	0	00	Return of Organization Exempt Fron	n Income Tax	OMB No. 1545-0047
Form 990			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		2023
		••	Do not enter social security numbers on this form as it ma	Open to Public	
Depa Interr	rtment al Reve	of the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and the late		Inspection
-			ar year, or tax year beginning and ending	1	
Bc	heck if	C Name of	organization	D Employer identificat	ion number
a	pplicab		ED STATES AUSTRALIAN FOOTBALL		
	Addre		UE, INC C/O CLARK, SCHAEFER, HACKETT		
	Name		usiness as	43-1861294	
	Initial		and street (or P.O. box if mail is not delivered to street address) Room/s		
	Final	9160	HIGHWAY 64, SUITE 12 #205	(872)-228-	7235
	returr termi ated		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	487,802.
	Amer		LAND, TN 38002	H(a) Is this a group retur	
	returr Appli		nd address of principal officer: DOREN JAMES	for subordinates?	
	tion pend		AS C ABOVE	H(b) Are all subordinates include	
		empt status:		527 If "No," attach a list	
	Vebsi			H(c) Group exemption n	
		f organization:		Year of formation: 1997 M S	
	irt I	Summary			tale of legal dominine. HO
			e the organization's mission or most significant activities: \underline{THE}	T. TS & NON-PROF	יד י ד
e	1		SPORTS ORGANIZATION DEDICATED TO THE	DEVELOPMENT OF	
ane	_				
ern	2	Check this bo			5. 7
õ	3				<u> </u>
Activities & Governance	4		ependent voting members of the governing body (Part VI, line 1b)		<u> </u>
ies	5		of individuals employed in calendar year 2023 (Part V, line 2a)		50
iči	6		of volunteers (estimate if necessary)		0.
Act			d business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		
				Prior Year	Current Year
ē	8		and grants (Part VIII, line 1h)	194,906.	271,455.
Revenue	9	•	ce revenue (Part VIII, line 2g)	167,188.	173,907.
3ev	10		come (Part VIII, column (A), lines 3, 4, and 7d)		3,861.
	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	86,892.	-3,617.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		445,606.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		5,954.
	14		to or for members (Part IX, column (A), line 4)		0.
es			compensation, employee benefits (Part IX, column (A), lines 5-10)	77,185.	76,808.
Expense	16a	Professional fu	undraising fees (Part IX, column (A), line 11e)	0.	0.
gx	b		ng expenses (Part IX, column (D), line 25) 0 .		
Ш	17	-	es (Part IX, column (A), lines 11a-11d, 11f-24e)	294,947.	283,366.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	374,450.	366,128.
	19	Revenue less	expenses. Subtract line 18 from line 12	78,755.	79,478.
or Ces				Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (F	Part X, line 16)	173,542.	285,198.
t As d B	21	Total liabilities	(Part X, line 26)	15,390.	32,294.
ENe	22		fund balances. Subtract line 21 from line 20	158,152.	252,904.
Pa	nrt II	Signature	Block		
Und	er pen	alties of perjury,	declare that I have examined this return, including accompanying schedules and sta	atements, and to the best of my kn	owledge and belief, it is

** PUBLIC DISCLOSURE COPY **

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date				
Here DOREN JAMES, EXECUTIVE DIRECTOR								
	Type or print name and title							
	Print/Type preparer's name	Preparer's signat	ure	Date	Check	PTIN		
Paid	NATOSHA CARR	NATOSHA	CARR	04/12/24	ii self-employed	P01225377	7	
Preparer	Firm's name CLARK , SC	CHAEFER, HACKETT &	è CO.	Firm	sEIN 31-	0800053		
Use Only	Firm's address 1 EAST 4	TH STREET						
	CINCINNA	ГІ, ОН 45202		Phon	e no.513-	241-3111		
May the IF	RS discuss this return with the pro	eparer shown above? See instructi	ons			X Yes	No	
LHA For	Paperwork Reduction Act Notic	ce, see the separate instructions	. 332001 12-21-23			Form 990 (2	2023)	

