COMMITTEE ON NATURAL RESOURCES

Disclosure Form

As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

Testimony on H.R. 1825 "Recreational Fishing and Hunting Heritage And Opportunities Act"

For Individuals:
1. Name:
2. Address:
3. Email Address:
4. Phone Number:
* * * *
For Witnesses Representing Organizations:
1. Name: Melissa Simpson, Director of Government Affairs
2. Name of Organization(s) You are Representing at the Hearing: Safari Club International
3. Business Address: [Information redacted for privacy]
4. Business Email Address: [Information redacted for privacy]
5. Business Phone Number: [Information redacted for privacy]

Name/Organization Title/Date of Hearing Melissa Simpson / Safari Club International

Legislative Hearing on H.R. 1825, H.R. 586, H.R. 995 and H.R. 1411

Thursday, May 9, 2013 10:00 AM

Subcommittee on Public Lands and Environmental Regulation

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Juris Doctor

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Director of Government Affairs, Safari Club International Board member, Congressional Sportsmen's Foundation Professional member, Boone and Crockett Club

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

2005-2009: Special Assistant; Deputy Under Secretary, Natural Resources and Environment (Forestry), U.S. Department of Agriculture

2005-2003: Counselor to Assistant Secretary for Land and Minerals Management; Deputy Director of External Affairs, Department of the Interior

2001-2003: Legislative Assistant for Natural Resources, Congressman Scott McInnis (CO-3rd, ret.)

Issue Expertise – The North American Model of Conservation; American Wildlife Conservation Partners (AWCP) Wildlife for the 21St Century recommendations; Sporting Conservation Council (SCC) white papers on Hunting Heritage and Wildlife Conservation; development of the Recreational Hunting and Wildlife Conservation Plan and Executive Order 13443: Facilitation of Hunting Heritage and Wildlife Conservation. Local, regional and national issues impacting sportsmen: LWCF, access, recruitment and retention, energy development, development and implementation of the Healthy Forests Restoration Act 2003. Congressional Sportsmen's Foundation board member; Boone and Crockett Club professional member; Council to Advance Hunting and the Shooting Sports board member; Vice Chair of the American Wildlife Conservation Partners.

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

N/A

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

Safari Club International v. Salazar: Challenge to the U.S. Fish and Wildlife Service's 1) decision to list U.S. populations of scimitar-horned oryx, dama gazelle and addax as endangered; 2) failure to act on petition to delist the same populations. Endangered Species Act and Administrative Procedures Act.

In re Polar Bear Endangered Species Act Listing and § 4(d) Rule Litigation: (multiple cases) 1) Challenge to U.S. Fish and Wildlife Service's decision to list the polar bear as "threatened." Endangered Species Act and Administrative Procedures Act. 2) Challenge to U.S. Fish and Wildlife Service's decision to ban importation of polar bear trophies following "threatened" listing. Marine Mammal Protection Act, Endangered Species Act, Administrative Procedures Act.

f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

Throughout my career, I have been a champion of sportsmen's issues. During the Bush Administration, I served as a liaison to the sportsmen's community at DOI and USDA, focusing on facilitating relationships for sportsmen with the BLM and USFS and integrating sportsmen's issues into agency decision making.

I initiated and organized the first-ever conference between DOI and AWCP to advance Wildlife for the 21st Century policy recommendations to the Administration. I conducted issue policy sessions with high-level Administration officials, the Interior Secretary, DOI Counsel and AWCP Executives, and created the charter for the Sporting Conservation Council (SCC), a federal advisory committee for the hunting community. I spearheaded BLM and USFS participation at the North American Wildlife and Natural Resources Conferences and the Association of Fish and Wildlife Agencies oil and gas subcommittee; created energy liaison position for better communication with sportsmen's community; created an MOU with the Western Governors Association, DOI and USDA to create consistent mapping strategies for wildlife corridors.

Additionally, I was a lead in the development of the White House Conference on North American Wildlife Policy, as directed by Executive Order 13443, which resulted in a ten year Recreational Hunting and Wildlife Conservation Plan. The ten year plan has been adopted by the Obama Administration in the charter for the current sportsmen's federal advisory committee, the Wildlife Hunting Heritage Conservation Council.

Name/Organization Title/Date of Hearing Melissa Simpson / Safari Club International

Legislative Hearing on H.R. 1825, H.R. 586, H.R. 995 and H.R. 1411

Thursday, May 9, 2013 10:00 AM

Subcommittee on Public Lands and Environmental Regulation

<u>In addition, for witnesses representing organizations:</u>

g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

N/A

h. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

N/A

i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

Safari Club International v. Salazar: Challenge to the U.S. Fish and Wildlife Service's 1) decision to list U.S. populations of scimitar-horned oryx, dama gazelle and addax as endangered; 2) failure to act on petition to delist the same populations. Endangered Species Act and Administrative Procedures Act.

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j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

N/A

k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

Form **990**

Department of the Treasury Internal Revenue Service

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.

