** PUBLIC DISCLOSURE COPY **

(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

OMB No. 1545-0047

Total number of volunteers (estimate if necessary) 6 20 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a Total unrelated business taxable income from Form 990-T, line 39 7b 0.0	A	or u	ne 2019 calendar year, or tax year beginning and	enaing				
LEAGUE_INC_C/O CLARK, SCHAEFER, HACKETT Doing business as a Number and street (or P.O. box if mail is end delivered to street address) Reconvisute E Telephone number 150 H InGINATY Programs are street (or P.O. box if mail is end delivered to street address) Reconvisute E Telephone number Corp. Programs are street (or P.O. box if mail is end delivered to street address) Reconvisute E Telephone number Corp. Programs are street (or P.O. box if mail is end delivered to street address) Reconvisute E Telephone number Corp. Programs are street (or P.O. box if mail is end delivered to street address) Reconvisute E Telephone number Corp. Programs are street (or P.O. box if mail is end delivered to street address) Reconvisute E Telephone number Corp. Programs are street Programs are vice revenue Program street Programs are vice revenue Programs are vice revenue Program street Programs are vice revenue Program street Programs are vice revenue Program street Programs are vice revenue Program Programs Programs Programs Program Programs Programs Program Program Program Program Program Program	В	Check applica	h la.		D Employer identific	cation number		
Dono Ducliness as		Add chai		TT				
Number and street (or P.D. tox if mail is not delivered to street address) Room/suite ST Policy Polic	F	Nan	ne		43-18612	94		
City or town, state or province, country, and 2IP or foreign postal code LAKELAND, TN 38 002 H(a) is this a group return for subcronfaste? Yes No Tax exempts status X 591(c) Yes No Yes Yes No Yes Yes Yes Xes No Yes Yes Xes Yes Xes		_ Initia		Room/suite				
LAKELAND, TN 38 00 2 Famme and address of principal officer: SEBASTIAN AGUIARI Famme and the principal office		lretu	in_					
DARLELAND, I Note and address of principal officer: SEBASTIAN AGUIART SAME AS C ABOVE H(b) Area lack-ordinates related to the principal officer Ves. Note	_							
Farmer and accross of principal contents of part of the powership of the part of the powership of the powership of the powership object of the power	닏	retu	TARELAND, IN 30002					
Taxexement status:	L	tion	F Name and address of principal officer: SEBASTIAN AGULAKI					
Website:	_				1			
Repart Summary 1				or 527	1			
Part Summary			<u>, </u>	1				
Briefly describe the organization's mission or most significant activities: THE USAFL TS A NON-PROFIT AMATEUR SPORTS ORGANIZATION DEDICATED TO THE DEVELOPMENT OF AND DEVELOPMENT OF A				L Year	of formation: 1337 N	A State of legal domicile; MO		
AMATEUR SPORTS ORGANIZATION DEDICATED TO THE DEVELOPMENT OF AND		_		TC A FT.	TC A NON-DDO			
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8 8 Contributions and grants (Part VIII, line 1h)	¥	'`i						
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, line 2g) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8d, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising ese (Part IX, column (A), line 1te) 17 Other expenses (Part IX, column (A), line 1te) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Part II 24 Signature Block 25 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 26 Prim's address 1 EAST 4TH STREET 27 Firm's address 1 EAST 4TH STREET 28 Firm's address 1 EAST 4TH STREET 28 Firm's address 1 EAST 4TH STREET 29 Phone no. 513 – 241 – 3111								
9 Program service revenue (Part VIII, line 2g) 1 134, 646. 143, 430. 1 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1 10 Chter revenue (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e) 1 17, 521. 26, 185. 1 2 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1 3 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1 4 Benefits paid to or for members (Part IX, column (A), lines 1-3) 1 5 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2 16a Professional fundraising feese (Part IX, column (A), line 11e) 3 1 Total fundraising expenses (Part IX, column (A), lines 11-10) 4 1 Total fundraising expenses (Part IX, column (D), line 25) 5 1 Total fundraising expenses (Part IX, column (D), line 25) 5 20 Total assets (Part X, lines 13-17 (must equal Part IX, column (A), line 25) 7 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 8 20 Total assets (Part X, line 16) 9 Revenue less expenses. Subtract line 21 from line 20 10 Total fundraising feese (Part X, line 26) 11 Total fundraising expenses (Part IX, column (B), line 25) 12 Total assets (Part X, line 16) 8 2 Total assets (Part X, line 16) 8 2 Total assets (Part X, line 16) 8 2 Total assets (Part X, line 16) 9 Revenue less expenses. Subtract line 21 from line 20 10 Total fundraising expenses. Subtract line 21 from line 20 10 Total assets (Part X, line 16) 10 Total fundraising expenses. Subtract line 21 from line 20 10 Total assets (Part X, line 16) 11 Total fundraising expenses. Subtract line 21 from line 20 12 Total assets (Part X, line 16) 13 Total expenses (Part IX, column (A), lines 5-10) 14 Total fundraising expenses. Subtract line 21 from line 20 15 Total assets (Part X, line 16) 16 Total fundraising expenses. Subtract line 21 from line 20 17 Total fundraising expenses. Subtract line 21 from line 20 15 Total fundraising expenses. Subtract line 21 from line 20 16 Total fundraising fees	une	8	Contributions and grants (Part VIII, line 1h)			123,088.		
