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Form **990** (Rev January 2020) Department of the Treasury **Return of Organization Exempt From Income Tax**

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

| Do not enter social security numbers on this form as it may be | e made public. |
|--|----------------|
| ► Go to www.irs.gov/Form990 for instructions and the latest | information. |
| | |

Open to Public

| | | or the 2 | 019 calendar year, or tax year beginning and ending | st mormation. V | inspection |
|------------------------|---------------|----------------------|--|------------------------------|---------------------------------------|
| | | | | D. Emmlesses identiti | |
| | D Cr ap | heck if oplicable | C Name of organization THE NATIONAL FOOTBALL FOUNDATION | D Employer identifi | cation number |
| | | Address | | İ | |
| | <u> </u> | ∫change ⊺Name | & COLLEGE HALL OF FAME, INC. | - 51 00063 | A 77 |
| | <u> </u> | change Initial | Doing business as | 51-02263 | |
| | <u> </u> | ∫retum }Fınal | Number and street (or P.O. box if mail is not delivered to street address) Room/sur | • | |
| | L | return/ termin- | 433 LAS COLINAS BLVD EAST 1130 | 972-556- | |
| | | ated TAmended | City or town, state or province, country, and ZIP or foreign postal code | G Gross receipts \$ | 2,028,772. |
| | <u> </u> | return Applica- | IRVING, TX /5039 | H(a) Is this a group re | |
| | L | tion | F Name and address of principal officer STEVEN J. HATCHELL | for subordinates | |
| م. وه | | | 433 LAS COLINAS BLVD EAST, STE 1130, IRVING | (b) Are all subordinates in | |
| <u>: 9</u> | | | pt status X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 13 | 77 | list. (see instructions) |
| ္ကၽ | | | ▶ WWW.FOOTBALLFOUNDATION.ORG | | n number ▶ 2679 |
| 7.8 | | | | ar of formation: 194/1 | A State of legal domicile: NY |
| Install For Su | Pa | | Summary mys. Pourse | AMTON DIA OD | 33377777777777 |
| 7 3 | ايو | | | ATION WAS ORG | |
| | Governance | <u> P</u> | ROMOTE AND DEVELOPE THE POWER OF AMATEUR FOOT | BATT IN DEAR | LUPING |
| - | E | 2 Ch | reck this box if the organization discontinued its operations or disposed of mountain in the organization discontinued its operations or disposed of mountain in the organization discontinued its operations or disposed of mountain in the organization discontinued its operations or disposed of mountain in the organization discontinued its operations or disposed of mountain in the organization discontinued its operations or disposed of mountain in the organization discontinued its operations or disposed of mountain in the organization discontinued its operations or disposed of mountain in the organization discontinued its operations or disposed of mountain in the organization discontinued its operations or disposed of mountain in the organization discontinued its operations or disposed of mountain in the organization discontinued its operations. | re than 35% of its net ass | sets. |
| | <u></u> | | <u>ٿ</u> ان ت | | |
| | •ಕ | | umber of independent voting members of the governing body (Part VI, line 1b) | 4 | 0 |
| | ies | | tal number of individuals employed in calendar year 2019 (Part V, line 2a) NUV. 23 | 2020 5 | 0 |
| | ctivities | | tal number of volunteers (estimate if necessary) | 6 | 0 |
| | Ac | | tal unrelated business revenue from Part VIII, column (C), line 12 | υτ , <u>7a</u> | 0. |
| 1, | \rightarrow | b Ne | et unrelated business taxable income from Form 990-T, line 39 | · [/b] | 0. |
| , \sim | | 0 0- | Saturbustians and grants (Dark VIIII has the | Prior Year 867,067. | Current Year 898,697. |
| \sim | 7 9 | | ontributions and grants (Part VIII, line 1h) | 0. | 030,037. |
| | Revenue | | ogram service revenue (Part VIII, line 2g) | 22,624. | 29,465. |
| $\tilde{\wedge}$ | æ | | vestment income (Part VIII, column (A), lines 3, 4, and 7d) her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 174,215. | 414,221. |
| \mathcal{O}_{i} | 1 | | tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,063,906. | 1,342,383. |
| \mathcal{W} | _ | | ants and similar amounts paid (Part IX, column (A), lines 1-3) | 384,886. | 459,967. |
| $\langle \cap \rangle$ | ı | | enefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| n' | | | laries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 13,500. | 39,327. |
| 10 | Ses | | ofessional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| 1 | Expenses | | tal fundraising expenses (Part IX, column (D), line 25) | | |
| , | 찗 | | her expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 590,463. | 762,769. |
| | | | tal expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 988,849. | 1,262,063. |
| | | | evenue less expenses. Subtract line 18 from line 12 | 75,057. | 80,320. |
| | 58 | | | Beginning of Current Year | End of Year |
| 2 | ancets | 20 To | tal assets (Part X, line 16) | 2,048,979. | 2,253,173. |
| 2021 | SSE Bass | | tal liabilities (Part X, line 26) | 160,140. | 258,521. |
| 5 | ᄧᄺ | | et assets or fund balances. Subtract line 21 from line 20 | 1,888,839. | 1,994,652. |
| 83 | | | Signature Block | | · · · · · · · · · · · · · · · · · · · |
| | Under | r penaltie | s of perjury, I declare that I have examined this return, including accompanying schedules and stater | ments, and to the best of my | knowledge and belief, it is |
| DEC | true, d | correct, a | ind complete. Declaration of preparer (other than officer) is based on all information of which prepare | er has any knowledge. | |
| | | | the ? Stafe 1) | 11/1 | 6/20 |
| 닒 | Sign | · ∣₹ | Signature of affiler | Date | |
| Ž | Here | • | STEVEN J. WATCHELL, PRESIDENT & CEO | | |
| Z | | | Type or print name and title | | |
| Ķ | | | rint/Type preparer's name Preparer's signature | Date Check | PTIN |
| SCANNED | Paid | | SNATIAN B. TATLOR | 11/13/20 If self-employs | |
| 0, | Prepa | | rm's name SPIELMAN KOENIGSBERG & PARKER LLP | Firm's EIN | 13-3367751 |
| | Use C | Only Fi | rm's address ► 1675 BROADWAY, 20TH FLOOR | | |
| | | | NEW YORK, NY 10019 | Phone no. (2 : | |
| | May 1 | the IRS | discuss this return with the preparer shown above? (see instructions) | | X Yes No |
| | 93200 | 1 01-20-20 | LHA For Paperwork Reduction Act Notice, see the separate instructions. | | Form 990 (2019) |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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

| | 990 (2019) & COLLEGE HALL OF FAME, INC. | 51-0226347 Pa | ıge 2 |
|-----|--|---|--------------|
| Pai | 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 | EXCELLENCE, | |
| | ATHLETIC ABILITY AND LEADERSHIP QUALITIES PRIMARILY THRO | UGH 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 | measured by expenses | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other | s, the total expenses, and | |
| | revenue, if any, for each program scrvice reported. | | |
| 4a | (Code) (Expenses \$ 1,208,791. including grants of \$ 459,967.) (Reven | ue\$ |) |
| | RECOGNITION OF SCHOLAR ATHLETES AT AWARD DINNERS. AWARDS | ARE | |
| | SCHOLARSHIPS IN RECOGNITION OF ATHLETIC AND SCHOLASTIC E | NDEAVORS. | |
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| 4c | (Code) (Expenses \$) (Reven | ue \$ |) |
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| 4d | Other program services (Describe on Schedule O) | <u>-</u> | |
| | (Expenses \$ including grants of \$) (Revenue \$ | | |
| 4e | Total program service expenses ▶ 1,208,791. | | |
| | | Form 990 (2 | 2019) |

& COLLEGE HALL OF FAME, INC.

51-0226347

age 3

Form 990 (2019) & COLLEGE HA
Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|-----|-----|---------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | ľ |
| | If "Yes," complete Schedule A | 1 | X | ļ |
| 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 | | X |
| 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 | | X |
| 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 donor-restricted endowments | | | ŀ |
| | or in 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 | | | |
| a | 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 | | X |
| C | 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 167 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 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | _X | |
| 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 | | Х |
| 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 | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | 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 | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | İ | ,, | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | _X_ | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II | 21 | X | L |

Page 4

& COLLEGE HALL OF FAME, INC.

Part 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 X 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 X Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X Schedule K If "No," go to line 25a 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 2<u>5a</u> Х transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25b Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% X controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 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) a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // X 28a "Yes," complete Schedule L, Part IV **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV X 28b c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? // X "Yes," complete Schedule L, Part IV ... Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 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 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X Part V. line 1 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 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? X If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O -Part 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 No Yes 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 0 1a 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? Form 990 (2019)

932004 01-20-20

Form 990 (2019) & COLLEGE HALL OF FAME, INC.

Part 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 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| ь | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O . | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886 T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7c | | X |
| đ | 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 contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | 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 | | | 1 |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | Ì |
| 11 | Section 501(c)(12) organizations. Enter | | | |
| а | Gross income from members or shareholders | | 1 | l |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | , |
| | Note: See the instructions for additional information the organization must report on Schedule O | | . | l |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | 1 |
| | organization is licensed to issue qualified health plans | | - 1 | 1 |
| | Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | \longrightarrow | <u> </u> |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | ļ | |
| | excess parachute payment(s) during the year? | 15 | | <u> </u> |
| | If "Yes," see instructions and file Form 4720, Schedule N | | | لــيــا |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | <u> </u> |
| | If "Yes," complete Form 4720, Schedule O. | | 000 | |
| | | Form | 990 | 701101 |

THE NATIONAL FOOTBALL FOUNDATION & COLLEGE HALL OF FAME, INC. 51-0226347 Form 990 (2019) 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 on Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O. 0 b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? X 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 X 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 persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b 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 on Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 10b 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 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

14 Did the organization have a written document retention and destruction policy?

- 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?
 - a The organization's CEO, Executive Director, or top management official
 - 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 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?

| Section C. Disclosure |
|-----------------------|
|-----------------------|

| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ NONE |
|----|--|
| 18 | 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 |
| | Own website Another's website X Upon request Other (explain on Schedule O) |
| 19 | Describe on 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 433 LAS COLINAS BLVD EAST, STE 1130, IRVING,

932006 01-20-20

Form **990** (2019)

X

X

X

14

15a

15b

16a

Page 7

& COLLEGE HALL OF FAME, INC.