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Par	1 990 (2023) LEAGUE, INC C/O CLARK, SCHAEFER, HACKETT 43-1861294 Page rt 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. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	
	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
4.	revenue, if any, for each program service reported. (Code:) (Expenses \$ 123,934. including grants of \$ 5,954.) (Revenue \$ 173,907.
4a	(Code:) (Expenses \$123,934. including grants of \$5,954.) (Revenue \$173,907. THE USAFL SERVES 46 CLUBS AND APPROXIMATELY 1,500 PLAYERS AND OTHER
	SUPPORT STAFF. THERE IS A CONTINUAL FLOW OF INFORMATION TO CLUB
	PRESIDENTS, VIA EMAIL, SOCIAL MEDIA, WEB PAGES AND VIDEO CALLS AND THER
	IS AN ANNUAL GENERAL MEETING IS HELD EACH OCTOBER. PROGRAMS IN 2023
	IS AN ANNOAL GENERAL MEETING IS HELD EACH OCTOBER, PROGRAMS IN 2023 INCLUDED THE MANAGEMENT OF A COACHES ASSOCIATION, UMPIRES ASSOCIATION,
	WOMEN'S ASSOCIATION, THE ADMINISTRATOR ADMINISTRATOR'S CONFERENCE. THE
	USAFL ALSO OVERSEES THAT LAWS AND RULES OF AUSTRALIAN FOOTBALL IN THE
	UNITED STATES AND PROVIDES CENTRAL ADMINISTRATION FOR MEMBER CLUBS WHO
	COMPETE AGAINST ONE ANOTHER DURING THE REGULAR SEASON. IN 2023 THERE
	WERE APPROXIMATLEY 360 REGULAR SEASON GAMES HELD.
	(Code:) (Expenses \$ 117,804. including grants of \$) (Revenue \$ 0
4b	(Code:) (Expenses \$117,804. including grants of \$) (Revenue \$) (Revenue \$] (Revenue \$_Revenue \$
	AND 15TH 2023. 42 CLUBS AND APPROXIMATLY 1,200 PLAYERS COMPETED ACROSS
	FIVE MEN'S AND TWO WOMAN'S DIVISIONS.
	TIVE MEN 5 AND INC WOMAN 5 DIVISIONS.
4c	(Code:) (Expenses \$ 42,956. including grants of \$) (Revenue \$ 0
40	THE USAFL HOSTED TWO REGIONAL COMPETITIONS 2023. WESTERN REGIONALS WERE
	HELD IN SEATTLE, CA ON JULY 15TH 2023 WHERE 10 TEAMS AND 387 PLAYERS
	COMPETED. SUPER REGIONALS (EAST / CENTRAL) WERE HELD IN KANSAS CITY, MO
	ON JUNE 24TH 2023 WHERE 18 TEAMS AND 543 PLAYERS COMPETED.
	ON COME 2411 2025 WHERE TO TEMPS AND 545 TEMPERS COMPETED.
7	
4d	Other program services (Describe on Schedule O.)
'n	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 284,694.

Form 990 (2023) LEAGUE, INC C/O CLARK, SCHAEFER, HACKETT Part IV Checklist of Required Schedules

1 41	Onecklist of nequired ochedules			
	ſ		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			1
-	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2		-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			х
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
5	during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		<u> </u>
5		5		x
6	similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8		х
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?			1
	If "Yes," complete Schedule D, Part IV	9		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			1
	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			1
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	L	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			1
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	⊢	<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	⊢──┤	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
_	Schedule D, Parts XI and XII	12a		<u>X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13	 	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If IIV as II associate to School U.C.	1/1		х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		- 23
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-10		
ľ.	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
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		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		Х
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LEAGUE, INC C/O CLARK, SCHAEFER, HACKETT

43-1861294 Page 4

	<u>1990 (2023)</u> LEAGUE, INC C/O CLARK, SCHAEFER, HACKETT 43-1861	.294	P	_{age} 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		P
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	- 14		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
U	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		254		х
00	Schedule L, Part I	25b		<u></u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35 -	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	554		
J	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		
30		36		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37		07		x
00	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a16			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
332004	¥ 12-21-23	Form	990	2023)

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Form	990 (2023) LEAGUE, INC C/O CLARK, SCHAEFER, HACKETT 43-1861	294	P	age 5
Par				
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
2	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
	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	00		
ou	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	ou		
D.		6b		
7	Were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	00		
'a	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		х
		7b		<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70		<u> </u>
С		7c		x
А	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
		7e		х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g b	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	711		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
0	sponsoring organization have excess business holdings at any time during the year?	0		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a L	Did the sponsoring organization make any taxable distributions under section 4966?	9a 0h		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
a L	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	10		
	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 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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 13c			v
	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			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
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.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

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UNITED STATES AUSTRALIAN FOOTBALL

332005 1	12-21-23
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Form **990** (2023)

	990 (2023) LEAGUE, INC C/O CLARK, SCHAEFER, HACKETT 43-1861 TVI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a			age 6 Ise
	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 1a 7			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
h	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2	affinen diverten tructus en lan sen lan 20	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	<u> </u>		
3		3		x
4	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
4 5		5		X
		6	Х	- 23
6 70	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		- 23	
7a		7-	x	
L		<u>7a</u>	- 23	
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	76		x
•	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		х	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			- v
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		v	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	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			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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 on 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)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other <i>(explain on Schedule O)</i>			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	statements available to the public during the tax year.			

	STUART	PRENDERGAST	- (872)-228-7235	
20	State the nar	ne, address, and telepho	one number of the person who pos	ssesses the organization's books and records

