

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Open to Publi Inspection

Department of the Treasury Internal Revenue Service

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

A F	For the	e 2017 calendar year, or tax year beginning	and	ending	_			
B (Check if applicabl	C Name of organization UNITED STATES AUSTRALIAN FOOTBALI			D Employer identifi	cation number		
Г	Addre chang			TT				
F	Name chang				43-1	861294		
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address	s)	Room/suite				
	Final return	9160 HIGHWAY 64, SUITE 12 #205	5)	Troom, suito)-228-7235		
_	termin ated	, , , , , , , , , , , , , , , , , , , ,	code		G Gross receipts \$	342,626.		
	Amen	LAKELAND, IN 38002			H(a) Is this a group re			
	Application pendir	F Name and address of principal officer: DEDADITAN AGO.	IARI		for subordinates	? Yes X No		
		SAME AS C ADOVE			H(b) Are all subordinates in	ncluded? Yes No		
			4947(a)(1)	or 527	1	list. (see instructions)		
		te: WWW.USAFL.COM			H(c) Group exemption			
K F	orm of	organization: X Corporation Trust Association Othe	er 🕨	L Year	of formation: 1997	M State of legal domicile: MO		
Pä	art I	Summary			-			
Ģ	1	Briefly describe the organization's mission or most significant activities:						
Activities & Governance		AMATEUR SPORTS ORGANIZATION DEDICATE						
ern	2	Check this box if the organization discontinued its operation	s or dispos	sed of more		_		
Š	3				<u>3</u>	7		
જ	4	Number of independent voting members of the governing body (Part VI				7		
es	5	Total number of individuals employed in calendar year 2017 (Part V, line				1		
ΞĬ	6	Total number of volunteers (estimate if necessary)				20		
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12				0.		
	b	Net unrelated business taxable income from Form 990-T, line 34		<u></u>		0.		
		Operation of the state of the s			Prior Year 166,998.	Current Year 175,092.		
Revenue	8	Contributions and grants (Part VIII, line 1h)			102,815.	146,175.		
	9	Program service revenue (Part VIII, line 2g)			0.	0.		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			6,896.	5,348.		
	'''	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			276,709.	326,615.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A),			270,709.			
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.		
	1	Benefits paid to or for members (Part IX, column (A), line 4)			64,052.	60,284.		
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), li			04,032.	00,284.		
Expenses	10a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	<u> </u>	0.		
Ä	1 D	-			262,279.	290,070.		
Ξ	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			326,331.	350,354.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25 Revenue less expenses. Subtract line 18 from line 12	9)		-49,622.	-23,739.		
<u>_ 2</u>	19	Neverlue less expenses. Subtract line 16 from line 12			ginning of Current Year	End of Year		
Assets or	20	Total assets (Part X, line 16)		100	126,175.	100,677.		
ASSE Rall	21	Total liabilities (Part X, line 16)			10,828.	11,134.		
let let	-	Net assets or fund balances. Subtract line 21 from line 20			115,347.	89,543.		
Pá	art II	Signature Block			223/32/4	03/3231		
		lties of perjury, I declare that I have examined this return, including accompanyir	na schedules	s and statem	ents, and to the best of my	/ knowledge and belief, it is		
		t, and complete. Declaration of preparer (other than officer) is based on all inforr	•					
	,							
Sig	n	Signature of officer			Date			
Her		► SEBASTIAN AGUIARI, PRESIDENT						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature			Date Check	PTIN		
Paid	i	JANÉ E. PFEIFER JANE E. PF	EIFER	C	05/29/18 self-employ	P00014949		
Prep	parer	Firm's name ▶ CLARK, SCHAEFER, HACKETT &	CO.		Firm's EIN ▶	31-0800053		
Use	Only	Firm's address 1 EAST 4TH STREET						
		CINCINNATI, OH 45202			Phone no. 51	3-241-3111		
May	the II	RS discuss this return with the preparer shown above? (see instructions	3)			X Yes No		

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LEAGUE, , INC C/O CLARK, SCHAEFER, HACKETT 43-1861294

