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 private foundations)

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

► Go to www.irs.gov/Form990 for instructions and the latest information. and ending

OMB No 1545-0047 18 Open to Public

A F	or the	e 2018 calendar year, or tax year beginning and	lending		
В	Check if	C Name of organization		D Employer idei	ntification number
ε	pplicabl	THE NATIONAL FOOTBALL FOUNDATION			
	Addre	• [& COLLEGE HALL OF FAME, INC.			
	Name chang		.	51	-0226347
	Initial return	Number and street (or P 0, box if mail is not delivered to street address)	Room/su		
	Finat return		1130	97	2-556-1000
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,693,151.
	Amen return	IRVING, IX /5039		H(a) Is this a grou	up return STMT 1
	Applic	Finame and address of principal officer Sieven U. HAICHELL	6. 1	for subordina	ates? XYes No
	pendir	433 LAS COLINAS BLVD EAST, STE 1130, I	RVIÑĞ	H(b) Are all subordina	ates included? Yes X No
		empt status X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 🚺 🤞	<u>27</u> If "No," attac	ch a list (see instructions)
	_	te: > WWW.FOOTBALLFOUNDATION.ORG	<u>i </u>		ption number ▶ 2679
		organization: X Corporation Trust Association Other ▶	LY	ear of formation 194	7 M State of legal domicile NY
Pa	art I	Summary	, 		
đ	1				ORGANIZED TO
Governance		PROMOTE AND DEVELOPE THE POWER OF AMATEUR	R FOO	TBALL IN DE	VELOPING
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispo	REC	Te the 25% of its net	t assets
o ve	3	Number of voting members of the governing body (Part VI, line 1a)			3 0
Ġ	4	Number of independent voting members of the governing body (Part VI, lingth)	NOV 9	5 2019 SO SE	4 0
es 2	5	Total number of individuals employed in calendar year 2018 (Part V, line 2 😫 👚	NOV Z	10 2013 S	5 0
Activities &	6	Total number of volunteers (estimate if necessary)			6 0
\ct	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	OGDI	EN, UT	7a 0.
	ь	Net unrelated business taxable income from Form 990-T, line 38			7ь 0.
				Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)	1	899,82	
Revenue	9	Program service revenue (Part VIII, line 2g)			0. 0.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		12,319	
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	L	173,72	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,085,86	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	L	392,600	
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0. 0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		29,25	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	_		0. 0.
хbе	ь	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>		
ш	• • •	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		517,770	
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		939,620	
		Revenue less expenses Subtract line 18 from line 12		146,24	7. 75,057.
s or				Beginning of Current Ye	
t Assets	20	Total assets (Part X, line 16)	1	1,627,662	
t As		Total liabilities (Part X, line 26)	L	86,753	
		Net assets or fund balances Subtract line 21 from line 20		1,540,913	1,615,968.
	rt II	Signature Block	·		
		lties of perjury, I declare that I have examined this return, including accompanying schedule			f my knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepa	rer has any knowledge.	
		Sign start for fall of			7/19
Sıgr	,	orginage to small for the		Dane '	•
Her	е	STEVEN 6. /HATCHELL, PRESIDENT & CEO	<u> </u>		
		Type or print name and title			
		Print/Type preparer's name Preparely signature		Date Check	L-J
Paid		JONATHAN B. TAYLOR		Self-e	employed P00300382
	arer	Firm's name SPIELMAN KOENIGSBERG & PARKER LI	JP	Firm's EIN	<u>▶ 13-3367751</u>
Use	Only	Firm's address 1675 BROADWAY, 20TH FLOOR			(010) 150 555
		NEW YORK, NY 10019		Phone no	(212) 453-2500
May	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No
22200		18 1 HA For Panarwork Poduction Act Notice see the congrate instruction			Form 990 (2018)

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

، Forn	990 (2018) & COLLEGE HALL OF FAME, INC.	51-0226347	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		
	THE FOUNDATION, THROUGH ITS CHAPTERS, SUPPORTS ACADEMIC H	EXCELLENCE,	
	ATHLETIC ABILITY AND LEADERSHIP QUALITIES PRIMARILY THROU	JGH HIGH	
	SCHOOL FOOTBALL AND COMMUNITY ACTIVITIES. IN ADDITION TO	THE COLLEGE	
	SCHOLARSHIPS GRANTED AT THE NATIONAL LEVEL, THE CHAPTERS	HAVE	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as n	neasured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		nd
	revenue, if any, for each program service reported	•	
4a	(Code) (Expenses \$ 951,873. including grants of \$ 384,886.) (Revenu	e \$)
	RECOGNITION OF SCHOLAR ATHLETES AT AWARD DINNERS. AWARDS	ARE	
	SCHOLARSHIPS IN RECOGNITION OF ATHLETIC AND SCHOLASTIC EN	IDEAVORS.	
		- <u>-</u>	
4b	(Code) (Expenses \$ including grants of \$) (Revenue	s \$)
			
4c	(Code) (Expenses \$	»\$)
		<u></u> _	
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ▶ 951,873.		90 (2018)

THE NATIONAL FOOTBALL FOUNDATION Form 990 (2018) & COLLEGE HALL OF FAME, INC. Part IV Checklist of Required Schedules

Page 3

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		X
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		х
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		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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
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		X
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	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		<u>X</u>
С	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	11c		X
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 167 If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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		X
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			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4		v
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	46	x	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	A	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40	1	х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If #Vee # semiclate Schedule U	19 20a		$\frac{\Lambda}{X}$
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200	+	
- '	domestic government on Part IX, column (A), line 1? [f "Yes." complete Schedule I. Parts I and II	21	x	
	1 1es, complete schedule i, Farts I and ii			

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& COLLEGE HALL OF FAME, INC.

·Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	$\overline{}$		_
22		22		х
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		
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			٦,
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	'		l
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K If "No," go to line 25a	24a		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		L
	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		ĺ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I	25a		х
		250		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		<u>X</u>
27	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 member			
	of any of these persons? If "Yes." complete Schedule L. Part III	27	İ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	-	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	·	200		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		Х
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	_30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	ĺ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		$\neg \uparrow$	
٠.		34	ł	X
35-	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	\dashv	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	JJa		
D		05.		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			77
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	i		
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
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 Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			<u> </u>
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		Ì	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	_	x	
	(gambling) winnings to prize winners?	1c		
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Form	990 (2018) & COLLEGE HALL OF FAME, INC.	51-022	26347	<u></u> F	age \$
·Ра	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued				
				Yes	No
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	<u> </u>	-	<u> </u>
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	 	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)	عشت		<u> </u>
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	ļ	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0	3b	<u> </u>	
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		_	: •	ļ ,
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR)		l	l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?	-	6b		ĺ
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 se	rvices provided to the payor	າ 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?	,	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			-	
	sponsoring organization have excess business holdings at any time during the year?	,	8		
9	Sponsoring organizations maintaining donor advised funds.		1.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter		35	 	-
	Initiation fees and capital contributions included on Part VIII, line 12	10a	- 1	}	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter	LIOD			
	Gross income from members or shareholders	11a	١,		
a h	Gross income from other sources (Do not net amounts due or paid to other sources against	11a	⊣ ்	1	
	amounts due or received from them)	116			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	126	120	 	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	[120]	\dashv		
	• • • •		120		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	 	
L	Note. See the instructions for additional information the organization must report on Schedule O				
D	Enter the amount of reserves the organization is required to maintain by the states in which the	1401			•
_	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c	+	 	÷
	Did the organization receive any payments for indoor tanning services during the tax year?	_	14a	_	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul		14b	 -	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or			
	excess parachute payment(s) during the year?		15	-	X
	If "Yes," see instructions and file Form 4720, Schedule N			-	3,5
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income.)	16	 	X