9100	HIGHWAY	64,	SUITE	12	#⊿05,	LAKELAND,	ΤN	38002
332006 12-21-23								

05250412 758050 19776-000

6 2023.03030 UNITED STATES AUSTRALIAN 19776-01

	UNITED S										
Form 990 (2									FER, HACKETT		2 94 Page
Part VII	Compensation of Officers,	-		tee	s, k	(ey	En	nplo	oyees, Highest Co	mpensated	
	Employees, and Independe	ent Contract	ors								
	Check if Schedule O contains a res	ponse or note to	o any	/ line	e in t	his F	Part	VII			
Section A.	Officers, Directors, Trustees, Ke	y Employees, a	nd H	ligh	est (Com	nper	isate	ed Employees		
	ete this table for all persons required										
	Il of the organization's current office			es (w	heth	ner i	ndiv	idua	ls or organizations), reg	ardless of amount of co	ompensation.
	columns (D), (E), and (F) if no compe	•									
	Il of the organization's current key e he organization's five current highest										
	ed reportable compensation (box 5 c										
	rom the organization and any related							,			
	Il of the organization's former office						omp	bens	ated employees who re	eceived more than \$100	,000 of
	compensation from the organization Il of the organization's former direc						h the	car	acity as a former direct	tor or trustee of the ora	anization
	\$10,000 of reportable compensation										
See the ins [.]	tructions for the order in which to lis	t the persons ab	ove.								
Chec	k this box if neither the organization	nor any related	orga	niza	tion	con	nper	isate	ed any current officer, d	lirector, or trustee.	
	(A)	(B)	Γ		(0	C)			(D)	(E)	(F)
	Name and title	Average	1-1		Pos	ition			Reportable	Reportable	Estimated
		hours per	box	not c , unle	ss per	rson i	s botł	n an	compensation	compensation	amount of
		week		cer ar	nd a di I	irecto	r/trus I	tee)	from	from related	other
		(list any	rector						the	organizations	compensatio
		hours for	t or di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/	from the
		related organizations	Individual trustee or director	In stit utio nal tru stee		ee	Highest compensated employee		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
		below	dual ti	itiona		nploy	st cor	-	1000 1120)		organization
		line)	ndivic	nstitu	Officer	Key employee	Highes	Former			organization
1) DOREN	J JAMES	40.00	-	-		-	1 0				
	E DIRECTOR				x				71,350.	0.	
2) APRII	L MUNN	20.00							,		
RESIDENT			x		x				0.	0.	(
3) JIM N		5.00									
SECRETARY			x		x				0.	0.	(
	RT PRENDERGAST	15.00			<u> </u>						
REASUREF			x		x				0.	0.	(
(5) EMMA		5.00									
/P CENTRA		5.00	x						0.	0.	(
	AN HATFIELD	5.00									
/P WEST		5.00	x						0.	0.	(
	I PHILLIPS	5.00								0.	
/P EAST		5.00	x						0.	0.	(
(8) DARRE	IN GREEN	5.00								0.	
IEMBER AT		5.00	x						0.	0.	(
										0.	
			-								
			-								
		_	-	<u> </u>				<u> </u>			
			-								
			+	-	-		-				
			-								
			-								
			-								
		_	+	-	-		-				
	-		-								
			-								
		1	-								
						1	1	1			
			_								

Form **330** (2023)

orm 990 (2023)	UNITED ST								TBALL FER, HACKETT	c 43-1861	294	Page 8
///	Officers, Directors, Trus											Tage C
	(A)	(B)		,		C)	91100		(D)	(E)	(F	=)
Name	e and title	Average			Pos	ition			Reportable	Reportable	Estin	
		hours per					than oi s both		compensation	compensation		int of
		week	offic	cer ar	nd a d	irecto	r/truste	e)	from	from related	oth	ner
		(list any	ector						the	organizations	compe	nsation
		hours for	or dire				ted		organization	(W-2/1099-MISC/	from	the
		related	stee c	ruste			Densa		(W-2/1099-MISC/	1099-NEC)	organi	
		organizations	al tru:	onal t		loyee	e com		1099-NEC)		and re	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organia	zations
			Inc	lns	0#	Key	e <u>F</u> i	Ē				
								4				
			•									
Ib Subtotal									71,350.	0.		0.
	nuation sheets to Part VI								0.	0.		0.
	1b and 1c)								71,350.	0.		0.
	individuals (including but n) who					••
	om the organization		056	liste	u at	JOVE) write	16				0
											Y	es No
B Did the organizat	tion list any former officer	director, truste	ee, k	key e	empl	oyee	e, or l	nigl	hest compensated emp	loyee on		
line 1a? If "Yes,"	complete Schedule J for s	uch individual									3	X
	l listed on line 1a, is the su											
and related orgai	nizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	dule	J fo	or such individual	-	4	X
	sted on line 1a receive or a											
	organization? If "Yes." con	plete Schedule	e J fo	or sı	ich i	oerse	on				5	X
Complete this tal	ble for your five highest co	mpensated ind	lene	nder	nt co	ontra	actor	: th	at received more than 9	100 000 of compensi	ation from	
-	Report compensation for	-										
	(A)								(B)		(C)	
	Name and business	address	NC	ONE	3			\downarrow	Description of s	services	Compensa	ation
								\downarrow				
$\mathbf{\vee}$												
2 Total number of i	independent contractors (i	ncluding but no	ot lin	nited	d to	thos	se list	ed	above) who received m	ore than		
\$100,000 of com	pensation from the organi	zation				0)					

Form **990** (2023)

