## **NOTICE**

GuideStar has been informed by the IRS of processing errors on IRS Forms 990 filed electronically between January 1, 2009, and December 3, 2010, for form year 2008. These processing errors resulted in inaccurate data appearing on the scanned images of the affected returns that are posted on GuideStar and do not reflect the information filed with the IRS.

#### These errors include:

- Part III, line 1, organization's mission description—may not reflect what was originally submitted by the nonprofit organization.
- Part VIII, line 8a, gross income for special events—values may have been transposed.
- Part IX, line 7c, other salaries and wages, management and general expenses—may show a blank where a value was originally reported.
- Schedule D, Part V, line 3a(ii), endowment funds and possession by related organizations—checkbox values may have been transposed.

GuideStar is working with the IRS to obtain a corrected copy of its form year 2008 Form 990. GuideStar will replace this Form 990 if, and when, the accurate return is made available from the IRS.

For more information, please visit <a href="http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx">http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx</a>



Form **990** 

Department of the Treasury Internal Revenue

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008
Open to Public

Inspection

Serv	naike ice	venue						
A Fo	or the 2	2008 ca	lendar year	r, or tax year beginning 01-01-2008	8 and ending 12-31-200	8		
B Ch	eck if a	pplicable	Please	C Name of organization UNITED STATES AUSTRALIAN FOOTBALL			D Employer ic	lentification number
┌ Ad	dress ch	ange	use IRS	LEAGUE INC CO CLARKSCHAEFERHACK			43-18612	94
	ıme char	nae	label or print or	Doing Business As			E Telephone r	number
	tıal retur	_	type. See Specific				(513) 241	-3111
_			Instruc-	Number and street (or P O box if mail 105 EAST FOURTH STREET FIFTEENTH	is not delivered to street addre	ss) Room/suite	G Gross recei	<b>pts</b> \$ 169,883
	rmınatıo		tions.	FLOOR				
J An	nended i	return		City or town, state or country, and ZIP CINCINNATI, OH 45202	+ 4			
Г Ар	plication	pending		<b>,</b>				
		Ī	<b>F</b> Nam	ne and address of Principal Officer		H(a) Is this	a group retur	n for
						affiliat		┌ Yes ┌ No
						H/h) A 11	-661:-1	
I Ta	ax-exem	pt status	<b>▽</b> 501(c)	(3) ◀ (insert no )		' '	affiliates includ	ded? Yes No t See instructions )
1 W	/ah sit/	a• <b>b</b> - \//\/	W USFO 0 1	TYCOM		1	o, attach a his o Exemption N	
•	CD SIC		W 051001				•	
<b>K</b> Tyr	e of org	anization	Corporati	on		L Year of For	mation 1997	M State of legal domicile
/			,,	,				10
Pa	rt I	Sumi	mary					
	1		•	ie organization's mission or most s	ignificant activities			
Governance	See A	dditiona	al Data Tab	le				
Ě	2	Check	this box 🦵	ıf the organization discontinued its	s operations or disposed o	of more than 2	5% of its asse	ets
ş	3	Numbe	r of voting i	members of the governing body (Pa	art VI, line 1a)		3	7
	4	Numbe	r of ındeper	ndent voting members of the gover	ning body (Part VI, line 1	b)	. 4	7
Activities &	5	Total n	umber of er	mployees (Part V, line 2a)			5	3
ĕ.	6	Total n	umber of vo	olunteers (estimate if necessary)			6	50
్	7a	Totalg	ross unrela	ited business revenue from Part V	III, line 12, column (C)		7a	<u> </u>
ă	ь	Net uni	related bus	iness taxable income from Form 9	90-T, line 34		71	•
						Prio	r Year	Current Year
	8	Contri	butions and	grants (Part VIII, line 1h)			91,175	141,949
≘	9			revenue (Part VIII, line 2g)			60,271	20,607
Reven	10	-		ne (Part VIII, column (A), lines 3,			1,526	32
æ	11			art VIII, column (A), lines 5, 6d, 8	,		-3,756	-8,287
	12		•	dd lines 8 through 11 (must equal		e	-,	- ,
		12)					149,216	154,301
	13	Grants	and simila	ır amounts paıd (Part IX, column (A	A), lines 1–3)			4,750
	14	Benefi	ts paid to o	r for members (Part IX, column (A	), line 4)			0
ø	15		s, other co	empensation, employee benefits (P	art IX, column (A), lines 5	5 –	43,044	36 700
Expenses		10)		name of the Annual Control of the Annual Con	lone of the N		43,044	36,709
কু	16a			raising fees (Part IX, column (A), I				0
ठ	Ь	,		penses, Part IX, column (D), line 25 $rac{1,000}{1}$				
	17			Part IX, column (A), lines 11a-11			97,625	102,192
	18			add lines 13–17 (must equal Part			140,669	143,651
	19	Reven	ue less exp	enses Subtract line 18 from line :	12		8,547	10,650
Net Assets or Fund Balances						Beginni	ng of Year	End of Year
Set	20	Total	assets (Par	t X, line 16)			32,914	52,038
As	21	Total I	ıabılıtıes (P	art X, line 26)			24,912	33,386
<u> </u>	22	Netas	sets or fun	d balances Subtract line 21 from l	line 20		8,002	18,652
	rt II		ature Blo				-,	
				ηury, I declare that I have examined this	return, including accompanying	schedules and st	atements, and to	the best of my knowledge
		and beli	ef, it is true, c	correct, and complete Declaration of prepare	arer (other than officer) is base	d on all informati	on of which prepa	arer has any knowledge
Plea		****				2009-	07-15	
Sig: Her		Signa	ature of office	er		Date		
	•		n coleman tre					
		Iype	or print name	e anu uue				
		Prer	arer's 👠		Date 2009-07-15	Check If	Preparer's PT	IN (See Gen Inst )
Pai	d		ature 🕨 Ja	ne E Pfeifer	2005 07 13	self- empolyed 🕨 🔽	-	
	pare		/a ===== '	k				
Use		ıf se	n's name (or y elf-employed),	, <b>P</b>			EIN Þ	
Onl	y	add	ress, and ZIP	+ 4 CLARK SCHAEFER HACKETT AND CO	0			
				105 EAST FOURTH ST SUITE 1500				
							Phone no	(513) 241-3111
				CINCINNATI, OH 452024093				

