DLN: 93493093003052

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

OMB No 1545-0047

2010

Form **990**

Department of the Treasury Internal Revenue Service

A Fo	r the	2010 ca	 alendar year, or tax year begii	nning 04-01-2010 and ending 03-31-20	11			
B Che	eck ıf a	pplicable	C Name of organization National Football League			D Emp	loyer i	dentification number
✓ Add	Iress ch	nange	-			13-	1922	522
Na ₁	ne cha	inge	Doing Business As			E Tele	ohone	number
_	ıal retu mınate		Number and street (or P O box 345 Park Avenue	ıf maıl ıs not delivered to street address)	Room/suite	(212	2)450	0-2000
_	ended olication	return n pending	City or town, state or country, a New York, NY 10154	nd ZIP + 4		- G Gross	s receip	ots \$ 184,299,577
, , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, penang	F Name and address of	principal officer	H(a) is this	a group retur	n for affil	lates? Yes V No
					11(4) 13 (1113	a group recar	rior unii	
						o," attach	n a lis	t (see instructions)
I Ta	x-exem	npt status	501(c)(3) 5 01(c)(6)	◀ (insert no)	H(c) Gro	up exemp	tion n	umber 🟲
J W	ebsit e	e: ► www	w nfl com]			
K Forr	n of or	ganization	Corporation Trust Associ	ation	L Year of fo	ormation 1	920	M State of legal domicile NY
Pa	rt I	Sum	mary		•		•	
		•	_	sion or most significant activities				
œ.	:	Trade as	ssociation promoting interests	s of its 32 member clubs				
Governance	:							
Ē								
Š	2	Check th	nis box দ if the organization	discontinued its operations or disposed	of more than ?	25% of its	neta	assets
				erning body (Part VI, line 1a)			3	2
Activities &				rs of the governing body (Part VI, line 1t		•	4	C
星				ın calendar year 2010 (Part V, line 2a)			5	1,545
ទ្ឋ			mber of volunteers (estimate				6	
•				n Part VIII, column (C), line 12			7a	C
	ь	Net unre	lated business taxable incom	e from Form 990-T, line 34			7b	
		C t	h	lone des	Pric	or Year		Current Year
ā	8		butions and grants (Part VIII	, line 1 h)	•	191,235	174	102.700.120
Revenu	40		-	183,789,138				
Њў	10	Invest	638	270,439				
	11 12			A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 (must equal Part VIII, column (A), lii		642	,540	240,000
	12			· · · · · · · · · · · · · · · · · · ·		192,304	,352	184,299,577
	13			art IX, column (A), lines 1–3)		3,809	880,	917,316
	14	Benefi	ts paid to or for members (Pa	rt IX, column (A), line 4)				0
8	15	Salarıe 10)	es, other compensation, empl	oyee benefits (Part IX, column (A), lines	5 –	75,823	,825	80,411,642
Expenses	16a	Profes	sional fundraising fees (Part)	(X, column (A), line 11e)				0
ਡੋ	ь	Total fu	ndraising expenses (Part IX, column	(D), line 25) ▶0				
_	17	Other	expenses (Part IX, column (A	(), lines 11a-11d, 11f-24f)		154,949	199	155,165,666
	18			must equal Part IX, column (A), line 25)		234,582	,112	236,494,624
	19	Reven	ue less expenses Subtract lı	ne 18 from line 12		-42,277	-	-52,195,047
% & € & € &					_	g of Curre Year	ent	End of Year
Net Assets or Fund Balances	20	Total	assets (Part X line 16)			949,056,	810	872,947,229
AB dB	21						-	1,100,226,250
25 E	22			ect line 21 from line 20	1,124,776,703			-227,279,021
	t II		ature Block			1,0,,10,	,001	227,273,021
Undei know	penal ledge a ledge.	****	f, it is true, correct, and comple	mined this return, including accompanying s ete. Declaration of preparer (other than offic	er) is based on			
Here			er Goodell Commissioner or print name and title					
		Print/Type preparer's		Preparer's signature	Date	Check if se		PTIN
Paid		Firm's nar		1		zpio y cu	<u> </u>	Firm's EIN
Prepa Use (Fırm's add	dress ▶					Phone no

May the IRS discuss this return with the preparer shown above? (see instructions) $\,$. $\,$.

Par	t III			e Accomplishments nse to any question in this Part	III	
1	Brief	ly describe the orgai	nızatıon's mıssıon			
Trade	asso	ciation promoting int	terests of its 32 me	mber clubs		
2				nt program services during the y	ear which were not listed on	└ Yes 🗸 No
	If "Ye	s," describe these n	ew services on Sch	edule O		
3	servi	ces?		ke significant changes in how it	conducts, any program	┌ Yes ┌ No
	If "Ye	s," describe these c	hanges on Schedule	e O		
4	Secti	on 501(c)(3) and 50	1(c)(4) organizatio	for each of the organization's thi ns and section 4947(a)(1) trust d revenue, if any, for each progra	s are required to report the an	
	(Cod	e) (Expenses \$	ıncludıng grants of \$) (Revenue \$	184,299,577)
	•			s at a level that attracts the broadest a		· · · · · ·
	world		_			
4b	(Cod	e) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
4c	(Cod	e) (Expenses \$	including grants of \$) (Revenue \$)
4d	O the	er program services	(Describe in Sched	dule O)		
	(Exp	enses \$	ınclud	ding grants of \$) (Revenue \$)
4e	Tota	ıl program service ex	rpenses ► \$			

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		Νo
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or 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 2	8		No
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	Yes	
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
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, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		No
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 U S ? If "Yes," complete Schedule F, Parts II and IV	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 U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
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		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "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		Νo
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		Νο
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		Νο
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	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Νo
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes Vo			
36	Section 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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2010)