2011
Open to Public Inspection

A	For th	e 2011 calendar year, or tax year beginning and	ending	_					
В	Check if applicab	C Name of organization THE UNITED STATES SPORTSMEN'S		D Employer identific	cation number				
	Addre	55 ALLIANCE FOUNDATION, INC.							
	Name Chang	WILDLIE CONCED FIND OF M	MERI	31-0	941103				
	Initial return		Room/suite	E Telephone number					
	Term!			(614					
	Amen	ded Or.		G Gross receipts \$	3,075,230.				
	Applic	COLUMBUS, OH 43229		H(a) Is this a group re					
	pendi	F Name and address of principal officer:WALTER P. PIDGEON,	JR.	for affiliates?	Yes X No				
		SAME AS C ABOVE		H(b) Are all affiliates inc					
1	Tax-ex	empt status: LX 501(c)(3)	or 527	' '	list. (see instructions)				
		te: WWW.USSAFOUNDATION.ORG		H(c) Group exemption					
		organization: X Corporation	L Year		State of legal domicile: OH				
_	art II	Summary							
	1	Briefly describe the organization's mission or most significant activities: TO PI	ROTECT	AND ADVANC	E AMERICA'S				
Activities & Governance	1	HERITAGE OF HUNTING, FISHING AND TRAPPING	3 BY U	NITING SPOR	PSMEN TO				
Ē		Check this box if the organization discontinued its operations or dispos							
Š				3	13				
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			12				
oğ (y		Total number of individuals employed in calendar year 2011 (Part V, line 2a)			29				
iŧ		Total number of volunteers (estimate if necessary)			457				
ŧ	72	Total unrelated business revenue from Part VIII, column (C), line 12	**************		0.				
ĕ		Net unrelated business taxable income from Form 990-T, line 34			0.				
	 	Not diffulated additions texable month offit 330 1, into 07		Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)		1,662,468.	1,825,149.				
Ę	1			0.	0.				
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		86,668.	128,926.				
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		26,767.	1,897.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,775,903.	1,955,972.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		200,000.	230,000.				
		_		0.	230,000.				
"		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		876,433.	655,269.				
Š		Professional fundraising fees (Part IX, column (A), line 11e)		0,0,2330	0.55,205.				
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 236, 93	35. —		<u> </u>				
ă		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		687,458.	678,535.				
	ŧ	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,763,891.	1,563,804.				
	E			12,012.	392,168.				
ices Ses	13	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year					
sets c		Total assets (Deet V. line 16)		4,848,801.	End of Year 4,755,079.				
25.E	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		729,484.	360,341.				
雪	1	Net assets or fund balances. Subtract line 21 from line 20		4,119,317.	4,394,738.				
Б.	<u>22</u>	Signature Block		#; ###################################	4,034,130.				
		Ities of perjury, I declare that I have exam <u>ine</u> d this return, including accompanying schedules	and stateme	onte and to the heat of mu	knowledge and heliaf it is				
		t, and complete. Declare tight of preparer (other than officer) is based on all information of wh			Knowledge and Delief, it is				
uuc,	, cuirec	c, and complete because topol of separate former man officer is based on all information of win	ini hichaici	ilas any knowieuge.					
<u>م. </u>		Signature of officer		Date					
Sig		WALTER P. PIDGEON, JR., PRESIDENT							
Her	e	Type or print name and title							
				ate Check	PTIN				
0-:-		Print/Type preparer's name Preparer's signature	1	Talloon Lan	1				
Paid		T.J. CONGER, CPA	<u> U</u>	8/15/12 Self-employe	P00068140				
	Preparer Firm's name JOHN GERLACH & COMPANY LLP Firm's EIN 31-4419361								
OBE	Only	Firm's address 37 W. BROAD ST., STE. 530		,	14 224 2164				
		COLUMBUS, OH 43215		Phone no. 6.	14-224-2164				
May	/ the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	X
1	Briefly describe the organization's mission: TO PROTECT AND ADVANCE AMERICA'S HERITAGE OF HUNTING, FISHING AND	
	TRAPPING BY UNITING SPORTSMEN TO PROTECT AGAINST LEGAL ATTACKS BY TH	E
	ANIMAL RIGHTS MOVEMENT, WIN PUBLIC SUPPORT FOR OUTDOOR SPORTS, ENSUR	Ŧ.
	THE FUTURE OF THIS HERITAGE BY INVOLVING FAMILIES IN THE OUTDOOR	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	No.
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes If "Yes," describe these changes on Schedule O.	No
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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 556,097. Including grants of \$ 61,660.) (Revenue \$	
712	EDUCATION AND INFORMATION - PREPARATION AND DISTRIBUTION OF MATERIAL AND INFORMATION RELATING TO WILDLIFE CONSERVATION AND THE ROLE OF	
	SPORTSMEN THEREIN. MATERIALS INCLUDE BROCHURES, AUDIO VISUAL	
	PRESENTATIONS, DISPLAYS, POSITION PAPERS, SPEECHES AND ARTICLES FOR	
	PUBLICATION. SERVICES PURCHASED FOR THIS PURPOSE INCLUDE WRITING,	
		TATE
	PHOTOGRAPHY, ARTWORK AND PRINTING INCLUDING IN-HOUSE DUPLICATION, SOUTAPES, AND MAILINGS.	תענ
	TAPES, AND MAILINGS.	
	214 700	
4b	(Code:) (Expenses \$ 214,798. Including grants of \$) (Revenue \$)
	CONSERVATION RESEARCH - IDENTIFY AND STUDY CONSERVATION GROUPS AND	
	INDIVIDUALS AND IDENTIFY AND STUDY PROBLEMS WHICH ADVERSELY AFFECT	
	SPORTSMEN AND WILDLIFE MANAGEMENT PROFESSIONALS. IDENTIFY PROGRAMS,	
	WHICH ENHANCE HUNTING, FISHING, AND TRAPPING OPPORTUNITIES AND	
	SCIENTIFIC WILDLIFE MANAGEMENT PRACTICES.	
4c	(Code:) (Expenses \$189,009. Including grants of \$) (Revenue \$))
	MEMBERSHIP SERVICE - SERVICES FOR SUPPORTERS INCLUDING BOTH GROUPS AT	1D
	INDIVIDUALS. EMOLUMENTS FOR AND ACKNOWLEDGEMENTS TO SUPPORTERS.	
	RESPONSES TO SPECIFIC REQUESTS FROM SUPPORTERS INCLUDING INFORMATION	
	ABOUT ISSUES, GROUPS AND INDIVIDUALS. PERIODIC REPORTS INCLUDING	
	NEWSLETTERS.	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 279,901. Including grants of \$ 168,340.) (Revenue \$)	
4e	Total program service expenses ▶ 1,239,805.	
	Form 990	(2011)