LEAGUE, INC C/O CLARK, SCHAEFER, HACKETT 43-1861294 Page 9

			/O CLARK,	SCHAEFER,	HACKETT	43-1861	294 Page 9
Par	t VII	Statement of Revenue					
		Check if Schedule O contains a response	or note to any line	in this Part VIII	<u></u>		
		· · · ·	1	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
0.0	1.0	Federated campaigns 1a					
nts Ints							
		Membership dues 1b					
Å,	С	Fundraising events 1c					
ar	d	Related organizations 1d					
s, mil	е	Government grants (contributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and					
		similar amounts not included above 1f	271,455.				
Ξð	~	Noncash contributions included in lines 1a-1f					
	-			271 455			
ס כ	n	Total. Add lines 1a-1f		271,455.			
			Business Code	4 - 2 - 2 - 2 - 2			
2	2 a	MEMBER DUES	900099	173,907.	173,907.		
έ σ	b						
s a	с						
še i	d						
Ъщ.	e						
Program Service Revenue							
-		All other program service revenue		172 007			
		Total. Add lines 2a-2f		173,907.			
	3	Investment income (including dividends, intere					
		other similar amounts)		3,861.			3,861.
	4	Income from investment of tax-exempt bond p	proceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 0						
			<u> </u>				
		Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
e		and sales expenses					
evenue							
9V6							
Ê		Net gain or (loss)					
Other	8 a	Gross income from fundraising events (not					
đ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	h	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
	b	Less: direct expenses 9b					
	c	Net income or (loss) from gaming activities					
	_ `	Gross sales of inventory, less returns					
			38,579.				
	F	Less: cost of goods sold	42,196.				
				-3,617.			-3,617.
	C	Net income or (loss) from sales of inventory		-J,UI/•			- J , UI /•
2			Business Code				
n o o	11 a						
n a	b						
žVe	с						
Revenue		All other revenue					
= 1	u						
Σ	-						
2	<u>е</u> 12	Total. Add lines 11a-11d		445,606.	173,907.	0.	244.

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Form 990 (2023) LEAGUE, INC C/O CLARK, SCHAEFER, HACKETT 43-1861294 Page 10 Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons	e or note to any line in t (A)	his Part IX (B)	(C)	(D)
	include amounts reported on lines 6b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
l Gi	rants and other assistance to domestic organizations				
ar	nd domestic governments. See Part IV, line 21	5,954.	5,954.		
2 G	rants and other assistance to domestic				
in	dividuals. See Part IV, line 22				
G G	rants and other assistance to foreign				
o	rganizations, foreign governments, and foreign				
in	dividuals. See Part IV, lines 15 and 16				
B	enefits paid to or for members				
6 C	ompensation of current officers, directors,				
tr	ustees, and key employees	71,350.	71,350.		
C C	ompensation not included above to disqualified				
pe	ersons (as defined under section 4958(f)(1)) and				
pe	ersons described in section 4958(c)(3)(B)				
	ther salaries and wages				
	ension plan accruals and contributions (include				
	ection 401(k) and 403(b) employer contributions)				
	ther employee benefits				
	ayroll taxes	5,458.	5,458.		
	ees for services (nonemployees):				
	lanagement				
	egal				
	ccounting	2,986.		2,986.	
	bbying			2,5001	
	rofessional fundraising services. See Part IV, line 17				
	vestment management fees				
-	ther. (If line 11g amount exceeds 10% of line 25,	21,731.		21,731.	
	blumn (A), amount, list line 11g expenses on Sch 0.)	16,444.		16,444.	
	dvertising and promotion	13,272.	448.	12,824.	
	ffice expenses	1,980.	440.	1,980.	
	formation technology	1,900.		1,900.	
	oyalties				
	ccupancy	2 0 7 0		2 070	
	ravel	2,078.		2,078.	
	ayments of travel or entertainment expenses				
	or any federal, state, or local public officials				
	onferences, conventions, and meetings	7,655.		7,655.	
	terest				
	ayments to affiliates				
	epreciation, depletion, and amortization				
	surance	7,926.		7,926.	
ab lir	ther expenses. Itemize expenses not covered bove. (List miscellaneous expenses on line 24e. If the 24e amount exceeds 10% of line 25, column (A), nount, list line 24e expenses on Schedule 0.)				
	ATIONALS	124,879.	117,804.	7,075.	
	ESTERN REGIONAL	24,358.	24,358.	•	
	9TH CUP	19,288.	18,553.	735.	
_	ENTRAL REGIONAL	10,042.	10,042.		
	ll other expenses	30,727.	30,727.		
	tal functional expenses. Add lines 1 through 24e	366,128.	284,694.	81,434.	0.
	bint costs . Complete this line only if the organization			,	.
	ported in column (B) joint costs from a combined				
	Jucational campaign and fundraising solicitation.				
σt	10Cational campaign and fund asing solicitation.				

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UNITED	STATES	AUSTRALIAN	FOOTBALL