Pal	Statement of Program Service Accomplishments	Х
	·	
1	Briefly describe the organization's mission:	
	THE USAFL IS A GRASSROOTS, AMATEUR SPORTS ORGANIZATION DEDICATED TO	
	THE DEVELOPMENT OF AND PARTICIPATION IN AUSTRALIAN FOOTBALL IN THE	
	UNITED STATES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	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?	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 others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$287,914. including grants of \$) (Revenue \$147,984	<u>•</u>)
	THE USAFL SERVES OVER 35 CLUBS AND APPROXIMATELY 1,500 PLAYERS AND	
	OTHER SUPPORT STAFF. A MONTHLY E-NEWSLETTER IS PUBLISHED EACH MONTH TO	
	MEMBERS AND THERE IS A CONTINUAL FLOW OF INFORMATION TO CLUB	
	PRESIDENTS, VIA EMAIL UPDATES, SOCIAL MEDIA, WEB PAGES AND CONFERENCE	
	CALLS. AN ANNUAL GENERAL MEETING IS HELD EACH OCTOBER. PROGRAMS IN 2017	
	INCLUDED WORKING WITH THE MANAGEMENT OF THE UNITED STATES MEN'S AND	
	WOMEN'S AUSTRALIAN FOOTBALL TEAMS AS THEY COMPETED IN THE INTERNATIONAL	i
	CUP IN AUGUST AND AN ADMINISTRATOR'S CONFERENCES IN CONJUNCTION WITH	
	REGIONAL AND NATIONAL CHAMPIONSHIPS.	
	PLANNED AND MANAGED REGIONAL CHAMPIONSHIPS IN RALEIGH, NC, LITTLE ROCK,	
	AK AND DENVER, CO AND NATIONAL CHAMPIONSHIPS IN SAN DIEGO, CA. THE	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 287,914.	

06420529 758050 19776-000

Form 990 (2017) LEAGUE, INC C/O CLARK, SCHAEFER, HACKETT

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
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		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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		Х
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		Х
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		Х
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		X
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			
	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? If "Yes,"			
	complete Schedule G. Part III	19		X

			Yes	No
20a	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		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	L
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			٠,,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			77
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			77
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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?			37
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

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LEAGUE, INC C/O CLARK, SCHAEFER, HACKETT

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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	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?	5с		<u> </u>
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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	3T /	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	_
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	<u>A</u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
IJ	amounts due or received from them.)			
19a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	ı.z.u		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.	.Ju		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		
			990	(2017)

LEAGUE, INC C/O CLARK, SCHAEFER, HACKETT 43-1861294 Form 990 (2017) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. 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 in Schedule O. **b** Enter the number of voting members included in 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 Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? 3 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? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 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 in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, Х and branches to ensure their operations are consistent with the organization's exempt purposes? Х 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. Х 12a **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes " describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 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? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a 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? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

X Upon request ___ Other *(explain in Schedule O)* Own website Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:

KAREN MUITER - (872)-228-7235 7105 3RD AVENUE, STE 110, BROOKLYN, NY

Form **990** (2017)

<u> Page</u> **7**

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.

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

(A) Name and Title	(B)	Docition				1		(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	Average hours per week	box	not c	heck i ss per	more son i	than o s both r/trus	n an	compensation	compensation	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional tru stee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ANDREA CASILLAS SECRETARY	5.00	х		х				0.	0.	0 .
(2) MICHAEL SHEPPARD	5.00	^		^				0.	0.	0
VP EAST	3.00	Х		х				0.	0.	0
(3) DENIS RYAN	20.00									
PRESIDENT		х	L	Х				0.	0.	0
(4) KAREN MUITER	15.00								_	
TREASURER	F 00	Х		Х				0.	0.	0
(5) STEVE GRANDFIELD	5.00	₹.		₩.					_	0
VP CENTRAL (6) SEB AGUIARI	5.00	Х		Х				0.	0.	0
VP WEST	3.00	Х		х				0.	0.	0
(7) LISA ARREDONDO	5.00									
MEMBER AT LARGE		Х		Х				0.	0.	0
	+									
								I .		1

Form **990** (2017)