& COLLEGE HALL OF FAME, INC. 51-0226347 Form 990 (2018) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 0 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. 0 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, or trustees, or key employees to a management company or other person? Х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х a. The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8h Х 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 Х Section B. Policies This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, Х and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a Х 15b b Other officers or key employees of the organization 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 X 16a taxable entity during the year? 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 List the states with which a copy of this Form 990 is required to be filed > NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Other (explain in Schedule O) ____ Another's website 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 THE NATIONAL FOOTBALL FDTN. & COLLEGE HALL OF FAME, INC. -972-556-1000

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Form 990 (2018) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line 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 within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average hours per week	box.	not c unle:	ss per	ition more son i	than is both	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ARCHIE MANNING	0.00									
NATIONAL CHAIRMAN		X				<u> </u>	匚	0.	0.	0.
(2) MICHAEL M. CHRISTOVICH	0.00					Ì			_	_
PRESIDENT/ CHAIRMAN		Х						0.	0.	0.
(3) DAVID BAZZEL	0.00							_		_
PRESIDENT		Х				<u> </u>	-	0.	0.	0.
(4) DEBBIE WYMAN	1.00						İ	7 000	_	_
EXECUTIVE DIRECTOR		X				┝┈	⊢	7,000.	0.	0.
(5) JASON BURKE	0.00	,,					ĺ	0.	0.	0.
TREASURER (6) BOB BUNTON		Х			_	┢	┝	0.	0.	
EXECUTIVE DIRECTOR	0.00	X						0.	0.	0.
(7) ERIC W MUNDWILLER	0.00	^				├ —	\vdash	0.	0.	<u> </u>
TREASURER	0.00	х						0.	0.	0.
(8) TERRANCE M. DONAHUE	0.00	^				 		0.		
PRESIDENT/DIRECTOR	0.00	х						0.	0.	0.
(9) PAT DONAHUE	0.00	-					_	1		`
DIRECTOR	0.00	x					ļ	0.	0.	0.
(10) LARRY CASEY	0.00					\vdash		1		
DIRECTOR		х						0.	0.	0.
(11) TOM HEALEY	0.00						_			
MEMBERSHIP CHAIRMAN		х						0.	0.	0.
(12) CHARLES HORTON	0.00								-	
TREASURER		Х						0.	0.	0.
(13) MIKE FITZGERALD	0.00									
1ST VICE PRESIDENT		Х				_		0.	0.	0.
(14) DIANE HARBAUGH	0.00									
SECRETARY		Х						0.	0.	0.
(15) BRIAN FOGARTY	0.00								_	_
PRESIDENT		Х				L.,	<u> </u>	0.	0.	0.
(16) JENNIFER BOWER	0.00							_		_
SECRETARY		Х	_	_		<u> </u>	<u> </u>	0.	0.	0.
(17) JAMES PEHL	0.00	<u> </u>								_
TREASURER		X					L.,	0.	0.	0 <u>.</u>

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& COLLEGE HALL OF FAME, INC.

Part VII Section A. Officers, Directors, Tru	(B)	ploy	ees		<u>а ні</u> С)	gne	st C			(E)
(A) Name and title	Average	}		-	o) sitior	า		(D) Reportable	(E) Reportable	(F) Estimated
Name and title	hours per					than is bot		compensation	compensation	amount of
	week					or/trus		from	from related	other
	(list any	ector			Ì			the	organizations	compensation
	hours for	or di	, a	ĺ	ĺ	ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	truste		, a	Suadu		(W-2/1099-MISC)		organization and related
	below	lual tr	tronal	١.	ploye	st con				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	E B]		Juneanone
(18) SEAN GOTHIER	0.00						Π			
PRESIDENT		X				L	<u> </u>	0.	0.	0.
(19) ERIC FRANKBERG	0.00	1			l					
TREASURER		X	\vdash	-	_	╀	-	0.	0.	0.
(20) MAC LAWLESS	0.00	١.,		İ			İ		0	
PRESIDENT	0.00	X	-	├	-	├-	├	0.	0.	0.
(21) JEFFREY LOGAN	0.00	↓						0.	0	
TREASURER (22) SHANNON PIERCE	0.00	Х	\vdash	├	╁	⊨	┢┈	0.	0.	0.
SECRETARY	0.00	X						0.	0.	0.
(23) LEW LEONE	0.00	1	 	\vdash	\vdash	+	\vdash		<u> </u>	<u> </u>
PRESIDENT		x	l	ł	ł	ł	ł	0.	0.	0.
(24) BOB KEROPIAN	0.00				<u> </u>					
PRESIDENT		Х				1		0.	0.	0.
(25) BARBARA COOVIGAN	0.00									
EXECUTIVE SECRETARY		X		Ĺ	_			0.	0.	0.
(26) RON SACCHI	0.00	1			1					
FIRST VICE-PRESIDENT	<u> </u>	X				l		0.	0.	0.
1b Sub-total								7,000.	0.	0.
c Total from continuation sheets to Part V	II, Section A							6,500.	0.	0.
d Total (add lines 1b and 1c)							<u> </u>	13,500.		0.
2 Total number of individuals (including but r	ot limited to th	ose	liste	d at	oove) wh	o re	ceived more than \$100,0	JUU of reportable	0
compensation from the organization					_					Yes No
3 Did the organization list any former officer	director or tri	ister	s ke	v er	nolo	vee	or h	nahest compensated em	nolovee on	
line 1a? If "Yes," complete Schedule J for s				, .		,,	•	gggg	,p.0,00 0	3 X
4 For any individual listed on line 1a, is the si		le co	mpe	ensa	tion	and	oth	er compensation from th	ne organization	
and related organizations greater than \$15	•							•	- 3	4 X
5 Did any person listed on line 1a receive or									ual for services	
rendered to the organization? If "Yes." con	nolete Schedul	e J f	or su	ıch i	oers	on_		<u> </u>		5 X
Section B. Independent Contractors										
 Complete this table for your five highest co 	mpensated ind	lepe	nder	nt co	ontra	acto	rs th	at received more than \$	100,000 of compensa	ation from
the organization Report compensation for	the calendar ye	ear e	ndır	ig w	ith c	or wi	thin T		ear	
(A) Name and business	address	NT/	\					(B) Description of se	anucas	(C) Compensation
TVAITE AND DUSITESS		INC	ONE	<u> </u>			\dashv		si vices	Sompensation
	-	_					_			–
							_			
							T			
							\downarrow			
O Total number of independent and independent	o ali i ali i a di i a		_,	4 + -		n 1:-		abaya) who sees	ro than	
2 Total number of independent contractors (i	•	ot IIn	ntec	10	ເກວຣ ໃ	e IIS)	ıea	above) who received mo	re man	
\$100,000 of compensation from the organi		TAT	TTA	mт		<u> </u>	UE	PMC		Form 990 (2018)