LEAGUE, INC C/O CLARK, SCHAEFER, HACKETT 43-1861294 Page 11

		Check if Schedule O contains a response or note to an	y line in this Part X		·····		[
				(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing		118,437.	1	198,0	08
	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					
		trustee, key employee, creator or founder, substantial of	contributor, or 35%				
		controlled entity or family member of any of these pers	ons		5		
	6	Loans and other receivables from other disqualified per	rsons (as defined				
		under section 4958(f)(1)), and persons described in sec	tion 4958(c)(3)(B)		6		
n,	7	Notes and loans receivable, net			7		
Assels	8	Inventories for sale or use			8		
AS	9				9		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D 10a					
	b	Less: accumulated depreciation 10b			10c		
	11	Investments - publicly traded securities		55,105.	11	87,1	11
	12	Investments - other securities. See Part IV, line 11			12		
	13	Investments - program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equal line 3		173,542.	16	285,2	19
	17	Accounts payable and accrued expenses	(10,631.	17	32,2	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV			21		
2	22	Loans and other payables to any current or former offic					
LIADIIIUES		trustee, key employee, creator or founder, substantial of	contributor, or 35%				
		controlled entity or family member of any of these pers			22		
Ĕ	23	Secured mortgages and notes payable to unrelated thi			23		
	24	Unsecured notes and loans payable to unrelated third		4,759.	24		
	25	Other liabilities (including federal income tax, payables					
		parties, and other liabilities not included on lines 17-24					
		of Schedule D			25		
	26	Total liabilities. Add lines 17 through 25		15,390.	26	32,2	29
		Organizations that follow FASB ASC 958, check her	e				
Sec		and complete lines 27, 28, 32, and 33.					
and	27	Net assets without donor restrictions			27		
Da	28	Net assets with donor restrictions			28		
		Organizations that do not follow FASB ASC 958, che	eck here X				
Ľ		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current funds		0.	29		
Net Assets of Fund Dalances	30	Paid-in or capital surplus, or land, building, or equipme	nt fund	0.	30		
AS I	31	Retained earnings, endowment, accumulated income,	or other funds	158,152.	31	252,9	
Nel	32	Total net assets or fund balances		158,152.	32	252,9	
	33	Total liabilities and net assets/fund balances		173,542.	33	285,2	
						Form 990	00

	UNITED STATES AUSTRALIAN FOOTBALL				
Form		18612	94	Pag	_{je} 12
Pa	t 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)			5,60	
2	Total expenses (must equal Part IX, column (A), line 25)			5,12	
3	Revenue less expenses. Subtract line 2 from line 1 3			9,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			3,1	
5	Net unrealized gains (losses) on investments 5		1	3,7:	30.
6	Donated services and use of facilities6				
7	Investment expenses 7				
8	Prior period adjustments 8			1,54	
9	Other changes in net assets or fund balances (explain on Schedule O)				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))		25	2,90)4.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		·····		
		F		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 on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	····· -	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or 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?		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?		2c	_	
_	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	· –			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				v
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
		F	Form	990 (2023)

SCHEDULE A	Public	Charity Status a	nd Public Si	innort	OMB No. 1545-0047
(Form 990)		ne organization is a section 50			2023
epartment of the Treasury		4947(a)(1) nonexempt ch Attach to Form 990 or F			Open to Public
nternal Revenue Service	Go to www.	irs.gov/Form990 for instructio		formation.	Inspection
lame of the organizati	on UNITED STA	TES AUSTRALIAN E	OOTBALL	Employe	r identification number
		C C/O CLARK, SCH			3-1861294
Part I Reason	for Public Charity St	atus. (All organizations must	complete this part.) S	See instructions.	
he organization is not a	private foundation becau	se it is: (For lines 1 through 12,	check only one box.)		
1 A church, co	nvention of churches, or as	ssociation of churches describe	ed in section 170(b)(1)(A)(i).	
2 A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (For	rm 990).)		
	• •	vice organization described in		•	
	÷ .	ed in conjunction with a hospita	al described in section	on 170(b)(1)(A)(iii). Enter	r the hospital's name,
city, and stat					
•	•	t of a college or university owne	ed or operated by a go	overnmental unit describ	ed in
	(b)(1)(A)(iv). (Complete Pa	,			
		governmental unit described in			
	•	a substantial part of its support	from a governmental	unit or from the general	public described in
	b)(1)(A)(vi). (Complete Par		ort II.)		
		n 170(b)(1)(A)(vi). (Complete Pa		unction with a land grant	collogo
		escribed in section 170(b)(1)(A of agriculture (see instructions			
university:	of a non-land-grain college	of agriculture (see instructions	. Enter the name, ony	, and state of the college	6 01
· · -	on that normally receives ((1) more than 33 1/3% of its sup	port from contributio	ns, membership fees, an	d aross receipts from
	,	s, subject to certain exceptions			•
		income (less section 511 tax) f			
	509(a)(2). (Complete Part				,
		d exclusively to test for public s	afety. See section 5	09(a)(4).	
		d exclusively for the benefit of,			purposes of one or
		described in section 509(a)(1)			
lines 12a thro	ough 12d that describes th	e type of supporting organization	on and complete lines	12e, 12f, and 12g.	
		erated, supervised, or controlled			giving
the suppor	ted organization(s) the pov	ver to regularly appoint or elect	a majority of the direc	ctors or trustees of the s	upporting
organizatio	n. You must complete Pa	art IV, Sections A and B.			
b 🗌 Type II. A s	supporting organization su	pervised or controlled in conne	ction with its supporte	ed organization(s), by ha	ving
control or r	nanagement of the suppor	ting organization vested in the	same persons that co	ntrol or manage the sup	ported
organizatio	n(s). You must complete	Part IV, Sections A and C.			
c 📃 Type III fu	nctionally integrated. A se	upporting organization operate	d in connection with,	and functionally integrate	ed with,
its support	ed organization(s) (see inst	ructions). You must complete	Part IV, Sections A,	D, and E.	
d 🔄 Type III no	n-functionally integrated	. A supporting organization ope	erated in connection v	with its supported organi	zation(s)
that is not	unctionally integrated. The	e organization generally must sa	atisfy a distribution re	quirement and an attenti	veness
·		nust complete Part IV, Section	•		
	U	eived a written determination fr		I Type I, Type II, Type III	
		n-functionally integrated suppor	ting organization.		
	of supported organizations				
g Provide the follow (i) Name of supp	ing information about the s orted (ii) Ell		(iv) Is the organization listed	(v) Amount of monetary	(vi) Amount of other
organization		(described on lines 1-10	in your governing document?	support (see instructions)	support (see instructions)
	·	above (see instructions))	Yes No		, ,
			+ +		
			+ +		
			+ +		+
			+ +		
Total					
					1