LEAGUE, INC C/O CLARK, SCHAEFER, HACKETT

ı aı	Section A. Officers, Directors, Trus	tees, Key Em _l	oloy	ees,	and	<u> Hig</u>	ghes	st C	ompensated Employee	es (continued)				
	(A) Name and title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)					one n an	(D) Reportable compensation from the	(E) Reportable compensatio from related			(F) timate nount other pensa	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS		fr org and	om the anizati d relate anizatio	e ion ed
			-											
	Cult total		<u> </u>						0.		0.			0.
	Sub-total Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but n							o re	eceived more than \$100.	000 of reportable				
	compensation from the organization						,			•				0
											1		Yes	No
3	Did the organization list any former officer,	*			•	•	•							v
4	line 1a? If "Yes," complete Schedule J for so For any individual listed on line 1a, is the su											3		X
·	and related organizations greater than \$150	•		•					•	•		4		Х
5	Did any person listed on line 1a receive or a	ccrue comper	nsati	on fr	om	any	unre	elate	ed organization or individ	dual for services				
	rendered to the organization? If "Yes." com	plete Schedul	e J f	or su	ıch p	oers	on .					5		X
1	tion B. Independent Contractors Complete this table for your five highest contractors	mnoncated inc	lono	ndo	ot co	ntr	acto	rc th	nat received more than	100 000 of comp		tion fro	m	
•	the organization. Report compensation for	=	-							· · · · · · · · · · · · · · · · · · ·	Crisai		,,,,,	
	(A)								(B)			(C		
	Name and business	address	NC	ONE	<u> </u>				Description of s	services		ompei	nsatioi	า
2	Total number of independent contractors (ii		ot lin	nited	d to t	thos	se lis	ted	above) who received m	ore than				
	\$100,000 of compensation from the organization	Lativii 🚩					_						000	

Page 9

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (**D)** Revenue excluded from tax under (B) (C) Unrelated Total revenue Related or exempt function business sections 512 - 514 revenue revenue 1 a Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts **b** Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and 175,092. similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 175,092. h Total. Add lines 1a-1f **Business Code** 2 a MEMBER DUES 900099 146,175. 146,175. Program Service f All other program service revenue 146,175. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) **d** Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 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 a **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 19,550. and allowances 16,011. **b** Less: cost of goods sold 3,539. 3,539. c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a MISCELLANEOUS INCOME 900099 1,809. 1,809. b d All other revenue 1,809.e Total. Add lines 11a-11d 326,615. 147,984. 3,539. Total revenue. See instructions.

Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons		•	nplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
6	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	, , , , , , , , , , , , , , , , , , , ,	56,000.	42,000.	14,000.	
7 2	Other salaries and wages Pension plan accruals and contributions (include	30,000.	±2,000•	14,000•	
8	section 401(k) and 403(b) employer contributions)				
0	```````````````````````````````				
9	Other employee benefits	4,284.	3,213.	1,071.	
10 11	Payroll taxes	7,204.	3,2130	Ι, Ο / Ι •	
ii a	Fees for services (non-employees): Management				
b					
C	Legal	5,297.	3,697.	1,600.	
d	Lobbying	3 / 2 3 / 4	370371	2,0001	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	23,216.	17,412.	5,804.	
12	Advertising and promotion	45.	17,412. 34.	11.	
13	Office expenses	24,942.	18,705.	6,237.	
14	Information technology				
15	Royalties				
16	Occupancy	74,079.	55,559.	18,520.	
17	Travel	48,537.	36,403.	12,134.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,661.	1,246.	415.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	_			
23	Insurance	9,196.	6,897.	2,299.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) TOURNAMENT COSTS	54,749.	54,749.		
a	UMPIRES AND OFFICIALS	30,282.	30,282.		
b	DEVELOPMENT EXPENSE	7,467.	7,467.		
q	TROPHIES	5,190.	5,190.		
d		5,409.	5,060.	349.	
e 25	All other expenses	350,354.	287,914.	62,440.	0.
<u>25</u> 26	Joint costs. Complete this line only if the organization	JJU, JJE•	201,714.	02,440.	0.
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	II IUIIUWIIIY 30F 98-2 (A30 938-720)				Form 990 (2017

LEAGUE, INC C/O CLARK, SCHAEFER, HACKETT 43-1861294 Page **11** Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 100,677. 126,175. 1 Cash - non-interest-bearing Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 7 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges **10a** Land, buildings, and equipment: cost or other _____10a basis. Complete Part VI of Schedule D b Less: accumulated depreciation _______10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 100,677. 126,175. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 4,017. 4,507. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 6,811. 6,627. 25 Schedule D 10,828. 11,134. 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 115,347. 89,543. 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.

100,677. Form **990** (2017)

89,543.

30

32

33

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

115,347.

126,175.

30

31

32

33

	UNITED STATES AUSTRALIAN FOOTBALL				
	1 990 (2017) LEAGUE, INC C/O CLARK, SCHAEFER, HACKETT	43-186	1294	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	326		
2	Total expenses (must equal Part IX, column (A), line 25)	2	350		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>39.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	115	5,34	<u>47.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	-2	2,00	<u>65.</u>
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	8.9	, 5 ₄	<u>43.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			

Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

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

Form **990** (2017)

За

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.