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(A) Name and title	(B) Average			(C Posi				(D) Reportable	(E) Reportable	(F) Estimated
value and the	hours	(0	heck				ly)	compensation	compensation	amount of
	per week (list any hours for related organizations below line)	week (list any hours for related rganizations below hither Key employee Highest compensated employee	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations					
(27) MARK BAILEY	0.00									
SECOND VICE-PRESIDENT		X						0.	0.	0
(28) ERIC BJORNSON	0.00									
TREASURER		X						0.	0.	0
(29) ADAM TURNER	0.00]								l
PRESIDENT		Х						0.	0.	0
(30) TODD FULTZ	0.00]								
PRESIDENT		Х	<u> </u>					0.	0.	0
(31) MARK BALL	0.00	1						_	_	_
PRESIDENT		X			_			0.	0,	0
(32) ERIC HAMILTON	0.00	1			1					
PRESIDENT		Х		_	\dashv	_		0.	0.	0
(33) RON RICK	0.00	١							0	
VICE PRESIDENT	0.00	X	_	_	\longrightarrow	\dashv		0.	0.	0
(34) JAMES BALL	0.00	\ \						0.	0.	0
SECRETARY (35) VINCENT J. BOCCANFUSO	0.00	X	\vdash		-				<u> </u>	
TREASURER	0.00	X				J		0.	0.	0
(36) MARIE DOOLEY	0.00	Ĥ	Н	\dashv	\dashv	\dashv		•		
CHAIRMAN	0.00	x						0.	0.	0
(37) DD HOGGARD	0.00	1		+			•••••		······································	<u></u>
PRESIDENT		x			- 1			0.	0.	0
(38) EDWARD M FERRANTE	0.00	† 		\neg		\neg				
PRESIDENT		x						0.	0.	0
(39) STEVE SCHNEIDER	0.00	1								
PRESIDENT		x						0.	0.	0
40) STEVE BAILEY	0.00									
PRESIDENT		Х						0.	_ 0.	0
(41) ROGER THESING	0.00									
PREASURER		Х						0.	0.	0
(42) KELLY KITCHEL	0.00	[I	Ī				
PRESIDENT		X	Ш	\Box				0.	0.	0
(43) JANET SCHWEIKHER	0.00	1			-			_	_	_
REASURER		X	Щ	_				0.	0.	0
(44) JIM VRUGGINK	1.00				- 1	1				•
EXECUTIVE DIRECTOR		X	$ \perp $			4		3,500.	0.	0
(45) TRAVIS BAUGH	1.00						ļ			_
CHAIRMAN		X	⊢⊢		_		_	3,000.	0.	0
(46) MARC HUDAK	0.00	1				ł		_	_	•
HAIRMAN		Х	\Box	\perp				0.	0.	0

Form 990 & COLLEG	E HALL C	F	FA	ME	,	IN	c.		51-022	6347
Part VII Section A. Officers, Directors, To	rustees, Key Er	nplo	yee	s, aı	nd <u>F</u>	ligh	est	Compensated Employ (D)	rees (continued) (E)	(F)
(A) Name and title	(B) Average hours per	(c	heck	Pos			ly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(47) BRIAN LYSIAK PRESIDENT	0.00	X						. 0.	0.	.0
(48) BOB BOYLES	0.00	^				┢			- · ·	
SECRETARY		х						0.	0.	0
									•	
								•		
									-	
									•	
				_						
otal to Part VII, Section A, line 1c								6,500.	i i	

& COLLEGE HALL OF FAME, INC. 51-0226347 Page 9 Form 990 (2018) Part VIII Statement of Revenue X Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 63,032. b Membership dues 1b c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 804,035. similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 867,067. h Total. Add lines 1a-1f Business Code Program Service Bevenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 22,624. 22,624. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue contributions reported on line 1c) See a 702,127 Part IV, line 18 ь 629,245. b Less direct expenses 72,882. 72,882. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 101,333. 101,333. 11 a MISCELLANEOUS INCOME 900099 d All other revenue

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0.

101,333.

,063,906.

e Total. Add lines 11a-11d

Total revenue See instructions

101,333.

Form 990 (2018) & COLLEGE HALL OF FAME, INC.

Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respons		his Part IX		(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	204 206	204 006		
	and domestic governments. See Part IV, line 21	384,886.	384,886.		
2	Grants and other assistance to domestic				•
_	individuals See Part IV, line 22				
3	Grants and other assistance to foreign			1	
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16			` ,	
4	Benefits paid to or for members				· · · · · · · · · · · · · · · · · · ·
5	Compensation of current officers, directors,				
,	trustees, and key employees	13,500.	12,150.	1,350.	
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	976.	879.	97.	
С	Accounting	4,053.	3,648.	405.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	· · · · · · · · · · · · · · · · · · ·	00 000	02.045	0 005	
	column (A) amount, list line 11g expenses on Sch O.)	92,272.	83,045.	9,227.	
12	Advertising and promotion	1,086.	977.	109.	
13	Office expenses	10,180.	9,162.	1,018.	
14	Information technology	5,258.	4,732.	526.	
15	Royalties				_
16	Occupancy	17,621.	15,859.	1,762.	
17	Travel	17,021.	15,659.	1,/02.	
18	Payments of travel or entertainment expenses	1	Ì	1	
10	for any federal, state, or local public officials	113,126.	101,813.	11,313.	
19 20	Conferences, conventions, and meetings Interest				
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,002.	902.	100.	
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 ()				•
а	HONODADTIMA	84,500.	84,500.		
b	CALIFORNIA SHOWCASE	84,312.	84,312.		
С	PLAGUES, AWARDS & TROPH	63,373.	63,373.		
d	SECURITY & MUTUAL FUND	33,784.	30,406.	3,378.	
е	All other expenses SEE SCH O	78,920.	71,229.	7,691.	
25	Total functional expenses. Add lines 1 through 24e	988,849.	951,873.	36,976.	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)				