To total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1·3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10) 16a Professional fundraising fees (Part IX, column (A), line 25) 17 Other expenses (Part IX, column (B), line 25) 18 Total expenses. Add lines 13·17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Part II Signature Block 23 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Print/Type preparer's name Print/Type preparer's name NATOSHA DILLEY Printr's name CLARK, SCHAEFER, HACKETT & CO. Firm's ellips 31-0800053 Phone no.513-241-3111		9						
12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 25) 17 Other expenses (Part IX, column (D), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 20 Total lassets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Part II Signature Block 24 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Part II Signature of officer Print/Type preparer's name Preparer's signature Firm's name CLARK, SCHAEFER, HACKETT & CO. Firm's self/ess 13 - 241 - 3111 Phone no.513 - 241 - 3111	eve	10						
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 295, 153. 292, 703. 13 Grants and similar amounts paid (Part IX, column (A), line 4) 0. 2,500. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 72,932. 73,203. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 17 Other expenses (Part IX, column (D), line 25) 0. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 305,378. 294,709. 19 Revenue less expenses. Subtract line 18 from line 12 -10,225. -2,006. 19 Revenue less expenses. Subtract line 18 from line 12 -10,225. -2,006. 19 Revenue less expenses. Subtract line 18 from line 12 -10,225. -2,006. 19 Revenue less expenses. Subtract line 18 from line 12 -10,225. -2,006. 19 Revenue less expenses. Subtract line 18 from line 20 -10,225. -2,006. 19 Revenue less expenses. Subtract line 18 from line 12 -10,225. -2,006. 19 Revenue less expenses. Subtract line 18 from line 12 -10,225. -7,821. 8,858. 10 Revenue less expenses. Subtract line 18 from line 20 -10,225. -7,821. 8,858. 10 Revenue less expenses. Subtract line 21 from line 20 -10,225. -7,821. 8,858. 10 Revenue less expenses. Subtract line 21 from line 20 -10,225. -7,821. 8,858. 10 Revenue less expenses. Subtract line 21 from line 20 -10,225. -7,821. 8,858. 10 Revenue less expenses. Subtract line 21 from line 20 -10,225. -7,821. 8,858. 11 Signature Block -10,225. -10,225. -10,225. -10,225. -10,225. -10,225. -10,225. 15 Revenue less expenses. Subtract line 21 from line 20 -10,225. -10,225. -10,225. -10,225. -10,225. -10,225. -10,225. -10,225. -10,225. -10,225. -10,225. -10,225. -10,225. -10,225. -10,225. -10,225. -10,225. -10,2	ä	11			11,521.	26,185.		
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 . 2,500 . 14 Benefits paid to or for members (Part IX, column (A), lines 4) 0 . 0 . 0 . 0 . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 72,932 . 73,203 . 16 Professional fundraising fees (Part IX, column (A), line 11e) 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0		12				292,703.		
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16a Professional fundraising fees (Part IX, column (A), line 11e) 0 .		14	Benefits paid to or for members (Part IX, column (A), line 4)			0.		
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19 Revenue less expenses. Subtract line 18 from line 12	ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)					
Beginning of Current Year End of Year		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)					
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true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here SEBASTIAN AGUIARI, PRESIDENT Type or print name and title Print/Type preparer's name NATOSHA DILLEY NATOSHA DILLEY NATOSHA DILLEY Prim's name CLARK, SCHAEFER, HACKETT & CO. Firm's address 1 EAST 4TH STREET CINCINNATI, OH 45202 Phone no. 513-241-3111								
Sign Here SEBASTIAN AGUIARI, PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature NATOSHA DILLEY NATOSHA DILLEY 05/06/20 if self-employed P01225377 Preparer Use Only Firm's address 1 EAST 4TH STREET CINCINNATI, OH 45202 Phone no. 513-241-3111		-				knowledge and belief, it is		
Here SEBASTIAN AGUIARI, PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature NATOSHA DILLEY NATOSHA DILLEY Prim's name CLARK, SCHAEFER, HACKETT & CO. Firm's address 1 EAST 4TH STREET CINCINNATI, OH 45202 Phone no. 513-241-3111	true	, corr	ect, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	nas any knowledge.			
Here SEBASTIAN AGUIARI, PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature NATOSHA DILLEY NATOSHA DILLEY Prim's name CLARK, SCHAEFER, HACKETT & CO. Firm's address 1 EAST 4TH STREET CINCINNATI, OH 45202 Phone no. 513-241-3111			Signature of officer		Data			
Type or print name and title Print/Type preparer's name NATOSHA DILLEY Preparer NATOSHA DILLEY NATOSHA DILLEY Pirm's name CLARK, SCHAEFER, HACKETT & CO. Firm's address 1 EAST 4TH STREET CINCINNATI, OH 45202 Phone no. 513-241-3111					Date			
Print/Type preparer's name NATOSHA DILLEY NATOSHA DILLEY NATOSHA DILLEY Preparer Firm's name CLARK, SCHAEFER, HACKETT & CO. Firm's address 1 EAST 4TH STREET CINCINNATI, OH 45202 Phone no. 513-241-3111	Hei	e						
Paid NATOSHA DILLEY NATOSHA DILLEY 05/06/20 self-employed P01225377 Preparer Use Only Vise Only In Inc. Firm's name	-			П	Date Check C	PTIN		
Preparer 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. 513-241-3111	Pair	4			: -	I		
Use Only Firm's address 1 EAST 4TH STREET CINCINNATI, OH 45202 Phone no. 513-241-3111								
CINCINNATI, OH 45202 Phone no.513-241-3111			·		THIII 2 EIIV			
	550	Unity			Phone no 51	3-241-3111		
May the IRS discuss this return with the preparer shown above? (see instructions)	Ma	v the	•		11 Holle 110.5 ±	X Yes No		