Schedule A (Form 990) 2023 LEAGUE, INC C/O CLARK, SCHAEFER, HACKETT 43-1861294 Page 2

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	123,088.	82,777.	111,651.	194,906.	271,455.	783,877.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	123,088.	82,777.	111,651.	194,906.	271,455.	783,877.
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)						8,436. 775,441.
6	Public support. Subtract line 5 from line 4.						775,441.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	123,088.	82,777.	111,651.	194,906.	271,455.	783,877.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		92.	1,360.	59,777.	3,861.	65,090.
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.)	19,722.		9,820.	31,334.		60,876.
11	Total support. Add lines 7 through 10						909,843.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	722,977.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and stop	ohere					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	85.23 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	80.88 %
16 a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo>	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	, ,					
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is ⁻	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	on did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	
						Schedule A	(Form 990) 2023

		TES AUSTRA C C/O CLAN			የጥጥ 43-186	1294 Page 3
Part III Support Schedule for C	Drganizations	Described in S	ection 509(a)	(2)	111 45 100	
(Complete only if you checked	•				art II. If the organiza	ation fails to
qualify under the tests listed b			ganzatorrianoa	to quality and of the		
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						X
3 Gross receipts from activities that are not an unrelated trade or business under section 513					\mathbf{G}	
 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	ļ		4			ļ
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disgualified 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			5			
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support	1			Γ		
alendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
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 on 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.)						
	-			-		
Section C. Computation of Publi						
		livided by line 13. c	olumn (f))		15	%
5 Public support percentage for 2023 (I					16	%
Public support percentage for 2023 (IPublic support percentage from 2022	Schedule A, Part	III, line 15			1 1	
 Public support percentage for 2023 (I Public support percentage from 2022 Section D. Computation of Investion 	Schedule A, Part	III, line 15 Percentage				<u></u>
 5 Public support percentage for 2023 (I 6 Public support percentage from 2022 6 Public support percentage from 2022 7 Investment income percentage for 20 	Schedule A, Part Stment Income 23 (line 10c, colur	III, line 15 Percentage nn (f), divided by lir	ne 13, column (f))		17	
 Public support percentage for 2023 (I Public support percentage from 2022 Public support percentage from 2022 Public support percentage from 2022 Investment income percentage for 20 Investment income percentage from 	Schedule A, Part Stment Income 223 (line 10c, colur 2022 Schedule A,	III, line 15 Percentage mn (f), divided by lir Part III, line 17	ne 13, column (f))		17 18	%
 Public support percentage for 2023 (I Public support percentage from 2022 Public support percentage from 2022 Public support percentage from 2022 Computation of Invest Investment income percentage for 20 Investment income percentage from 19a 33 1/3% support tests - 2023. If the 	Schedule A, Part Stment Income 23 (line 10c, colur 2022 Schedule A, organization did n	III, line 15 Percentage mn (f), divided by lin Part III, line 17 not check the box of	ne 13, column (f)) on line 14, and line	e 15 is more than 3	17 18 3 1/3%, and line 17	% 7 is not
 5 Public support percentage for 2023 (I 6 Public support percentage from 2022 6 Public support percentage from 2022 6 Public support percentage from 2022 7 Investment income percentage for 20 8 Investment income percentage from 9a 33 1/3% support tests - 2023. If the more than 33 1/3%, check this box and 	Schedule A, Part Stment Income 23 (line 10c, colur 2022 Schedule A, organization did n nd stop here. The	III, line 15 Percentage mn (f), divided by lin Part III, line 17 not check the box of organization qualif	ne 13, column (f)) on line 14, and line ies as a publicly s	e 15 is more than 3 supported organiza	17 18 3 1/3%, and line 17 tion	% 7 is not
 Fublic support percentage for 2023 (I Public support percentage from 2022 Public support percentage from 2022 Public support percentage from 2022 Investment income percentage for 20 Investment income percentage from 33 1/3% support tests - 2023. If the more than 33 1/3%, check this box ar b 33 1/3% support tests - 2022. If the 	Schedule A, Part Stment Income 23 (line 10c, colur 2022 Schedule A, organization did n organization did n	III, line 15 Percentage mn (f), divided by lin Part III, line 17 not check the box of organization qualif not check a box on	ne 13, column (f)) on line 14, and line ies as a publicly s line 14 or line 19a	e 15 is more than 3 supported organiza a, and line 16 is mo	17 18 3 1/3%, and line 17 tion re than 33 1/3%, a	% 7 is not
 Public support percentage for 2023 (I Public support percentage from 2022 Investment income percentage for 20 Investment income percentage from 2023 	Schedule A, Part Stment Income 23 (line 10c, colur 2022 Schedule A, organization did n organization did n ck this box and st	III, line 15 Percentage mn (f), divided by lin Part III, line 17 not check the box of organization qualif not check a box on cop here. The organ	ne 13, column (f)) on line 14, and line ies as a publicly s line 14 or line 19a nization qualifies a	e 15 is more than 3 supported organiza a, and line 16 is mo as a publicly suppo	17 18 3 1/3%, and line 17 tion	nd