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

rai	Check if Schedule O contains a response to any question in this Part V						
			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		. 00	110			
	1a 353						
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b						
_							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes				
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						
h	return						
		2b	Yes				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the	_					
L	year?	3a 3b		No No			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	שכ		NO			
- 	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νo			
b	If "Yes," enter the name of the foreign country 🕨						
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts						
_	Man the company of the control of th	_		K.1			
5a L	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No			
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Νo			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νο			
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6b		Νo			
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a					
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7.5					
	file Form 8282?	7c					
d	If "Yes," indicate the number of Forms 8282 filed during the year						
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit						
	contract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7					
h	required?	7g					
8	Form 1098-C?	7h					
•	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess						
	business holdings at any time during the year?	8		Νo			
9	Sponsoring organizations maintaining donor advised funds.						
a	Did the organization make any taxable distributions under section 4966?	9a		N o			
10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νο			
10	Section 501(c)(7) organizations. Enter						
	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 10b						
J	facilities						
11	Section 501(c)(12) organizations. Enter						
а	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)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νo			
Ь	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.						
а	a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O						
Ь	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						
c	Enter the amount of reserves on hand						
-	13c						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo			
L	If "Vac " has it filed a Form 720 to report these nayments? If "No " provide an explanation in Schodule O	1/16		NI o			

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection 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	2			
Ь	Enter the number of voting members included in line 1a, above, who are independent	0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship or a business relation of the form of the fo	ionship with any	2		Νo
3	Did the organization delegate control over management duties customarily performed by or und supervision of officers, directors or trustees, or key employees to a management company or o		3		Νο
4	Did the organization make any significant changes to its governing documents since the prior F filed?	orm 990 was	4		Νο
5	Did the organization become aware during the year of a significant diversion of the organization	's assets? .	5		Νο
6	Does the organization have members or stockholders?		6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or mor governing body?		7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions underta year by the following	aken during the			
а	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot organization's mailing address? If "Yes," provide the names and addresses in Schedule O .	t be reached at the	9		Νο
	ection B. Policies (This Section B requests information about policies not required	by the Internal			
Ке	evenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	Г	10a	165	No
	If "Yes," does the organization have written policies and procedures governing the activities of				110
_	affiliates, and branches to ensure their operations are consistent with those of the organization		10ь		Νo
11a	Has the organization provided a copy of this Form 990 to all members of its governing body bef		11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	1	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests to conflicts?		12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the polic describe in Schedule O how this is done		12c	Yes	
13	Does the organization have a written whistleblower policy?	[13	Yes	
14	Does the organization have a written document retention and destruction policy?		14	Yes	
15	Did the process for determining compensation of the following persons include a review and appendent persons, comparability data, and contemporaneous substantiation of the deliberat	•			
а	The organization's CEO, Executive Director, or top management official	1	15a	Yes	
b	Other officers or key employees of the organization	1	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar a	-	160		No
h	taxable entity during the year?		16a		Νο
J	participation in joint venture arrangements under applicable federal tax law, and taken steps to organization's exempt status with respect to such arrangements?	safeguard the	16b		Νο
Se	ection C. Disclosure		-05		140
17					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and	1 9 9 0 - T (5 0 1 (c)			

18 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 🔽 Another's website 🔽 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
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization Frax Director

345 Park Avenue New York, NY 10154 (212) 450-2000

Part VII 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 Report compensation for the calendar year ending with or within the organization's tax year

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

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

Check this box if neither the organiz	•	lated or	ganı	zatio	nco	mpen	sate	d any current office	r, director, or trust	ee	
(A) Name and Title	(B) A verage hours	(C) ige Position (check all s that apply)				II		(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other	
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	organization (W- organizations) 2/1099-MISC) (W- 2/1099-MISC) MISC)		from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations		
(1) SteveBornstein EVP of Media	40 00					Х		0	7,918,000	4,293,000	
(2) Roger Goodell Commissioner	40 00			х				11,484,000	0	70,000	
(3) Ray Anderson EVP Football Ops	40 00					Х		1,344,000	0	499,000	
(4) Paul Tagliabue Former Commissioner	0 00						Х	1,000,000	0	7,583,000	
(5) Joe Browne EVP PR and Gvt Rel	40 00					Х		1,583,000	0	54,000	
(6) Jeff Pash EVP & Gen Counsel	40 00					х		4,769,000	0	1,510,000	
(7) Eric Grubman EVP Bus Ventures	40 00					х		3,790,000	0	60,000	
(8) Anthony Noto CFO	40 00			х				4,085,000	0	1,506,000	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) (B) (C) (D) (E) Name and Title Average Position (check all Reportable Reportable									(F) Estimated					
		hours per week (describe hours for related organizations in Schedule	Individual trustee or director	th at Institutional Trustee	Office	() Ke ₃ emplo ₃ ee	Highest compensate employee	Former	fro organız	ensation m the ration (W- 9-MISC)	compensation from related organizations (W- 2/1099- MISC)	;	amount of other compensation from the organization and related organizations	
		0)		Ļ			<u>e</u>					_		
												1		
												+		
				-								+		
												_		
												4		
1b	Sub-Total				٠.	٠.	٠	>				+		
С	Total from continuation sheets	s to Part VII, Sec	ction A				Þ							
d	Total (add lines 1b and 1c) .				•		•	P		28,055,000	7,918,00	0	15,	575,000
2	Total number of individuals (inc \$100,000 in reportable compe	-					above) who	receive	d more tha	n			
	——————————————————————————————————————												1	
3	Did the organization list any for on line 1a? <i>If</i> " <i>Yes,"</i> complete Sc					ey e	mploy	ee, o	or highes	t compens	ated employee	3	Yes	No
4	For any individual listed on line organization and related organization													
_	Individual		• •	•	•	•		•				4	Yes	
5	Did any person listed on line 1a services rendered to the organi						•		-		• Individual for	5		No
S	ection B. Independent Cor	ntractors												
1	Complete this table for your five \$100,000 of compensation from	n the organization		ındep	end	ent o	ontra	ctors	that red	eived more				
	(A) (B) Name and business address Description of services								(C Comper					
1950	Microsoft Licensing GP 1950 N Stemmons Fwy Dallas, TX 75207 Software							2	,698,231					
Marsh USA Inc PO Box 19601 Newark, NJ 07195 Insurance								4	,303,536					
1201	ngton & Burling LLP Pennsylvania Avenue NW nington, DC 20004									Legal			3,831,250	
280 F	dway 280 Park Fee LLC Park Avenue York, NY 10017									Office rent			11	,374,797
New York, NY 10017 American Express PO Box 53618 Phoenix A7 95072									7,572,008					