OMB No. 1545-0047

2017

Open to Public Inspection

Nan	ne of		UNITED STATES				.		identification number			
Dr	ırt I	Doscon for D	LEAGUE, INC CA	O CLARK, SCHA	AEFER,	, HACK	(ETT		3-1861294			
			ublic Charity Status				e instructions	S.				
	organ	•	te foundation because it is:	,	•	•						
1	\square	•	on of churches, or associati				I)(A)(i).					
2	Щ	A school described	l in section 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	1 990 or 99	90-EZ).)						
3	Щ	A hospital or a coop	perative hospital service org	ganization described in se	ection 170	(b)(1)(A)(ii	i).					
4		A medical research	organization operated in co	onjunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,			
		city, and state:										
5		An organization ope	erated for the benefit of a c	ollege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in			
		section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, state, or l	local government or govern	mental unit described in	section 17	70(b)(1)(A)	(v).					
7	X	An organization tha	at normally receives a subst	antial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in			
			A)(vi). (Complete Part II.)									
8			described in section 170(b)(1)(A)(vi). (Complete Par	: II.)							
9		•	earch organization described		•	ed in coniu	ınction with a	land-grant	college			
		-	on-land-grant college of agri			-		-	•			
		university:	3 3	,		, , ,	,	3				
10			at normally receives: (1) mor	re than 33 1/3% of its sup	ort from o	ontributio	ns. membersl	nip fees. an	d gross receipts from			
		-	its exempt functions - subje	• •				•	•			
				•					-			
	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		• •	ganized and operated exclusion	sively to test for public sa	ety See	section 50)9(a)(4)					
12	H	-	ganized and operated exclusion	•	•			rry out the	nurnoses of one or			
12	ш		orted organizations describ	•	•		•	•	•			
			2d that describes the type						DIRECK THE DOX III			
_		¬	ting organization operated,					-	aivina			
а				• •		•						
			ganization(s) the power to re		majority C	n the direc	iors or truste	es or the st	ipporting			
		¬	ı must complete Part IV, S		:			(-)	.:			
b) <u> </u>		rting organization supervise				•		•			
		-	ement of the supporting or	-	ame perso	ns that co	ntroi or mana	ge the supp	оотеа			
		¬ ~ ~ ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	ou must complete Part IV	•					1 20			
C	· L_		ally integrated. A supporti					ly integrate	ed with,			
	. —		anization(s) (see instruction	•								
C			ctionally integrated. A sup					-				
			onally integrated. The organ		-		-	an attentiv	/eness			
	_	¬ ' '	instructions). You must co	- ·								
е			the organization received a				Type I, Type	II, Type III				
		, ,	rated, or Type III non-function	onally integrated supporti	ng organiz	ation.						
g		vide the following info (i) Name of supported	ormation about the support		(iv) Is the orga	nization listed	(v) Amount o		() A			
	,	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	support (see ir	-	(vi) Amount of other support (see instructions)			
		organization		above (see instructions))	Yes	No	оаррог (осс п	iotraotionoj	Support (See motruotions)			
					I	I	I		l			

Schedule A (Form 990 or 990-EZ) 2017 LEAGUE, INC C/O CLARK, SCHAEFER, HACKETT 43-1861294 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	7,1		,								
_	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total					
	Gifts, grants, contributions, and		, ,	, ,	, ,	, ,						
	membership fees received. (Do not											
	include any "unusual grants.")	223,870.	287,209.	202,487.	166,998.	175,092.	1055656.					
2	Tax revenues levied for the organ-											
	ization's benefit and either paid to											
	or expended on its behalf											
3	The value of services or facilities											
	furnished by a governmental unit to											
	the organization without charge	222 070	207 200	202 407	1.66 000	175 000	1055656					
	Total. Add lines 1 through 3	223,870.	287,209.	202,487.	166,998.	175,092.	1055656.					
5	The portion of total contributions											
	by each person (other than a											
	governmental unit or publicly											
	supported organization) included on line 1 that exceeds 2% of the											
	amount shown on line 11,											
	column (f)						96,114.					
6	· · · · · · · · · · · · · · · · · · ·						959,542.					
	6 Public support. Subtract line 5 from line 4. 959, 542. Section B. Total Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total					
	Amounts from line 4	223,870.	287,209.	202,487.	166,998.	175,092.	1055656.					
	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties,											
	and income from similar sources	3.	3.				6.					
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	1 245	72 060	10 417	741	1 000	00 274					
	assets (Explain in Part VI.)	1,345.	73,062.	12,417.	741.	1,809.						
	Total support. Add lines 7 through 10		,				1145036.					
12	Gross receipts from related activities,	•	,			12	596,079.					
13	First five years. If the Form 990 is for	· ·		•	•		▶□					
Sec	organization, check this box and storection C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •							
14	Public support percentage for 2017 (I	ine 6. column (f) di	vided by line 11. c	olumn (f))		14	83.80 %					
	Public support percentage from 2016					15	86.02 %					
	33 1/3% support test - 2017. If the					ore, check this box						
	stop here. The organization qualifies	as a publicly supp	orted organization				X					
b	33 1/3% support test - 2016. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box					
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation								
17a	10% -facts-and-circumstances test	- 2017. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,					
	and if the organization meets the "fac											
	meets the "facts-and-circumstances"											
b	10% -facts-and-circumstances test	ū				•						
	more, and if the organization meets the											
	organization meets the "facts-and-circ			•			>					
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u> </u>					