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LEAGUE, INC C/O CLARK, SCHAEFER, HACKETT 43-1861294 Page 4

Part IV | Supporting Organizations

Schedule A (Form 990) 2023

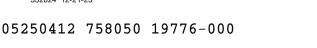
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified 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.
- Did one or more disqualified persons (as defined on 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 disgualified person (as defined on 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 line 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.)

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Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2023

No

Schedule A (Form 990) 2023

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	t IV Supporting Organizations (continued)		<u>- 1a</u>	ige J
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			<i>y</i>
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization to the supervised organization with the support of the organization of the			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
-	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		_
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions			
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>	,-		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstruction	15)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			

Part VI the reasons for the organization's position that its supported organization(s) would have engaged in

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard. 332025 12-21-23

these activities but for the organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

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3b | Schedule A (Form 990) 2023

2b

3a

Sche	dule A (Form 990) 2023 LEAGUE, INC C/O CLARK, SO			3-1861294 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	-		Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must co	omplet	e Sections A through E.	
Sect	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		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	- 3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

Schedule A (Form 990) 2023

Sche Par		/O CLARK, SCHAR (a)(3) Supporting Orga	EFER, HACKET	T 4	3-1861294 Page 7			
Secti	Section D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exer		1					
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in Part VI). See instructions.	-		8				
9	Distributable amount for 2023 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	IS	(iii) Distributable Amount for 2023			
1	Distributable amount for 2023 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2023 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2023							
a	From 2018							
b	From 2019							
c	From 2020							
d	From 2021							
e	From 2022							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2023 distributable amount							
i	Carryover from 2018 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2023 from Section D,							
	line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2023 distributable amount							
с	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2023, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2023. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2024. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2019							
b	Excess from 2020							
c	Excess from 2021							
d	Excess from 2022							

e Excess from 2023

Schedule A (Form 990) 2023

	UNITED STATES AUSTRALIAN FOOTBALL
Chedule A	(Form 990) 2023 LEAGUE, INC C/O CLARK, SCHAEFER, HACKETT 43-1861294 Page
	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, 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 B	Schedule of Contributors	OMB No. 1545-0047			
(Form 990) Department of the Treasury Internal Revenue Service	Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.	2023			
Name of the organization U	NITED STATES AUSTRALIAN FOOTBALL EAGUE, INC C/O CLARK, SCHAEFER, HACKETT	Employer identification number			
Organization type (check					
Filers of:	Section:				
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	\bigcirc			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	\tilde{C}			
	527 political organization	\mathbf{O}			
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				
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 organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules					
X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, 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; or (ii) Form 990-EZ, 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 <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year for an <i>exclusively</i> set in the set in t					
	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo e 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, I				

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

	rganization D STATES AUSTRALIAN FOOTBALL		Employer identification number
	E, INC C/O CLARK, SCHAEFER, HACKETT		43-1861294
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
_1		\$187,8	49. Person X Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
2		\$22,8	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
3		\$7,6	08. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
4		\$12,0	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
5		\$12,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		\$	Person Payroll (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

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	D STATES AUSTRALIAN FOOTBALL		
LEAGUI	E, INC C/O CLARK, SCHAEFER, HACKETT		43-1861294
Part II	Noncash Property (see instructions). Use duplicate copies of Part II in	f additional space is need	ed.
(a)		(c)	
No.	(b)	FMV (or estimation	(d)
from	Description of noncash property given	(See instruction	
Part I		· · · · · · · · · · · · · · · · · · ·	
		-	
		-	
		_ \$	
		_	
(a)		(c)	
No.	(b)	FMV (or estima	(d)
from Part I	Description of noncash property given	(See instruction	
1 41 11			
		- \$	
(a)		(c)	
No.	(b)	FMV (or estimation	(d)
from	Description of noncash property given	(See instruction	
Part I			,
		-	
		-	
		-	
		_ \$	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estima (See instruction	Data received
Part I			IS. <i>j</i>
		_	
		-	
		-	
		_ \$	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estima (See instruction	Data received
Part I			15.)
		-	
_		-	
		-	
		_ \$	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estima	Dete received
Part I	· · · · · · · · · · · · · · · · · · ·	(See instruction	is.)
		_	
		_	
_		_	
		\$	