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization \blacktriangleright 130

Form 99						Pag	e 9
Palls		Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	business	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns		0			
Program Service Revenue		Membership Dues & Assessments All other program service revenue Total. Add lines 2a-2f	Business Code 711300	183,789,138 183,789,138	183,789,138		
	4 5 6a b	Investment income (including dividends, interest and other similar amounts)	(II) Personal	270,439			270,439
	7a b c d	Net rental income or (loss) (i) Securities Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	(II) Other	0			
Other Revenue	b c	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a Less direct expenses b Net income or (loss) from fundraising events Gross income from gaming activities See Part IV, line 19 . a		0			
	b c 10a	Less direct expenses		0			
	11a b		Business Code 711300	240,000			
	e	Total. Add lines 11a-11d		240,000 184,299,577	184,029,138	m 990 (20	270,439

	990 (2010)				Page 10
	Section 501(c)(3) and 501(c)(4) organizations mus				
A	ll other organizations must complete column (A) but are not required to c	omplet e column			<u>(D)</u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	917,316			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	17,145,000			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	11,486,000			
7	Other salaries and wages	26,918,080			
	Pension plan contributions (include section 401(k) and section	20,510,000			
8	403(b) employer contributions)	6,038,302			
9	Other employee benefits	9,601,781			
10	Payroll taxes	9,222,479			
а	Fees for services (non-employees) Management	0			
b	Legal	2,970,412			
С	Accounting	676,032			
d	Lobbying	1,533,063			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	8,176,086			
12	Advertising and promotion	0,170,000			
13	Office expenses	158,283			
	Information technology	1,977,502			
14 15		1,977,302			
	Royalties	-			
16	Occupancy	6,687,185			
17 18	Payments of travel or entertainment expenses for any federal,	10,407,853			
	state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	57,325,261			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	4,416,171			
23	Insurance	1,882,778			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	Real Estate Taxes	1,130,715			
ь	Miscellaneous	10,680,232			
С	Investigator Fees	1,904,578			
d	Event Production	8,080,885			
e	Club Related Financing	34,303,696			
f	All other expenses	2,854,934			
25	Total functional expenses. Add lines 1 through 24f	236,494,624	0	0	0
26	Joint costs. Check here ► ☐ If following	230,737,024	 	 	
20	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	· · ·				

Part X Balance Sheet (A) (B) Beginning of year End of year 0 1 Cash—non-interest-bearing 1 2 2 Savings and temporary cash investments 86,204,464 72.988.282 3 0 3 46,208,132 4 48,135,209 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 155,000 5 2,375,000 Schedule L . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 0 6 771,898,826 7 694, 194, 130 Notes and loans receivable, net 8 8 0 Prepaid expenses and deferred charges . . . 3,652,968 9 3,200,330 10a Land, buildings, and equipment cost or other basis Complete 59.324.973 10a Part VI of Schedule D 18.488,330 **10c** ь Less accumulated depreciation 10b 38.275.449 21.049.524 0 11 11 0 12 12 Investments—other securities See Part IV, line 11 0 13 13 Investments—program-related See Part IV, line 11 . . 0 14 14 22,449,099 15 31,004,754 15 16 949.056.819 16 872,947,229 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 76,362,100 82.468.619 17 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 952.752.121 23 919.039.987 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 89.555.963 25 104.824.163 Other liabilities Complete Part X of Schedule D 26 1,124,776,703 26 1,100,226,250 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 Balances through 29, and lines 33 and 34. 27 27 Unrestricted net assets Temporarily restricted net assets 28 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 🕨 🔽 and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 -175,719,884 32 -227,279,021 Retained earnings, endowment, accumulated income, or other funds ¥ -227,279,021 -175,719,884 33 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 872,947.229 949.056.819 34

Par	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		184,2	299,577
2	Total expenses (must equal Part IX, column (A), line 25)	2		236,4	94,624
3	Revenue less expenses Subtract line 2 from line 1	3		-52,1	.95,047
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-175,7	19,884
5	Other changes in net assets or fund balances (explain in Schedule O)	5		ε	35,910
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		-227,2	79,021
Par	t XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response to any question in this Part XII	• •		-1	
		Г		Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		Νo

DLN: 93493093003052

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

2

3

3

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Political Campaign and Lobbying Activities

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

Political expenditures

Volunteer hours

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

	ne of the organization onal Football League	Employer identification number
		13-1922622
Part	I-A Complete if the organization is exempt under section 501(c) or is a	section 527 organization
1	Provide a description of the organization's direct and indirect political campaign activities in Pa	rt IV

ection 527 organization.

Part	I-B Complete if the organization is exempt under section 501(c)(3).		
1	Enter the amount of any excise tax incurred by the organization under section 4955	•	\$
2	Enter the amount of any excise tay incurred by organization managers under section 4955		¢.

Enter the amount of any excise tax incurred by organization managers under section 4955

┌ Yes □ No If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes Was a correction made?

If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527

exempt funtion activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

Did the filing organization file Form 1120-POL for this year?