Form 990 (2018)
Part X | Balance Sheet

		Check if Schedule O contains a response or not	e to any line in this Part X	-		X
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		523,539.	1	596,696
	2	Savings and temporary cash investments		697,949.	2	692,090
	3	Pledges and grants receivable, net		<u></u>	3	
	4	Accounts receivable, net			4	6,600
	5	Loans and other receivables from current and fo	rmer officers, directors,			i
		trustees, key employees, and highest compensa	ted employees Complete			
		Part II of Schedule L			_5_	
	6	Loans and other receivables from other disqualif	ied persons (as defined under			,
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing		ļ ,	
		employers and sponsoring organizations of secti	on 501(c)(9) voluntary			
က္က		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			_7	
ğ	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			g	
	10a	Land, buildings, and equipment cost or other	[-
		basis Complete Part VI of Schedule D	10a			
- {	b	Less accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities	404,874.	11	383,747	
	12	Investments - other securities See Part IV, line 1	1 [12	
1	13	Investments - program-related See Part IV, line 1		13		
ľ	14	Intangible assets			14	
	15	Other assets See Part IV, line 11	1,300.	15	31,000	
	16	Total assets. Add lines 1 through 15 (must equa	1,627,662.	16	1,710,133	
	17	Accounts payable and accrued expenses		2,581.	17	0
	18	Grants payable	70,000.	18	79,995	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability Complete F	Part IV of Schedule D		21	
ا ي	22	Loans and other payables to current and former	F			
Liabilities		key employees, highest compensated employees				
<u> </u>		Complete Part II of Schedule L			22	
ڐ	23	Secured mortgages and notes payable to unrelate	ed third parties		23	
- 1	24	Unsecured notes and loans payable to unrelated	·		24	
- 1	25	Other liabilities (including federal income tax, pay	· · · · · · · · · · · · · · · · · · ·		-	
		parties, and other liabilities not included on lines				
ı		Schedule D		14,170.	25	_ 14,170
	26	Total liabilities. Add lines 17 through 25		86,751.	26	94,165
	_	Organizations that follow SFAS 117 (ASC 958)	, check here ▶ X and			
ا ي		complete lines 27 through 29, and lines 33 and		, ,	-	
ĕ	27	Unrestricted net assets		1,432,678.	27	1,416,867
틸	28	Temporarily restricted net assets	Ţ	· · · · · · · · · · · · · · · · · · ·	28	
ñ	2 9	Permanently restricted net assets		108,234.	29	199,101
<u> </u>	1	Organizations that do not follow SFAS 117 (AS	C 958), check here			
֪֡֡֡֞֞֡֡֞֞֡֞֞֡֡֡֞֞֞֓֓֡֡֞֞֜֞֡֓֡֡֡֡֡֡֡֡֡֡֡	1	and complete lines 30 through 34.				
201	30	Capital stock or trust principal, or current funds		30		
ξ.	31	Paid-in or capital surplus, or land, building, or equ	upment fund		31	
21	32	Retained earnings, endowment, accumulated inc	,		32	
New Reservor Fund Balances	33	Total net assets or fund balances	ome, or other famos	1,540,911.	33	1,615,968.
3	734	Total liabilities and net assets/fund balances	ŀ	1,627,662.	34	1,710,133.
		Total habilities and her assets/fully balances		1,021,002	34	Form 990 (2018

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Forn	n 990 (2018) & COLLEGE HALL OF FAME, INC.	51-	0226347	Pag	_{le} 12
·Pa	rt XI Reconciliation 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)	1	1,063		
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,84	
3	Revenue less expenses Subtract line 2 from line 1	3		5,05	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,540	91,91	<u> 11.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1			
	column (B))	10	1,615	5,96	<u> </u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	-		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both		i i	i	1
	Separate basis Consolidated basis Both consolidated and separate basis				المصيا
b	Were the organization's financial statements audited by an independent accountant?		2b	\longrightarrow	<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		İ	
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and 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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	t		
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi	t		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public Inspection

Employer identification number Name of the organization THE NATIONAL FOOTBALL FOUNDATION 51-0226347 & COLLEGE HALL OF FAME, INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. X Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. X Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization listed in your governing document? (i) Name of supported (II) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1 10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) NATIONAL FOOTBALL FOUNDATION & COLLEG 22-1508812 10 Х 0 0. 0. 0. Total

51-0226347 Page 2 Schedule A (Form 990 or 990-EZ) 2018 & COLLEGE HALL OF FAME, INC. 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) Section A. Public Support (c) 2016 (f)∕Total Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (d) 2017 (e) 2018 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (c)/2016 (d) 2017 (f) Total (a) 2014 (b) 2015 (e) 2018 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2017 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2018/ If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts/and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 & COLLEGE HALL OF FAME, INC.

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

(Complete only if you checked			organization failed	to qualify under P	art II If the or	ganization fails to
qualify under the tests listed bection A. Public Support	pelow, please comp	piete Part II)				/
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and	14/2014	(5) 20 10	(6) 29.0	10/ 2017	(0) 20.0	117.53
membership fees received (Do not					ļ	
include any "unusual grants ")						A'
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		Ì				
3 Gross receipts from activities that		1				
are not an unrelated trade or bus-	•					
iness under section 513				/		
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf	}				}	
5 The value of services or facilities		 				
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5	\			{	 	
7a Amounts included on lines 1, 2, and					 	
3 received from disgualified persons						
b Amounts included on lines 2 and 3 received		 	 	 	 	
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the]		}	J	
amount on line 13 for the year c Add lines 7a and 7b		·	/	 	 	
	· · · · · · · · · · · · · · · · · · ·	 	/ -	 		
8 Public support. (Subtract line 7c from fine 6) Section B. Total Support		·	<u>, l </u>	<u> </u>	<u> </u>	
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 20x5	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	(4) 2014	(5) 20,0	(0) 2010	(4) 2017	(6) 20.0	
10a Gross income from interest,						
dividends, payments received on				1		
securities loans, rents, royalties,				ì		
and income from similar sources		/	 	ļ	 	
b Unrelated business taxable income				1	1	[
(less section 511 taxes) from businesses					1	
acquired after June 30, 1975	—					
c Add lines 10a and 10b 11 Net income from unrelated business				-		
activities not included in line 10b.				ļ	<u> </u>	
whether or not the business is						
regularly carried on	/		 	 	 	
12 Other income Do not include gain or loss from the sale of capital						
assets (Explain in Part VI)					ļ 	
13 Total support. (Add lines 9, 10c, 11, and 12)	L	<u> </u>	<u> </u>	ł	l	
14 First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ix year as a section	n 501(c)(3) org	anization,
check this box and stop here	in Command Day					
Section C. Computation of Publi					1 1	
15 Public support percentage for 2018 (I		-	column (f))		15	<u>%</u>
16 Public support percentage from 2017					16	<u>%</u>
Section D. Computation of Inves				_ 		
17 Investment income percentage for 20			ne 13, column (f))		17	<u>%</u>
18 Investment income percentage from					18	
19a 33 1/3% support tests - 2018. If the	-					ne 17 is not
more than 33 1/3%, check this box ar	-	•	· · ·			▶□
b 33 1/3% support tests - 2017. If the	-					
line 18 is not more than 33 1/3%, che						tion ► 🔛
O Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	is box and see ins	tructions	
32023 10-11-18				Sch	edule A (Form	1 990 or 990-FZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 & COLLEGE HALL OF FAME, INC.

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
•		
	X	
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9b		X
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10b		
	00 EZ)	