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

| Check this box if neither the organization n | or any related | <u>orga</u> | nıza | tion | соп | npen | sate | ed any current officer, d | rector, or trustee | |
|--|-----------------------|-------------------------------|----------------------|---------|--------------|---------------------------------|--------|---------------------------|--------------------|-----------------------------|
| (A) | (B) | | | |) | | | (D) | (E) | (F) |
| Name and title | Average | (do | | Posi | | than o | วกอ | Reportable | Reportable | Estimated |
| | hours per | box | , unle: | ss per | son i | s both | an | compensation | compensation | amount of |
| | week | H- | Cer an | uau | rectu | 17005 | 100, | from | from related | other |
| | (list any | 딅 | | | | | | the | organizations | compensation |
| | hours for | 9 | a | | | ated | i | organization | (W-2/1099-MISC) | from the |
| | related organizations | ustee | trust | | e, | Bus | | (W-2/1099-MISC) | | organization and related |
| | below | 膻 | uonal | | yoldı | t con | ١. | | | organizations |
| | line) | ndividual trustee or director | nstitutional trustee | Officer | Key employee | Highest compensated employee | Former | | | Organizations |
| (1) ARCHIE MANNING | 0.00 | _ | _ | | - | - | _ | | | |
| NATIONAL CHAIRMAN | | X | | | | | | 0. | 0. | 0. |
| (2) MICHAEL M. CHRISTOVICH | 0.00 | | | | | | | | | |
| PRESIDENT/ CHAIRMAN | ļ. <u>.</u> | Х | | | | | | 0. | 0. | 0. |
| (3) DAVID BAZZEL | 0.00 | | | ĺ | | | | | | |
| PRESIDENT | | X | | | | | | 0. | 0. | 0. |
| (4) DEBBIE WYMAN | 1.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR | . | X | | | | | | 5,000. | 0. | 0. |
| (5) JASON BURKE | 0.00 | | | | | | | | | |
| PRESIDENT | | X | | | | L | | 0. | 0. | 0. |
| (6) BOB BUNTON | 0.00 | | | | | | | | | |
| VP-SECRETARY | | Х | | | | Щ | | 0. | 0. | 0. |
| (7) ERIC W MUNDWILLER | 0.00 | | | | | | | | | |
| TREASURER | | X | | | | | | 0. | 0. | 0. |
| (8) TERRANCE M. DONAHUE | 0.00 | | | | | | | _ | _ | _ |
| PRESIDENT/DIRECTOR | | Х | | \Box | | | | 0. | 0. | 0. |
| (9) PAT DONAHUE | 0.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (10) LARRY CASEY | 0.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (11) CHARLES HORTON | 0.00 | | | | | | | ļ | | |
| TREASURER | | X | | | | | | 0. | 0. | 0. |
| (12) BRIAN FOGARTY | 0.00 | | | | | | | | | |
| PRESIDENT | | X | , | | | | | 0. | 0. | 0. |
| (13) JENNIFER BOWER | 1.00 | | | | | | | | | |
| SECRETARY | _ | X | | | | | | 18,200. | 0. | 0. |
| (14) JAMES PEHL | 0.00 | | | | | | | | | |
| TREASURER | | X | | | | | | 0. | 0. | 0. |
| (15) SEAN GOTHIER | 1.00 | | | | 7 | | | | | |
| EXECUTIVE DIRECTOR | | Х | | | | | | 4,200. | 0. | 0. |
| (16) ERIK FRANKBERG | 0.00 | | | I | | | | | | |
| TREASURER | | X | | | | | | 0. | 0. | 0. |
| (17) MAC LAWLESS | 0.00 | | | | | | | | | |
| PRESIDENT | | X | Ш | | | Ш | | 0. | 0. | 0. |

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Form 990 (2019)

& COLLEGE HALL OF FAME, INC.

| Part VII Section A. Officers, Directors, Trus | | oloy | ees, | | | ghe | st C | ompensated Employee | s (continued) | | | |
|--|------------------------|--------------------------------|---------------|-------------|--------------|------------------------------|--------------|--|--------------------|----------------|--------------------------|----------|
| (A) | (B) | | | - | C) | _ | | (D) | (E) | | (F) | |
| Name and title | Average | (do | | Pos | | l than | one | Reportable | Reportable | - | Estimate | d |
| | hours per | box | , unle | ss per | rson ı | s both or/trus | h an | compensation | compensation | - | amount o | of . |
| | week | ├─ | Ces ar | lu a u | I OCIC | i/uus | 100, | from | from related | | other | |
| | (list any hours for | recto | | | | Ì | | the | organizations | 0 | ompensat | |
| | related | o o | _ <u>s</u> | | ŀ | sated | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | Ι. | from the | |
| | organizations | ruste | ī | | 8 | ingr. | | (44-271099-141130) | | - 1 | organızatı and relate | |
| | below | laa t | Bona | | ş | ye et | _ [| | | - 1 | organizatio | |
| | line) | Individual trustee or director | Institutional | Officer | Key employee | Highest compensated employee | Former | - | | | . gaa | ,,,, |
| (18) JEFFREY LOGAN | 0.00 | | | | | | 1 | | | | | |
| TREASURER | | x | | | | | | 0. | 0 | . | | 0. |
| (19) SHANNON PIERCE | 0.00 | | | | | | | | | \top | | |
| SECRETARY | | X | | | | | | 0. | 0 | <u>. L</u> | | 0. |
| (20) LEW LEONE | 0.00 | [| l | | | | l | | | ŀ | | |
| PRESIDENT | | X | L | <u> </u> | L | | | 0. | 0 | | | 0. |
| (21) BOB KEROPIAN | 0.00 | | | | | ŀ | | | | | | |
| PRESIDENT | | X | Щ | ldash | <u> </u> | igspace | L | 0. | 0 | <u>. </u> _ | | 0. |
| (22) RON SACCHI | 0.00 | | | ŀ | ŀ | | | | | 1 | | _ |
| FIRST VICE-PRESIDENT | | X | <u> </u> | | <u> </u> | <u> </u> | _ | 0. | 0 | - | | 0. |
| (23) MARK BAILEY | 0.00 | | | | | | | | | 1 | | _ |
| SECOND VICE-PRESIDENT | 0.00 | X | <u> </u> | L | | <u> </u> | _ | 0. | 0 | ┵ | <u> </u> | 0. |
| (24) ERIC BJORNSON | 0.00 | | | | 1 | | | | | 1 | | _ |
| TREASURER | 1 00 | X | | | _ | ₩ | ⊢ | 0. | 0 | ┿ | | 0. |
| (25) TODD FULTZ | 1.00 | | | | | l | | F 000 | • | Ì | | ^ |
| PRESIDENT (26) MARK BALL | 0.00 | X | | | - | ⊢ | - | 5,000. | 0 | ┿ | | 0. |
| PRESIDENT | 0.00 | x | | | | | ĺ | 0. | 0 | | | 0. |
| dh Cubadal | | <u> </u> | L | ш | l. | | ⊢ | 32,400. | 0 | | | 0. |
| 1b Subtotal | | | | ٠ | •• | • | | 6,000. | 0 | | | 0. |
| c Total from continuation sheets to Part VII | , Section A | | | • | | ٠ | | 38,400. | 0 | | | 0. |
| d Total (add lines 1b and 1c) 2 Total number of individuals (including but no | at limited to th | | lieto | d ab | | | 2.50 | ······································ | | • | | <u> </u> |
| compensation from the organization | or illinited to th | USE | 11316 | u au | JUVE | , wii | 016 | scewed more trian \$100, | doo or reportable | | | 0 |
| compensation from the organization | | | | • | | | · | | | | Yes | No |
| 3 Did the organization list any former officer, | director truste | ee k | (ev e | mol | ove | e or | hia | hest compensated empl | lovee on | | - | |
| line 1a? If "Yes," complete Schedule J for si | | | , . | р. | ٠,٠ | o, o. | 9 | moor companioarea empi | , | 3 | <u>- </u> | X |
| 4 For any individual listed on line 1a, is the su | | e co | mne | nsa | tion | and | oth | ner compensation from th | he organization | | | |
| and related organizations greater than \$150 | • | | • | | | | | • | ne organization | 4 | | X |
| 5 Did any person listed on line 1a receive or a | | | | | | | | | lual for services | ' | | |
| rendered to the organization? If "Yes," com | | | | | | | | or organization of marris | | 5 | - | X |
| Section B. Independent Contractors | | | <u> </u> | | 7070 | | | | | | | |
| Complete this table for your five highest cor | npensated ind | ере | nder | nt co | ontra | acto | rs th | nat received more than \$ | 100,000 of compens | ation | from | |
| the organization Report compensation for t | he calendar ye | ar e | ndır | g w | ıth c | or wi | thin | the organization's tax ye | ear | | | |
| (A) | | | | | | | | (B) | | | (C) | |
| Name and business | address | NO | ONE | 3 | | | \Box | Description of s | ervices | Com | pensation | 1 |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | \dashv | | | | | |
| | | | | | | | | | | | | |
| 2 Total number of independent contractors (in | icludina but no | ot lin | nited | to 1 | thos | e lis | لــــ ted | above) who received mo | ore than | | | |
| \$100,000 of compensation from the organiz | - | | _ | | C | | _ | | | | | / |
| SEE PART VII, SECTION | | ĪN | UA | TI | ΟN | S | HE | ETS | | For | m 990 (2 | (019) |

Form 990 (2019) & COLLEGE HALL OF FAME, INC.