	990 (2019) LEAGUE, INC C/O CLARK, SCHAEFER, HACKE'I'I' 43-1861294 Page 2
Pal	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
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?
	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?
	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 \$ 237,159. including grants of \$ 2,500.) (Revenue \$ 149,893.)
	THE USAFL SERVES OVER 40 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 2019
	INCLUDED THE MANAGEMENT OF AN ADMINISTRATOR'S CONFERENCE IN CONJUNCTION
	WITH REGIONAL AND NATIONAL CHAMPIONSHIPS.
	WITH REGIONAL AND MATIONAL CHAMITONDHITS.
	PLANNED AND MANAGED REGIONAL CHAMPIONSHIPS IN RALEIGH, NC, DENVER, CO
	AND SALEM, OR AND NATIONAL CHAMPIONSHIPS IN LAKEWOOD RANCH, FL. THE
	NATIONAL CHAMPIONSHIPS COMPRISED OF 54 TEAMS ACROSS 6 DIVISIONS (4
	MEN'S DIVISIONS, 2 WOMEN'S DIVISIONS).
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	/ (Local of the control of the contr
4c	(Code:) (Expenses \$
7	
4d	Other program services (Describe on Schedule O.)
14	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 237,159.
	Form 990 (2019)

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	1
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		X	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			3,7
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			₩.
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	Х	
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	1 ie	- 21	
٠,	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	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		X
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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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			x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Ι Δ

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Form 990 (2019) LEAGUE, INC C/O CLARK, SCHAEFER, HACKETT

Part IV Checklist of Required Schedules (continued)

I ai	Officerist of Required Scriedules (continued)			
	5:11		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			X
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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	22	4	X
24.5	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		21
24 a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C		24c		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u> 24u</u>		
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		- 23
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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	21		- 25
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		X
h	"Yes," complete Schedule L, Part IV	28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		X
20	"Yes," complete Schedule L, Part IV	28c 29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		X
24	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		22
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		X
22	Schedule N, Part II	32		22
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		X
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		- 25
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		Х
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- 55a		
b	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?	000		
00	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			
	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?	"		
7	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance	_ 55		
	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			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
20	Entay the number of employees reported an Earm W.2. Transmittel of Wage and Tay Statements		Yes	No
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	4
D	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	4	Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	OD		
·u	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country	- 10		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		_X_
d	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		_ <u>X</u> _
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	77./	_X_
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? N/A	0-		
a	/-	9a 9b		
		90		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
a	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			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_X_
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			7.7
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			7.7
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2019)

LEAGUE, INC C/O CLARK, SCHAEFER, HACKETT 43-1861294 Page 6

Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "	No" re	spons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
_	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	37	X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_	v	
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			₩.
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	Х	
a	The governing body?	8a_	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Λ	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x
Sec	organization's mailing address? If "Yes." provide the names and addresses on Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		22
	tion DTT choice (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	140
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	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	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110		
12a		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	RICHARD HORDERN-GIBBINGS - (872)-228-7235 2033 W 30TH AVENUE, DENVER, CO 80211			
	AUJU 14 JULII AVERUE, DERVER, CO UUALL			

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

X Check this box if neither the organization n		orga	niza			nper	nsat			<u> </u>
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	itior more	ነ than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	is bot	h an	compensation	compensation	amount of
	week	_			I	T	T	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or 0	stee			satec		(W-2/1099-MISC)	(***-2/1099-141130)	organization
	organizations	truste	al trus		yee	m per		(** 27 1000 111100)		and related
	below	Individual trustee or director	Institutional trustee	 	Key employee	Highest compensated employee	er .			organizations
	line)	Indiv	Insti	Officer	Key	High	Former			
(1) JON LORING	5.00									
SECRETARY		Х		X				0.	0.	0.
(2) SCOTT MORRIS	5.00									
VP EAST		Х		X				0.	0.	0.
(3) HEATHER SERPICO	5.00									
VP WEST		X		Х				0.	0.	0.
(4) RICHARD HORDERN-GIBBINGS	15.00					1				
TREASURER		Х		X		_		0.	0.	0.
(5) DAVID BRYANT	5.00								_	_
VP CENTRAL		X		X				0.	0.	0.
(6) SEB AGUIARI	20.00								_	_
PRESIDENT		Х		X				0.	0.	0.
(7) TEGAN HAMILTON	5.00	1								_
MEMBER AT LARGE		Х		Х		_		0.	0.	0.
		1								
						H				
						\vdash				
						L				
		-	\vdash	-	\vdash	+	\vdash			

Form 990 (2019)

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	(A)	rs, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (D) (E)							(E)			(F)		
	Name and title	Average	١,,		Pos				Reportable	Reportable		Est	imate	d
		hours per	box	, unle	heck ı ss per	son i	is botl	n an	compensation	compensation	۱	am	ount o	of
		week	_	cer ar	nd a di	irecto	or/trus	tee)	from	from related		(other	4
		(list any	director						the	organizations		comp	ensat	tion
		hours for	or dir	au			rted		organization	(W-2/1099-MIS	C)		m the	
		related	stee	truste			bensa		(W-2/1099-MISC)			•	ınizati	
		organizations below	ıal tru	onal		ploye	E com						relate	
		line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizatio) is
		,	<u>=</u>	<u> </u>	0	×	Ξ ω	ш						
											V			
			_								1			
								H						
			_											
4 h Cubi						-			0.		0.			0.
1b Subto									0.		0.			0.
	from continuation sheets to Part VI					4			0.		0.			0.
	(add lines 1b and 1c)				$\overline{}$					000 - f t - l- l -	0.			0.
	number of individuals (including but representation from the organization	of limited to th	ose	liste	d ab	ove	e) wn	io re	eceived more than \$100,	000 of reportable				0
COMP	rensation from the organization												Yes	No
3 Did th	ne organization list any former officer	director trust	ا مم	(ev e	mnl	OVE	e or	· hia	hest compensated emp	lovee on				
	a? If "Yes," complete Schedule J for s											3		Х
	ny individual listed on line 1a, is the su								ner compensation from t					
	elated organizations greater than \$150											4		Х
	ny person listed on line 1a receive or													
rende	ered to the organization? If "Yes." con					-			-			5		X
	Independent Contractors Dete this table for your five highest co	mnoncotod inc	lono	ndo	ot oc	ntro	acto	ro th	and received mare than [©]	1100 000 of comp	onoot	ion fro	<u> </u>	
-	rganization. Report compensation for	-	-								ensai	.1011 110	111	
	(A)								(B)			(C		
	Name and business	address	NO	ONE	3			\dashv	Description of s	services	C	ompen	sation	1
	Y							_						
0 Tatal	number of independent	noludina but -	ot III	ni+ -	4+- '	the c	no 11-	+0 -1	abova) who restined	are then				
	number of independent contractors (i ,000 of compensation from the organi		Ji III	ıntec	u (O 1	thos (rea	above) who received mo	ле шап				
												Form 9	90 (2	2019)

