF INTEREST UNDER THE LMRDA DISCLOSURE AND REPORTING ACT THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY WHICH REQUIRES OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES TO DISCLOSE, ANNUALLY, INTERESTS THAT COULD GIVE RISE TO CONFLICTS

THE ORGANIZATION HAS A SPECIFICALLY WRITTEN CONFLICT OF INTEREST POLICY WITH RESPECT TO EMPLOYEES.

FORM 990, PART
VI, SECTION B,
LINE 15

AS STATED IN THE NFLPA CONSTITUTION THE EXECUTIVE COMMITTEE SHALL NEGOTIATE THE EMPLOYMENT
CONTRACT, INCLUDING COMPENSATION, OF THE EXECUTIVE DIRECTOR A REVIEW OF COMPARABLE DATA
IS ALSO USED IN DETERMINING COMPENSATION AS STATED IN THE NFLPA CONSITUTION, THE EXECUTIV
E DIRECTOR SHALL HIRE AND DIRECT SUCH STAFF AS IS NECESSARY TO PERFORM THE AFFAIRS OF THE
NFLPA AND TO ESTABLISH THEIR SALARIES AND TERMS AND CONDITIONS OF EMPLOYMENT, SUBJECT TO T
HE ANNUAL BUDGET ESTABLISHED BY THE BOARD OF REPRESENTATIVES THE REVIEW OF COMPARABLE DAT
A IS ALSO USED IN DETERMINING COMPENSATION

990 Schedule O, Supplemental Information

VI. SECTION C.

LINE 19

XII. LINE 2C

Return Explanation Reference FORM 990, PART THE NELPA'S FORM 990 IS A VAILABLE AS REQUIRED BY LAW UPON REQUEST. THE DEPARTMENT OF LABOR'S FORM

I M-2 IS AVAILABLE ONLINE ON THE DOL WEBSITE DATABASE. THE NELPA GOVERNING DOCUMENTS ARE AVAILABLE.

ON THE ORGANIZATION'S WEBSITE INTERNAL FINANCIAL AND ADMINISTRATIVE INFORMATION IS CONSIDERED. CONFIDENTIAL AND NOT AVAILABLE TO THE PUBLIC FORM 990, PART THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

990 Schedule O, Supplemental Information

Return Reference Explanation

FORM 990, PART I,	THE PURPOSES OF THE NFLPA ARE TO PROMOTE AND ADVANCE ALL NFL PLAYERS AND THE SPORT OF
LINE 1, PART III, LINE	PROFESSIONAL FOOTBALL, AND TO IMPROVE THE ECONOMIC AND OTHER WORKING CONDITIONS OF PLAYERS AS
1	THE UNION AND EXCLUSIVE REPRESENTATIVES OF PLAYERS IN THE NATIONAL FOOTBALL LEAGUE.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Name, address, and EIN (if applicable) of disregarded entity

DLN: 93493017009217 OMB No 1545-0047

# **SCHEDULE R** (Form 990)

# **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33.

Primary activity

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Legal domicile (state

or foreign country)

(d)

Total income

Name of the organization NATIONAL FOOTBALL LEAGUE PLAYERS ASSOCIATION

**Employer identification number** 

(f)

Direct controlling

entity

52-1169809

End-of-year assets

(1) ATHLETE CONTENT & ENTERTAINMENT LLC 1133 20TH STREET NW WASHINGTON, DC 20036 47-5087382	IDENTIFIES AND CREATES PROGRAMMING OPPORTUNITIES FOR ATHLETES AROUND THE WOR	DE	123,525	496,662	NATIONAL FOOTBALL LEAGUE PLAYERS INC		
Part II Identification of Related Tax-Exempt Organizations during the	tax year.					had on	е
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity sta (if section 501(c))	tus (f) Direct controlling (3)) entity	Section (13) co ent	g) 512(b) ontrolled tity?
(1)NFL PLAYERS ASSOCIATION VOLUNTARY EMPLOYEE BENEFIT PLAN TRUST 1133 20TH STREET NW	PROVIDE HEALTH AND MEDICAL BENEFITS	DC	501(C)(9)			Yes	No
WASHINGTON, DC 20036 52-6590682							
For Danapuork Peduction Act Notice, see the Instructions for Form 990	•	Cat No FO1	2 E V		Schodulo D (For	000) T	01E

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, II	ne 34
	because it had one or more related organizations treated as a partnership during the tax year.	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets		rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	part	ral or aging ner?	<b>(k)</b> Percentage ownership
							Yes	No		Yes	No	
Part IV Identification of Bolated Organizations Taxable a	6	_ •• • •	<del>-</del>					<u> </u>	- ^	.00 -		T. ( )