Schedule A (Form 990 or 990-EZ) 2017 LEAGUE, INC C/O CLARK, SCHAEFER, HACKETT 43-1861294 Page 3

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

16 Public support percentage from 2016 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 18 9	Sec	ction A. Public Support						
membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services perany activity that is related to the organization's tax-exempt purpose 3 Gross receipts from admissions, merchandise sold or services perany activity that is related to the organization's tax-exempt purpose 3 Gross receipts from admissions, merchandise sold or septical on the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons 9 Amounts included on lines 1, 2, and 3 received from disqualified persons 9 Amounts from the services and secrete from other than discussified persons to deal or the services of the secrete from other than discussified persons to the services of the services o	Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
include any "unusual grants.") 2 Gross receipts from achinissions, merchandles sold or services perany 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 organization's tax-exempt and the part of the organization's tax-exempt and either part to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Anounts included on lines 1, 2, and 3 received from disqualified persons b answard included on lines 1, 2, and 3 received from disqualified persons b answard included on lines 1, 2, and 3 received from disqualified persons as exceed the grade of \$5,000 or 100 file are not on the tradiciated persons as exceed the grade of \$5,000 or 100 file are not on the tradiciated persons as exceed the grade of \$5,000 or 100 file are not on the tradiciated persons as exceed the grade of \$5,000 or 100 file are not on the tradiciated persons as exceed the grade of \$5,000 or 100 file are not on the tradiciated persons as exceed the grade of \$5,000 or 100 file are not on the tradiciated persons as exceed the grade of \$5,000 or 100 file are not on the tradiciated persons as exceeded to grade of \$5,000 or 100 file are not on the tradiciated persons as exceeded to grade of \$5,000 or 100 file are not on the tradiciated persons as exceeded or securities loans, rents, royatties, and income from time state of capations as activities not included in line 100, whether or not the business is regularly carried on 10 Other income. Do not included grade grade of \$5,000 or 100 file are personal	1	Gifts, grants, contributions, and						
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49 Investment income percentage from 9046 Cabadula A. Dart III. line 17							18	<u>%</u>
18 Investment income percentage from 2016 Schedule A, Part III, line 17								7 is not
	ıya							. —
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	l-							
b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	ū							
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	20							

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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

		Yes	No
	1		
	2		
	3a		
	3b		
	0-		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	•		
	8		
	9a		
	Ju		
	9b		
	9c		
	10a		
	10b		
า 9	90 or 99	0-EZ)	2017

Pa	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)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	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		
	tion B. Type I Supporting Organizations			
			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			
	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			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
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			
	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		
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		
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			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1				
ı a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions'		
2	Activities Test. Answer (a) and (b) below.	uctions)	Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			110
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	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			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2017 LEAGUE, INC C/O CLARK, SCHAEFER, HACKETT 43-1861294 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov. 20, 1970 (explain in F	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must c	omplete Sec	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	Illy integrate	d Type III supporting orga	ınization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Schedule A (Form 990 or 990-EZ) 2017 LEAGUE, INC C/O CLARK, SCHAEFER, HACKETT 43-1861294 Page 7