 $\begin{array}{c|c} \text{Form 990 (2019)} & \text{LEAGUE} \text{ ,} \\ \hline \textbf{Part VIII} & \textbf{Statement of Revenue} \\ \end{array}$

		Check if Schedule O contains a respons	se or note to any lin	e in this Part VIII			
		<u> </u>	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
S S		Fundraising events 1c					
fts,		Related organizations 1d					
ig ig		• • • • • • • • • • • • • • • • • • • •					
ons,		Government grants (contributions) 1e					
utio er (т	All other contributions, gifts, grants, and	122 000				
ë		similar amounts not included above 1f	123,088.	-			
ont	_	Noncash contributions included in lines 1a-1f		122 000			
<u>0</u> <u>e</u>	h	Total. Add lines 1a-1f		123,088.			
		MEMBER RIEG	Business Code	142 420	142 420		
Se	2 a	MEMBER DUES	900099	143,430.	143,430.		
er vi	b		-				
S c	С		-				
ran Sev	d		_				
Program Service Revenue	е		_				
ď	f	All other program service revenue					
	g	Total. Add lines 2a-2f		143,430.			
	3	Investment income (including dividends, inter-	erest, and				
		other similar amounts)					
	4	Income from investment of tax-exempt bond					
	5	Royalties)				
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securitie	s (ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
<u>o</u>	-	and sales expenses					
her Revenue	c	Gain or (loss) 7c					
ě	q	Net gain or (loss)					
푸		Gross income from fundraising events (not					
Oth	υu	including \$ of					
		contributions reported on line 1c). See					
			За				
	b		3b				
		Net income or (loss) from fundraising events					
	э а	Gross income from gaming activities. See	20				
		, , , , , , , , , , , , , , , , , , , ,	9a 9b				
			90				
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns	45 050				
	_		0a 45,058.				
			оь 25,336.	10 700			10 700
	С	Net income or (loss) from sales of inventory		19,722.			19,722.
ဖွ		MT G G T T 2 3 T C T C T C T C T C T C T C T C T C T	Business Code	6 460	6 460		
Miscellaneous Revenue		MISCELLANEOUS INCOME	900099	6,463.	6,463.		
lank	b		_				
cel.	С		_				
Mis F		All other revenue					
	е	Total. Add lines 11a-11d		6,463.			
	12	Total revenue. See instructions		292,703.	149,893.	0.	19,722.

	Check if Schedule O contains a respons			(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(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	2,500.	2,500.		
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,				
_	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)	68,000.	51,000.	17,000.	
7	Other salaries and wages	00,000.	31,000.	17,000.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	5,203.	3,902.	1,301.	
10	Payroll taxes	3,203.	3,302.	1,301.	
1	Fees for services (nonemployees):				
a	Management	3,858.	70.	3,788.	
b	Legal	2,200.	70.	2,200.	
ç	Accounting	2,200.		2,200.	
d	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch O.)	30,545.	22,909.	7,636.	
12	Advertising and promotion	30/3131	22/3030	7,000.	
13	Office expenses	29,103.	21,827.	7,276.	
4	Information technology	23/2001	22/02/0	7,2700	
15	Royalties				
16	Occupancy	33,204.	24,903.	8,301.	
17	Travel	25,440.	19,080.	6,360.	
18	Payments of travel or entertainment expenses			.,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,996.	2,997.	999.	
20	Interest	,	,		
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
.3	Insurance	9,251.	6,938.	2,313.	
24	Other expenses. Itemize expenses not covered	·		·	
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	TOURNAMENT COSTS	48,633.	48,633.		
b	UMPIRES AND OFFICIALS	25,940.	25,940.		
С	CLUBS EXPENSE	3,892.	3,892.		
d	COMMISSIONS, DUES AND F	1,501.	1,125.	376.	
	All other expenses	1,443.	1,443.		
5	Total functional expenses. Add lines 1 through 24e	294,709.	237,159.	57,550.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2019)

Form 990 (2019)