Part VIII | Statement of Revenue

| Total revenue Related or exempt function revenue business revenue and business revenue and business revenue and business revenue and business revenue business revenue and busine | - | | Check if Schedule O contains a response | or note to any lin | e in this Part VIII | | | X |
|--|-------------------------|------------------|---|--------------------|---------------------|-------------------|--------------|-------------------------------------|
| b Membership dues b 85,639. | _ | | | | (A) | Related or exempt | Unrelated | (D) Revenue excluded from tax under |
| Business Cords Part | ibutions, Gifts, Grants | a b c d e f | Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above | | | | | |
| Business Cords Part | P C | a 9 | | | 909 607 | | | |
| 2 a b b c c c c c c c c c c c c c c c c c | <u>0</u> | n n | I otal. Add lines 1a-11 | Business Code | | | | |
| b c c d d d d e Rotal Company service revenue g Total. Add lines 2a:2f | 4 | 7 | | Diamess valle | | | * | |
| Total. Add lines 2a:21 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royaltes 6 a Gross rents | ram Service | anuayan b c d | | | | | | |
| Total. Add lines 2a:21 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royaltes 6 a Gross rents | 5 Br | ኘ e | | | | | | |
| 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents b Less rental expenses c Rental expenses (6b) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c G ain or (loss) 7 a Gross amount from sales of including \$ | ₽ | f | · · · | L | | | | |
| For a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gan or (loss) d Net gain or (loss) d Net gain or (loss) b Less direct expenses c Net income or (loss) c Net income or (loss) c Net income or (loss) for contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events g a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from sales of inventory 11 a Gross sales of inventory, less returns and allowances b Less cost of goods sold 10a 11 a MISCELLANEOUS INCOME b Less cost of goods sold 10b 11 a MISCELLANEOUS INCOME 5 Business Code 900099 262,406. 262,406. | | | Investment income (including dividends, intereother similar amounts) | st, and | 29,465. | | | 29,465. |
| (i) Personal (ii) Personal (ii) Personal (iii) Personal (iii) Personal (iii) Personal (iii) Personal (iii) Personal (iii) P | | 1 | | roceeds | | | | |
| 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) for a gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) 7 a Gross income from fundraising events (not including \$ | | " | · · · · · · · · · · · · · · · · · · · | (ii) Personal | | | | |
| b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 7 a Gross income from fundraising events (not including \$ | | 6.8 | | (9: 5:5::- | | | | |
| C Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses 7 b Less cost or other basis and sales expenses 7 c C Gain or (loss) 8 a Gross income from fundraising events (not including \$ | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) 8 a Gross income from fundraising events (not including \$ | | l . | · | | | | | |
| assets other than inventory b Less cost or other basis and sales expenses 7b | | d | · · · · · · · · · · · · · · · · · · · | • | | | | |
| 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 including \$ | | 7 a | Gross amount from sales of (i) Securities | (ii) Other | | | | Ţ |
| and sales expenses C Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ | | | assets other than inventory 7a | | | | | |
| C Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 Part IV, line 19 Part IV, line 18 Part IV, line 18 Part IV, line 18 Part IV, line 18 Part IV, line 18 Part IV, line 18 Part IV, line 18 Part IV, line 18 Part IV, line 18 Part IV, line 18 Part IV, line 18 Part IV, line 18 Part IV, line 18 Part IV, line 18 Part IV, line 18 Part IV, line 18 Part IV, line 18 Part IV, line 19 Part IV, line 18 Part IV, line 18 Part IV, line 18 Part IV, line 19 Part IV, line 18 Part IV, line 19 Part IV, line 18 Part IV, line 19 Part IV, line 19 Part IV, line 19 Part IV, line 19 Part IV, | | 1 | | | | | | |
| contributions reported on line 1c) See Part IV, line 18 b Less direct expenses 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 11 a MISCELLANEOUS INCOME b C d All other revenue e Total. Add lines 11a-11d 8a 838, 204. 8b 686, 389. 151, 815. 151, 815. 151, 815. 151, 815. | Пe | 1 | | | | | | |
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| contributions reported on line 1c) See Part IV, line 18 b Less direct expenses 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 11 a MISCELLANEOUS INCOME b C d All other revenue e Total. Add lines 11a-11d 8a 838, 204. 8b 686, 389. 151, 815. 151, 815. 151, 815. 151, 815. | يّ | d | - ' ' | ▶. | | | | 1 |
| b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9 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 10b To Net income or (loss) from sales of inventory Business Code 900099 262,406. Business Code 900099 262,406. | Othe | 8 a | including \$ of contributions reported on line 1c) See | | | | | |
| c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9 b Less direct expenses 9 c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold 10b 11 a MISCELLANEOUS INCOME 9 000099 262,406. Business Code 9 000099 262,406. | | | | | | | | |
| 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 10 b 11 a MISCELLANEOUS INCOME Business Code 900099 262,406. 262,406. | | 1 | | 686,389. | 151 015 | | | 151 015 |
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| 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 10 c Net income or (loss) from sales of inventory Business Code 900099 262,406. Business Code 900099 262,406. | | y a | | | | | | i |
| c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory 11 a MISCELLANEOUS INCOME 900099 262,406. Business Code 900099 262,406. | | h | · · · · · · · · · · · · · · · · · · · | | | | | l |
| 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold 10b Net income or (loss) from sales of inventory Business Code 900099 262,406. Business Code 900099 262,406. | | 1 | • • • • • | . • | , , | | | <u> </u> |
| b Less cost of goods sold C Net income or (loss) from sales of inventory Business Code 900099 262,406. All other revenue Total. Add lines 11a-11d 262,406. | | 1 | · · · · · · · · · · · · · · · · · · · | | | | | |
| Net income or (loss) from sales of inventory Business Code 900099 262,406. 262,406. All other revenue Total. Add lines 11a-11d. 262,406. | | 1 | and allowances 10a | | | | | |
| 11 a MISCELLANEOUS INCOME 900099 262,406. 262,406. | | 1 | - | • | | | | |
| 11 a MISCELLANEOUS INCOME 900099 262,406. 262,406. b c c d All other revenue e Total. Add lines 11a-11d . | | c | Net income or (loss) from sales of inventory | ĭ | | | | |
| e Total. Add lines 11a-11d | લ | | MICCELLANDONE INCOMP | | 262 406 | 262 406 | | |
| e Total. Add lines 11a-11d | jeoi | g 11 a | HIDCELLIAMEOUD INCOME | 300033 | 404,400. | 404,400. | | |
| e Total. Add lines 11a-11d | Jan 1 | , a | | | | | | |
| e Total. Add lines 11a-11d | isce | H 4 | All other revenue | | | | | |
| | Σ | _ | | | 262,406. | | | |
| | | | | | 1,342,383. | 262,406. | 0. | 181,280. |

Form 990 (2019) & COLLEGE HALL OF FAME, INC.

Part IX Statement of Functional Expenses

| | Check if Schedule O contains a respons | (A) | (B) | (C) | (D) |
|---------|---|----------------|-----------------------------|---------------------------------------|---------------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII | Total expenses | Program service expenses | Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | 459,967. | 459,967. | | |
| 2 | Grants and other assistance to domestic | | | İ | |
| | individuals See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | , | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | · |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | 30 400 | 24 560 | 2 040 | |
| _ | trustees, and key employees | 38,400. | 34,560. | 3,840. | |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| ٠, | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | | - | |
| 8 | Pension plan accruals and contributions (include | | | | |
| 9 | section 401(k) and 403(b) employer contributions) Other employee benefits | | | | |
| 10 | Payroll taxes | 927. | 834. | 93. | |
| 11 | Fees for services (nonemployees) | 2210 | 034. | | |
| '' a | Management | | | | |
| b | 1 1 | | | | |
| c | Accounting | 5,668. | 5,101. | 567. | |
| d | Lobbying | 3,0001 | 3/2020 | 307. | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, | | | · · · · · · · · · · · · · · · · · · · | |
| 3 | column (A) amount, list line 11g expenses on Sch O.) | 83,181. | 74,863. | 8,318. | |
| 12 | Advertising and promotion | 2,816. | 2,534. | 282. | |
| 13 | Office expenses | 15,636. | 14,072. | 1,564. | |
| 14 | Information technology | 3,330. | 2,997. | 333. | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | 20,020. | 18,018. | 2,002. | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 214,656. | 193,190. | 21,466. | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance . | 1,244. | 1,120. | 124. | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| а | HONORARIUMS | 107,241. | 107,241. | | |
| b | CALIFORNIA SHOWCASE | 98,212. | 98,212. | | · · · · · · · · · · · · · · · · · · · |
| c | MISCELLANEOUS EXPENSE | 70,833. | 63,750. | 7,083. | · |
| d | PLAGUES, AWARDS & TROPH | 53,397. | 53,397. | , | |
| _ | All other expenses | 86,535. | 78,935. | 7,600. | , |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,262,063. | 1,208,791. | 53,272. | 0. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | l | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here fig. (ASC 958-720) | | į | | |

932010 01-20-20

| | 990 (2 t X | 2019) & COLLEGE HALL OF FAME, INC. Balance Sheet | | 51-0 | 0226347 Page 1 |
|------------------------|---------------|--|--------------------------|-----------|--------------------|
| - ai | | Check if Schedule O contains a response or note to any line in this Part X | | | . X |
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 955,093. | 1 | 931,758 |
| | 2 | Savings and temporary cash investments | 344,684. | 2 | 476,006 |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 6,600. | 4 | 18,644 |
| | 5 | Loans and other receivables from any current or former officer, director, | | | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | | controlled entity or family member of any of these persons | | 5 | |
| 1 | 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| ν, l | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| & | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 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 | 711,602. | 11 | 764,765 |
| | 12 | Investments - other securities See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related See Part IV, line 11 | | 13 | . . |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 31,000. | 15 | 62,000 |
| _ | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 2,048,979. | 16 | 2,253,173 |
| | 17 | Accounts payable and accrued expenses | 245. | 17 | 77 |
| | 18 | Grants payable | 145,725. | 18 | 174,546 |
| ŀ | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| ွှ | 22 | Loans and other payables to any current or former officer, director, | | | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| Liabilities | | controlled entity or family member of any of these persons | | 22 | |
| - | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24) Complete Part X | 44 450 | | 00.000 |
| | | of Schedule D | 14,170. | 25 | 83,898 |
| - | 26 | Total liabilities. Add lines 17 through 25 | 160,140. | 26 | 258,521 |
| ای | | Organizations that follow FASB ASC 958, check here | | | |
| <u> </u> | | and complete lines 27, 28, 32, and 33. | 1 600 730 | - <u></u> | 1 006 500 |
| | 27 | Net assets without donor restrictions | 1,689,738. | 27 | 1,806,502 |
| ا ق | 28 | Net assets with donor restrictions | 199,101. | 28 | 188,150 |
| Š | | Organizations that do not follow FASB ASC 958, check here | | | |
| 늘 | | and complete lines 29 through 33. | | - | |
| Š | 29 | Capital stock or trust principal, or current funds | | 29 | |
| ssets or Fund Balances | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| ادس | 24 | Datamant communication and accomment and accommendation of the comment of the com | | | |

1,994,652. 2,253,173.

31

32

1,888,839.