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter -0-

Sc	hedule C (Form 990 or 990-EZ) 2010						Page 2
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c)(3) and fi	led Form 5768	
A B	Check If the filing organization belongs to a Check If the filing organization checked bo			" provisions apply	/		
	Limits on Lobbying E (The term "expenditures" means a)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
<u>1</u> a	Total lobbying expenditures to influence public o	pinion	(grass roots lob	oyıng)			
b	Total lobbying expenditures to influence a legisl	atıve b	ody (direct lobby	ıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and :	Ld)				
f	Lobbying nontaxable amount Enter the amount columns	from th	e following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The	lobbying nontaxa	ble amount is:			
	Not over \$500,000	20%	of the amount on lin	e 1e			
	Over \$500,000 but not over \$1,000,000	\$100	,000 plus 15% of the	excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225	,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,00	00,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)					
_	Subtract line 1g from line 1a If zero or less, ent	-					
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h d	or line 11, did the	organization file F	orm 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		havè to co		ne five
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period		
	Calendar year (or fiscal year						

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total				
2a	Lobbying non-taxable amount									
b	Lobbying ceiling amount (150% of line 2a, column(e))									
С	Total lobbying expenditures									
d	Grassroots non-taxable amount									
e	Grassroots ceiling amount (150% of line 2d, column (e))									
f	Grassroots lobbying expenditures									

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

	(election under section 501(h)).			1		
		(:	a) 		(b)	
		Yes	No	A	mount	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?			1		
Ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			1		
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities? If "Yes," describe in Part IV					
j	Total lines 1c through 1:					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
Ь	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c	(5),	or se	ction	1
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		Νo
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		Νo
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".			is		
1	Dues, assessments and similar amounts from members	1		18	3,789	,138
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a			1,533	3,063
Ь	Carryover from last year	2b				
С	Total	2c			1,533	3,063
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5			1,533	3,063

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493093003052

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** National Football League 13-1922622

Pa	rt I	Organizations Maintaining Donor Acorganization answered "Yes" to Form 99		unds	or Accounts.	Comple	te if the
		organization answered Tes to Form 99	(a) Donor advised funds		(b) Funds and ot	her accou	nts
1	Total	number at end of year	•		` '		
2	Aggre	gate contributions to (during year)					
3		egate grants from (during year)					
4	Aggre	gate value at end of year					
5	Did tl	he organization inform all donors and donor advi	sors in writing that the assets held in dor	nor adv	ısed		
		are the organization's property, subject to the				☐ Yes	┌ No
6		he organization inform all grantees, donors, and					
		only for charitable purposes and not for the ben- rring impermissible private benefit	efit of the donor or donor advisor, or for a	ny othe	r purpose	┌ Yes	□No
Pai	rt II		of the organization answered "Yes" t	o Forr	n 990. Part IV.	•	
1		ose(s) of conservation easements held by the or			,,		
-	_ `	Preservation of land for public use (e g , recreati	<u> </u>	n histor	ically importantly	y land are	a
	_	Protection of natural habitat	Preservation of a				
	F	Preservation of open space					
2	Comr	plete lines 2a–2d if the organization held a quali	fied conservation contribution in the form	nofac	onservation		
		ment on the last day of the tax year					
					Held at the E	nd of the	Year
а	Total	number of conservation easements		2a			
b	Total	acreage restricted by conservation easements		2b			
c	Numb	per of conservation easements on a certified his	toric structure included in (a)	2c			
d	Numb	per of conservation easements included in (c) ac	quired after 8/17/06	2d			
3	Numb	per of conservation easements modified, transfe	rred, released, extinguished, or terminato	ed by th	ne organization d	uring	
	the ta	axable year 🗠					
4	Numak		tron anamous is located by				
		per of states where property subject to conserva					
5		the organization have a written policy regarding cement of the conservation easements it holds?		dling of	violations, and	┌ Yes	┌ No
6	Staff	and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easen	nents d	uring the year 🛌		
7	A mou	unt of expenses incurred in monitoring, inspectir	ng, and enforcing conservation easement	s durin	g the year ► \$ _		
8		each conservation easement reported on line 2 h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	ction		☐ Yes	┌ No
9	In Pa	rt XIV, describe how the organization reports co	onservation easements in its revenue and	d exper	ıse statement, aı	nd	
		ce sheet, and include, if applicable, the text of t	-	Istater	nents that descr	ıbes	
) a r	tne o	rganization's accounting for conservation easem Organizations Maintaining Collectio		or Ot	har Similar A	ccatc	
aı	LILL	Complete if the organization answered "		01 01	ilei Siililai A	35615.	
1a	Ifthe	organization elected, as permitted under SFAS	·	ent and	balance sheet w	orks of	
		istorical treasures, or other similar assets held			rtherance of pub	lic service	е,
		de, in Part XIV, the text of the footnote to its fin organization elected, as permitted under SFAS			ance cheet work	of ort	
b	hısto	rical treasures, or other similar assets held for p de the following amounts relating to these items	oublic exhibition, education, or research i			•	
	(i) _R	evenues included in Form 990, Part VIII, line 1			► \$		
	(ii) A	ssets included in Form 990, Part X			► \$		
2		organization received or held works of art, history or amounts required to be reported under SFAS		or finan	cial gain, provide	e the	
а		nues included in Form 990, Part VIII, line 1	5 110 relating to these Items		⊳ - ¢		
ь		ts included in Form 990, Part X			· +		
_	M 5 5 E	is microuded in Furification, Pall A			F ⊅		