Sch		51-022634	7 P	age 5
	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	- 	ļ	ļ!
	below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	1 <u>1</u> b		Х
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		X
Sec	tion B. Type I Supporting Organizations			г
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	į ,		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			1 1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			1
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	-	├
2	Did the organization operate for the benefit of any supported organization other than the supported			i i
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	1	,	1 1
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
Sac	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			L
360	ation 6. Type it supporting organizations		V	
	Mark a majority of the augustation's discretize by the toy year also a majority of the discretize		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			•
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	!!		
	don 517th Typo in Oupporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	-	163	100
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1 .	-	. 1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			ı İ
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		X
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	- 		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		İ	, ,
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		$\overline{\mathbf{x}}$
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1	}	
	supported organizations played in this regard.	3		X
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructions).		
а	X The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity	/ (see instructions)		
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			-
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify]]	ı J	. 1
	those supported organizations and explain how these activities directly furthered their exempt purposes,	,	1	.
	how the organization was responsive to those supported organizations, and how the organization determined			احد
	that these activities constituted substantially all of its activities	2a	X	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	[[-	. 1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			, 1
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		<u>X</u>
3	Parent of Supported Organizations Answer (a) and (b) below.			, [
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			لــــا
	trustees of each of the supported organizations? Provide details in Part VI.	<u>3</u> a		 ,
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			لـــا
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
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	edule A (Form 990 or 990-EZ) 2018 & COLLEGE HALL OF FAME,			51-0226347 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on N	lov 20, 1970 (explain in	Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	tions A through E	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3_	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			Į
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8_		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	•	f	
	instructions for short tax year or assets held for part of year)			A (.48)
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		_
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
_ 7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
_2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6	<u> </u>	
7	Check here if the current year is the organization's first as a non-functionall	y integrated	Type III supporting org	anızatıon (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 & COLLEGE HALL OF FAME, INC. 51-0226347 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Current Year Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 6 Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2018 from Section C, line 6 Line 8 amount divided by line 9 amount 10 (ı) (II) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2018 Amount for 2018 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2018 a From 2013 **b** From 2014 c From 2015 d From 2016 e From 2017 f _Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount Carryover from 2013 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2018 from Section D, a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2019. Add lines 3j and 4c 8 Breakdown of line 7 a Excess from 2014 b Excess from 2015 c Excess from 2016 d Excess from 2017 e Excess from 2018

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990 EZ) 2018 & COLLEGE HALL OF FAME, INC. 51-022634 / Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)
PART IV, SECTION D, LINE 2:
THE ORGANIZATION MAINTAINS A CLOSE AND WORKING RELATIONSHIP WITH ALL
SUPPORTED ORGANIZATIONS. COLLECTIVELY, THEY HOST MORE THAN 300 EVENTS
EACH YEAR, REACHING MORE THAN 500,000 FOOTBALL PLAYERS AT 5,000 HIGH
SCHOOLS.
PART IV, SECTION E, LINE 2A:
ALL OF THE ORGANIZATION'S ACTIVITIES DURING THE TAX YEAR DIRECTLY
FURTHERED THE EXEMPT PURPOSES OF THE SUPPORTED ORGANIZATIONS TO WHICH
THE ORGANIZATION WAS RESPONSIVE AS THE CHAPTERS AWARD NUMEROUS
SCHOLARSHIPS EACH YEAR.

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

THE NATIONAL FOOTBALL FOUNDATION

& COLLEGE HALL OF FAME.

Employer identification number 51-0226347

Pa	rt I Organizations Maintaining Donor Advise		counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		·
			(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised fun	ds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	_	only
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part IV	, line 7
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		y important land area
	Protection of natural habitat	Preservation of a certified h	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ed conservation contribution in the form of a co	enservation 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			2b
c	Number of conservation easements on a certified historic stru	icture included in (a)	2c
	Number of conservation easements included in (c) acquired a		
-	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased extinguished or terminated by the organi	
·	year ►	sacca, oxungalance, or terminated by the organi	auton damig the tax
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri		
Ū	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
•	>		, ,
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation ea	sements during the year
·	> \$, , , , , , , , , , , , , , , , , , ,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)	6
•	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense statem	
·	include, if applicable, the text of the footnote to the organization		
	conservation easements	on o manda datamana alat datamba and ang	ameanon b doodaning to
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under SFAS 116 (AS		id balance sheet works of art
	historical treasures, or other similar assets held for public exh	, ,	
	the text of the footnote to its financial statements that describ		
h	If the organization elected, as permitted under SFAS 116 (AS		alance sheet works of art, historical
Ü	treasures, or other similar assets held for public exhibition, ed	•	
	relating to these items	deation, or research in farther affect of public ser	vice, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1		• •
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical trea	seures, or other similar assets for financial gain	
~	.		provide
_	the following amounts required to be reported under SFAS 11	to moo soo, relating to these items	~ ¢
a h	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		\$
1	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2018

Sche		GE HALL OF							26347	
'Pa	rt III Organizations Maintaining C	collections of Ar	t, Histo	rical Tre	easures, or C	Other S	<u>imila</u>	r Asset	s (continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, check :	any of the I	following that ai	re a signi	ficant u	use of its o	collection it	ems
	(check all that apply)									
а	Public exhibition	•	d 🗀 r	oan or exc	hange program	s				
b	Scholarly research	•	• 🗀 c	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how the	y further th	ne organization':	s exempt	purpo	se in Part	XIII	
5	During the year, did the organization solicit of	or receive donations	of art, hist	torical treas	sures, or other s	ımılar as	sets			
	to be sold to raise funds rather than to be ma								Yes	No
Pa	rt IV Escrow and Custodial Arran		ete if the o	organizatio	л answered "Ye	s" on Fo	rm 990), Part IV,	lıne 9, or	
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custode	ian or other intermed	liary for co	ontribution	s or other asset	s not inc	uded	_		
	on Form 990, Part X?							L	Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	ble						
							\vdash		Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						<u>1f</u>	·	٦	
	Did the organization include an amount on Fi					-	,	l	」 Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII Tt V Endowment Funds. Complete									 _
[· u	Endownient Funds: Complete	í — · · · · · · · · · · · · · · · · · ·					Three	roore back	(=) Four V	oara baak
	Danish and the same below as	(a) Current year	(6) Pri	or year	(c) Two years t	Jack (a)	THEE	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
ç	Net investment earnings, gains, and losses Grants or scholarships								-	
ď	Other expenditures for facilities					_				
е	and programs									
f	Administrative expenses	-								
	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1a	column (a)) held as					
a	Board designated or quasi-endowment	one year one balance	% %	00.011 (a)	, ,,,,,,,					
b	Permanent endowment	%	_′°							
	Temporarily restricted endowment	^~								
_	The percentages on lines 2a, 2b, and 2c short									
3a	Are there endowment funds not in the posse	•	ation that	are held an	id administered	for the o	raaniza	ation		
	by	J					•		Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Sch	nedule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment fur	ndş						
Par	t VI Land, Buildings, and Equipm	ent.		_						
	Complete if the organization answered	d "Yes" on Form 990	, Part IV,	line 11a S	ee Form 990, P	art X, line	10			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Accu	mulate	ed	(d) Book v	/alue
		basis (investr	nent)	basis	(other)	depre	ciation			
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
e	Other									
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X. column	(B), line 10	Oc.)					0.

Schedule D (Form 990) 2018

& COLLEGE HALL OF FAME, INC.

