IRS e-file Signature Authorization OMB No. 1545-1878 Form 8879-EO for an Exempt Organization For calendar year 2011, or fiscal year beginning , 2011, and ending Do not send to the IRS. Keep for your records. Department of the Treasury ➤ See instructions. Internal Revenue Service Name of exempt organization Employer identification number UNITED STATES AUSTRALIAN FOOTBALL LEAGUE, INC. 43-1861294 Name and litle of officer ADAM COLEMAN TREASURER Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter .0-). But, if you entered .0- on the return, then enter .0- on the applicable line below. Do not complete more than I line in Part I. 1a Form 990 check here ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b 2a Form 990-EZ check here ► L b Total revenue, If any (Form 990-EZ, line 9) ______ 2b ____ 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) _____ 3b ___ 4a Form 990-PF check here ► b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b 5a Form 8868 check here Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and bellef, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888/353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X | authorize CLARK, SCHAEFER, HACKETT AND CO. 19776 to enter my PIN Enter five numbers, but ERO firm name as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have Indicated within this return, that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I will enter my PfN on the return's disclosure consent screen. Officer's signature **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 31335024131 number (EFIN) followed by your five-digit self-selected PIN. do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ➤ JANE E. PFEIFER

Date > 06/20/12

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see Instructions. 123051 12-01-11 Form 8879-EQ (2011)

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LEAGUE.	INC.	

Form 990-T (2011)

Part II	Tax Computation					43-18	61294		Page
	Organizations Taxable as Corp	orations See	instructions for tax of	Omnutation					
-	Controlled group members (see	ctions 1561 ar	nd 1563) check hara	See instru					
a	Enter your share of the \$50,000). \$25,000 an	d \$9 925 000 tavable	income brackete (in	that and:				
	(1) \$	(2) \$	α φο,ο2ο,οσο ταλαδίο	(3) [\$	triat order).				
	enter organization's share of: (% tax (not more than	\$11.750) \$					
(2) Additional 3% tax (not more	than \$100.00	00)	φτι,/50) <u>φ</u> ¢					
c l	ncome tax on the amount on lin	ne 34	,0,,	[Φ					
36	rusts Taxable at Trust Rates.	See instruction	ns for tax computation	Income tay on the	amount on line 24 fram	>	35c		0
	Tax rate schedule or	Schedule) (Form 10/11)	i. Illourie tax uli tile	annount on line 34 fron	1:			
37 F	Proxy tax. See instructions	0011000101	5 (FOITH 1041)	• • • • • • • • • • • • • • • • • • • •			36		
38 /	Proxy tax. See instructions					>	37		
39 7	Internative minimum tax Total. Add lines 37 and 38 to lines.	e 35c or 36 w	hichever applies						
Part IV	Tax and Payments	0 000 01 00, 11	micricvei applies				39		0
	oreign tax credit (corporations		118: truete attach For	m 1116)	140				
b (Other credits (see instructions)	attaon i Oim i	110, il usis allacii Fui		40a				
c G	General business credit. Attach F	-orm 3800			40b				
4 0	redit for prior year minimum ta	v (attach Eorn			40c				
e T	otal credite Add lines 402 thro	viah 10d	10001010027)		40d				
41 S	otal credits. Add lines 40a thro	ugii 40u					40e		
42 0	ubtract line 40e from line 39 ther taxes. Check if from:	Eorm 4055 [15 0007		•••••	41		0.
0	otal tax. Add lines 41 and 42	1011114233] FORM 8697	Form 8866 Other	(attach schedule)	42		
					······································		43		0.
h 2	ayments: A 2010 overpayment	credited to 20)TT		44a				
0 Z	011 estimated tax payments				44b				
d [ax deposited with Form 8868				44c				
u F	oreign organizations: Tax paid o	or withheld at s	source (see instructio	ns)	44d				
e B	ackup withholding (see instruct	ions)		• • • • • • • • • • • • • • • • • • • •	44e				
i C	redit for small employer health	insurance prei	miums (Attach Form 8		44f				
g O	ther credits and payments:	L	Form 2439						
L	Form 4136		Other	To	tal 🕨 44g				
45 To	otal payments. Add lines 44a th	irough 44g		<u></u>			45		
40 L	sumated tax penalty (see institut	CHOIRS). CHECK	II FOLIII ZZZU IS ATTACI	ned -			46		
4/ 18	ix due. If line 45 is less than the	e total of lines	43 and 46, enter amo	unt owed			47		0.
48 0	erpayment. If line 45 is larger	than the total	of lines 43 and 46, en	ter amount overpaid	1	•	48		0.
49 Er	iter the amount of line 48 you v	vant: Credited	to 2012 estimated ta	x >	Re	funded	49		
Part V	Statements Regard	ling Certa	in Activities a	nd Other Info	rmation (see instru	ctions)		V	
I At any	time during the 2011 calendar	year, did the o	rganization have an ir	terest in or a signat	ure or other authority ov	er a financial ac	count	Yes	No
(bank,	securities, or other) in a foreigr	country? If Y	ES, the organization r	nay have to file Forr	n TD F 90-22 1 Report	of Foreign Bank	and	100	140
Financi	al Accounts. If YES, enter the n	ame of the for	eign country here						X
If YES, s	al Accounts. If YES, enter the n he tax year, did the organization rece see instructions for other forms the or	ganization may h	i from, or was it the grantonave to file.	or of, or transferor to, a	foreign trust?				X
Eillei t	ie amount of tax-exempt intere	St received or	accrued during the ta	x vear S					22
chedul	e A - Cost of Goods	Sold. Enter	method of invento	ry valuation	N/A				
I Invento	ory at beginning of year	1		6 Inventory at er	nd of year		6		
Purcha	ses	2			sold. Subtract line 6				
Cost of	***************************				ter here and in Part I, lin	e 2	7		
a Additio	nal section 263A costs	4a			section 263A (with resp			Vac	No
	osts (attach schedule)	4b			iced or acquired for resa			Yes	No
Total.	Add lines 1 through 4b	5		the organization	n?	, ,			
	Under penalties of perjury, I declare correct, and complete. Declaration e	that I have exam	ined this return, including	accompanying schedu	iles and statements, and to t	he best of my know	vledge and belief	it is true	
	correct, and complete. Declaration	f preparer (other			ch preparer has any knowled				
ere	VI-bla	ul	6 20	2012 TREZ	ASURER		ay the IRS discuss		with
	Signature of officer		Date	Title	DONER		preparer shown b		٦
	Print/Type preparer's name		Preparer's signat	urα	Data		tructions)? X	Yes	No
	Typo proparor o namo		1 Topardi 3 Sigilal	uie		Check if	PTIN		
aid	JANE E. PFEIR	7EB	TANE E	DEETEE	The state of the s	self- employed			
repare	Find A CT A DI		JANE E.		06/20/12		P0001		
se Onl	V	r, bcut	AEFER, HAC	VEIL AND	CO.	Firm's EIN ▶	31-08	0005	3
	Firm's address ► CIN	TCATATA	FOURTH ST		.200			1660	
744		ACTIVINA.	I, OH 452	U Z		Phone no.	<u>513-241</u>		
3711 02-24-	12						Form	990-T (2011)