Part	1111	Organizations Maintaining Co	llections of Art	, His	<u>tori</u>	<u>cal Tr</u>	eası	ires, or C	<u>the</u>	<u>r Simila</u>	ar Ass	ets (d	ontini	ıed)
3		ng the organization's accession and others s (check all that apply)	r records, check any	y of th	e foll	owing t	:hat aı	e a significa	ant u	se of its (collectio	n		
а	Γ	Public exhibition		d	\vdash	Loan	orexc	hange prog	rams					
b	Γ	Scholarly research		e	Γ	Other								
c	\sqcap	Preservation for future generations												
4	Prov Part	ride a description of the organization's co XIV	ollections and expla	ın hov	v the	/ furthe	rthe	organızatıor	ı's ex	cempt pur	pose in			
5		ng the year, did the organization solicit o ets to be sold to raise funds rather than t								nılar	Г	Yes	Γr	10
Par	t IV	Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answere	d "Y	es" to F	orm 99	0,		
1a		ne organization an agent, trustee, custod uded on Form 990, Part X?	ıan or other ınterme	diary	for c	ontrıbu	tions	or other ass	ets	not	⊳	Yes	┌ r	40
b	If"Y	es," explain the arrangement in Part XIV	/ and complete the	follow	ing ta	able		_			_			
									_		A mo			
С	Begi	inning balance						1	lc			385	,656,	594
d	Add	itions during the year						1	.d			650,	678,4	74
e	Dıst	ributions during the year						1	.е					
f	Endi	ing balance						_ 1	Lf			1,036,	335,1	. 68
2a	Dıd t	the organization include an amount on Fo	orm 990, Part X, line	e 21?							Γ	Yes	Į v	40
b	If "Y	es," explain the arrangement in Part XIV	•											
Pai	t V	Endowment Funds. Complete	f the organization	า ans	were	ed "Ye	s" to	Form 990,						
			(a)Current Year	(b)	Prior \	'ear	(c) Tv	o Years Back	(d)	Three Years	s Back (e) Four `	Years B	ack
а	Begi	inning of year balance												
b	Cont	tributions												
С	Inve	estment earnings or losses												
d	Gran	nts or scholarships												
e		er expenditures for facilities programs												
f	Adm	ninistrative expenses												
g	End	of year balance												
2	Prov	ride the estimated percentage of the yea	r end balance held a	as					•		•			
а	Boar	rd designated or quasi-endowment 🕨												
b	Perm	nanent endowment 🕨												
С	Term	n endowment 🕨												
За		there endowment funds not in the posses	ssion of the organiza	ation 1	that a	re held	landa	admınıstere	d for	the			1	_
	_	nization by nrelated organizations									. 3a(i)	Yes	No	_
		related organizations			•		•		•		3a(ii)	+	-	_
ь		es" to 3a(ii), are the related organization							٠.		3b	' 	<u> </u>	_
		cribe in Part XIV the intended uses of th	•				-		•					_
ar	t VI						90. P	art X. line	10.					
		Description of investment			(a)	Cost or o	other	(b)Cost or o basis (othe	ther	(c) Accum depreci		(d) B	ook va	lue
1a l	and													
b E	Buildii	ngs												
c l	.ease	hold improvements						4,803	3,091	4,	547,718		255	,373
d E	quipi	ment						48,523	,058	31,	047,481		17,475	,577
e (ther							5,998	3,824	2,	680,250		3,318	,574

Investments—Other Securities. See	-orm 990, Part X, line 12		
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)	. ,	Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line 1	1	1.6.1.:
(a) Description of investment type	(b) Book value		d of valuation f-year market value
		Cost of end-o	- year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin			
(a) Descrip	tion		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15			
Part X Other Liabilities. See Form 990, Part X	, line 25.		
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
Pension Liability	18,814,308		
Payable to Affiliates	50,232		
Interest Rate Swaps	18,188,304		
Capital Lease Liability	919,992		
Accrued Long Term Liabilities	66,851,327		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	104,824,163		