31

32 Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

| Form | 990 (2019) & COLLEGE HALL OF FAME, INC. | 51-02 | 26347 | Page | 12 |
|------|---|-----------|-------------|-----------------------------|--|
| Pai | TXI 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 | 1,342 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,262 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | ,320 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1,888 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | 25 | <u>,493</u> | • |
| 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 on Schedule O) | 9 | | 0 | • |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 1,994 | ,652 | • |
| Pa | rt XIII Financial Statements and Reporting | | | _ | _ |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | <u> </u> | _ |
| | | | | Yes N | <u>•</u> _ |
| 1 | Accounting method used to prepare the Form 990 | | - | ŀ | ١ |
| | 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 | X | <u>{ </u> |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | Ì | |
| | separate basis, consolidated basis, or both | | 1 1 | - | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | لــ |
| þ | Were the organization's financial statements audited by an independent accountant? | • | 2b | <u> </u> | <u>_</u> , |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | |
| | 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, | | l | |
| | 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 on Sch | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Audıt | | | |
| | Act and OMB Circular A-133? | | 3a | X | <u></u> |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | red audit | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | |
| | | | Form | 990 (20 ⁻ | 19) י |

Form 990

& COLLEGE HALL OF FAME, INC.

| Part VII Section A. Officers, Director | (B) | | 4.5.5 | (C | | | | Compensated Employe (D) | (E) | (F) |
|--|--|--------------------------------|-----------------------|----------|--------------|------------------------------|--------|--|--|---|
| Name and title | Average | | | Posr | | | | Reportable | Reportable | Estimated |
| | hours | (ci | | all t | | | ly) | compensation | compensation | amount of |
| | per week (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (27) ERIC HAMILTON | 0.00 | ┢▔ | | | | | | | | |
| PRESIDENT | | х | | | | | | 0. | 0. | 0 |
| (28) JAMES BALL | 0.00 | | | H | | | | | | |
| TREASURER | | \mathbf{x} | | | | - | | 0. | 0. | C |
| (29) MARIE DOOLEY | 0.00 | | | \vdash | | Н | | | | |
| CHAIRMAN | | x | <u>'</u> | | | | | 0. | 0. | 0 |
| (30) DD HOGGARD | 0.00 | - | | \vdash | | | | | | |
| PRESIDENT | | x | | | | | } | 0. | 0. | O |
| (31) EDWARD M FERRANTE | 0.00 | | | H | | | - | | | |
| PRESIDENT | | х | | | | | | 0. | 0. | a |
| (32) STEVE SCHNEIDER | 0.00 | | | \Box | | _ | | | , | , |
| PRESIDENT | | x | | | | | | 0. | 0. | l o |
| (33) STEVE BAILEY | 0.00 | | | | | | | | | |
| PRESIDENT | | х | | | | | | 0. | 0. | O |
| (34) ROGER THESING | 0.00 | | | | | | | | | |
| TREASURER | | х | | | | | | 0. | 0. | 0 |
| (35) KELLY KITCHEL | 0.00 | | | | | | | | | |
| PRESIDENT | | Х | | | | | | 0. | 0. | 0 |
| (36) JANET SCHWEIKHER | 0.00 | | | | | | | | | |
| TREASURER | | X | | | | | | 0. | 0. | 0 |
| (37) JIM VRUGGINK | 1.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR | | X | | | | | | 3,000. | 0. | C |
| (38) TRAVIS BAUGH | 1.00 | | | | | | | | · | |
| CHAIRMAN | | X | | | | | | 3,000. | 0. | 0 |
| (39) MARC HUDAK | 0.00 | | | | | | | | | |
| CHAIRMAN | | X | | | | | | 0. | 0. | 0 |
| (40) BRIAN LYSIAK | 0.00 | | | | ı | | | | | |
| PRESIDENT | | X | L | | | | | 0. | 0. | 0 |
| (41) BOB BOYLES | 0.00 | | | | | | | | | |
| SECRETARY | | X | | | | | | 0. | 0. | 0 |
| (42) ROBERT J. VECCHIONE JR. | 0.00 | 1 | | | | | | | | |
| PRESIDENT | | X | Щ | Ш | | Щ | | 0. | 0. | 0 |
| (43) TOM HEALEY | 0.00 | 1 | | | | | | | | |
| MEMBERSHIP CHAIRMAN | | X | Щ | Ш | | Ш | | 0. | 0. | 0 |
| (44) PAT SMITH | 0.00 | l | | | | | | _ | _ | _ |
| SECRETARY | | X | Щ | Щ | _ | | | 0. | 0. | 0 |
| (45) LORAN SMITH | 0.00 | | | | | | | _ | _ | |
| EXECUTIVE DIRECTOR | | X | \perp | Ш | | | | 0. | 0. | 0 |
| (46) JOHN TEBEAU | 0.00 | | | | | | | | | _ |
| PRESIDENT | | X | | | | | | 0. | 0. | 0 |

& COLLEGE HALL OF FAME, INC.

| (A) Name and title Name and title Average hours per week (list any hours for related organizations below line) (47) KEVIN PRICE VICE PRESIDENT (48) LENN CHANDLER (49) TARA HEIMAN (50) RICHARD RANUCCI (49) TARA HEIMAN (50) RICHARD RANUCCI (51) ROBERT CAMPESE (52) KELLY MYERS (53) LOU PERNO VICE PRESIDENT (53) LOU PERNO VICE PRESIDENT (55) MICHAEL PRINO (55) LOU PERNO (A) Average hours per week (list any hours for related organizations below line) (B) Average hours per week (list any hours for related organizations below line) (Check all that apply) Reportable compensation from the organization (W-2/1099-MISC) (W-2/109-MISC) | Form 990 & COLLEG | | | | | | IN | | | 51-022 | 6347 |
|--|---------------------------------------|---|--------------|----------|---|----------|--|--------------|---------------------------------------|----------------------------|-----------------------|
| Name and title | | | nplo | yee | | | ligh | est | | | , |
| Per week (list arry hours for related organizations below line) Reasonable Reasonabl | | Average | | | Pos | ntion | | | Reportable | Reportable | Estimated |
| X | | per week (list any hours for related organizations below line) | | | | | | | from the organization | from related organizations | other compensation |
| Cas Lern Changler Cas | • | 0.00 | | | | | | | | | |
| X | | | X | _ | <u> </u> | _ | | <u> </u> | 0. | 0. | . 0 |
| TREASURER | | 0.00 | x | | | | | | 0. | 0. | 0 |
| SO RICHARD RANUCCI | (49) TARA HEIMAN | 0.00 | | | | | | | | | |
| TREASURER | TREASURER | | X | | L | L | L | <u>_</u> | 0. | 0. | 0 |
| S1 ROBERT CAMPESE | (50) RICHARD RANUCCI | 0.00 | | | | | | | | | |
| VICE PRESIDENT | TREASURER | | X | L. | | | <u>.</u> | | 0. | 0. | 0 |
| (52) KELLY MYERS | (51) ROBERT CAMPESE | 0.00 |] | ļ | | | | | [| | |
| VICE PRESIDENT X | VICE PRESIDENT | | X | | <u> </u> | <u> </u> | | | 0. | 0. | 0 |
| CS3 LOU PERNO | (52) KELLY MYERS | 0.00 |] | | ł | | | | | | |
| DIRECTOR | VICE PRESIDENT | | X | | <u> </u> | | | | 0. | 0. | 0 |
| (54) DR STEPHEN NICHOLAS | (53) LOU PERNO | 0.00 | 1 | | | | | | | | |
| VICE PRESIDENT | DIRECTOR | | X | | L | | <u> </u> | <u> </u> | 0. | 0. | 0 |
| (55) MICHAEL PERRY TREASURER (S6) JONATHAN TAYLOR (56) JONATHAN TAYLOR TREASURER X 0. 0. O. O. O. O. O. O. O. O. O. | | 0.00 | ļ | | | | | | | | _ |
| TREASURER | | | X | _ | <u> </u> | _ | <u> </u> | <u> </u> | 0. | 0. | 0 |
| (56) JONATHAN TAYLOR | | 0.00 | ١., | ĺ | | | | | | • | _ |
| TREASURER X 0. 0. 0. | | 1 0 00 | X | | | - | - | - | U . | U. | 0 |
| | | 0.00 | Į., | | | | | | _ | 0 | 0 |
| Total to Part VII, Section A, line 1c | TREASURER | | 1 | ⊢ | \vdash | - | ╁ | ┢ | · · · · · · · · · · · · · · · · · · · | 0. | 0 |
| Total to Part VII, Section A, line 1c | | | ł | | | | | ĺ | | | |
| Total to Part VII, Section A, line 1c | | 1 | \vdash | | | ┢ | ┢─ | | | | |
| Total to Part VII, Section A, line 1c | | | 1 | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | - | \vdash | \vdash | | | |
| Total to Part VII, Section A, line 1c | | - | 1 | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | T | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | 1 | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | 1 | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | Г | | | - | |
| Total to Part VII, Section A, line 1c | | | 1 | | | | | | 1 | | |
| Total to Part VII, Section A, line 1c | | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | L | L | | L | $ldsymbol{ld}}}}}}$ | L | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | <u></u> | $ldsymbol{le}}}}}}$ | L_ | L | | | | |
| Total to Part VII, Section A, line 1c | | |] | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | <u> </u> | | L_ | Ш | L | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | <u> </u> | L | ш | ш | Щ. | | | |
| | Total to Part VII, Section A, line 1c | <u></u> | | | | <u> </u> | | | 6,000. | | |

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.

2019

Open to Public Inspection

Name of the organization THE NATIONAL FOOTBALL FOUNDATION Employer identification number & COLLEGE HALL OF FAME, INC. 51-0226347 Part 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). 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, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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) 11 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 J 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 i 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, 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? (iii) Type of organization (i) Name of supported (in) EIN (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 0. FOUNDATION & COLLEG 22-1508812 10 X 0 0.

| | edule A (Form 990 or 990-EZ) 2019 & | COLLEGE | HALL OF F | AME, INC. | | 51-022 | 6347 Page 2 |
|------|---|-----------------------|---------------------|------------------------|-----------------------|---------------------------------------|--|
| Pa | rt II Support Schedule for | • | | • | | | • |
| | (Complete only if you checked | | | | n failed to qualify t | under Part III. If the | e organization |
| | fails to qualify under the tests | listed below, plea | se complete Part I | ···) | | · · · · · · · · · · · · · · · · · · · | |
| | ction A. Public Support | , | | | | · · · · · · · · · · · · · · · · · · · | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | / |
| | membership fees received (Do not | | | | | ' | / |
| | include any "unusual grants ") | | | ļ | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | 1 | | | 1 | | V |
| | or expended on its behalf | | | | | / | 1 |
| 3 | The value of services or facilities | | | | } | / | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | // | |
| 4 | Total. Add lines 1 through 3 | | | | <u> </u> | | |
| 5 | The portion of total contributions | | | | | / | |
| | by each person (other than a | | : | • | | / | |
| | governmental unit or publicly | | | 1 | | / | |
| | supported organization) included | | | 1 | | Y | |
| | on line 1 that exceeds 2% of the | | | 1 | 1 / | 1 | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | I |
| Sec | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | /(d) 2018 | (e) 2019 | (f) Total |
| 7 | Amounts from line 4 | | | | | _ | |
| 8 | Gross income from interest, | | | / | 4 | | |
| | dividends, payments received on | | | / | | | |
| | securities loans, rents, royalties, | ľ | | / | | | |
| | 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 | | , | Y | | | |
| | assets (Explain in Part VI.) | | / | | |] | |
| 11 | Total support. Add lines 7 through 10 | | / | | | | |
| | Gross receipts from related activities, | etc (see instruction | ons) | | | 12 | <u> </u> |
| | First five years. If the Form 990 is for | | , | d, fourth, or fifth ta | ax vear as a section | | |
| | organization, check this box and stor | o here | | | | | ▶□ |
| Sec | ction C. Computation of Publi | c Support Per | centage | | | | |
| 14 | Public support percentage for 2019 (li | ine 6, column (f) di | vided by line 11, c | olumn (f)) | | 14 | % |
| 15 | Public support percentage from 2018 | Schedule A, Part | Ji, line 14 | | | 15 | % |
| 16a | 33 1/3% support test - 2019. If the o | organization did no | t check the box or | n line 13, and line | 14 is 33 1/3% or m | ore, check this bo | x and |
| | stop here. The organization qualifies | as a publicly supp | orted organization | | | | . ▶□ |
| b | 33 1/3% support test - 2018. If the o | organization, did no | t check a box on I | ine 13 or 16a, and | line 15 is 33 1/3% | or more, check th | is box |
| | and stop here. The organization qual | ifies as a publicly s | supported organiza | ation | | | ▶□ |
| 17a | 10% -facts-and-circumstances test | , | | | e 13, 16a, or 16b, a | and line 14 is 10% | or more, |
| | and if the organization meets the "fac | - | | | | | |
| | meets the "facts-and-circumstances" | / | | • | · | | ightharpoons |
| b | 10% -facts-and-circumstances test | , | - | | - | 17a, and line 15 is | 10% or |
| ~ | more, and if the organization meets the | , | | | | | |
| | organization meets the "facts-and-circ | | • | | • | | ightharpoons |
| 18 | Private foundation. If the organization | | | | | | s ▶ □ |
| | | | | | | | or 990-EZ) 2019 |
| | | | | | | - | • |

932022 09-25-19

Schedule A (Form 990 or 990-EZ) 2019 & COLLEGE HALL OF FAME, INC.