May the IRS discuss this return with the preparer shown above? (See instructions) . . . . . . . . .

## Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission				
	ORGANIZED AND SUPERVISED A NATIONAL TOU FROM ACROSS THE COUNTRY ATTENDED	JRNAMENT that includes	four divisions and 32+ tea	ms with Canada also represented 2	600 PLAYERS AND SPECTATORS
2	Did the organization undertake any si the prior Form 990 or 990-EZ? .		ervices during the yea	r which were not listed on	✓ Yes   No
	If "Yes," describe these new services				,,
3	Did the organization cease conducting		t changes in how it co	nducts any program	
	services?				┌ Yes ┌ No
	If "Yes," describe these changes on S	Schedule O			
4	Describe the exempt purpose achieve		_		•
	Section 501(c)(3) and (4) organization others, the total expenses, and reven				nd allocations to
	, , , , , , , , , , , , , , , , , , ,				
4a	(Code ) (Expenses \$	•	including grants of \$	) (Revenue \$	)
	ORGANIZED AND SUPERVISED A NATIONAL T SPECTATORS FROM ACROSS THE COUNTRY		es four divisions and 32+ t	eams with Canada also represented	2600 PLAYERS AND
	/C-1-	46.021		) (Davanua d	`
4b	(Code ) (Expenses \$ The USAFL serves 45 clubs and 2,000 player	•	including grants of \$	) (Revenue \$	) Information to Club Presidents
	via bi-weekly email updates and quarterly of	onference calls An AGM	is held each October Progr		
	admınıstrator's conference held ın conjunctio	on with the National Tour	nament		
4c	(Code ) (Expenses \$	8,223	including grants of \$	4,750 ) (Revenue \$	)
	The Revolution is an All-Star team of Americ U.S. NATIONAL TEAM, "THE REVOLUTION", O				
	45 U S CITIZENS WHO ARE MEMBERS OF TI	HE USAFL with a goal of	representing women's foot	ball on the international stage, the c	rganization took the step of
	working with and assisting in the set-up of to all over the United states	he USA Freedom womer	ns Australian Football Team	the freedom will be the first us wo	mens team with members from
	(Code ) (Expenses \$	3,165	including grants of \$	) (Revenue \$	)
	Other program services (Describe i	n Schedule O			
	(Expenses \$	including grants o	f\$	) (Revenue \$	)
 4е	Total program service expenses \$	127,00	<u> </u>	(, Line 25, column (B).	·
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art IV Checklist of Required Schedules
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			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, 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		Νο
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11		Νο
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		Νο
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		Νο
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		N o
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		N o
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

### Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent 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		No

Mathematical	Pa	rt V	Statements Regarding Other IRS Filings and Tax Complianc	e				
b Enter the number of Forms W. 2G included in line 1a. Enter-0- if not applicable  c Did the organization comply with backup withholding rules for reportable applyments to vendors and reportable gamming (pamily) group zero winners?  2a. Enter the number of amployase reported on Form W. 3, Transmitted of Wage and Tax Setements End for the calcinator year ending with or writhin the year covered by this determined field for the calcinator year ending with or writhin the year covered by this programman and the stand Zais pretent than 250, you may be equived to e-life this return.  b If at least one is reported in Zai, did the organization file all required federal employment tax returns?  Neel of If Yes. In Section 250, 100 more during the varie coverably this programman and the stand Zais pretent than 250, you may be equived to e-life this return.  b If Yes. In Section 3 more than a stand Zais pretent than 250, you may be equived to e-life this return.  c If Yes. In Section 3 more than a stand Zais pretent than 250, you may be equived to e-life this return.  b If Yes. In Section 3 more than a stand Zais pretent than 250, you may be equived to e-life this return.  c If Yes. In Section 3 more than a stand Zais pretent than 250, you may be equived to e-life this return.  c If Yes. In Section 3 more than a stand of the organization and the organization in Section 3 more and the section 3 more and the foreign country (but the e-life preceding the section 3 more and a section 3 more and 3 more an							Yes	No
b Enter the number of Forms W-2G included in line 1e Enter-0-if not applicable  c Due this organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) with marking with marking and the service of the complete of	1a	Enter	the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
b Enter the number of Forms W-20 included in line 1a Enter-0- find applicable  c Did the organization comply with backup withholding rules for reportable expressions to vendors and reportable gamming capanization comply with a become with the variance of the expression of the process of the		of U.S	5. Information Returns. Enter -0- if not applicable					
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) within packup withholding rules for reportable payments to vendors and reportable gamming (gambling) within packup within packup within the year covered by this 2 and 1 and 1 and 1 and 1 and 2 an				1a	0			
to be the organization comply with backup withholding rules for reportable payments to verifors and reportable payments (parmiting) with processing the part of the payments o	b	Enter	the number of Forms W-2G included in line 1a Enter -0- if not applicable	1 h				
sparming (gambing) wannings to prize winners?  2		D. J. I.						
2a Enter the number of employees reported on Form W-3, Transmitted of Wage and Tax Selections (Edd of the Calender year anding with or within the year covered by this selection (Edd of the Calender year anding with or within the year covered by this Selection (Edd of the Calender year) (Edd	С			o ven	dors and reportable	1c	Yes	
b If at least one is reported in 2a, did the organization file all required federal employment tax returns?  Notes! file assume of lines 1a and 2a is greater than 250, you may be required to e-file this return.  2b If Yes, has it filed a form 990-T for this year? If 'No," provide an explanation of Schedule 0.  3b If Yes, has it filed a form 990-T for this year? If 'No," provide an explanation of Schedule 0.  3c If Yes, has it filed a form 990-T for this year? If 'No," provide an explanation of Schedule 0.  3c If Yes, has it filed a form 990-T for this year? If 'No," provide an explanation of Schedule 0.  3c If Yes, has it filed a form 990-T for this year? If 'No," provide an explanation of Schedule 0.  3c If Yes, has it filed a form 990-T for this year? If 'No," provide an explanation of Schedule 0.  3c If Yes, has the index of the foreign country (such as a bank account, securities account, or a strength and provided as a security over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts of the intervitions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and monitor of the intervitions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and monitor of If Yes, in the intervitions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and monitor of If Yes, in the foreign accounts that it is provided to a provided the strength of the tax year?  5c If Yes, and the organization of provide as prohibited tax shelter transaction?  5c If Yes, it of the foreign accounts that it were not tax deductible?  5c If Yes, it of the organization include with every solicitation an express statement that such contributions or grits are not tax deductible?  5c If Yes, it of the organization include with every solicitation an express statement that such contributions or grits are not as deductible?  5c If Yes, it of the organization include with every solicitation and expr	2a	_						