nue (Form 990, Part VIII, column (A), line 12) enses (Form 990, Part IX, column (A), line 25) (deficit) for the year Subtract line 2 from line 1 lized gains (losses) on investments ervices and use of facilities int expenses od adjustments scribe in Part XIV) stments (net) Add lines 4 - 8 (deficit) for the year per financial statements Combine conciliation of Revenue per Audited Finan enue, gains, and other support per audited financial state included on line 1 but not on Form 990, Part VIII, line alized gains on investments	acial Star atements a 12	temer	nts With	Revenue	1 2 3 4 5 6 7 8 9 10 per Retu	184,299,577 236,494,624 -52,195,047 1,198,362 -562,452 635,910 -51,559,137
(deficit) for the year Subtract line 2 from line 1 lized gains (losses) on investments ervices and use of facilities int expenses od adjustments scribe in Part XIV) stments (net) Add lines 4 - 8 (deficit) for the year per financial statements. Combine conciliation of Revenue per Audited Finan enue, gains, and other support per audited financial state included on line 1 but not on Form 990, Part VIII, line alized gains on investments	acial Star atements a 12	temer	nts With	Revenue	3 4 5 6 7 8 9	-52,195,047 1,198,362 -562,452 635,910
lized gains (losses) on investments ervices and use of facilities int expenses od adjustments scribe in Part XIV) stments (net) Add lines 4 - 8 (deficit) for the year per financial statements. Combine Conciliation of Revenue per Audited Finan enue, gains, and other support per audited financial state included on line 1 but not on Form 990, Part VIII, line alized gains on investments	acial Star atements a 12	temer	nts With	Revenue	4 5 6 7 8 9	-562,452 635,910
ervices and use of facilities int expenses of adjustments scribe in Part XIV) stments (net) Add lines 4 - 8 (deficit) for the year per financial statements. Combine conciliation of Revenue per Audited Finan enue, gains, and other support per audited financial statements, and other support per audited financial statements. Included on line 1 but not on Form 990, Part VIII, line alized gains on investments. Includes and use of facilities. Includes and use of facilities and use of facilities and use of facilities. Includes and use of facilities and us	acial Star atements a 12	temer	nts With	Revenue	5 6 7 8 9	-562,452 635,910
nt expenses od adjustments scribe in Part XIV) stments (net) Add lines 4 - 8 (deficit) for the year per financial statements. Combine conciliation of Revenue per Audited Finan enue, gains, and other support per audited financial statements. Included on line 1 but not on Form 990, Part VIII, line alized gains on investments	acial Star atements a 12	temer	nts With	Revenue	6 7 8 9	635,910
od adjustments scribe in Part XIV) stments (net) Add lines 4 - 8 (deficit) for the year per financial statements. Combine conciliation of Revenue per Audited Finan enue, gains, and other support per audited financial sta	acial Star atements a 12	temer	nts With	Revenue	7 8 9 10	635,910
od adjustments scribe in Part XIV) stments (net) Add lines 4 - 8 (deficit) for the year per financial statements. Combine conciliation of Revenue per Audited Finan enue, gains, and other support per audited financial sta	acial Star atements a 12	temer	nts With	Revenue	8 9 10	635,910
scribe in Part XIV) stments (net) Add lines 4 - 8 (deficit) for the year per financial statements. Combine conciliation of Revenue per Audited Finan enue, gains, and other support per audited financial state included on line 1 but not on Form 990, Part VIII, line alized gains on investments	acial Star atements a 12	temer	nts With	Revenue	9	635,910
stments (net) Add lines 4 - 8 (deficit) for the year per financial statements. Combine conciliation of Revenue per Audited Finan enue, gains, and other support per audited financial state included on line 1 but not on Form 990, Part VIII, line alized gains on investments	acial Star atements a 12	temer	nts With	Revenue	10	*
(deficit) for the year per financial statements. Combine conciliation of Revenue per Audited Financial statements, and other support per audited financial statements, and line 1 but not on Form 990, Part VIII, line alized gains on investments	acial Star atements a 12	temer	nts With	Revenue		*
conciliation of Revenue per Audited Finan enue, gains, and other support per audited financial state included on line 1 but not on Form 990, Part VIII, line alized gains on investments	acial Star atements a 12	temer	nts With	Revenue		, ,
enue, gains, and other support per audited financial sta included on line 1 but not on Form 990, Part VIII, line alized gains on investments services and use of facilities	atements e 12					ırn
alized gains on investments					1	185,497,939
services and use of facilities						
		2a		1,198,362		
es of prior year grants		2b			1	
		2c				
escribe in Part XIV)		2d				
2a through 2d					2e	1,198,362
line 2e from line 1					3	184,299,577
included on Form 990, Part VIII, line 12, but not on \ensuremath{I}	ne 1					
ent expenses not included on Form 990, Part VIII, line	27b .	4a]	
escribe in Part XIV)		4b]	
4a and 4b					4c	
					5	184,299,577
	ncial Sta	<u>ateme</u>	nts Witl	h Expense	s per Re	
					₁	237,057,076
	5					
		2a	1			
radjustments		2b			1	
ses		2c			1	
escribe in Part XIV)		2d		562,452	1	
2a through 2d					2e	562,452
line 2e from line 1					3	236,494,624
included on Form 990, Part IX, line 25, but not on line	1:					
ent expenses not included on Form 990, Part VIII, line	7b	4a				
escribe in Part XIV)		4b]	
4a and 4b					4c	
enses Add lines 3 and 4c. (This should equal Form 99	0, Part I, I	ıne 18)		5	236,494,624
	Inne 2e from line 1	Inne 2e from line 1	Iline 2e from line 1	Inne 2e from line 1	line 2e from line 1	Inne 2e from line 1

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part X	Part X FIN48 Footnote	Effective April 1, 2009, in accounting for uncertainty in income taxes, the League Office determines whether a tax position of the League Office is more likely than not to be sustained upon examination by the applicable taxing authority, including the resolution of any related appeals or litigation processes, based on the technical merits of the position. The League Office reviews and evaluates tax positions in its major jurisdictions and determines whether or not there are uncertain tax positions that require financial statement recognition and the recording of a liability. Based on this review, the League Office has determined that the adoption of the guidance for uncertainty in income taxes had no impact on its financial statements. The League Office had no unrecognized tax benefits and, consequently, had no accrued interest and penalties thereto as of April 1, 2010 and March 31, 2011. The League Office does not expect its unrecognized tax benefits balance to change in the next twelve months. The League Office is generally no longer subject to tax examinations by tax authorities for years prior to March 31, 2008.
Part XIII, Line 2d	Part XIII, Line 2d Other expenses and losses per audited F/S	Minimum Pension Liability Adjustment \$562452
Part IV, Line 1b	, , ,	NFL administers bank funds owned jointly by all 32 member clubs on their behalf Additions during the year totaled \$3,804,569,987, and distributions totaled \$3,153,891,513

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Schedule I

(Form 990)

DLN: 93493093003052

2010

OMB No 1545-0047

Governments and Individuals in the United States

Department of the Treasury Internal Revenue Service	compic		Attach to Form 990	1 3 30, Fait 1 v, line 21 of	22.		oen to Public Inspection
Name of the organization National Football League						Employer identification	on number
						13-1922622	
Part I General Information Does the organization maintain the selection criteria used to aw Describe in Part IV the organization	records to substanti vard the grants or as ation's procedures fo	ate the amount of the sistance? r monitoring the use o	f grant funds in the Unite	d States			√ Yes ┌
Part II Grants and Other A Form 990, Part IV, lin duplicated if additional	e 21 for any recip	ient that received r	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Additional Data Table							
2 Enter total number of section 50	 	nent organizations .					13

Grants and Other Assistance to Organizations,

Enter total number of other organizations . . .

Ident if ier

Return Reference

Schedule I (Form 990) 2010

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Explanation

Software ID: 10000105

Software Version: 2010v3.2

EIN: 13-1922622

Name: National Football League

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

	,						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Suffolk County Boy Scouts7 Scouting Blvd Medford, NY 11763			6,100	0			Fundraiser/Journal Ad/Matching Gifts
Other grants less than 5000 N/A NA,NY 00000			74,176	0			Matching Employee Grants
NFL Charities 280 Park Avenue New York, NY 10017			125,000	0			Charitable Gifts - Coach/Club Fines
NFL Alumni Association 3696 N Federal Hwy Ste 202 Ft Lauderdale,FL 33308			550,000	0			Retired Players in hardship
National Urban League156 Fifth Avenue New York, NY 10010			25,000	0			Annual Awards Dinner
March of Dimes515 Madison Avenue 20th Fl New York, NY 10022			20,000	0			Annual Fundraising Lunch
Georgetown Lombardı CC Whitehaven St NW Suite 4000 Washington, DC 20007			12,500	0			Annual Fundraiser
Dungy Family Foundatio 16765 Fishhawk Blvd 402 Lithia,FM 33547			50,000	0			General Donation
COSIDA 202 Tudor Road Ithaca, NY 14850			7,500	0			Annual Convention
Cong Black Caucus Fdn1720 Massachusetts Ave NW Washington, DC 20036			10,000	0			Annual Awards Dinner
Citizenship Educ FundPO Box 1313 Upland, CA 91785			10,000	0			Annual Awards Dinner
Big BrothersBig Sisters of NY 223 East 30th Street New York, NY 10016			17,070	0			Mentoring Program/Employee Matching Grants