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

| | complete only if you checked | | | nyamzanon laneu | to quality under Fa | artii ii tile Urgariiza | ation fails to |
|------|--|----------------------|------------------------|---|---------------------------------------|-------------------------|-----------------|
| Se | qualify under the tests listed better A. Public Support | elow, please comp | olete Part II) | - · · - · - · · - · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | | |
| Cale | ndar year (or fiscal year beginning in) 📂 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | · (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business 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 | | | | | | |
| | Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| t | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| • | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6) ction B. Total Support | | | | ļ <i>/</i> | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| - | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| t | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | , | | | | |
| | Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12) | | | | | | |
| 14 | First five years. If the Form 990 is for | the organization's | s first, second, thire | d, fourth, or fifth ta | ix year as a section | 501(c)(3) organiza | tion, |
| Sec | check this box and stop here ction C. Computation of Publi | / c Support Per | centage | | | | |
| 15 | Public support percentage for 2019 (li | ine 8, column (f), d | livided by line 13, o | column (f)) | | 15 | % |
| | Public support percentage from 2018 ction D. Computation of Inves | | | | | 16 | % |
| 17 | Investment income percentage for 20 | 119 (line 10c, colur | mn (f), divided by lii | ne 13, column (f)) | | 17 | % |
| 18 | Investment income percentage from | 2018 Schedule A, | Part III, line 17 | | | 18 | % |
| | 33 1/3% support tests - 2019. If the more than 33 1/3%, check this box ar 33 1/3% support tests - 2018. If the | nd stop here. The | organization qualit | ies as a publicly s | upported organizat | tion | ▶□ |
| _ | line 18 is not more than 33 1/3%, che | | | | | | ▶□ |
| 20 | Private foundation. If the organization | | | | | | ▶ □ |
| 9320 | 23 09-25-19 | - | | | Schr | edule A (Form 990 | or 990-F7) 2019 |

Schedule A (Form 990 or 990 EZ) 2019 & COLLEGE HALL OF FAME,

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 | Suppo | rting | Organizations |
|-----------|-------|-------|-------|---------------|
|-----------|-------|-------|-------|---------------|

- 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
- 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")? // "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?
- 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)
- 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 |
|-------------|-------------------|-------------------------|
| | | |
| 1 | X | |
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| | | |
| 2 | | X |
| | | X |
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THE NATIONAL FOOTBALL FOUNDATION 7) 2019 & COLLEGE HALL OF FAME, INC.

| Sche | edule A (Form 990 or 990-EZ) 2019 & COLLEGE HALL OF FAME, INC. 51- | 022634 | 7 Pa | age 5 |
|------|--|---------------|--------------|-------------------------|
| Pai | 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) | | | ـــا |
| | below, the governing body of a supported organization? | 11a | | X |
| | A family member of a person described in (a) above? | 11b | ļ | X |
| | 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 | | <u></u> | |
| 4 | Did the directors trustees or membership of one or more curported organizations have the newer to | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | 1 | li |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | 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 | 1 | | لــــــا |
| 2 | organizations and what conditions or restrictions, if any, applied to such powers during the tax year ———————————————————————————————————— | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | | | İ | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | 2 | | لـــــــ |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | 100 | 1 |
| - | 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 | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | • | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | 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 | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s) | 2 | | 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 | | | لــيــ |
| | supported organizations played in this regard. | 3 | | <u> </u> |
| | 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 instruction) | ins). | | |
| a | 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 | | | |
| C | 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 | | | İ |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | 1 |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | l | ļ |
| | how the organization was responsive to those supported organizations, and how the organization determined | 2a | <u>x</u> | |
| b | that these activities constituted substantially all of its activities Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | 2.0 | | J |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | } |
| | | 2b | | $\overline{\mathbf{x}}$ |
| 3 | activities but for the organization's involvement Parent of Supported Organizations. Answer (a) and (b) below. | | | <u> </u> |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| - | trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | i |
| _ | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |
| | The state of the s | | | |

| | dule A (Form 990 or 990 EZ) 2019 & COLLEGE HALL OF FAME, | | | 51-0226347 Page 6 |
|------------|--|------------|---------------------------|---------------------------------|
| Pa | ¹t V │ Type III Non-Functionally Integrated 509(a)(3) Supporting | ı Orgai | nizations | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | trust on | Nov. 20, 1970 (explain in | Part VI). See instructions. All |
| | other Type III non-functionally integrated supporting organizations must con | nplete Se | ections A through E. | |
| Sect | ion A - Adjusted Net Income | | (A) Pnor 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 | | | |
| | collection of gross income or for management, conservation, or | 1 1 | | |
| | 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 | Ì | | 1 |
| | instructions for short tax year or assets held for part of year) | | | |
| a | Average monthly value of securities | 1a | | • |
| . <u>b</u> | Average monthly cash balances | 1b | | |
| <u>C</u> | 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 | ļ | | |
| | factors (explain in detail in Part VI) | <u> </u> | | |
| _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_ | Recovenes of pnor-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 | | |
| 7 | Check here if the current year is the organization's first as a non-functionally | / integrat | ed Type III supporting or | ganization (see |

Schedule A (Form 990 or 990-EZ) 2019

| Sche Par | t V Type III Non-Functionally Integrated 509 | | | 1-0226347 Page 7 |
|-------------|---|---------------------------------------|--|---|
| _ | on D - Distributions | a)(3) Supporting Orga | inizations (continued) | Current Year |
| <u> 1</u> | Amounts paid to supported organizations to accomplish exer | mot numoses | • | Current rear |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | |
| - | organizations, in excess of income from activity | c purposes or supported | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | | |
| 4 | Amounts paid to acquire exempt-use assets | S or supported organizations | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | · ·· | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | ······································ | |
| 7 | Total annual distributions. Add lines 1 through 6 | | | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | |
| _ | (provide details in Part VI) See instructions | o organization to respondite | |] |
| 9 | Distributable amount for 2019 from Section C, line 6 | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | † · · · · · · · · · · · · · · · · · · · |
| 10 | Line 8 amount divided by line 9 amount | ····· | | |
| | | (i) | (ii) | (iii) · |
| Secti | on E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2019 | Distributable Amount for 2019 |
| 1 | Distributable amount for 2019 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2019 (reason- | | | |
| | able cause required- explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2019 | | | |
| | From 2014 | · · · · · · · · · · · · · · · · · · · | | |
| | From 2015 | | · | |
| | From 2016 | | | |
| | From 2017 | | | |
| | From 2018 | | | |
| | Total of lines 3a through e | | | |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2019 distributable amount | | , | |
| i | Carryover from 2014 not applied (see instructions) | | | 1 |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | 1 |
| 4 | Distributions for 2019 from Section D, | | | |
| | line 7 \$ | | |] |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2019 distributable amount | | | |
| С | Remainder Subtract lines 4a and 4b from 4 | | | ļ |
| 5 | Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI See instructions | | | |
| 7 | Excess distributions carryover to 2020. Add lines 3j | | | <u> </u> |
| | and 4c. | | | |
| 8 | Breakdown of line 7 | | | ļ |
| a | Excess from 2015 | | | |
| þ | Excess from 2016 | | | |
| С | Excess from 2017 | | | |
| d | Excess from 2018 | | | |
| | E | | | i 1 |

Schedule A (Form 990 or 990-EZ) 2019

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| Schedule A (Form 990 or 990-EZ) 2019 & COLLEGE HALL OF FAME, INC. | 51-0226347 Page 8 |
|--|--|
| Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a of 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, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, 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 IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, 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 IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1 and | 1 and 2, Part IV, Section C, 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 (See instructions.) | onal information |
| 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 DI | RECTLY |
| FURTHERED THE EXEMPT PURPOSES OF THE SUPPORTED ORGANIZATIONS | S TO WHICH |
| THE ORGANIZATION WAS RESPONSIVE AS THE CHAPTERS AWARD NUMERO | ous |
| SCHOLARSHIPS EACH YEAR. | |
| | |
| | |
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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, INC.