Part X | Balance Sheet

Pai	rt X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		86,606.	1	85,637
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or	former officer, director,			
		trustee, key employee, creator or founder, subst	antial contributor, or 35%			
		controlled entity or family member of any of thes		5		
	6	Loans and other receivables from other disquality	fied persons (as defined			
		under section 4958(f)(1)), and persons described			6	
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ä	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	1			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line	11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa		86,606.	16	85,637
	17	Accounts payable and accrued expenses		1,499.	17	2,541
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete I	Part IV of Schedule D		21	
S	22	Loans and other payables to any current or form				
Ě		trustee, key employee, creator or founder, subst				
Liabilities		controlled entity or family member of any of thes			22	
_	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated	d third parties		24	
	25	Other liabilities (including federal income tax, pa	-			
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D		6,322.	25	6,317
	26	Total liabilities. Add lines 17 through 25		7,821.	26	8,858
w		Organizations that follow FASB ASC 958, che	ck here ▶ X			
Ce		and complete lines 27, 28, 32, and 33.		70 705		76 770
alar	27			78,785.	27	76,779
Ä	28				28	
E C		Organizations that do not follow FASB ASC 9	58, check here			
ΥF		and complete lines 29 through 33.				
ts c	29	Capital stock or trust principal, or current funds			29	
sse	30	Paid-in or capital surplus, or land, building, or ed			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in		70 70	31	
Ne	32			78,785.	32	76,779
	33	Total liabilities and net assets/fund balances		86,606.	33	85,637 Form 990 (201

Form **990** (2019)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u> 292</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		294		
3	Revenue less expenses. Subtract line 2 from line 1	3			,00	_
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		78	,78	35.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		76	,77	79.
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	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	dit			
	Act and OMB Circular A-133?		L	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed auc	lit			
	an avalita avalaja valava an Cahadula O and daavijha anvasta a falsanta vadama avala avalita			O.L.	- 1	

Form 990 (2019)

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.
UNITED STATES AUSTRALIAN FOOTBALL

OMB No. 1545-0047

Open to Public

Employer identification number Name of the organization INC C/O CLARK, SCHAEFER, 43-1861294 **LEAGUE** Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 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.)

Galendar year (or fiscal year beginning in) ► (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 1 (d)	Sec	ction A. Public Support						
membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 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, 202, 487, 166, 998, 175, 092, 148, 986, 123, 088, 816, 651. 75, 655. 8 Public support, sonest we \$ fee the wear to the amount shown on line 11, Calledary year (fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 202, 487, 166, 998, 175, 092, 148, 986, 123, 088, 816, 651. 4 Calledary year (fiscal year beginning in) (a) 202, 487, 166, 998, 175, 092, 148, 986, 123, 088, 816, 651. 5 Public support. Sonest we \$ fee the wear to the subsenses is regularly carried on on securities loans, rents, royalties, and income from imiliar sources 9 Net income from include gain or loss from the sale of capital assets (Explain in Part WI) 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part WI) 11 Total support percentage from 2018 Schedule A, Part II, line 14 14 Public support percentage from 2018 Schedule A, Part II, line 14 15 Public support percentage from 2018 Schedule A, Part II, line 14 15 Public support percentage from 2018 Schedule A, Part II, line 14 15 Ja 31/3% support test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization weeks the "facts and circumstances test 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 14 is 10% or more, one of the organization of the or	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Tax revenues levied for the organization is benefit and either paid to or expended on its behalf	1	Gifts, grants, contributions, and						
2 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf. 3 The value of services or facilities furnished by a governmental unit to the organization without charge. 4 Total, Add lines I through 3. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 5 Public support. Selection is Total Support. 6 Public support is selective or the line of the selection is the selection 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). 7 Amounts from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. 9 Not income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. 9 Not income from invested business activities, whether or not the business is regularly carried on. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support red in the form 990 is for the organization of first, second, third, fourth, or fifth tax year as a section 501(c)(8) organization, check this box and stop here. 5 Ecclion C. Computation of Public Support Percentage. 5 Ecclion C. Computation of Public Support Percentage from 2018 Schedule A, Part II, line 14 1		membership fees received. (Do not						
tization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column () 75,655. 6 Public support. Subreative 9 tool level 4 8 Gross income from initial services 1 to 10 to		include any "unusual grants.")	202,487.	166,998.	175,092.	148,986.	123,088.	816,651.
or expended on its behalf 3. The value of services or facilities turnished by a governmental unit to the organization without charge turnished by a governmental unit to the organization without charge the services of the services of the services or facilities turnished by a governmental unit to the organization 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)	2	Tax revenues levied for the organ-						
3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 5 Public support. Journal of the state of the s		ization's benefit and either paid to						
4 Total, Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 256 of the amount shown on line 11, column (f) 75,655. 6 Public support. Substations from line 4 8 Gross income from interest, dividends, payments received on securities bans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assest (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization is first, second, third, fourth, or fifth tax year as a section 501c(s) 9 Public support percentage for 2018 (ine 6, column f) divided by line 11, column (f) 15 Gross receipts from related activities, as a publicly support decrentage from 2018 Schedule A, Part II, line 14 16 Sa 33 1/3% support test - 2019. If the organization did not check the box on line 13, fide, or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization in Part VI how the organization heets the "facts and circumstances" test, theck this box and stop here. Explain in Part VI how the organization heets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization heets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts and circumstances" test, check this box and s		or expended on its behalf						
## Total. Add lines 1 through 3 The protino 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) ## Application B. Total Support Callendar year (or fiscal year beginning in)	3	The value of services or facilities						
4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 75,655. 6 Public support. Subject the 5 from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and 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 assest (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 15 Public support percentage from 2018 Schedule A, Part II, line 14 16 33 1/3% support test - 2019. If the organization did not check the box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization 17 a 10% -facts-and-circumstances test - 2019. If the organization qualifies as a publicly supported organization 18 the formal support formal part VI) how the organization in length of the organization in Part VI how the organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts and-circumstances" test, check this		furnished by a governmental unit to						
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 () 75,655. 6 Public support. Subtect time 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 740,996. Section B. Total Support Calendar year (or fiscal year beginning in) 740,996. Section B. Total Support Calendar year (or fiscal year beginning in) 740,996. Section B. Total Support Calendar year (or fiscal year beginning in) 740,996. Section B. Total Support Calendar year (or fiscal year beginning in) 740,996. Section B. Total Support Calendar year (or fiscal year beginning in) 740,996. Section B. Total Support Calendar year (or fiscal year beginning in) 740,996. Section B. Total Support Calendar year (or fiscal year beginning in) 740,996. Section B. Total Support (a) 2018 (e) 2019 (f) Total 740,996. Section B. Total Support (b) 2018 (e) 2019 (f) Total 740,996. Section B. Total Support (b) 2019 (f) Total 740,996. Section B. Total Support (b) 2019 (f) Total 740,996. Section B. Total Support (b) 2019 (f) Total 740,996. Section B. Total Support (b) 2019 (f) Total 740,996. Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (fine 6, column (f) divided by line 11, column (f) 14 86.43 % 15 Public support percentage for 2019 (fine 6, column (f) divided by line 11, column (f) 14 86.43 % Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (fine 6, column (f) divided by line 11, column (f) 15 83 1/3% or more, check this box and s		the organization without charge						
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)	4	Total. Add lines 1 through 3	202,487.	166,998.	175,092.	148,986.	123,088.	816,651.
governmental unit or publicly supported organization) included on line 11 that exceeds 2% of the amount shown on line 11, column (f) 75,655. 6 Public support. Subvact live 5 from line 4 740,996. Section B. Total Support Calendar year (or fiscal year beginning in) 740,996. Section B. Total Support Calendar year (or fiscal year beginning in) 740,996. Section B. Total Support Calendar year (or fiscal year beginning in) 740,996. Section B. Total Support Calendar year (or fiscal year beginning in) 740,996. Section B. Total Support Calendar year (or fiscal year beginning in) 740,996. Section B. Total Support Calendar year (or fiscal year beginning in) 740,996. Section B. Total Support Calendar year (or fiscal year beginning in) 740,996. Section B. Total Support Calendar year (or fiscal year beginning in) 740,996. Section B. Total Support Calendar year (or fiscal year beginning in) 740,996. Section B. Total Support Calendar year (or fiscal year beginning in) 740,996. Section B. Total Support Calendar year (or fiscal year beginning in) 740,996. Calendar year (or fiscal year beginning in) 740,996. Section B. Total Support Calendar year (or fiscal year beginning in) 740,996. Calendar year (or fiscal year beginning in) 750,092. Calendar year (or fiscal year beginning in) 750,092. Calendar year (or fiscal year beginning in) 840,986. Calendar year (d. 2018) 840,986. Calendar year (d. 2018) 840,986. Calendar ye	5	The portion of total contributions						
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 75, 655. 6 Public support. Subvast line 9 from line 4 740,996. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 202, 487. 166,998. 175,092. 148,986. 123,088. 816,651. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from surrilar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.) 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 857, 378. 12 Gross receipts from related activities, etc. (see instructions) 12 653,598. 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage from 2018 Schedule A, Part II, line 14 15 Public support percentage from 2018 Schedule A, Part II, line 14 16 33 1/3% support test - 2019. If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 a 10%-facts-and-circumstances test - 2019. If the organization qualifies as a publicly supported organization weets the "facts-and-circumstances" test. The organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the		by each person (other than a						
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amount shown on line 11, column (f) 6 Public support. Subtractities 8 from line 4. 8 Public support. Subtractities 8 from line 4. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support. Add lines 7 through 10. 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 14 Public support percentage from 2018 Schedule A, Part II, line 14 15 3 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 15 10% Facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how		supported organization) included						
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	ΙŎ	rivate iounidation. If the organization	п ии пот спеск а	DOX OH IIIIE 13, 168	1, 10D, 17A, OF 17D			•