Par	rt V Type III Non-Functionally Integrated 5	09(a)(3) Supporting Orgaເ	nizations (continued)	
Secti	tion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported organizations		
4	Amounts paid to acquire exempt-use assets			
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 whic	h the organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i_	Carryover from 2012 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greate	er		
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
_	and 4c.			
8_	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 99	90-EZ) 2017	LEAGUE	, INC C/	O CLARK,	SCHAEFER,	HACKETT	43-1861294 P	age 8
Part VI	Supplemer	ntal Inform	nation. Pro	vide the explana	ations required	by Part II, line 10; Pa	rt II line 17a or 1	7b: Part III, line 12·	
	Part IV Section	n A lines 1	2 3h 3c 4h	4c 5a 6 9a 9l	h 9c 11a 11h	and 11c. Part IV. Se	ction R lines 1 a	nd 2; Part IV, Section C,	
	line 1: Part IV.	Section D. I	ines 2 and 3:	Part IV. Section	F. lines 1c. 2a.	2b. 3a. and 3b: Part	V. line 1: Part V. 9	Section B, line 1e; Part \	/.
	Section D. line	es 5. 6. and 8	B: and Part V.	Section E. lines	2. 5. and 6. Als	so complete this part	for any additiona	l information.	,
	(See instruction	ns.)	,	,	, , , , , , , , , , , , , , , , , , , ,		,		
	`	,							

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

2017

OMB No. 1545-0047

Name of the organization

UNITED STATES AUSTRALIAN FOOTBALL LEAGUE, INC C/O CLARK, SCHAEFER, HACKETT Employer identification number

43-1861294

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	•	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.				
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.				
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year				
		at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to				

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
UNITED STATES AUSTRALIAN FOOTBALL
LEAGUE, INC C/O CLARK, SCHAEFER, HACKETT

Employer identification number

43-1861294

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 92,187.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 29,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number UNITED STATES AUSTRALIAN FOOTBALL LEAGUE, INC C/O CLARK, SCHAEFER, HACKETT

43-1861294

(a) No. (b) Description of noncash property given S. (c) FMV (or estimate) (See instructions.) (a) No. (b) FMV (or estimate) (See instructions.) (b) No. (c) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received S. (d) Date received S. (e) FMV (or estimate) (See instructions.) (a) No. (c) FMV (or estimate) (See instructions.) (a) No. (c) FMV (or estimate) (See instructions.) (d) Date received S. (e) FMV (or estimate) (See instructions.) (d) Date received S. (e) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (See instructions.) (f) FMV (or estimate) (See instructions.) (g) No. (c) FMV (or estimate) (See instructions.) (g) No. (h) Description of noncash property given (See instructions.) (g) No. (h) Description of noncash property given (See instructions.) (g) No. (h) Description of noncash property given (See instructions.) (g) No. (h) Description of noncash property given (C) FMV (or estimate) (See instructions.) (g) No. (h) Description of noncash property given (C) FMV (or estimate) (See instructions.) (g) No. (h) Description of noncash property given (C) FMV (or estimate) (See instructions.)	Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
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Employer identification number

Name of organization

NITED	STATES AUSTRALIAN FOOTI							
EAGUE	, INC C/O CLARK, SCHAEFI	ER, HACKETT	43-1861294					
Part III	the year from any one contributor. Complete co completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	lumns (a) through (e) and the follow charitable, etc., contributions of \$1,000 or	in section 501(c)(7), (8), or (10) that total more than \$1,000 fo wing line entry. For organizations less for the year. (Enter this info. once.)					
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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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

UNITED STATES AUSTRALIAN FOOTBALL LEAGUE, INC C/O CLARK, SCHAEFER, HACKETT

Employer identification number 43-1861294

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II	Par	Organizations Maintaining Donor Advised	l Funds or Other Similar Funds	or Accounts. Complete if the
1 Total number at end of year 2 Aggregate value of contributions to (auring year) 3 Aggregate value of grants from (during year) 4 Aggregate value of grants from (during year) 5 Did the organization inform all chorns and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermisable private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements included in (e) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of states where property subject to conservation easements is located by a visit of the National Register Number of states where property subject to conservation easements in location and easements in located by a visit of the presentation of the conservation easements in the last of the National Register Number of states where property subject to conservation easements in located by a visit of the presentation of the conservation easements in located by a visit of the last of the property subject to conservation easements in located by a visit of the property subject to conservation easements in located by a visit		organization answered "Yes" on Form 990, Part IV, line	e 6.	
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are the organization's property, subject to the organization's exclusive legal control?	4	Aggregate value at end of year		
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(ii) Assets included in Form 990, Part X		-		• •
	2			
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the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	_			• \$
a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$ \bullet\$ \$				