(a) Descrip		on Form 990. Part IV. line	11b See Form 990, P	Part X. line 12	
	otion of security or category (including name of security)	(b) Book value			d-of-year market value
	al derivatives				
•	held equity interests				
3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					-
(H)	·		·		
	b) must equal Form 990, Part X, col. (B) line 12)	<u> </u>			
Part VIII	Investments - Program Related.				
	Complete if the organization answered "Yes"				4 . 6
	(a) Description of investment	(b) Book value	(c) Method of va	luation Cost or en	d-of-year market value
(1)		<u> </u>			
(2)				· · · · · · · · · · · · · · · · · · ·	
(3)					
(4)					
(5) (6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col (B) line 13.)				
	Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description	1d See Form 990, P	art X, line 15	·
(4)					(b) Book value
(1)					(b) Book value
(2)					(b) Book value
(2) (3)					(b) Book value
(2) (3) (4)					(b) Book value
(2) (3) (4) (5)					(b) Book value
(2) (3) (4) (5) (6)					(b) Book value
(2) (3) (4) (5) (6) (7)					(b) Book value
(2) (3) (4) (5) (6) (7) (8)					(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)	mn (b) must equal Form 990. Part X. col. (B) line Other Liabilities.	2 15.)	10 0 114 0 5 1		
(2) (3) (4) (5) (6) (7) (8) (9) (9)	mn (b) must equal Form 990. Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes"	2 15.) on Form 990, Part IV, line		▶ 990, Part X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	mn (b) must equal Form 990. Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	2 15.) on Form 990, Part IV, line	1e or 11f See Form 9 b) Book value	▶ 990, Part X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) Cotal. (Column Part X)	mn (b) must equal Form 990. Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability eral income taxes	2 15.) on Form 990, Part IV, line	b) Book value	▶ 990, Part X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X Column mn (b) must equal Form 990. Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	2 15.) on Form 990, Part IV, line		▶ 990, Part X, line 25		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X . (1) Fed. (2) LiO. (3)	mn (b) must equal Form 990. Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability eral income taxes	2 15.) on Form 990, Part IV, line	b) Book value	990, Part X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X (1) Fedd (2) LO. (3) (4)	mn (b) must equal Form 990. Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability eral income taxes	2 15.) on Form 990, Part IV, line	b) Book value	990, Part X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X (1) Fedd (2) LO (3) (4) (5)	mn (b) must equal Form 990. Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability eral income taxes	2 15.) on Form 990, Part IV, line	b) Book value	990, Part X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X . (1) Feed (2) LO. (3) (4) (5) (6)	mn (b) must equal Form 990. Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability eral income taxes	2 15.) on Form 990, Part IV, line	b) Book value	990, Part X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) Cotal. (Column Part X (1) Feed (2) LO. (3) (4) (5) (6) (7)	mn (b) must equal Form 990. Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability eral income taxes	2 15.) on Form 990, Part IV, line	b) Book value	▶ 990, Part X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) (otal. (Columna Columna mn (b) must equal Form 990. Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability eral income taxes	2 15.) on Form 990, Part IV, line	b) Book value	▶ 990, Part X, line 25		
(2) (3) (4) (5) (6) (7) (8) (9) (otal. /Column Part X . (1) Fed (2) LO (3) (4) (5) (6) (7) (8) (9)	mn (b) must equal Form 990. Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability eral income taxes AN FROM OFFICER	2 15.) on Form 990, Part IV, line	b) Book value 14,170.	▶ 990, Part X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Columnia) (1) Fedd (2) LO (3) (4) (5) (6) (7) (8) (9) otal. (Columnia)	mn (b) must equal Form 990. Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability eral income taxes	2.15.) on Form 990, Part IV, line	14,170.		

Schedule D (Form 990) 2018

51-0226347 Page 3

Schedule D (Form 990) 2018

THE NATIONAL FOOTBALL FOUNDATION Schedule D (Form 990) 2018 & COLLEGE HALL OF FAME, INC.

Sche	dule D (Form 990) 2018 & COLLEGE HALL OF FAME, I	NC.	51-0226347 Page 4
	t XI Reconciliation of Revenue per Audited Financial Staten		Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1:	2a	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d		2d	
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
a	Other (Describe in Part XIII)	4b	
	Add lines 4a and 4b	_ 	4c
			5
Pai	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XII Reconciliation of Expenses per Audited Financial States	ments With Expenses n	
[r ai			or ricturn.
-	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	<u> </u>	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1.1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		,
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Par	t XIII Supplemental Information.		
Provi	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	art IV, lines 1b and 2b, Part V, li	ne 4, Part X, line 2, Part XI,
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any ac		
	· · · · · · · · · · · · · · · · · · ·		
			

SCHEDULE G

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

2018

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

THE NATIONAL FOOTBALL FOUNDATION

Employer identification number

& COLLE	GE HALL OF FAME, II	NC.			51-0226	347
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not						
required to complete this par						
Indicate whether the organization rais	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr riduals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-g gover asing ling of onal fi	overnment grants rnment grants events fficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(III) fundi have c or con contrib	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
					-	
			_			
			_			
						<u> </u>
Total			•			
List all states in which the organization or licensing	n is registered or licensed to solicit co	ontribi	utions	or has been notified	it is exempt from req	gistration
······································						
						

832081 10-03-18

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Schedule G (Form 990 or 990-EZ) 2018

.THE NATIONAL FOOTBALL FOUNDATION 51-0226347 Page 2 Schedule G (Form 990 or 990 EZ) 2018 & COLLEGE HALL OF FAME, INC. Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000 (c) Other events (a) Event #1 (b) Event #2 (d) Total events NONE (add col. (a) through BANQUET col (c)) (event type) (event type) (total number) 702,127. 702,127. 1 Gross receipts 2 Less Contributions 702,127. 702,127. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 629,245. 629,245. 9 Other direct expenses 629,245. 10 Direct expense summary Add lines 4 through 9 in column (d) 72,882 11 Net income summary Subtract line 10 from line 3, column (d) Part III | Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo col (a) through col (c)) bingo/progressive bingo 1 Gross revenue 2 Cash prizes 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes 6 Volunteer labor No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities Yes a is the organization licensed to conduct gaming activities in each of these states? No b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes b If "Yes," explain

Schedule G (Form 990 or 990-EZ) 2018

832082 10-03-18

C-1	. THE NATIONAL FOOTBALL FOUNDATION 51-	0226347	Dana 2
•	nedule G (Form 990 or 990-EZ) 2018 & COLLEGE HALL OF FAME, INC. 51- Does the organization conduct gaming activities with nonmembers?	Yes	Page 3
	Is the organization conduct garning activities with normembers?	res	
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in		
	a The organization's facility	13a	%
k	b An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
b	b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	c If "Yes," enter name and address of the third party		
	Name		
	Address >		
16	Gaming manager information		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor	-	
17	Mandatory distributions		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes [No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Pa	organization's own exempt activities during the tax year \$ int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part I.	art III. lines 9. 9b	. 10b
	15b, 15c, 16, and 17b, as applicable Also provide any additional information. See instructions		., 105,
			
			

	THE NATIONAL FOOTBALL FOUNDATION	
Schedule G (Form 990 or 990 EZ) Part IV Supplemental Info	& COLLEGE HALL OF FAME, INC.	51-0226347 Page 4
Part IV Supplemental Info	rmation (continued)	
		
		· · · · · · · · · · · · · · · · · · ·
		
	•	
	•	
		
		
		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete of the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

-	THE SECTION	
	7 22 12	
:	Atta	

2018
Open to Public Inspection

OMB No 1545-0047

Employer identification number

51-0226347

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THE NATIONAL FOOTBALL FOUNDATION

& COLLEGE HALL OF FAME, INC

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 General Information on Grants and Assistance criteria used to award the grants or assistance? Part