me of organ				Page Employer identification number			
	STATES AUSTRALIAN FO INC C/O CLARK, SCHA			43-1861294			
art III 🛛 E>	clusively religious, charitable, etc., contrib	utions to organizations descri	bed in section 50	1(c)(7), (8), or (10) that total more than \$1,000 for the year			
fre	om any one contributor. Complete columns	(a) through (e) and the following	na line entry For a	rganizations ne year. (Enter this info. once.) \$			
U	se duplicate copies of Part III if addition	al space is needed.					
) No. rom	(b) Purpose of gift	(c) Use of g	nift	(d) Description of how gift is held			
art I			,	(d) Decemption of new girt is new			
-							
		-					
		-					
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4		R	Relationship of transferor to transferee			
-							
-							
No. om	(b) Purpose of gift	(c) Use of g	ift (d) Description of how gift is held				
artl	(b) Fulpose of gift		giit	(d) Description of now girt is neid			
-		-					
- -		-					
-		-					
	(e) Transfer of gift						
	Transferee's name, address	, and ZIP + 4	R	elationship of transferor to transferee			
-							
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) No. rom	(b) Purpose of gift	(c) Use of g	aift	(d) Description of how gift is held			
art I							
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_ -							
		(e) Transf	fer of gift				
	Transformed	and 7 1D + 4		alationakin of two of our to two of our			
	Transferee's name, address, and ZIP + 4		R	elationship of transferor to transferee			
No	· ·						
No. om	(b) Purpose of gift	(c) Use of g	gift	(d) Description of how gift is held			
art I							
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	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4			elationship of transferor to transferee			
		unu zi r † 4	IP + 4 Relationship of transferor to trans				

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SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	-EZ	OMB No. 1545-0047	
Name of the organizatio	UNITED STATES AUSTRALIAN FOOTBALL LEAGUE, INC C/O CLARK, SCHAEFER, HACKETT	Employer ide 43-186	entification number 51294	
FORM 990, PA	RT I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:	~	
PARTICIPATIO	N IN AUSTRAILIAN FOOTBALL IN THE UNITED STATES	. THE U	JSAFL	
PROMOTES PAR	TICIPATION BY EMPHASIZING AWARENESS AND A SENS	E OF		
COMMUNITY WI	THIN ITS MEMBERS, BY SETTING STANDARDS BY WHIC	H MEMBEF		
CLUBS AGREE	TO ABIDE AND BY FOSTERING YOUTH PROGRAMS ACROS	S THE UN	IITED	
STATES. WE	ARE THE SOLE REPRESENTATIVES OF AUSTRALIAN FOO	TBALL IN	I THE	
UNITED STATE	s.			
FORM 990, PA	RT III, LINE 2, NEW PROGRAM SERVICES:			
THE ORGANIZA	TION REVISED IT'S PRESENTATION OF THE SECOND P	ROGRAM B	ROM	
LAST YEAR'S	990 TO BE MORE TRANSPARENT FOR THE CURRENT YEA	R. THE		
ORGANIZATION	NOW HIGHLIGHTS THE NATIONAL AND REGIONAL TOUR	NAMENTS	HELD	
AS TWO SEPAR	ATE PROGRAM DESCRIPTIONS.			
FORM 990, PA	RT VI, SECTION A, LINE 6:			
THE ORGANIZA	TION HAS MEMBERS.			
FORM 990, PA	RT VI, SECTION A, LINE 7A:			
THE BOARD IS ELECTED AT THE ANNUAL GENERAL MEETING EACH OCTOBER, AT WHICH				
TIME EACH CL	UB (APPROXIMATELY 40) VOTES FOR EACH POSITION	AS NECES	SARY.	
FORM 990, PA	RT VI, SECTION B, LINE 11B:			
THE TREASURE	R REVIEWS THE 990 WITH THE CERTIFIED PUBLIC AC	COUNTANI	· .	
FORM 990, PA	RT VI, SECTION B, LINE 12C:			

PERIODIC REVIEWS ARE PERFORMED AT LEAST ANNUALLY TO MONITOR AND ENFORCE

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

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Schedule O (Form 990) 2023	Page 2
Name of the organization UNITED STATES AUSTRALIAN FOOTBALL LEAGUE, INC C/O CLARK, SCHAEFER, HACKETT	Employer identification number 43–1861294
DEAGOE, INC C/O CHARR, SCHAEFER, HACKEIT	45-1001294
COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. AT THIS M	EETING THE POLICY
IS REVIEWED IN FULL AND EACH MEMBER SHALL AFFIRM THEY UNDE	RSTAND THE
POLICY, SUBMIT A DISCLOSURE LIST, AND SIGN A STATEMENT AFF	IRMING THEY HAVE
READ THE POLICY, AGREE TO COMPLY, AND ACKNOWLEDGE THEY ARE	NOT AWARE OF ANY
VIOLATIONS. IF A CONFLICT DOES ARISE, THE INTERESTED PERSO	N WILL LEAVE THE
MEETING IN WHICH THE CONFLICT IS DISCLOSED. THE GOVERNING	BOARD OR
COMMITTEE SHALL THEN DETERMINE WHETHER THE USAFL CAN OBTAI	N, WITH
REASONABLE EFFORTS, A MORE ADVANTAGEOUS TRANSACTION OR ARR	ANGEMENT FROM A
PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF	INTEREST. IF A
MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASON	ABLY POSSIBLE
UNDER THE CIRCUMSTANCES, THE REMAINING MEMBERS OF THE GOVE	RNING BOARD OR
COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE WHETHER THE T	RANSACTION OR
ARRANGEMENT IS IN THE USAFL'S BEST INTEREST.	

IF THE GOVERNING BOARD OR COMMITTEE HAS REASONABLE CAUSE 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.

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332212 11-14-23