b If I lead to me is reported in 2a, did the organization file all required federal amployment tax returns?  Note: If the sum of lines 12 and 24 is greater than 250, you may be required to e-file this return.  10 by the organization have unrelated business gross income of \$1,000 or more during the year covered by this established the sum of lines 12 and 24 is greater than 250, you may be required to e-file this return.  11 by the organization have unrelated business gross income of \$1,000 or more during the year covered by this established in the sum of the foreign country.  12 by the organization have an interest in, or a signature or other authority over, a financial account in a fireign country (such as a bank account, securities account, or other financial account and in fireign country (such as a bank account, securities account, or other financial account).  13 by If Yes, anter the name of the foreign country.  15 by If Yes, anter the name of the foreign country.  16 by If Yes, anter the name of the foreign country.  17 by Set the organization spirity to a prohibited tax shelter transaction?  18 by If Yes, to said the organization that it was or is a party to a prohibited tax shelter transaction?  19 by If Yes, to said the organization file form 8886-1. Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  19 by If Yes, to said the organization include with every solicitation an express statement that such contributions orgitis were not tax deductible?  10 by If Yes, the defendance of the value of the quadro organization of the said deductible?  11 by If Yes, the defendance of the value of the guads or services provided?  12 countributions of the said deductible?  13 by If Yes, the defendance of the value of the guads or services provided?  14 countributions of cas, because of the said of the organization file Form 8089 as required to the Form 80892 as the organization file Form 80898 as required.  19 by If Yes, did the organization on the form 80890 as the organization file Form				2-	3			
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to efficit this return.  30 Dut the organization have unrelated business goes income of \$1,000 or more during the year covered by this return?  31 If "Yes," has it filed a Form 900-T for this year? If "No," provide an explanation in Schedule 0.  32 Unit of the control of the control of the country such as a bank account, or a separative or other authority over, a financial account in or foreign country.  32 If "Yes," enter the name of the foreign country.  33 If "Yes," enter the name of the foreign country.  34 If "Yes," enter the name of the foreign country.  35 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  36 Was the organization of the organization that it was or is a party to a prohibited tax shelter transaction?  36 If "Yes," lot a or 55, did the organization that it was or is a party to a prohibited tax shelter transaction?  37 Was the organization officit any contributions that were not tax deductible?  38 Unit of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  39 Organization shift may receive deductible contributions under section 170(c).  30 Unit the organization provide goods or services in exchange for any quild proquip contribution of \$75 or mora?  30 If "Yes," did the organization metry the donor of the value of the goods or services provided?  30 If "Yes," did the organization metry the donor of the value of the goods or services provided?  30 If "Yes," did the organization, during the year, receive any funds, directly or indirectly, on a personal benefit contract?  30 If "Yes," did the organization during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  31 No or all contributions of qualified intelligency and other vehicles, did the organization file a Form 1098 C as required?  31 No organization make any taxable distributions under					<u> </u>			
b If Yes, has it field a Form 990. T for this year? If Wa "provide an explanation in Schedule 0.  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over a financial account; in a foreign country (such as a bank account; securities account, or other financial accountry).  b If Yes, "enter the name of the foreign country (such as a bank account; securities account, or other financial accountry).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5b Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5c If "Yes," to Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to Sa or 5b, did the organization file form 8886-1, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  5c If Yes," to Sa or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5c Did the organization solicit any contributions under section 170(c).  5c Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?  5d If Yes," did the organization notify the donor of the value of the goods or services provided?  7d If Yes, "indicate the number of Forms 8.28.2 filed during the year.  6 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7d No  7e Provide the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7d No  7e For all of the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7d No  7e Form to this the form 10 organizations maintaining donor advised funds and section 509(a)(3)  8 Section	D					2b		Νo
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a  b If "Yes," enter the amount of tax-exempt interest received or accrued during the	Ь		, ,	114				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the		ayaın	staniounts due of received norm them /	110	l			
126	12a	Section	on $4947(a)(1)$ non-exempt charitable trusts. Is the organization filing Form $990$ in .	lieu	of Form 1041?	12a		
	b	If "Ye year	es," enter the amount of tax-exempt interest received or accrued during the	12b				

10

11

Yes

Νo

## Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Se	ection A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
.a	Enter the number of voting members of the governing body 1a 7			
b	Enter the number of voting members that are independent 1b 7			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
ı	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
;	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
,	Does the organization have members or stockholders?	6	Yes	
'a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
3	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b		Νο
a	Does the organization have local chapters, branches, or affiliates?	9a		Νο
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
.0	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			

must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . . .

Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . .

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a		Νo
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14		Νo
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		Νo
b	Other officers or key employees of the organization?	15b		No
	Describe the process in Schedule O			
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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. I another's website. I upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization adam coleman 1550 larimer st 195 denver, CO 80202 (303) 455-9472

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- \* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any officer, director, trustee or key employee										
		Posit tl	(C non ( hat a	chec		I				(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
JAMES WADDELL	5 00	Х						0	0	0
andrew bednall	20 00	Х						0	0	0
ROB BEYERSDORF	5 00			Х				0	0	0
adam coleman	20 00			Х				0	0	0
LEIGH BARNES	5 00			Х				0	0	0
JIM MARTIN	5 00			Х				0	0	0
MATT JAGGER	10 00			Х				0	0	0
RICH MANN	20 00			Х				0	0	0
						ļ				
						1				

#### Part VIII Continued

<b>(A)</b> Name and Title	(B) Average hours per	i i	tion ta that a Institutional	(che	y)		Fo	<b>(D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	week	Individual Trustee or Director	onal Trustee	Officei	employee	Highest compensated employee	Former	organization (W- 2/1099MISC)	(W- 2/1099- MISC)	organization and related organizations
							$\vdash$			
							H			
							لبا		•	<u> </u>
1b Total						ı	<b>F</b>			
3 Takal mumban afunduu duala /unaluduna		` '						22.222	-	

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		N o
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including those in 1) who received more than \$	100,000 in compensation	

Program Service Revenue and other similar amounts

Other Revenue

				<b>(A)</b> Total Revenue	(B) Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
1a	Federated cam	npaigns 1a			Revenue		512, 513, 01 514
ь		ues					
	Membership u	1b					
С	Fundraising ev	ents					
d	Related organi	1c zations					
e	Government gran						
f	_	ions, gifts, grants, and	94,984				
'		not included above					
g	Noncash cont	<b>1f</b> ributions included in					
9							
h		es 1a-1f)		141,949			
			Business Code				
2a	nationals income		711,300	14,797	14,797		
ь	usa freedom/revo	olution	711,300	,	·		
c			,11,300	5,010	3,010		
d							
e							
f	A.II A.I						
'	All other progr	am service revenue					
g		es 2a-2f					
3	► \$ 20,607	come (including divid	lends interest				
		mounts)	·	32			32
		estment of tax-exempt be	▶				
4	income from inve	estment or tax-exempt be	ond proceeds				
5	Royalties .			268			268
		(ı) Real	(11) Personal				
6a	Gross Rents						
b	Less rental expenses						
c	Rental income or (loss)						
d		ome or (loss)					
		(ı) Securities	(II) O ther				
7a	Gross amount		, ,				
	from sales of assets other						
ь	than inventory Less cost or						
	other basıs and sales expenses						
С	Gain or (loss)						
d	Net gain or (lo	•	*				
8a		from fundraising					
	events (not in						
	\$	 is reported on line					
	1c) See Part :	IV, line 18					
		e G ıf total exceeds					
h		a					
b c		xpenses <b>b</b>   (loss) from fundraisi	ng events				
			<u> </u>				
9a	Gross income activities See	from gaming part IV, line 19					
	Complete Sched	dule G if total					
	exceeds \$15,00	a					
ь	Less directe:	xpensesb					
с		(loss) from gaming a					
10a	Gross sales of	f inventory, less	<u> </u>				
100	returns and all						
		а	7,027				
b		goods sold b					
С		(loss) from sales of		-8,555	-8,555		
11-	Miscellaneou	s kevenue	Business Code				
11a							
Ь							
C							
d		nue					
e		es 11a-11d		154,301	12,052	0	300
12	<b>Total Revenue</b> 8c,	. Add lines 1h, 2g, 3	, 4, 5, 6d, 7d,	154,501	12,032	0	300