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A mer Football Coac Fdn100 Legends Lane Waco,TX 76706			10,000	0			Annual Awards Dinner

DLN: 93493093003052

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Nati	onal Football League			2 4022622			
Da	t I Questions Regarding Compensation		1	3-1922622			
ГŒ	Questions Regarding compensation					Yes	No
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III		•			165	NO
	First-class or charter travel	т. Г	Housing allowance or residence for pe				
	✓ Travel for companions	, _	Payments for business use of person				
	▼ Tax idemnification and gross-up payments	Ē	Health or social club dues or initiation				
	Discretionary spending account		Personal services (e g , maid, chauffe				
b	If any of the boxes in line 1a are checked, did the org reimbursement orprovision of all the expenses descri				1b	Yes	
2	Did the organization require substantiation prior to re officers, directors, trustees, and the CEO/Executive				2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the Compensation committee Independent compensation consultant Form 990 of other organizations	at appl	y Written employment contract	on committee			
4	During the year, did any person listed in Form 990, P or a related organization	art VI	I, Section A, line 1a with respect to the	e filing organization			
а	Receive a severance payment or change-of-control p	aymer	nt from the organization or a related org	janization?	4a		No
Ь	Participate in, or receive payment from, a supplement	tal non	qualified retirement plan?		4b	Yes	
С	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?		4с	Yes	
	If "Yes" to any of lines 4a-c, list the persons and pro	vide th	ne applicable amounts for each item in	Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mus	st com	plete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, licompensation contingent on the revenues of			,			
а	The organization?				5a		
b	Any related organization?				5b		
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, licompensation contingent on the net earnings of	ıne 1a,	, did the organization pay or accrue any	′			
а	The organization?				6a		
ь	Any related organization?				6b		
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," de			fixed	7		
8	Were any amounts reported in Form 990, Part VII, pasubject to the initial contract exception described in in Part III				8		

section 53 4958-6(c)?

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base (ii) Bonus & incentive compensation		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) SteveBornstein	(ı) (ıı)	3,000,000	4,892,000	26,000	4,270,000	23,000	12,211,000	
(2) Roger Goodell	(ı) (ıı)	3,050,000	8,083,000	351,000	37,000	33,000	11,554,000	
(3) Ray Anderson	(ı) (ıı)	561,000	768,000	15,000	479,000	20,000	1,843,000	205,00
(4) Paul Tagliabue	(ı) (ıı)	1,000,000			7,583,000		8,583,000	7,583,00
(5) Joe Browne	(ı) (ıı)	500,000	1,063,000	20,000	37,000	17,000	1,637,000	199,00
(6) Jeff Pash	(ı) (ıı)	1,138,000	3,605,000	26,000	1,487,000	23,000	6,279,000	450,00
(7) Eric Grubman	(ı) (ıı)	1,100,000	2,673,000	17,000	37,000	23,000	3,850,000	450,00
(8) Anthony Noto	(ı) (ıı)	605,000	3,463,000	17,000	1,487,000	19,000	5,591,000	360,00
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
Sch J, Part I, Line 4	Participated or	All the persons listed on Part VII, Section A, line 1a currently participate or previously participated in supplemental employee retirement plans of the taxpayer or a related organization. The amounts contributed and/or paid out by the taxpayer ranged from \$109,000 to \$7,583,000 A listed executive participated in an equity based compensation plan offered by a related for profit organization.
Sch J, Part I, Line 1a	ınformatıon ın	Note to Compensation Data on Form 990, Part VII and Schedule J In accordance with IRS instructions, amounts in Schedule J, Column (F) include deferred compensation paid or vested in the current year but earned on Schedule J, Column (B)(ii) in prior years The persons listed on Schedule J occasionally flew via non-commercial means, which was non-taxable business use Guests would occasionally travel with person(s) on Schedule J However, those amounts were taxable to the applicable employee The persons listed on Schedule J received tax gross ups on nonsubstantial taxable benefits

Schedule J (Form 990) 2010

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493093003052

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Transactions with Interested Persons

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization National Football League								-		tion numbe	er
Part I Excess Benefit Tra							organı		only).	ıne 40b	
1 (a) Name of disqualified person								,		orrected	
1 (a) Name of this	quanne	u persor	1		(b) Desc	ription	oftrans	action		Yes	No
2 Enter the amount of tax imposection 4958	sed on	the orga		-	disqualified perso			ear unde	r * \$		
3 Enter the amount of tax, If ar	ıy, on lı	ne 2, abo	ove, reimburs	ed by th	e organization .			•	· \$		
Part II Loans to and/or Complete if the organ). Part IV. line 26.	or Forn	n 990-E	Z. Part V	. line 38	а	
(a) Name of interested person and purpose	(b) L	oan to om the zation?	(c)O rigi	ınal	(d)Balance due	(e) defau	In	(f) A pproved by board or committee?		(g)Writt	
	То	From				Yes	No	Yes	No	Yes	No
(1) Senior Executive 2 Personal		X	2,0	00,000	2,000,000		No	Yes		Yes	
(2) Senior Executive 1 Personal		Х	5	00,000	375,000		No	Yes		Yes	
											ļ
		<u> </u>		▶ s	2,375,000						
Part III Grants or Assista Complete if the org	nce E	enefit	ting Intere	ested I	Persons.	line 2	7	1		 	
(a) Name of interested pe			(b) Relationsh	nıp betwe	een interested per			nount of g	rant or ty	pe of assis	stance
.,			an	nd the or	ganızatıon						

Part TV Bus	iness Transact	tions Involving T	nterested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Complete if the organization this werea Tes on Form 330, Fart 14, line 200, 200, or 200.								
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sha organiz reven	atıon's			
	organization			Yes	No			

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

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Schedule L (Form 990 or 990-EZ) 2010

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SCHEDULE O

As Filed Data -

DLN: 93493093003052

OMB No 1545-0047

2010
Open to Public

Department of the Treasury
Internal Revenue Service

(Form 990 or 990-EZ)

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990 or 990-EZ.