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

Schedule D (Form 990) 2017

UNITED STATES AUSTRALIAN FOOTBALL LEAGUE, 43-1861294 Page 2 INC C/O CLARK, SCHAEFER, HACKETT Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Public exhibition Loan or exchange programs Scholarly research h Other Preservation for future generations С Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 10 1d Additions during the year 1e Distributions during the year Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (c) Two years back (d) Three years back (a) Current year (b) Prior year (e) Four years back **1a** Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes Nο (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Schedule D (Form 990) 2017

(d) Book value

e Other

(b) Cost or other

basis (other)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

(a) Cost or other

basis (investment)

Describe in Part XIII the intended uses of the organization's endowment funds.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)

Land, Buildings, and Equipment.

Description of property

c Leasehold improvementsd Equipment

(c) Accumulated

depreciation

					000 D-+ IV		000 Deat V III 4	0	
Part VII	nvestments -	Other Securitie	es.						
Schedule D (Fo	orm 990) 2017	LEAGUE,	INC	C/0	CLARK,	SCHAEFER,	HACKETT	43-1861294	Page
		UNITED S	STATE	is Al	JSTRALIZ	AN FOOTBAL	Ь		

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.						
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value				
(1) Financial derivatives						
(2) Closely-held equity interests						
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)						
Dort VIII Incomption Durantee Deleted		<u> </u>				

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (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) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book val	ue
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
	. 1	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15,)

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	TAXES PAYABLE	6,627.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	6,627.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

Pa	rt XI Reconciliation of Revenue per Audited Financial	Statements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	s	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	1 1		
е	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:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 12.)	5	
Ра	rt XII Reconciliation of Expenses per Audited Financia		s per Return.	
	Complete if the organization answered "Yes" on Form 990, Part			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
_C				
5 D a	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information.	ine 18.)	5	
		and 4. Dock IV. Page 415 and Ob. Dock	V. Bas A. Bast V. Bas O. Bast VI	
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a		v, line 4; Part X, line 2; Part XI,	
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	de any additional information.		

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization UNITED STATES AUSTRALIAN FOOTBALL

LEAGUE, INC C/O CLARK, SCHAEFER, HACKETT

Employer identification number 43-1861294

Part I Excess	Benefit Trans	actio	ons (section 50	01(c)(3), secti	on 501(c)(4), and 5	501(c	c)(29) organizations	only)							
 Complete i	if the organization	n answ	ered "Yes" on F	orm 9	90, Pa	rt IV, line 25a or 2	5b, o	or Form 990-EZ, Pa	ırt V, li	ne 40	b.					
(b) Relationship between disqualified			ified	(a) Description of transactions				(d) Corrected?								
(a) Name of disqua	illied person		person and or	ganiza	ation		(c) Description of transaction		Sactio			Ye	es	No		
													_			
												_	\perp			
												-	_			
												+	-			
												+	+			
O Enter the amount of	of tox incorred by	the ev	acnization man	0000	or dioc	unlified persons d		the veer under								
2 Enter the amount of section 4958	,	•	•	J		•	·	,		•						
3 Enter the amount of										\$						
5 Litter the amount of	or tax, if arry, or if	116 Z, a	ibove, reimburs	eu by	uie oig	gariizatiori				Ψ						
Part II Loans to	o and/or Fron	n Inte	erested Pers	sons.	i											
 Complete i	if the organization	n answ	ered "Yes" on F	Form 9	90-EZ,	Part V, line 38a o	r For	m 990, Part IV, line	e 26; c	r if th	e orga	nizatio	n			
	n amount on Forr					•										
(a) Name of	(b) Relatio		(c) Purpose		an to or	(e) Original		(f) Balance due				1 (9) "' hiv ho		oroved (i) Writter		ritten
interested person	with organi	zation	of loan		zation?	principal amount	t		default?		efault? commit					
				То	From		\perp		Yes	No	Yes	No	Yes	No		
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							+									
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		_					+							_		
							+									
Total	l .			I		•	\$									
Part III Grants o	or Assistance	Bene	efiting Inter	este	d Per	sons.	Ψ									
Complete i	if the organization	n answ	ered "Yes" on F	orm 9	90, Pa	rt IV, line 27.										
(a) Name of intere	•		b) Relationship			(c) Amount o	of	(d) Type	of		(e) Purp	ose of			
•		interested person and		assistance		assistance			assistance							
			the organiza	ation												
										_						
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2017