Consideration for Processor Consideration	Form 990-T	E	xempt Organization Bu	sine	ss Income	Tay Return	OMB No. 1545-0687	
To consider year 2017 or the factor between 2017 or the factor between 2017 or the factor 2017 or the fact	Department of the Treasury		(and proxy tax un	der se	ection 6033(e))	i ux i ietui i	2011	
Somety under section of the part of the p		For c	alendar year 2011 or other tax year beginning		and ending		Open to Public Inspection for	
Bearing transfer section	address changed		UNITED STATES AUSTRAL	changed	and see instructions.) FOOTBALL		Employer identification number (Employees' trust, see	
1-08(c) 20(c) 20(c) 30(d) 30	B Exempt under section	ion Print LEAGUE, INC.						
		Time	Number, street, and room or suite no. If a P.O. b	ox, see ii	nstructions.	E	Unrelated business activity codes	
SUN_PRATIE_, WT_53590 C Book value of all assets Group exemption number (See Instructions.))	1223 W. MAIN STREET,	#269			See instructions.)	
C Book value of all assets Cropp seemption number (See instructions Solit(e) trust 401(a) first Other trust 115,836. Check organization type XI Solit(e) corporation Solit(e) trust 401(a) first Other trust 115,836. Check organization type XI Solit(e) corporation Solit(e) trust 401(a) first Other trust 115,836. Check organization type XI Solit(e) corporation Solit(e) trust 401(a) first Other trust 115,836. Check organization type XI Solit(e) corporation Solit(e) trust 401(a) first Other trust 115,836. Check organization type XI Solit(e) corporation Solit(e) trust Yes, Check organization Yes,)	a					
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Part Unrelated Trade or Business Income	If Yes, enter the name	and identi	fying number of the parent corporation.		and group.		Tes A No	
1a Gross recipits or sales	J The books are in care of	f ► A	DAM COLEMAN		Telepi	hone number > (6)	08) 318-0420	
b Less returns and allowances o Balance		1,000			(A) Income			
2 Cost of goods sold (Schedule A, line 7) 2 3 3 1,040 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4								
3 Gross profit. Subtract line 2 from line 1c 4 Capital gain net income (stants Schedule D) 4 Detail not income (stants Schedule D) 5 Denome (sos) from partnerships and Scorporations (attach statement) 6 Rent income (Schedule C) 6 Detail not income (Schedule C) 6 Detail not income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 7 Unrelated debt-financed income (Schedule E) 8 Interest, annulies, royaltise, and rents from controlled organizations (Sch. F). 8 Interest, annulies, royaltise, and rents from controlled organizations (Sch. F). 8 Interest, annulies, royaltise, and rents from controlled organization (Sch. F). 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Unrelated devering activity income (Schedule I) 10 Uther income (Sce instructions, attach schedule.) 11 Advertising income (Schedule J) 12 Uther income (Sce instructions, attach schedule.) 13 Total, Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 15 Repairs and maintenance 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) 19 Taxes and licenses 19 Depletion 20 Charitable contributions (See instructions for limitation rules.) 21 Depreciation (attach Form 4562) 22 Less depreciation (attach Form 4562) 23 Depletion 24 Compensation of Schedule A and elsewhere on return 25 Excess exempt expenses (Schedule I) 26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule I) 28 Other deductions (attach schedule) 29 8 14 Unrelated business taxable income before net operating loss deduction (limited to the amount on line 30) 31 Unrelated business taxable income before net operating loss deduction (limited to the amount on line 30) 32 2 256 34 Unrelated business taxable in			A line 7)		1,040.			
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