Supplemental Information to Form 990 or 990-EZ

Inspection

Name of the organization National Football League **Employer identification number**

13-1922622

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	N/A

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 15b		See above description for response to 15a with respect to CFO

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Explanation of Monitoring and	Review ed by requiring employees to complete annual corporate compliance questionnaire, as well as through regular internal audit process. NFL also has corporate compliance personnel to monitor compliance and to make determinations and answer questions for transactions where conflicts could arise

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	990 reviewed and approved by the Commissioner and CFO

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 7a	Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	Members have authority to elect and remove the Commissioner

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 6	Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	Members are the 32 NFL clubs

ldentifier	Return Reference	Explanation
		Client Note 1 - Reasonable Cause StatementThis return is being filed between March 1, 2012, and March 30, 2012, as directed by the IRS in Notice 2012-4, because electronic filing was not available January 1, 2012 through February 29, 2012. We request that penalties be waived because it would be inequitable to impose a penalty on us due to the unusual circumstances requiring us to delay the filing of this return.

DLN: 93493093003052

2010

OMB No 1545-0047

Open to Public Inspection

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

Employer identification number Name of the organization National Football League 13-1922622

				13 1322022			
Part I Identification of Disregarded Entities (Comp	lete ıf the organızatıo	n answered "Yes"	on Form 990, Par	t IV, line 33.)			
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organi or more related tax-exempt organizations during to		f the organization	answered "Yes" o	on Form 990, Part	IV, line 34 becaus	e ıt had	one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5: contr	g) 12(b)(1 rolled nization
						Yes	No
(1) NFL Non-Player Insurance Trust						1	1
280 Park Avenue	VEBA providing life ins for	NY	501(c)(9)		N/A		No.

Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity		rolled ızatıon
						Yes	No
(1) NFL Non-Player Insurance Trust							
280 Park Avenue	VEBA providing life ins for inactive players and	NY	501(c)(9)		N/A		No
New York, NY 10017 23-7434088	coaches						
(2) NFL Management Council							
280 Park Avenue	Labor negotiations on behalf of NFL member	NY	501(c)(6)		N/A		No
New York, NY 10017 _13-2698305	clubs						
For Privacy Act and Paperwork Reduction Act Notice, see the Instru	ctions for Form 990.	Cat No 50	0135Y		Schedule R (Form 990)	2010

schedule K (Folili 99)	0)2010													Page ∠	
			ganizations Taxa ated organizations						on ans	were	d "Yes" on Foi	rm 990,	Part I\	V, line 34	
(a) Name, address, and EIN o related organization	(b) of Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of tota	al income	(g) Share of en asse	d-of-year	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 Schedule K-1 (Form 1065)	Gene O of mar par	j) eral or agıng tner?	(k) Percentage ownership	_
									Yes	No		Yes	No		_
(1) NFL Ventures LP 280 Park Avenue New York, NY10017	Licensing	NY	NA							No			No		
			ganizations Taxa ore related organı								n answered "Y	es" on F	orm 9	90, Part IV,	
Name, address, a	(a) and EIN of related organiz	zation	(b) Primary activity	(c) Legal domicile (state or foreign country)		Direct	(d) controlling entity	Type o	(e) of entity o, S corp trust)		(f) ire of total income	(g) Share end-of- asse	of year	(h) Percentage ownership	
															_
															_
															_

(6)

Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No				
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related orga	inizations listed in Part	s II-IV?							
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity									
b Gift, grant, or capital contribution to other organization(s)									
c Gift, grant, or capital contribution from other organization(s)									
d Loans or loan guarantees to or for other organization(s)									
e Loans or loan guarantees by other organization(s)			1e		No				
• Sale of accets to other organization/s)			1f		No				
	f Sale of assets to other organization(s)								
g Purchase of assets from other organization(s)			1g 1h	+ +	No No				
h Exchange of assets			1i		No				
i Lease of facilities, equipment, or other assets to other organization(s)			11						
j Lease of facilities, equipment, or other assets from other organization(s)			1 <u>j</u>		No				
k Performance of services or membership or fundraising solicitations for other organization(s)									
I Performance of services or membership or fundraising solicitations by other organization(s)									
m Sharing of facilities, equipment, mailing lists, or other assets									
n Sharing of paid employees			1n		No				
• Reimbursement paid to other organization for expenses			10		No				
p Reimbursement paid by other organization for expenses			1p	_	No				
q Other transfer of cash or property to other organization(s)			1q		No				
r Other transfer of cash or property from other organization(s)			1r		No				
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, i	including covered relati	onehine and transact	tion thresholds						
	(b)		(d)						
(a) Name of other organization	Transaction type(a-r)	(c) Amount involved	Method of determing involved		unt				
(1)									
(2)									
(3)									
(4)									
(5)	1		1						

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners ion :)(3) :ations?	(e) Share of end-of-year assets		ntionate cions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		agıng tner?
			Yes	No		Yes	No		Yes	No
									_	
										<u> </u>
										_
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			-							\perp

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Ident if ier	Return Reference	Explanat ion
		p

Schedule R (Form 990) 2010