Schedule L (Form 990 or 990-EZ) 2017 LEAGUE, INC C/O CLARK, SCHAEFER, HACKETT 43-1861294 Page 2

| Part IV | Business Transactions Involving Interested Persons

	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	
KATHRYN HOGG	USAFL WEBMASTER	7,500.	CONTRACT FO		Х	
Part V Supplemental Information						
SCH L, PART IV, BUSINESS	sponses to questions on Schedule L (see in		D PERSONS:			
(A) NAME OF PERSON: KATHR						
(D) DESCRIPTION OF TRANSA		ERVICES				
SCH L, PART IV						
KATHRYN HOGG WAS RETAINED	TO MAINTAIN THE USAF	L WEBISTE.	SHE WAS NOT			
PART OF THE EXECUTIVE BOA	RD IN 2017, HAVING TRA	ANSITIONED	OFF THE BOA	RD		
IN OCTOBER 2012.						

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.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

UNITED STATES AUSTRALIAN FOOTBALL LEAGUE, INC C/O CLARK, SCHAEFER, HACKETT

Employer identification number 43-1861294

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PARTICIPATION IN AUSTRAILIAN FOOTBALL IN THE UNITED STATES. THE USAFL PROMOTES PARTICIPATION BY EMPHASIZING AWARENESS AND A SENSE OF COMMUNITY WITHIN ITS MEMBERS, BY SETTING STANDARDS BY WHICH MEMBER CLUBS AGREE TO ABIDE AND BY FOSTERING YOUTH PROGRAMS ACROSS THE UNITED STATES. WE ARE THE SOLE REPRESENTATIVES OF AUSTRALIAN FOOTBALL IN THE UNITED STATES. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: NATIONAL CHAMPIONSHIPS COMPRISED OF 54 TEAMS ACROSS 7 DIVISIONS (5 MEN'S DIVISIONS, 2 WOMEN'S DIVISIONS). FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS. FORM 990, PART VI, SECTION A, LINE 7A: THE BOARD IS ELECTED AT THE ANNUAL GENERAL MEETING EACH OCTOBER, AT WHICH TIME EACH CLUB (APPROXIMATELY 15) VOTE FOR EACH POSITION AS NECESSARY. FORM 990, PART VI, SECTION B, LINE 11B: THE TREASURER REVIEWS THE 990 WITH THE CERTIFIED PUBLIC ACCOUNTANT.

FORM 990, PART VI, SECTION B, LINE 12C:

PERIODIC REVIEWS ARE PERFORMED AT LEAST ANNUALLY TO MONITOR AND ENFORCE

COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. AT THIS MEETING THE POLICY

IS REVIEWED IN FULL AND EACH MEMBER SHALL AFFIRM THEY UNDERSTAND THE

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

LEAGUE, INC C/O CLARK, SCHAEFER, HACKETT	43-1861294
POLICY, SUBMIT A DISCLOSURE LIST, AND SIGN A STATEMENT AFE	IRMING THEY HAVE
READ THE POLICY, AGREE TO COMPLY, AND ACKNOWLEDGE THEY ARE	NOT AWARE OF ANY
VIOLATIONS. IF A CONFLICT DOES ARISE, THE INTERESTED PERSO	ON WILL LEAVE THE
MEETING IN WHICH THE CONFLICT IS DISCLOSED. THE GOVERNING	BOARD OR
COMMITTEE SHALL THEN DETERMINE WHETHER THE USAFL CAN OBTAI	N, WITH
REASONABLE EFFORTS, A MORE ADVANTAGEOUS TRANSACTION OR ARE	RANGEMENT FROM A
PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF	INTEREST. IF A
MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASON	ABLY POSSIBLE
UNDER THE CIRCUMSTANCES, THE REMAINING MEMBERS OF THE GOVE	ERNING BOARD OR
COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE WHETHER THE T	RANSACTION OR
ARRANGEMENT IS IN THE USAFL'S BEST INTEREST.	
IF THE GOVERNING BOARD OR COMMITTEE HAS REASONABLE CAUSE T	O BELIEVE A
MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS	OF INTEREST, IT
SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND A	AFFORD THE MEMBER
AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.	APPROPRIATE
CORRECTIVE OR DISCIPLINARY ACTION MAY BE TAKEN IF NECESSAR	RY.
FORM 990, PART VI, SECTION C, LINE 19:	
THESE DOCUMENTS ARE EITHER ON THE WEBSITE OR ARE AVAILABLE	UPON REQUEST.