# Form 990 (2008) Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).						
Do i	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses		
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	4,750	4,750				
3	Grants and other assistance to governments, organizations and individuals outside the U.S. 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 $4958(c)(3)(B)$						
7	Other salaries and wages	36,709	28,256				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)						
9	Other employee benefits						
10	Payroll taxes						
11	Fees for services (non-employees)						
а	Management						
Ь	Legal						
c	Accounting	1,500	1,125	375			
d	Lobbying						
e	Professional fundraising See Part IV, line 17						
f	Investment management fees						
g	Other	10	8	2			
12	Advertising and promotion						
13	Office expenses	1,231	923	308			
14	Information technology	3,053	2,382	671			
15	Royalties						
16	Occupancy	2,700	2,025	675			
17	Travel	10,009	10,001	8			
18	Payments of travel or entertainment expenses for any Federal, state or local public officials						
19	Conferences, conventions and meetings	5,552	4,303	1,249			
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization						
23	Insurance	5,351	4,013	1,338			
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )						
а	equipment rental	17,646	17,533	113			
ь	printing and publicatio	14,174	13,530	644			
c	other program services	12,584	12,584				
d	UMPS AND OFFICIAL	7,575	7,575				
e	FIELD RENTAL	7,045	7,045				
f	All other expenses	13,762	10,953	1,809	1,000		
25	Total functional expenses. Add lines 1 through 24f	143,651	127,006	15,645	1,000		
26	Joint Costs. Check if if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	115,031		13/513	2,000		

Parit Balance Sheet
---------------------

				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		beginning or year	1	Lild Of year
	2	Savings and temporary cash investments		29,997	2	49,073
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		2,644	4	2,965
	5	Receivables from current and former officers, directors, trustees, k other related parties Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under sect persons described in section 4958(c)(3)(B) Complete Part II of Sch	ion 4958(f)(1)) and		6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
Ø	9	Prepaid expenses and deferred charges		273	9	
Assets	10a	Land, buildings, and equipment cost basis	10a			
_	ь	Less accumulated depreciation Complete Part VI of		1		
		Schedule D	10b		<b>10</b> c	
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV , line 11 $\it Complete Part Schedule D$	VII of		12	
	13	Investments—program-related See Part IV, line 11 Complete Part	VIII		4.5	
		of Schedule D .			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule  D			15	
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		32,914	16	52,038
	17	Accounts payable and accrued expenses .		24,912	17	33,386
	18	Grants payable			18	
	19	Deferred revenue			19	
10	20	Tax-exempt bond liabilities			20	
ě	21	Escrow account liability Complete Part IV of Schedule D			21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		24,912	26	33,386
seo		Organizations that follow SFAS 117, check here ▶ ☐ and complet through 29, and lines 33 and 34.	e lines 27			
Balance	27	Unrestricted net assets			27	
Ba	28	Temporarily restricted net assets			28	
Fund	29	Permanently restricted net assets			29	
Œ		Organizations that do not follow SFAS 117, check here 🕨 🔽 and c	omplet e			
ŏ		lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		0	30	0
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .		0	31	0
	32	Retained earnings, endowment, accumulated income, or other fund	s	8,002	32	18,652
Net	33	Total net assets or fund balances		8,002	33	18,652
	34	Total liabilities and net assets/fund balances		32,914	34	52,038
Pa	rt XI	Financial Statements and Reporting				

Dart YT	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	No
b	Were the organization's financial statements audited by an independent accountant?	2b	No
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
b	If "Yes," did the organization undergo the required audit or audits?	3b	

**Employer identification number** 

OMB No 1545-0047

2008

Open to Public Inspection

### SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue

Name of the organization

UNITED STATES AUSTRALIAN FOOTBALL

following persons?

h

Service

## **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

LEAGUE INC CO CLARKSCHAEFERHACKETT 43-1861294 Reason for Public Charity Status (to be completed by all organizations) (See Instructions) The organization is not a private foundation because it is (Please check only one organization) 1 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) 3 A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H) 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 Section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in Section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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). (See instructions.) 10 11 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 that describes the type of supporting organization and complete lines 11e through 11h **b** Type II c Type III - Functionally Integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	organız col (i) your go	organization in the		(v) Did you notify the organization in col (i) of your support?		s the ation in rganized US?	(vii) A mount of support?	
			Yes	No	Yes	No	Yes	No		
Total										

Since August 17, 2006, has the organization accepted any gift or contribution from any of the

and (III) below, the governing body of the the supported organization?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the organizations the organization supports