Employer identification number 51-0226347

| Pa | organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, Inc. | | er Similar Fund | s or AC | counts | Complete if the complete in complete in the compl | the |
|-----|--|------------------------|------------------------|--------------|--------------|--|---------------------------------------|
| | , | | dvised funds | (| b) Funds | and other acco | unts |
| 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 asse | ts held in donor adv | sed fund | s | • | |
| | are the organization's property, subject to the organization's | exclusive legal cont | rol? | | | Yes | ☐ No |
| 6 | Did the organization inform all grantees, donors, and donor a | dvisors in writing th | at grant funds can b | c used or | nly | | |
| | for charitable purposes and not for the benefit of the donor or | r donor advisor, or f | or any other purpose | e confern | ng | | |
| | ımpermissible private benefit? | | <u></u> | | | Yes | ☐ No |
| Pa | rt II Conservation Easements. Complete if the org | ganization answered | l "Yes" on Form 990 | , Part IV, | lıne 7. | | |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that ap | ply) | | | | |
| | Preservation of land for public use (for example, recreat | tion or education) | Preservation | of a histo | rically im | portant land are | a |
| | Protection of natural habitat | | Preservation | of a certif | ied histoi | nc structure | |
| | Preservation of open space | | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualifi | ied conservation co | ntribution in the form | of a con | servation | easement on t | he last |
| | day of the tax year. | | | | He | eld at the End of t | <u>he Tax Year</u> |
| а | Total number of conservation easements | | | | 2a | | |
| b | Total acreage restricted by conservation easements | | | ļ | 2b | | |
| C | Number of conservation easements on a certified historic stru | acture included in (a | 1) | | 2c | | |
| d | Number of conservation easements included in (c) acquired a | fter 7/25/06, and no | ot on a historic struc | ture | | | |
| | listed in the National Register | | | [| 2d | | |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished | l, or terminated by th | e organiz | ation du | ring the tax | |
| | year ▶ | | | | | | |
| 4 | Number of states where property subject to conservation eas | ement is located > | | _ | | | |
| 5 | Does the organization have a written policy regarding the peri | odic monitoring, ins | spection, handling of | İ | | | |
| | violations, and enforcement of the conservation easements it | holds? | • | | | Yes | L No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, I | handling of violation | ns, and enforcing cor | nservation | easeme | nts during the y | ear/ |
| | <u> </u> | | | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | ling of violations, an | id enforcing conserv | ation eas | ements d | luring the year | |
| | > \$ | | | | | | |
| 8 | Does each conservation easement reported on line 2(d) above | e satisfy the require | ments of section 170 |)(h)(4)(B)(i |) | | |
| | and section 170(h)(4)(B)(ii)? | • | | | | Yes | ∟ No |
| 9 | In Part XIII, describe how the organization reports conservation | | • | | | | |
| | balance sheet, and include, if applicable, the text of the footne | ote to the organizat | ion's financial staten | nents tha | t describe | es the | |
| Do | organization's accounting for conservation easements rt III Organizations Maintaining Collections of | Art Historical | Tressures er C | than Ci | :1 A | | |
| Pai | | • | rreasures, or C | iner Si | milar A | ssets. | |
| | Complete if the organization answered "Yes" on Form | ·- ···· | | | | | |
| 1a | If the organization elected, as permitted under FASB ASC 958 | | | | | | |
| | of art, historical treasures, or other similar assets held for pub | • | • | | ce of pub | lic | |
| | service, provide in Part XIII the text of the footnote to its finan | | | | | | |
| ь | If the organization elected, as permitted under FASB ASC 958 | | | | | | |
| | art, historical treasures, or other similar assets held for public | exhibition, education | on, or research in tur | therance | of public | service, | |
| | provide the following amounts relating to these items | | | | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | | 5 5 _ | | · · · · · · · · · · · · · · · · · · · |
| _ | (ii) Assets included in Form 990, Part X | | | | | | |
| 2 | If the organization received or held works of art, historical trea | • | | ai gain, p | rovide | | |
| | the following amounts required to be reported under FASB AS | SU 958 relating to th | nese items | | | | |
| | | | | | \$ _ | | |
| | Assets included in Form 990, Part X | 4 F 200 | | | <u>▶ \$</u> | | |
| LHA | For Paperwork Reduction Act Notice, see the Instructions | tor ⊦orm 990. | | | Scl | hedule D (Form | 1 99 0) 2019 |

932051 10-02-19

| | | GE HALL OF | | | | | | <u>51-02</u> | | | ge 2 |
|-----|---|-------------------------|---------------|--------------|------------------------|---------|--------------|--------------|------------|---------|-------------|
| Par | t III Organizations Maintaining C | ollections of Ar | t, Histor | rical Tre | easures, or Oth | er S | <u>imila</u> | r Assets | (contin | ued) | |
| `3 | Using the organization's acquisition, accessi | on, and other record | s, check a | ny of the | following that make | signi | ficant | use of its | | | |
| | collection items (check all that apply) | | | | | | | | | | |
| а | Public exhibition | d | ו 🗀 גי | oan or exc | hange program | | | | | | |
| b | Scholarly research | е | , 🖂 o | ther | | | | | | | |
| С | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explain | n how the | y further th | ne organization's ex | empt | purpo | se in Part | XIII | | |
| 5 | During the year, did the organization solicit of | or receive donations of | of art, histe | orical treas | sures, or other simil | ar ass | sets | | | | |
| | to be sold to raise funds rather than to be ma | | • | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arran | gements. Comple | ete if the c | rganizatio | on answered "Yes" | on Fo | rm 990 |), Part IV, | line 9, or | | |
| | reported an amount on Form 990, Pa | | | _ | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | an or other intermed | lary for co | ntribution | s or other assets no | t incl | uded | | | | |
| | on Form 990, Part X? | | - | | | | | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fol | llowing tat | ole. | | | | | | | |
| | • | · | _ | | | | | | Amount | | |
| С | Beginning balance | | | | _ | | 1c | | | | |
| d | Additions during the year | | | | | | 1d | | | | |
| е | Distributions during the year | | | | | | 1e | | | | |
| f | Ending balance | • | | | | | 1f | | | | |
| 2a | Did the organization include an amount on Fe | orm 990, Part X, line | 21, for es | crow or cu | ustodial account lial | bility? | | | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII | | | | | | | | | | |
| Par | t V Endowment Funds. Complete | if the organization an | swered "\ | es" on Fo | orm 990, Part IV, line | e 10. | | | | | |
| | | (a) Current year | (b) Pri | or year | (c) Two years back | (d) | Three | years back | (e) Four | years b | ack |
| 1a | Beginning of year balance | | | | | | | | | | |
| ь | Contributions | | | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | | _ |
| d | Grants or scholarships | | | | | 1 | | | | | |
| е | Other expenditures for facilities | | | | | 1 | | | | , | |
| _ | and programs | 1 | | | | | | | | | |
| f | Administrative expenses | | | | | | | • | | | |
| g | End of year balance | | | | | 1 | | | | | |
| 2 | Provide the estimated percentage of the curr | rent year end balance | e (line 1g. | column (a |)) held as | | | | | | |
| а | Board designated or quasi-endowment | • | % | • . | • | | | | | | |
| b | Permanent endowment | % | _ | | | | | | | | |
| С | Term endowment | % | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | uld equal 100% | | | | | | | | | |
| За | Are there endowment funds not in the posse | | ation that a | are held ar | nd administered for | the o | rganiza | ation | | | |
| | by | • | | | | | • | | | Yes | No |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | | |
| | (ii) Related organizations | | | | | | | • | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organiza | itions listed as requir | ed on Sch | edule R? | | | | • | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | | | |
| Par | t VI Land, Buildings, and Equipm | ent. | | | - | | | | | | |
| | Complete if the organization answere | d "Yes" on Form 990 |), Part IV, I | ine 11a. S | See Form 990, Part | X, lıne | 10. | | | | |
| | Description of property | (a) Cost or o | ther | (b) Cost | t or other (c) | Accu | mulate | ed | (d) Book | value | |
| | | basis (investr | | | | lepre | ciation | | | | |
| 1a | Land | | | | | | | | | | |
| b | Buildings | | | | | | | | | | |
| | Leasehold improvements | | | | | | | | | | |
| d | Equipment | | | | | | | T. | | | |
| | Other | | | | | | | | | | |
| | Add lines 1a through 1e. (Column (d) must e | aual Form 990 Part | Y column | (R) line 1 | Oc) | | | | | | 0. |

Schedule D (Form 990) 2019

| Complete if the organization answered "Yes" o (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end | of-year market value |
|--|---------------------------------------|--|---------------------------------------|
| 1) Financial derivatives | · · · · · · · · · · · · · · · · · · · | | <u> </u> |
| 2) Closely held equity interests | | | |
| 3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) · | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" o | | | |
| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end | of-year market value |
| (1) | | | ····· |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | · · · · · · · · · · · · · · · · · · · |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| otal (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" o | | 11d. See Form 990, Part X, line 15. | #3 D - 1 1 1 |
| ······································ | escription | | (b) Book value |
| | | | .= |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| | • | | · · · · · · |
| (5) | | | |
| (5) (6) | | | |
| (5) (6) (7) | | | |
| (5) (6) (7) (8) | | | |
| (5) (6) (7) (8) (9) | | | |
| (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line | 15.) | > | |
| (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. | • | 11e or 11f See Form 990 Part X line 25 | |
| (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o | • | 11e or 11f. See Form 990, Part X, line 25. | (b) Book value |
| (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o . (a) Description of liability | • | 11e or 11f. See Form 990, Part X, line 25. | (b) Book value |
| (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes | • | 11e or 11f. See Form 990, Part X, line 25. | |
| (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) LOAN FROM OFFICER | • | 11e or 11f. See Form 990, Part X, line 25. | 83,585 |
| (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) LOAN FROM OFFICER (3) PAYPAL FEES | • | 11e or 11f. See Form 990, Part X, line 25. | |
| (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) LOAN FROM OFFICER (3) PAYPAL FEES (4) | • | 11e or 11f. See Form 990, Part X, line 25. | 83,585 |
| (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) LOAN FROM OFFICER (3) PAYPAL FEES (4) (5) | • | 11e or 11f. See Form 990, Part X, line 25. | 83,585 |
| (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) LOAN FROM OFFICER (3) PAYPAL FEES (4) (5) (6) | • | 11e or 11f. See Form 990, Part X, line 25. | 83,585 |
| (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) LOAN FROM OFFICER (3) PAYPAL FEES (4) (5) (6) (7) | • | 11e or 11f. See Form 990, Part X, line 25. | 83,585 |
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932053 10-02-19