Schedule A (Form 990 or 990-EZ) 2019 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.)

Section A. Public Support	ciow, picase comp	nete i art ii.j				
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			, ,		, ,	
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge			4	(2-)		
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			57			
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
	(a) 201E	(b) 2016	(a) 2017	(4) 2012	(a) 2010	(f) Total
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	C					
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14 First five years. If the Form 990 is for	-			•		
check this box and stop here						_
Section C. Computation of Publi						
15 Public support percentage for 2019 (I			olumn (f))		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inves						
17 Investment income percentage for 20					17	%
18 Investment income percentage from	2018 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2019. If the	organization did n	ot check the box o	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar b 33 1/3% support tests - 2018. If the	-	-	•			
line 18 is not more than 33 1/3%, che	•			•	*	
20 Private foundation. If the organization						

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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
V	2		
	3a		
	3b		
	_		
	3с		
	_		
	4a		
	4.		
	4b		
	4		
	4c		
	- -		
	5a		
	5b		
	5c		
	30		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		

Pai	t IV	Supporting Organizations (continued)			ago o
		11 C C (OSTRINGOU)		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son 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 fam	ily member of a person described in (a) above?	11b		
		controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion E	B. Type I Supporting Organizations			`
				Yes	No
1		e directors, trustees, or membership of one or more supported organizations have the power to			
	regula	rly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax ye	ar? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contro	olled the organization's activities. If the organization had more than one supported organization,			
		be how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	•	zations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	_	zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	0		
Sec		vised, or controlled the supporting organization. C. Type II Supporting Organizations	2		
000	LIOIT	s. Type ii oupporting organizations		Yes	No
1	Woro :	a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
•		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		poorted organization(s).	1		
Sec		D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	zation'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			
	organi	zation'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			
	organi	zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		son of the relationship described in (2), did the organization's supported organizations have a			
		cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
202	suppo	rted organizations played in this regard. Type III Functionally Integrated Supporting Organizations	3		
		7			
1 a		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 satisfied the Activities Test. Complete line 2 pelow. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C		The organization is the parent of each of its supported organizations. Complete line of below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruments).	ructions)		
2		ies Test. Answer (a) and (b) below.	uctions)	Yes	No
а		bstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		ne organization was responsive to those supported organizations, and how the organization determined			
	that th	ese activities constituted substantially all of its activities.	2a		
b	Did th	e 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			
	reasor	ns for the organization's position that its supported organization(s) would have engaged in these			
	activiti	ies but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer (a) and (b) below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? Provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u>.</u>		
	of its s	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) 2019 LEAGUE, INC C/O CLARK, SCHAEFER, HACKETT 43-1861294 Page 6