(ii) a family member of a person described in (i) above?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)

Yes

11q(i)

11g(ii)

11g(iii)

No

## Part II Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you chec	ked the box of	n line 5, 7, or	o oi Part I.)				
P	ublic Support			<u> </u>				
Cal	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	53,615	80,605	82,428	108,875		141,949	467,472
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 line 1-3	53,615	80,605	82,428	108,875		141,949	467,472
5	The portion of total contribution by each	-						<u> </u>
	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)							
6	Public Support subtract line 5 from line							467.472
_	4							467,472
T	otal Support						•	
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	53,615	1,972	82,428	108,875		141,949	467,472
8	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties and income from similar sources	1,408	1,972	2,454	1,526		300	7,660
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 IV )							
11	Total Support (Add lines 7 through 10)							475,132
12	Gross receipts from related activities, etc	(See instruction	s)			12		418,478
13 C	First Five Years. If the Form 990 is for the corganization, check this box and stop here  omputation of Public Support Percent		st, second, third	l, fourth, or fifth	tax year as a 50	01(c)(		<b>▶</b> □
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	ed by line 11 co	lumn (f))		14		98 390 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, line 26f			15		94 710 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization did	a publicly supp d not check the l	orted organization	on r 16a, and line 1	·			
	box and stop here. The organization qualifies 10% Facts and Circumstances Test - 2008. It more, and if the organization meets the "fact organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007. It	If the organization its and circumstonics ances the test of the	on did not check ances" test, che e organization qu	a box on line 13 eck this box and ualifies as a pub	stop here. Expl	aın ın organı	Part IV ho zation	w the
18	more, and if the organization meets the "fac the organization meets the "facts and circu <b>Private Foundation.</b> If the organization did	ts and circumst mstances" test	ances" test, che The organizatio	eck this box and n qualifies as a	<b>stop here.</b> Expl publicly support	aın ın ted org	Part IV ho Janization	
	instructions							

Pa	Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)						
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
·	line 6)						
To	tal Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	<b>(f)</b> Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975						
С	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						
12	from the sale of capital assets						
	(Explain in Part IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organization's fi	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						▶□
	mputation of Public Support Perc					<del></del>	
15	Public Support Percentage for 2008 (line	• •	•	olumn (f))		15	
16	Public Support Percentage for 2007 Sche	dule A, Part IV -	A, line 27g			16	
	mputation of Investment Income						
17	Investment Income Percentage for 2008 (			-	))	17	
18	Investment Income Percentage from 2007	Schedule A . Pa	rt IV-A, line 27	h		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

**Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

#### **Additional Data**

Software ID: Software Version:

**EIN:** 43-1861294

Name: UNITED STATES AUSTRALIAN FOOTBALL

LEAGUE INC CO CLARKSCHAEFERHACKETT

#### Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

We are an amateur sports organization dedicated to the development of Australian Football. We are a grassroots organization that promotes participation in Australian football through promoting awareness and knowledge of the Australian culture, by promoting a sense of community among USAFL clubs and club members, and by fostering womens and junior programs across the United States. The USAFL promotes participation by emphasizing awareness and a sense of community within its members, by setting standards by which member clubs agree to abide and by fostering youth programs across the United States. We are the sole representatives of Australian football in the international arena.

# SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public
Inspection

Name of the organization UNITED STATES AUSTRALIAN FOOTBALL LEAGUE INC CO CLARKSCHAEFERHACKETT **Employer identification number** 

43-1861294

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	JUNIOR DEVELOPMENT CLINICS AND CAMPS - 8000 PARTICIPANTS US FOOTY Expenses \$ 3165 including grants of \$ 0 Revenue \$ 0
Form 990, Part VI, Section A, line 6		the organization has 7 members who are elected by each club as necessary
Form 990, Part VI, Section A, line 7a		the board is elected at an agm each october. During this meeting each club (approx 30) votes for each position as necessary, the usafl is the governing body, however, the majority of operating funds are provided from the australian football league which requires a formal structure to be in place in order to administer the funds.
Form 990, Part VI, Section A, line 8b		not applicable
Form 990, Part VI, Section A, line 10		the treasurer reviews the form 990 with the certified public accountant
Form 990, Part VI, Section C, line 19		available upon request

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51056K

Schedule O (Form 990) 2008