Part II 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 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 Part II can be duplicated if additional space is needed	5,000 Part II can	be duplicated if additic	onal space is neede	D.				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	.
MINNESOTA CHAPTER								
433 LAS COLINAS BLVD EAST, STE 1130 IRVING, TX 75039	26-1766618		8,000.	0.			SCHOLARSHIP	
ALLSTATE SUGAR BOWL CHAPTER								
433 LAS COLINAS BLVD EAST, STE 1130 IRVING, TX 75039	72-0864446		.000,09	0			SCHOLARSHIP	
COLUMBUS CHAPTER								
433 LAS COLINAS BLVD EAST, STE 1130 IRVING, TX 75039	31-0973244		15,500.	0			SCHOLARSHIP	
CNY CHAPTER OF THE NFF & CHF INC								
433 LAS COLINAS BLVD EAST, STE 1130								
IRVING, TX 75039	83-1244635		22,000.	0.			SCHOLARSHIP	
UNIVERSITY OF GEORGIA CHAPTER								
433 LAS COLINAS BLVD EAST, STE 1130								
IRVING, TX 75039	58-2025882		17,000.	0.			SCHOLARSHIP	
NEW YORK CITY CHAPTER								
433 LAS COLINAS BLVD EAST, STE 1130								
IRVING, TX 75039	13-2951261		11,000.	0.			SCHOLARSHIP	
2 Enter total number of section 501(c)(3) and government organizations	d government org	janizations listed in the	listed in the line 1 table				•	17.
3 Enter total number of other organizations listed in the line 1 table	listed in the line 1	table					•	

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Schedule I (Form 990) (2018)

THE NATIONAL FOOTBALL FOUNDATION & COLLEGE HALL OF FAME, INC. Schedule I (Form 990)

Schedule I (Form 990) & COLLEGE HALL	HALL OF	F FAME, INC.					51-0226347 Páge 1
Park II Continuation of Grants and Other Assistance to Governments and Organizations in the United States	Assistance to Gov	ernments and Organ	izations in the Uni		(Schedule I (Form 990), Part II)	۲=)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DELAWARE CHAPTER 433 LAS COLINAS BLVD EAST, STE 1130 IRVING, TX 75039	22-2243900		17,000.	0.			SCHOLARSHIP
TEXAS TECH CHAPTER 433 LAS COLINAS BLVD EAST, STE 1130 IRVING, TX 75039	01-0680762		35,500.	0			SCHOLARSHIP
ST.LOUIS TOM LOMARDO CHAPTER 433 LAS COLINAS BLVD EAST, STE 1130 IRVING, TX 75039	43-1630669		24,850.	.0			SCHOLARSHIP
NFFCHOF BILL DOOLEY CHAPTER 433 LAS COLINAS BLVD EAST, STE 1130 IRVING, TX 75039	56-1989469		25,000.	0.			SCHOLARSHIP
UTAH CHAPTER 433 LAS COLINAS BLVD EAST, STE 1130 IRVING, TX 75039	87-0547508		.000,6	0.			SCHOLARSHIP
WESTCHESTER CHAPTER 433 LAS COLINAS BLVD EAST, STE 1130 IRVING, TX 75039	23-7405568		13,125.	0.			SCHOLARSHIP
VALLEY OF THE SUN CHAPTER 433 LAS COLINAS BLVD EAST, STE 1130 IRVING, TX 75039	86-0721525		43,845.	.0			SCHOLARSHIP
WALTER J. ZABLE SAN DIEGO CHAPTER 433 LAS COLINAS BLVD EAST, STE 1130 IRVING, TX 75039	95-3758588		28,000.	0.			SCHOLARSHIP
NORTHERN CALIFORNIA CHAPTER 433 LAS COLINAS BLVD EAST, STE 1130 IRVING, TX 75039	94-2478114		10,000.	0			SCHOLARSHIP
							1000

Schedule 1 (Form 990)

832241 04-01-18

is in the United States (Schedule I (Form 990), Part II.)

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51-0226347 Page 1	(h) Purpose of grant or assistance	SCHOLARSHIP	SCHOLARSHIP			•					Schedule I (Form 990)
	(g) Description of non-cash assistance										
edule I (Form 990), Pa	(f) Method of valuation (book, FMV, appraisal, other)										
ited States (Scho	(e) Amount of non-cash assistance	0.	•0								
izations in the Un	(d) Amount of cash grant	6,000.	20,903.								
PAME, INC.	(c) IRC section if applicable										
COLLEGE HALL OF FAME, its and Other Assistance to Government	(a) EIN	31-1219210	20-2151811								
Schedule I (Form 990) & COLLEGE HALL OF FAME, INC. Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	(a) Name and address of organization or government	GREATER CINNCINNATI CHAPTER 433 LAS COLINAS BLVD EAST, STE 1130 IRVING, TX 75039	JOE TILLER CHAPTER OF NORTHWEST INDIANA - 433 LAS COLINAS BLVD EAST, STE 1130 - IRVING, TX 75039								

04-01-18

& COLLEGE HALL OF FAME, INC.

Schedule I (Form 990) (2018)

Part III

Páge 2

51-0226347

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

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information TO RECEIVE GRANTS FROM THE FOUNDATION BASED ON (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients ACADEMIC AND ATHLETIC EXCELLENCE. (a) Type of grant or assistance INDIVIDUALS QUALIFY GRANT FUND

Schedule I (Form 990) (2018)

SCHEDULE O

. (Form 990 or 990-EZ)

Department of the Treasury

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.

► Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service THE NATIONAL FOOTBALL FOUNDATION Name of the organization Employer identification number & COLLEGE HALL OF FAME, INC. 51-0226347 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: QUALITIES OF LEADERSHIP, SPORTSMANSHIP, COMPETITIVE ZEAL AND ACADEMIC EXCELLENCE. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SCHOLARSHIP PROGRAMS FOR LOCAL HIGH SCHOOL STUDENTS ATTENDING COLLEGE. THE SCHOLARSHIPS ARE AWARDED BY THE CHAPTERS BASED ON AN INDIVIDUAL'S ACADEMIC EXCELLENCE, ATHLETIC ABILITY AND LEADERSHIP QUALITIES. FORM 990, PART VI, SECTION A, LINE 8A: SEE LINE 8B EXPLANATION. FORM 990, PART VI, SECTION A, LINE 8B: EACH CHAPTER IS ESTABLISHED AND GOVERNED ON ITS OWN. THE INDIVIDUAL CHAPTERS THEMSELVES KEEP RECORDS OF ALL MEETINGS OR WRITTEN ACTIONS HELD DURING THE YEAR BY THE GOVERNING BODY OR BY EACH COMMITTEE THAT HAS THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11B: THE TREASURER IS PROVIDED WITH A FINAL DRAFT COPY OF THE FORM 990 PRIOR TO FILING. THE TREASURER REVIEWS THE RETURN FOR ACCURACY AND APPROVAL. FORM 990, PART VI, SECTION C, LINE 19: THE NATIONAL FOOTBALL FOUNDATION & COLLEGE HALL OF FAME, INC MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

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

AVAILABLE TO THE PUBLIC, UPON REQUEST.