Schedule D (Form 990) 2019

| chedule D (Form 990) 2019 & COLLEGE HALL OF FAME, I | | nor Doturn | |
|---|--------------------------------|------------------|---------------------------------------|
| Part XI Reconciliation of Revenue per Audited Financial Statem | ents With Revenue | per neturn. | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | 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 | | | |
| a Net unrealized gains (losses) on investments | 2a | | |
| b Donated services and use of facilities | 2b | | |
| c Recovenes of pnor year grants | 2c | | |
| d Other (Describe in Part XIII) | 2d | | |
| e Add lines 2a through 2d | | 2e | |
| 3 Subtract line 2e from line 1 | | 3 | |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b Other (Describe in Part XIII) | 4b | | |
| c Add lines 4a and 4b | <u> </u> | 4c | |
| 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | |
| Part XII Reconciliation of Expenses per Audited Financial Stater | ments With Expense | | · · · · · · · · · · · · · · · · · · · |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | | o poi motorini | |
| · · · · · · · · · · · · · · · · · · · | <u>.a</u> | 1 | |
| 1 Total expenses and losses per audited financial statements | | ' | |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 | 1.1 | | |
| a Donated services and use of facilities | 2a | | |
| b Prior year adjustments | 2b | | |
| c Other losses | 2c | | |
| d Other (Describe in Part XIII) | _2d | | |
| e Add lines 2a through 2d | | <u>2e</u> | <u> </u> |
| 3 Subtract line 2e from line 1 | ···· · | 3 | |
| · · · · · · · · · · · · · · · · · · · | | 1 1 | |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 | 1 1 | | |
| Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | • |
| | 4a 4b | | • |
| a Investment expenses not included on Form 990, Part VIII, line 7b | - | 4c | • |
| a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | - | 4c 5 | • |
| a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b | - | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 46 | 5 | 2, Part XI, |
| a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Part XIII Supplemental Information. | 4b art IV, lines 1b and 2b, Pa | 5 | 2, Part XI, |
| a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part III. | 4b art IV, lines 1b and 2b, Pa | 5 | 2, Part XI, |
| a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part III. | 4b art IV, lines 1b and 2b, Pa | 5 | 2, Part XI, |
| a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part III. | 4b art IV, lines 1b and 2b, Pa | 5 | 2, Part XI, |
| a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part III. | 4b art IV, lines 1b and 2b, Pa | 5 | ?, Part XI, |
| a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part III. | 4b art IV, lines 1b and 2b, Pa | 5 | ?, Part XI, |
| a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part III. | 4b art IV, lines 1b and 2b, Pa | 5 | 2, Part XI, |
| a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part III. | 4b art IV, lines 1b and 2b, Pa | 5 | 2, Part XI, |
| a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part III. | 4b art IV, lines 1b and 2b, Pa | 5 | 2, Part XI, |
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| a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part III. | 4b art IV, lines 1b and 2b, Pa | 5 | 2, Part XI, |
| a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part III. | 4b art IV, lines 1b and 2b, Pa | 5 | 2, Part XI, |
| a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part III. | 4b art IV, lines 1b and 2b, Pa | 5 | 2, Part XI, |
| a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part III. | 4b art IV, lines 1b and 2b, Pa | 5 | 2, Part XI, |
| a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part III. | 4b art IV, lines 1b and 2b, Pa | 5 | 2, Part XI, |
| a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part III. | 4b art IV, lines 1b and 2b, Pa | 5 | 2, Part XI, |
| a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part III. | 4b art IV, lines 1b and 2b, Pa | 5 | 2, Part XI, |
| a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part III. | 4b art IV, lines 1b and 2b, Pa | 5 | 2, Part XI, |
| a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part III. | 4b art IV, lines 1b and 2b, Pa | 5 | 2, Part XI, |
| a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part III. | 4b art IV, lines 1b and 2b, Pa | 5 | 2, Part XI, |
| a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part III. | 4b art IV, lines 1b and 2b, Pa | 5 | 2, Part XI, |
| a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part III. | 4b art IV, lines 1b and 2b, Pa | 5 | 2, Part XI, |
| a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part III. | 4b art IV, lines 1b and 2b, Pa | 5 | 2, Part XI, |
| a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part III. | 4b art IV, lines 1b and 2b, Pa | 5 | P. Part XI, |
| a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part III. | 4b art IV, lines 1b and 2b, Pa | 5 | 2, Part XI, |
| a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part III. | 4b art IV, lines 1b and 2b, Pa | 5 | 2, Part XI, |
| a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part III. | 4b art IV, lines 1b and 2b, Pa | 5 | 2, Part XI, |
| a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part III. | 4b art IV, lines 1b and 2b, Pa | 5 | P. Part XI, |

SCHEDULE G

(Form 990 or 990-EZ)

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.

2019

Open to Public Inspection

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.

Name of the organization THE NATIONAL FOOTBALL FOUNDATION **Employer identification number** & COLLEGE HALL OF FAME, INC. 51-0226347 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 part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events In-person solicitations a l 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No. Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity have custody or control of contributions to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration

 $\label{eq:LHA} \textbf{ For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.}$

Schedule G (Form 990 or 990-EZ) 2019

| | | e G (Form 990 or 990-EZ) 2019 & COLLE | | | | 0226347 Page 2 |
|-----------------|-------|--|-------------------------|-----------------------------|--------------------|----------------------------|
| Ļ. | ırt l | Fundraising Events. Complete if the of fundraising event contributions and groups. | | | | |
| | | or landalising event contributions and gre | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
| | | | BANQUET | | NONE | (add col (a) through |
| | | | (event type) | (event type) | (total number) | col. (c)) |
| Revenue | 1 | Gross receipts | 838,204. | | | 838,204. |
| Œ | i | | | · | | |
| | 2 | Less Contributions . | | | | |
| | _ | Gross income (line 1 minus line 2) | 838,204. | <u> </u> | | 838,204. |
| _ | 3 | Cross arcome (line 1 mands line 2) | 030,204. | | | 030,204. |
| | 4 | Cash prizes | | | | |
| S | 5 | Noncash prizes | | | | |
| xpens | 6 | Rent/facility costs | | | | |
| Direct Expenses | 7 | Food and beverages | | | <u> </u> | |
| ۵ | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 686,389. | | | 686,389. |
| | 10 | Direct expense summary. Add lines 4 through | 9 ın column (d) | | > | 686,389. |
| _ | 11 | Net income summary Subtract line 10 from li | | | | 151,815. |
| Pa | ırt I | II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a | answered "Yes" on Form | i 990, Part IV, line 19, or | reported more than | |
| | | \$15,000 011 0111 990 CZ, line 02 | | (b) Pull tabs/instant | T | (d) Total gaming (add |
| J. | | | (a) Bingo | bingo/progressive bingo | (c) Other gaming | col. (a) through col. (c)) |
| Revenue | | | | | | |
| | 1 | Gross revenue . | | | | |
| S | 2 | Cash prizes | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | |
| rect E | 4 | Rent/facility costs | | | | |
| Ω | | | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | Yes % | Yes % No | Yes % No | |
| | 7 | Direct expense summary Add lines 2 through | 5 ın column (d) | | > | |
| | 8 | Net gaming income summary Subtract line 7 | from line 1, column (d) | | . | |
| _ | | | | | | |
| | | er the state(s) in which the organization condu he organization licensed to conduct gaming ac | _ | states? | | Yes No |
| | | No," explain | | | | |
| | | | | | , | |
| | | re any of the organization's gaming licenses re Yes," explain | | - | year? | Yes No |
| | _ | | | | | |
| | _ | | | | | |
| 9320 | 32 09 | -11-19 | | | Schedule G (For | m 990 or 990-EZ) 2019 |

| Schedule G (Form 990 or 990-EZ) 2019 & COLLEGE HALL OF FAME, INC | • 51-0226347 F | ⊃age 3 _ |
|---|--|-----------------|
| 11 Does the organization conduct gaming activities with nonmembers? | Yes | No |
| 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership | o or other entity formed | |
| | Yes | No |
| to administer charitable gaming? 13 Indicate the percentage of gaming activity conducted in | | |
| | اءما | 0/ |
| a The organization's facility | 13a | <u>%</u> |
| b An outside facility | | <u>%</u> |
| 14 Enter the name and address of the person who prepares the organization's gaming/specia | al events books and records | |
| Name > | | |
| Address > | | |
| 15a Does the organization have a contract with a third party from whom the organization received | ives gaming revenue? Yes | ☐ No |
| | | |
| b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ | and the amount | |
| of gaming revenue retained by the third party > \$ | | |
| c If "Yes," enter name and address of the third party | | |
| | | |
| Name ▶ | | |
| Address > | | |
| 16 Gaming manager information | | |
| | | |
| Name | | |
| Gaming manager compensation \$ | | |
| Carring manager compensation • • • • • • • • • • • • • • • • • • • | | |
| Description of services provided | | |
| | · · · · · · · · · · · · · · · · · · · | |
| | · · · · · · · · · · · · · · · · · · · | |
| | | |
| Director/officer Employee Independent contract | or | |
| | | |
| 17 Mandatory distributions | | |
| a Is the organization required under state law to make charitable distributions from the gam | | _ |
| retain the state gaming license? | L Yes | No |
| b Enter the amount of distributions required under state law to be distributed to other exem | pt organizations or spent in the | |
| organization's own exempt activities during the tax year ▶ \$ | , , , , , , , , , , , , , , , , , , , | |
| Part IV Supplemental Information. Provide the explanations required by Part I, Iii | ne 2b, columns (iii) and (v), and Part III, lines 9, 9b, | 10b, |
| 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See | nstructions | |
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| Schedule of Form 980 or 980 E2 & COLLEGE HALL OF FAME, INC. 51-0226347 Page 4 Part W Supplemental Information (continued) | Schedule G (Form 990 or 990-EZ) | & COLLEGE HALL OF FAME, INC. | 51-0226347 | Page 4 |
|---|---------------------------------------|---------------------------------------|------------|-------------|
| | Part IV Supplemental Inform | mation (continued) | | |
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' Schedule G (Form 990 or 990-EZ)

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

OMB No 1545-0047

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

2 | 18. Schedule I (Form 990) (2019) Employer identification number 51-0226347 (h) Purpose of grant or assistance X Yes 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 SCHOLARSHIP SCHOLARSHIP SCHOLARSHIP CHOLARSHIP CHOLARSHIP SCHOLARSHIP 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 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) ٥. ٥. ö ö ٥. Ö (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 500. 500 (d) Amount of 8 500 17,000, 30,500 50,000 cash grant 16, 20 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table THE NATIONAL FOOTBALL FOUNDATION (c) IRC section (if applicable) INC. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. & COLLEGE HALL OF FAME, Enter total number of other organizations listed in the line 1 table 26-1766618 72-0864446 31-0973244 83-1244635 58-2025882 22-2243900 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? STE 1130 433 LAS COLINAS BLVD BAST, STE 1130 STE 1130 433 LAS COLINAS BLVD EAST, STE 1130 433 LAS COLINAS BLVD EAST, STE 1130 433 LAS COLINAS BLVD EAST, STE 1130 1 (a) Name and address of organization CNY CHAPTER OF THE NFF & CHP INC UNIVERSITY OF GEORGIA CHAPTER ALLSTATE SUGAR BOWL CHAPTER 433 LAS COLINAS BLVD EAST, 433 LAS COLINAS BLVD EAST, or government Name of the organization MINNESOTA CHAPTER IRVING, TX 75039 TX 75039 TX 75039 TX 75039 TX 75039 COLUMBUS CHAPTER TX 75039 DELAWARE CHAPTER IRVING, IRVING, Part IRVING IRVING, IRVING, Part