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)  Name, address, and EIN of related organization	<b>(b)</b> Prmary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total Income	(g) Share of end-of- year assets	(h) Percentage ownership	Section (b)(1 contro entit	1 512 L3) olled
(1) NATIONAL FOOTBALL LEAGUE PLAYERS INC  1133 20TH STREET NW WASHINGTON, DC 20036 52-1874638	LICENSING	VA	NATIONAL FOOTBALL LEAGUE PLAYERS ASSN	С	118,001,262	87,590,007	97 900 %		No
(2) 1133 20TH STREET BUILDING CORPORATIONN  1133 20TH STREET NW WASHINGTON, DC 20036 20-3437852	RENTAL REAL ESTATE	MD	NATIONAL FOOTBALL LEAGUE PLAYERS INC	С	5,865,123	50,378,034	97 900 %		No

Part V	Transactions With Re	lated Organizations	Complete if the organization	answered "Yes" on Form 99	0. Part IV, line 34, 35b, or 36.

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	No
<b>1</b> D	LDuring the tax year, did the orgranization engage in any of the following transactions with one or more related o	rganizations listed in Pa	arts II-IV?			
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		No
b	f b Gift, grant, or capital contribution to related organization(s)			<b>1</b> b		No
c	${f c}$ Gıft, grant, or capital contribution from related organization(s)			<b>1</b> c		No
d	f d Loans or loan guarantees to or for related organization(s)			<b>1</b> d		No
е	f e Loans or loan guarantees by related organization(s)			1e		No
f	${f f}$ Dividends from related organization(s)			<b>1</b> f		No
g	$\boldsymbol{g}$ Sale of assets to related organization(s)			<b>1</b> g		No
h	f h Purchase of assets from related organization(s)			1h		No
i	i Exchange of assets with related organization(s)			<b>1</b> i		No
j	${f j}$ Lease of facilities, equipment, or other assets to related organization(s)			1j		No
k	<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)			1k	Yes	
- 1	Performance of services or membership or fundraising solicitations for related organization(s)			11	Yes	
	<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)			1m		No
	<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n		No
0	$oldsymbol{o}$ Sharing of paid employees with related organization(s)			10		No
P	<b>p</b> Reimbursement paid to related organization(s) for expenses			•	Yes	
q	<b>q</b> Reimbursement paid by related organization(s) for expenses			<b>1</b> q	Yes	
r	${f r}$ Other transfer of cash or property to related organization(s)			1r	Yes	
s	${f s}$ Other transfer of cash or property from related organization(s)			<b>1</b> s		No
	Table and the second state of the second state		laka a a kara a a dikara a a kara kira a			
2	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this lin  (a)  (b)	(c)	ationships and transaction thresholds (d)			
	Name of related organization  Name (a)  Transaction  type (a-s)	Amount involved	Method of determining amount inv	olved		

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)1133 20TH STREET BUILDING CORPORATION	К	1,921,407	PAYMENTS MADE
(2)NATIONAL FOOTBALL LEAGUE PLAYERS INC	L	850,000	PAYMENTS RECEIVED
(3)NATIONAL FOOTBALL LEAGUE PLAYERS INC	Р	1,035,053	PAYMENTS MADE
(4)1133 20TH STREET BUILDING CORPORATION	P	30,067	PAYMENTS MADE
(5)NATIONAL FOOTBALL LEAGUE PLAYERS INC	Q	147,726	PAYMENTS RECEIVED
(6)NATIONAL FOOTBALL LEAGUE PLAYERS INC	R	2,659,830	PAYMENTS MADE

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

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
<b>(a)</b> Name, address, and EIN of entity	( <b>b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section i01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	<b>(h)</b> Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1 I	
													<u> </u>



#### **Additional Data**

(5)

#### Software ID: Software Version:

Form 990, Schedule R, Part V - Transactions With Related Organizations

NATIONAL FOOTBALL LEAGUE PLAYERS INC

NATIONAL FOOTBALL LEAGUE PLAYERS INC

**EIN:** 52-1169809

Name: NATIONAL FOOTBALL LEAGUE PLAYERS

ASSOCIATION

	projectional in the transmissions than iteration of gamerations		To this professional to the transactions that Related Organizations										
	(a) Name of related organization	(b) Transaction type(a-s)	(c) A mount Involved	(d) Method of determining amount involved									
(1)	1133 20TH STREET BUILDING CORPORATION	K	1,921,407	PAYMENTS MADE									
(1)	NATIONAL FOOTBALL LEAGUE PLAYERS INC	L	850,000	PAYMENTS RECEIVED									
(2)	NATIONAL FOOTBALL LEAGUE PLAYERS INC	Р	1,035,053	PAYMENTS MADE									
(3)	1133 20TH STREET BUILDING CORPORATION	Р	30,067	PAYMENTS MADE									

Q

147,726

2,659,830

PAYMENTS RECEIVED

PAYMENTS MADE