Schedule O (Form 990 or 990-EZ) (2018)

OMB No 1545-0047

Open to Public

Name of the organization THE NATIONAL FOOTBALL FOUNDATION	
& COLLEGE HALL OF FAME, INC.	51-0226347
FORM 990, PART VIII, LINE 3, INVESTMENT INCOME	
INTEREST INCOME \$284	
DIVIDEND INCOME \$22,340	
TOTALS \$22,624	
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIO	NAL EXPENSES:
MISCELLANEOUS EXPENSE:	
PROGRAM SERVICE EXPENSES	14,347.
MANAGEMENT AND GENERAL EXPENSES	1,594.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	15,941.
MEMBERSHIP FEES:	
PROGRAM SERVICE EXPENSES	12,932.
MANAGEMENT AND GENERAL EXPENSES	1,437.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	14,369.
BOARD AND SPONSOR RELATIONS:	
PROGRAM SERVICE EXPENSES	12,145.
MANAGEMENT AND GENERAL EXPENSES	1,349.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	13,494.
AV, PHOTOGRAPHY & VIDEO EXPENSE:	
PROGRAM SERVICE EXPENSES	7,538.
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Schedule O (Form 990 or 990-EZ) (2018) Name of the organization THE NATIONAL FOOTBALL FOUNDATION	Page 2
Name of the organization THE NATIONAL FOOTBALL FOUNDATION & COLLEGE HALL OF FAME, INC.	Employer identification number 51-0226347
MANAGEMENT AND GENERAL EXPENSES	838.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8,376.
PRINTING & PUBLICATIONS:	
PROGRAM SERVICE EXPENSES	7,450.
MANAGEMENT AND GENERAL EXPENSES	828.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8,278.
SUPPLIES:	
PROGRAM SERVICE EXPENSES	4,550.
MANAGEMENT AND GENERAL EXPENSES	506.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,056.
BANK SERVICE CHARGES :	
PROGRAM SERVICE EXPENSES	4,166.
MANAGEMENT AND GENERAL EXPENSES	462.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,628.
BOARD MEETING EXPENSE:	
PROGRAM SERVICE EXPENSES	3,027.
MANAGEMENT AND GENERAL EXPENSES	336.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,363.

Schedule O (Form 990 or 990-EZ) (2018)

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Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization THE NATIONAL FOOTBALL FOUNDATION & COLLEGE HALL OF FAME, INC.	Employer identification number 51-0226347
POSTAGE & SHIPPING:	
PROGRAM SERVICE EXPENSES	2,363.
MANAGEMENT AND GENERAL EXPENSES	262.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,625.
· · · · · · · · · · · · · · · · · · ·	
UCSF PLAY SAFE PHYSICAL:	
PROGRAM SERVICE EXPENSES	2,000.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,000.
· · · · · · · · · · · · · · · · · · ·	
TELEPHONE :	
PROGRAM SERVICE EXPENSES	441.
MANAGEMENT AND GENERAL EXPENSES	49.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	490.
·	
CHAMBER OF COMMERCE:	
PROGRAM SERVICE EXPENSES	270.
MANAGEMENT AND GENERAL EXPENSES	30.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	300.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 78,920.
FORM 990, PART X, BEGINNING OF YEAR:	
BEGINNING BALANCE SHEET FIGURES DO NOT AGREE WITH PRIOR Y	YEAR'S ENDING
BALANCE SHEET FIGURES BECAUSE SOME OF THE CHAPTERS THAT V	WERE NOT
832212 10-10-18 Sci	hedule O (Form 990 or 990-EZ) (2018)

51-0232352

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ESSEX COUNTY CHAPTER

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization THE NATIONAL FOOTBALL FOUNDATION & COLLEGE HALL OF FAME, INC.	Employer identification number 51-0226347
GREATER ATLANTA CHAPTER 58-2025886	
GREATER AUSTIN CHAPTER 74-2654723	
GREATER BALTIMORE CHAPTER 23-7394080 MFT	
GREATER MORRIS COUNTY CHAPTER 22-3400402	
GREATER ORLANDO CHAPTER 59-3158364	
HAWAII CHAPTER 94-3332856	
HOWARD VANDERSEA MAINE CHAPTER 01-0440528	
IOWA CHAPTER 42-1490047 MFT	
JACK GRINOLD EASTERN MA CHAPTER 04-2656127	
KING COUNTY CHAPTER 91-1075941	
LAS VEGAS BILL IRELAND CHAPTER 88-0293700 MFI	· · · · · · · · · · · · · · · · · · ·
LEHIGH VALLEY CHAPTER 23-1980566	
LOS ANGELES CHAPTER 95-3276028 MFT	
MEMPHIS CHAPTER 62-1053150	
MICHIGAN CHAPTER 38-2386728 MFT	
MIDDLE GEORGIA CHAPTER 58-2255890 MFT	
MIDDLE TENNESSEE CHAPTER 62-1517843	
MIDLANDS CHAPTER 57-0967401 MFT	
MISS LOU CHAPTER 64-0785653	
MISSISSIPPI GULF COAST CHAPTER 64-0623112 MFT	
MONTANA CHAPTER 81-0511143 MFT	
MOOSE KRAUSE CHAPTER 35-1436531 MFT	
MOUNTAIN EMPIRE CHAPTER 62-1529518 MFT	
NASSAU COUNTY CHAPTER 13-3904965 MFT	
NATIONAL CAPITAL REGION CHAPTER 20-3791498 MFT	
NEBRASKA CHAPTER 47-0546428	
NEW HAMPSHIRE-JOE YUKICA CHAPTER 02-0443762 MFT	
NFF GRIDIRON CLUB OF DALLAS 61-1612033	
8322 12 10-10-18 5 4	Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization THE NATIONAL FOOTBALL FOUNDATION & COLLEGE HALL OF FAME, INC.	Employer identification number 51-0226347
NORTHEAST OHIO MICHAEL CLEARY CHAPTER 34-1591205	
NORTHERN CONNECTICUT CHAPTER 06-6180755	
OKLAHOMA CHAPTER 73-1416433	
OLE MISS CHAPTER 64-0752523	
ORANGE COUNTY CHAPTER 95-3338544 MFT	
OREGON CHAPTER 04-3657398	
PASADENA SAN GABRIEL CHAPTER 95-4402414	
PASSAIC COUNTY CHAPTER 22-2217877	
PHILADELPHIA CHAPTER 23-1980564 MFT	
RHODE ISLAND EMO DINITTO CHAPTER 05-0468948	
RIVERSIDE CHAPTER NONE NT	
ROCHESTER CHAPTER 56-2315821 M FT	
SACRAMENTO VALLEY CHAPTER 68-0002652	
SAN FERNANDO VALLEY CHAPTER 51-0152910 MFT	
SCHULYKILL-POTTSVILLE CHAPTER 23-2226442	
S.M. MCNAUGHTON 72-1228495 MFT	
SOUTH JERSEY CHAPTER 22-3208904 M FT	
SOUTHEASTERN CONNECTICUT CHAPTER 06-1052646	
SOUTHERN ARIZONA CHAPTER 86-0895623	
SOUTHERN IDAHO CHAPTER 82-0493635 MFT	·····
SOUTHERN INDIANA CHAPTER 52-1962174 LN/13-N/C	
SPRINGFIELD CHAPTER 31-1366878	
SUFFOLK COUNTY CHAPTER 11-3286695	
SUNFLOWER CHAPTER 48-1124666 MFT	
TACOMA PIERCE COUNTY CHAPTER 91-1027723	
TAMPA CHAPTER 59-2083760	
TOLEDO CHAPTER 51-0238523	
VERMONT CHAPTER 13-3778684	
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