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

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|-------------------------|--|--|
| Page 1 | | |
| 51-0226347 | | |
| | (iii | |
| | ions in the United States (Schedule I (Form 990), Part I | |
| | e United States (Sch | |
| NC. | nd Organizations in th | |
| L OF FAME, I | ice to Governments ar | |
| E COLLEGE HALL OF FAME, | intinuation of Grants and Other Assistance to | |
| tel(Form 990) &c | Continuation of Gran | |
| Schedule | Part II Cont | |
| | | |

| (a) Name and address of (b) EIN (c) IRC organization or government | (a) | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | section (d) Amount of non-cash (b) Amount of non-cash (c) Method of non-cash (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|----------------------------------|--------------------------|-----------------------------------|--|--|---------------------------------------|
| TEXAS TECH CHAPTER 433 LAS COLINAS BLVD EAST, STE 1130 IRVING, TX 75039 | 01-0680762 | | 43,000. | .0 | | | SCHOLARSHIP |
| ST.LOUIS TOM LOMARDO CHAPTER 433 LAS COLINAS BLVD EAST, STE 1130 IRVING, TX 75039 | 43-1630669 | | 27,450. | .0 | | | SCHOLARSHIP |
| NFFCHOF BILL DOOLEY CHAPTER 433 LAS COLINAS BLVD EAST, STE 1130 IRVING, TX 75039 | 56-1989469 | | 18,000. | .0 | | | SCHOLARSHIP |
| UTAH CHAPTER 433 LAS COLINAS BLVD EAST, STE 1130 IRVING, TX 75039 | 87-0547508 | | 11,000. | 0. | | | SCHOLARSHIP |
| WESTCHESTER CHAPTER 433 LAS COLINAS BLVD EAST, STE 1130 IRVING, TX 75039 | 23-7405568 | | 11,750. | 0. | | | SCHOLARSHIP |
| VALLEY OF THE SUN CHAPTER 433 LAS COLINAS BLVD EAST, STE 1130 IRVING, TX 75039 | 86-0721525 | | .000,09 | 0. | | | SCHOLARSHIP |
| WALTER J. ZABLE SAN DIEGO CHAPTER 433 LAS COLINAS BLVD EAST, STE 1130 IRVING, TX 75039 | 95-3758588 | | 31,500. | 0 | | | SCHOLARSHIP |
| NORTHERN CALIFORNIA CHAPTER 433 LAS COLINAS BLVD EAST, STE 1130 IRVING, TX 75039 | 94-2478114 | | 19,000. | 0 | | | SCHOLARSHIP |
| GREATER CINNCINNATI CHAPTER 433 LAS COLINAS BLVD RAST, STE 1130 IRVING, TX 75039 | 31-1219210 | | 7,500. | 0 | | | SCHOLARSHIP |
| | | | | | | | Schedule I (Form 990) |

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

| Schedule (Form 990) & COLLEGE RALL OF FAME, INC. [Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States | Assistance to Gov | & COLLEGE HALL OF FAME, INC. | izations in the Uni | | (Schedule I (Form 990), Part II) | | 51-022534/ Page 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 non-cash assistance | (h) Purpose of grant or assistance |
| JOE TILLER CHAPTER OF NORTHWEST INDIANA - 433 LAS COLINAS BLVD EAST, STE 1130 - IRVING, TX 75039 | 20-2151811 | | 17,267. | .0 | | | SCHOLARSHIP |
| TOLEDO CHAPTER 433 LAS COLINAS BLVD EAST, STE 1130 IRVING, TX 75039 | 51-0238523 | | 22,500. | 0. | | | SCHOLARSHIP |
| NORTHEAST OHIO MICHAEL CLEARY CHAPTER - 433 LAS COLINAS BLVD EAST, STE 1130 - IRVING, TX 75039 | 34-1591205 | | 20,000. | 0. | | | SCHOLARSHIP |
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| | | | | | | | Schedule I (Form 990) |

932241 04-01-19

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& COLLEGE HALL OF FAME, INC.

Page 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 Schedule | (Form 990) (2019)

Part III | Grants and Other

| (a) Tune of grant or secretains | (h) Nimber of | (c) Amount of | (A) Amount of non- | Mother of very ation | (6) Decorption of noncontraction |
|--|----------------------|---------------------|------------------------|-------------------------------|---------------------------------------|
| | recipients | cash grant | cash assistance | (book, FMV, appraisal, other) | (I) Description of norderidasistation |
| | | | | | |
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| Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information | ured in Part I, line | 2, Part III, column | (b), and any other add | ditional information | |
| GRANT FUND | | | | | |
| INDIVIDUALS QUALIFY TO RECEIVE GRANTS | NTS FROM THE | THE FOUNDA | FOUNDATION BASED ON | NO | |
| ACADEMIC AND ATHLETIC EXCELLENCE. | | | i | | |
| | | | | | |
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932102 10-26-19

Schedule I (Form 990) (2019)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

► Go to www.irs.gov/Form990 for the latest information. THE NATIONAL FOOTBALL FOUNDATION & COLLEGE HALL OF FAME, INC.

Employer identification number 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 |
| AVAILABLE TO THE PUBLIC, UPON REQUEST. |
| LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019) |

| Schedule O (Form 990 or 990 | | Page 2 |
|-----------------------------|--|---|
| | THE NATIONAL FOOTBALL FOUNDATION COLLEGE HALL OF FAME, INC. | Employer identification number 51-0226347 |
| | COLLEGE HALL OF FAME, INC. | 31-0220347 |
| FORM 990, PART | VIII, LINE 3, INVESTMENT INCOME: | |
| INTEREST INCOME | \$ \$441 | |
| DIVIDEND INCOME | \$ \$29,024 | |
| TOTALS \$29,465 | | |
| | | |
| FORM 990, PART | X, BEGINNING OF YEAR: | |
| BEGINNING BALAN | ICE SHEET FIGURES DO NOT AGREE WITH PRIOR | YEAR'S ENDING |
| BALANCE SHEET F | GURES BECAUSE SOME OF THE CHAPTERS THAT W | VERE NOT |
| INCLUDED ON LAS | T YEAR'S GROUP RETURN ARE NOW ABOVE THE \$ | 50,000 REVENUE |
| REPORTING THRES | SHOLD AND ARE INCLUDED IN THIS YEAR'S RETUR | RN. IN ORDER TO |
| PROPERLY REFLEC | T THE 2018 BEGINNING BALANCE SHEET NUMBERS | FOR THE |
| ENTITIES WHICH | ARE REQUIRED TO REPORT, THE BEGINNING BALL | ANCE SHEET |
| FIGURES HAD TO | BE RESTATED. THE CHAPTERS THAT WERE NOT IN | NCLUDED LAST |
| YEAR, THAT ARE | BEING INCLUDED THIS YEAR ARE: | |
| 1. TOLEDO CHAPT | PER | |
| 2. NORTHEAST OF | IIO MICHAEL CLEARY CHAPTER | |
| | | |
| | | |
| FORM 990, CHAPT | PERS WITH LESS THAN \$50,000 OF REVENUE IN 2 | 2019: |
| BRIAN PICCOLO (| CHAPTER 59-1595792 | |
| CA CENTRAL COAS | ST CHAPTER 74-2671377 | |
| CAPITAL DISTRIC | CT CHAPTER 14-1712711 | , |
| CASEY-O'BRIEN/N | NEW HAVEN COUNTY CHAPTER 06-1038403 | |
| CENTRAL INDIANA | A CHAPTER 35-1964889 | |
| CENTRAL MASSACE | HUSETTS/JOE MEWHINEY CHAPTER 04-3150517 | |
| CENTRAL PENNSYI | LVANIA CHAPTER 25-1838332 | |
| 932212 09-06-19 | | hedule O (Form 990 or 990-EZ) (2019) |

| Schedule O (Form 990 or 990-EZ) (2019) | Page 2 |
|---|---|
| Name of the organization THE NATIONAL FOOTBALL FOUNDATION & COLLEGE HALL OF FAME, INC. | Employer identification number 51 – 0226347 |
| CHICAGO METRO CHAPTER 36-3866491 | |
| CLARK COUNTY CHAPTER 91-1579375 | |
| COLLIER COUNTY CHAPTER 13-3778685 | |
| COLORADO CHAPTER 84-1217635 | |
| CORRIGAN FAIRCLOTH CHAPTER 56-1804650 | |
| DENNY/RUTGERS FB LETTERWINNERS CHAPTER 22-2242516 | |
| RALPH DESANTIS FAIRFIELD COUNTY CHAPTER 52-1964033 | |
| EAST TENNESSEE CHAPTER 51-0140304 | |
| ESSEX COUNTY CHAPTER 51-0232352 | |
| GREATER ATLANTA CHAPTER 58-2025886 | |
| GREATER AUSTIN CHAPTER 74-2654723 | |
| GREATER BALTIMORE CHAPTER 23-7394080 | |
| 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 | |
| JACK GRINOLD EASTERN MA CHAPTER 04-2656127 | |
| KING COUNTY CHAPTER 91-1075941 | |
| LAS VEGAS BILL IRELAND CHAPTER 88-0293700 | · |
| LEHIGH VALLEY CHAPTER 23-1980566 | |
| LOS ANGELES CHAPTER 95-3276028 | |
| MEMPHIS CHAPTER 62-1053150 | |
| MICHIGAN CHAPTER 38-2386728 | |
| MIDDLE GEORGIA CHAPTER 58-2255890 | |
| MIDDLE TENNESSEE CHAPTER 62-1517843 | |
| MIDLANDS CHAPTER 57-0967401 | |
| MISS LOU CHAPTER 64-0785653 | |
| | chedule O (Form 990 or 990-EZ) (2019) |

| Schedule O (Form 990 or 990-EZ) (2019) | Page 2 |
|--|---|
| Name of the organization THE NATIONAL FOOTBALL FOUNDATION & COLLEGE HALL OF FAME, INC. | Employer identification number 51-0226347 |
| MISSISSIPPI GULF COAST CHAPTER 64-0623112 | |
| MONTANA CHAPTER 81-0511143 | |
| MOOSE KRAUSE CHAPTER 35-1436531 | |
| MOUNTAIN EMPIRE CHAPTER 62-1529518 | |
| NASSAU COUNTY CHAPTER 13-3904965 | |
| NATIONAL CAPITAL REGION CHAPTER 20-3791498 | ······································ |
| NEBRASKA CHAPTER 47-0546428 | |
| NEW HAMPSHIRE-JOE YUKICA CHAPTER 02-0443763 | |
| NFF GRIDIRON CLUB OF DALLAS 61-1612033 | |
| NORTHERN CONNECTICUT CHAPTER 06-6180755 | |
| OKLAHOMA CHAPTER 73-1416433 | |
| OLE MISS CHAPTER 64-0752523 | |
| ORANGE COUNTY CHAPTER 95-3338544 | |
| OREGON CHAPTER 04-3657398 | |
| PASADENA SAN GABRIEL CHAPTER 95-4402414 | |
| PASSAIC COUNTY CHAPTER 22-2217877 | |
| PHILADELPHIA CHAPTER 23-1980564 | |
| RHODE ISLAND EMO DINITTO CHAPTER 05-0468948 | |
| RIVERSIDE CHAPTER NONE | |
| ROCHESTER CHAPTER 56-2315821 | |
| SACRAMENTO VALLEY CHAPTER 68-0002652 | · · · · · · · · · · · · · · · · · · · |
| SAN FERNANDO VALLEY CHAPTER 51-0152910 | |
| SCHULYKILL-POTTSVILLE CHAPTER 23-2226442 | · .· |
| S.M. MCNAUGHTON 72-1228495 | |
| SOUTH JERSEY CHAPTER 22-3208904 | · |
| SOUTHEASTERN CONNECTICUT CHAPTER 06-1052646 | |
| SOUTHERN ARIZONA CHAPTER 86-0895623 | |
| SOUTHERN IDAHO CHAPTER 82-0493635 | |
| 932212 09-06-19 | Schedule O (Form 990 or 990-EZ) (2019) |

16|3