Part	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	Nov. 20, 1970 (explain in Pa	art VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must c	omplete Se	ctions A through E.	
Section	on 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		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	on 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		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
	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		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by .035.	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
Section	on C - Distributable Amount			Current Year
1 .	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1.	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3.	4		
	Income tax imposed in prior year	5		
	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	Ilv integrate	ed Type III supporting organ	nization (see

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 LEAGUE, INC C/O CLARK, SCHAEFER, HACKETT 43-1861294 Page 7

Par	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	ion D - Distributions	· ·	Current Year	
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizations	i .	
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 which	the organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	1		
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
	From 2016			
d	From 2017			
	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
_ <u>i</u> _	Carryover from 2014 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
6	than zero, explain in Part VI. See instructions. Remaining underdistributions for 2019. Subtract lines 3h			
U	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 LEAGUE, INC C/O CLARK, SCHAEFER, HACKETT 43-1861294 Page 8 **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, Part VI line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2019

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
OPERS BREWERY	92,803.	75,65
	, , , , , , , , , , , , , , , , , , , ,	

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.

OMB No. 1545-0047

2019

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 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
Check if your organization	is covered by the General Rule or a Special Rule.						
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule							
For an organizati	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or						
property) from ar	ny one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
sections 509(a)(1 any one contribu	on 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 tor, 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; Z, line 1. Complete Parts I and II.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
year, contribution is checked, enter purpose. Don't c religious, charital	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
but it must answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), on 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 the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

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) (2019)

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 additional	space is needed.	4
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,990.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Name, address, and ZIP + 4	\$ 12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4	Total contributions \$ 13,509.	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
5		\$5,000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.

Name of organization
UNITED STATES AUSTRALIAN FOOTBALL
LEAGUE, INC C/O CLARK, SCHAEFER, HACKETT
43-1861294

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	4
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	-0
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

	rganization				Employer identification number
	D STATES AUSTRALIAN FOOT				42 1061204
Part III	from any one contributor. Complete columns (a)	ons to organizations descri	na line entry. For a	organizations	4
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$	1,000 or less for t	the year. (Enter this info. once	e.) • \$
(a) No. from	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	ription of how gift is held
Part I					
		(e) Transf	er of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tran	nsferor to transferee
	-				
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	ription of how gift is held
			5		
		(e) Transf	er of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of trar	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	ription of how gift is held
					
		(e) Transfe	er of gift		
			or or gire		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of trar	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	ription of how gift is held
		()=			
		(e) Transf	er ot gift		
~	Transferee's name, address, a	nd ZIP + 4	R	elationship of tran	nsferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

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

Employer identification number 43-1861294

Par	t I Organizations Maintaining Donor Advised	d Funds or Other S	imilar Funds	or Accoun	ts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line				
		(a) Donor advise	d funds	(b) Fun	ds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in w	vriting that the assets he	d in donor advise	ed funds	
	are the organization's property, subject to the organization's e				Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that gra	nt funds can be	used only	
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for an	y other purpose of	conferring	
D -	impermissible private benefit?				Yes No
Par			s" on Form 990, F	Part IV, line 7.	·
1	Purpose(s) of conservation easements held by the organization				
	Preservation of land for public use (for example, recreat	ion or education)			important land area
	Protection of natural habitat		Preservation of	a certified his	storic structure
	Preservation of open space			•	
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribu	ition in the form	of a conservat	•
	day of the tax year.			_	Held at the End of the Tax Year
а	Total number of conservation easements				
b					
С	Number of conservation easements on a certified historic stru				
d	Number of conservation easements included in (c) acquired at				
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or to	erminated by the	organization	during the tax
	year >				
4	Number of states where property subject to conservation ease	_	San Januallian of		
5	Does the organization have a written policy regarding the peri-				□ Vaa □ Na
_	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, h		d onforcing con		Yes No
6	Starr and volunteer flours devoted to filoritioning, inspecting, i	ianuling of violations, an	d emorcing cons	ervation ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and on	oreina concentat	tion opcomont	e during the year
'	\$\\$\$ \$\$	ing or violations, and em	ording conservat	don cascinent	.s during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirement	s of section 170(h)(4)(R)(i)	
Ü	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservatio				
5	balance sheet, and include, if applicable, the text of the footnot				
	organization's accounting for conservation easements.	oto to the organization o	manolal olatorric	onto that acco	niboo une
Par	t III Organizations Maintaining Collections of	Art, Historical Trea	asures, or Ot	her Similaı	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its reve	nue statement a	nd balance sh	neet works
	of art, historical treasures, or other similar assets held for public	lic exhibition, education,	or research in fu	rtherance of p	public
	service, provide in Part XIII the text of the footnote to its finance			•	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue	statement and b	palance sheet	works of
	art, historical treasures, or other similar assets held for public	•			
	provide the following amounts relating to these items:	·		•	•
	(i) Revenue included on Form 990, Part VIII, line 1			> :	\$
					\$
2	If the organization received or held works of art, historical trea				
	the following amounts required to be reported under FASB AS				
а	Revenue included on Form 990, Part VIII, line 1	~			\$
b	Assets included in Form 990, Part X				

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Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

LEAGUE, INC C/O CLARK, SCHAEFER, HACKETT 43-1861294 Page 2

Pai	rt III	Organizations Maintaining Co	ollections of Art	t, Historical Tre	asures, or Oth	er Similar Asset	(conti	nued)	
3		Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its							
	coll	collection items (check all that apply):							
а		Public exhibition	d	I Loan or exc	hange program				
b		Scholarly research	е	Other					1
С		Preservation for future generations							
4	Pro	vide a description of the organization's col	lections and explair	n how they further th	ne organization's ex	empt purpose in Part	XIII.		
5	Dur	ng the year, did the organization solicit or	receive donations of	of art, historical treas	sures, or other simila	ar assets			_ `
_		e sold to raise funds rather than to be mai					Yes		No
Pai	rt IV	_		ete if the organizatio	n answered "Yes" o	n 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						7	
		on Form 990, Part X?							No
b	If "Y	es," explain the arrangement in Part XIII a	nd complete the fol	lowing table:					
	_						Amoun	t	
С	-	inning balance							
d		litions during the year							
e		ributions during the year							
f O-		ing balance				1f	Yes		7 N.a
		the organization include an amount on Fo 'es," explain the arrangement in Part XIII. (_ Yes	H	」No □
	rt V	Endowment Funds. Complete if							
		Complete ii	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(a) Fou	r vears	hack
1a	Rec	inning of year balance	(a) carrent year	(b) i noi year	(c) Two yours buok	(a) Throo yours buok	(0)100	i youro	buok
b		tributions							
c		investment earnings, gains, and losses							
d		nts or scholarships							
e		er expenditures for facilities							
_		programs							
f		ninistrative expenses							
g		of year balance							
2	Pro	vide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a)) held as:				
а		rd designated or quasi-endowment		%					
b	Peri	manent endowment	%						
С	Terr	Ferm endowment \(\square\) \(\square\)							
	The	percentages on lines 2a, 2b, and 2c shou	ld equal 100%.						
За	Are	there endowment funds not in the posses	sion of the organiza	tion that are held ar	nd administered for	the organization			
	by:							Yes	No
		Unrelated organizations					3a(i)		
	(ii)	Related organizations					3a(ii)		
b		es" on line 3a(ii), are the related organizat					3b		
4		cribe in Part XIII the intended uses of the		wment funds.					
Pai	rt VI	Land, Buildings, and Equipme							
		Complete if the organization answered							
		Description of property	(a) Cost or o basis (investn		` '	Accumulated epreciation	(d) Boo	k valu	е
	Lan	d	· ·	110.19	(53.101)	op. colation			
b		dings							
O		sehold improvements							
d		ipment							
	Oth								
		d lines 1a through 1e. <i>(Column (d) must e</i> d	•	X column (R) line 1	0c.)	•			0.
		J (Columnia) musi eq	r 5/11/ 500, r art						

Schedule D (Form 990) 2019

	ES AUSTRALIAN		43-1861294 Page 3
Part VIII Investments - Other Securities.	C/O CHARR, 5	CHAEFER, HACKETT	45-1001294 Page 0
Complete if the organization answered "Yes"	on Form 990 Part IV line	11h 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-vear market value
(1) Financial derivatives			
(2) Closely held equity interests			4
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
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)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>e 15.) </u>		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) TAXES PAYABLE			6,317.
(3)			
(4)			
(5)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

6,317.

(7) (8)

	dule D (Form 990) 2019 LEAGUE, INC C/O CLARK,			1294 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenue per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
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, line 12	.)	5	
Pai	t XII Reconciliation of Expenses per Audited Financial St		Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li			
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:			
а	Donated services and use of facilities		_	
b	Prior year adjustments		_	
С	Other losses		_	
d	Other (Describe in Part XIII.)		_	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b		-	
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	
5 D 21	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information.	(8.)	. 5	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		e 4; Part X, line	2; Part XI,
iines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.		
	. 6			
1				

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

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

Employer identification number 43-1861294

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PARTICIPATION IN AUSTRAILIAN FOOTBALL IN THE UNITED STATES. THE USAFI 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 WE ARE THE SOLE REPRESENTATIVES OF AUSTRALIAN FOOTBALL STATES. UNITED STATES.

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 40) VOTES 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:

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

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 SUBMIT A DISCLOSURE LIST, AND SIGN A STATEMENT AFFIRMING THEY HAVE POLICY READ THE POLICY, AGREE TO COMPLY, AND ACKNOWLEDGE THEY ARE NOT AWARE OF ANY VIOLATIONS. IF A CONFLICT DOES ARISE, THE INTERESTED PERSON WILL LEAVE THE MEETING IN WHICH THE CONFLICT IS DISCLOSED. THE GOVERNING BOARD OR

932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization UNITED STATES AUSTRALIAN FOOTBALL **Employer identification number** 43-1861294 LEAGUE, INC C/O CLARK, SCHAEFER, HACKETT COMMITTEE SHALL THEN DETERMINE WHETHER THE USAFL CAN OBTAIN, WITH REASONABLE EFFORTS, A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER THE CIRCUMSTANCES, THE REMAINING MEMBERS OF THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE USAFL'S BEST INTEREST. IF THE GOVERNING BOARD OR COMMITTEE HAS REASONABLE CAUSE TO 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 AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. APPROPRIATE CORRECTIVE OR DISCIPLINARY ACTION MAY BE TAKEN IF NECESSARY. FORM 990, PART VI, SECTION C, LINE 19: THESE DOCUMENTS ARE EITHER ON THE WEBSITE OR ARE AVAILABLE UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: INDEPENDENT CONTRACTORS: PROGRAM SERVICE EXPENSES 22,909. MANAGEMENT AND GENERAL EXPENSES 7,636. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 30,545. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 30,545.