THE UNITED STATES SPORTSMEN'S ALLIANCE FOUNDATION, INC.

Form 990 (2011) ALLIANCE FOU 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)?		x	
2	If "Yes," complete Schedule A	1	X	├
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		 -	
	during the tax year? If "Yes," complete Schedule C, Part II	4	x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		<u> </u>	
	similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes," complete			٠,,
^	Schedule D, Part III	8		X
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			x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	8		
10	endowments, or 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. VIII. IX. or X	10		
••	as applicable.			
a	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	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		7.7	ĺ
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	40-	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	-22	<u> </u>
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	х	ļ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			İ
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			ı
	located outside the United States? 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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			77
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ا بر ا		w
20-	Complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
ט	in 100 to ano 200, old the organization attach a copy of its addition linearital statements to this return?	20b	990 (2011

Page 4

THE UNITED STATES SPORTSMEN'S ALLIANCE FOUNDATION, INC.

| Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		1,7	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			x
23	column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		┝≏
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	х	
24a	Schedule J 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 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	 	
	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) 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		х
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			İ
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			,,,
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
Ç	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			Х
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c	X	Α
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
50	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
٠.	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	<u> </u>		
	Schedule N, Part II	32		X
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		X
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	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
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	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2011)

Form 990 (2011) ALLIANCE FOUNDATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

1 4	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	1a	38			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	5			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and i	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	29			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ms?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					<u> </u>
3a	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," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	itv over. a			l
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		x
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	Accour	nts.			
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?			5¢		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to					
	any contributions that were not tax deductible?			6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contribu					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	rovided to the payor?	7a	Х	
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		***************************************		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation fil	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. D	id the sı	pporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tim	e during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
þ	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross Income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b			- 1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a	[
b	if "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	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.					
þ	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	13b				
C	Enter the amount of reserves on hand	13c		[
14a				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O,		14b	I	

Form **990** (2011)

Form 990 (2011) Part VI Governance, Management, and Disclosure For each "Yes' response to lines 2 through 7b below, and for a "No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI					X
Sec	tion A. Governing Body and Management		-			
					Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	1a	13			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	1.2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under	the direct supervision	on –			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or			<u> </u>		
	more members of the governing body?	• •		7a		X
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,			164		
_	persons other than the governing body?	•		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by the following:		10		72
	The governing body?	- "		ا ۵	\mathbf{x}	
b			1	8a	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re		·····	8b	-2	
9	• • • • • •			_		x
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal	Hevenue Code.)				
40-	Plat Alexander d'action de la contraction de la		г		Yes	No
	Did the organization have local chapters, branches, or affiliates?		L	t0a		X
D	If "Yes," did the organization have written policies and procedures governing the activities of such					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy before filing the	form?	i ia	X	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a				12a	<u> </u>	
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If $^{\circ}$					
	in Schedule O how this was done	***************************************		12c	Х	
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 appro	val by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision			- 1	- 1	
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		Γ			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement 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 evalu	ate its participation	Γ	\neg		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anization's				
	exempt status with respect to such arrangements?	*1******		16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR,	CA,CT,CO,F	L,GA,	ΪL	,KS	, KY
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990					
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website X Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	conflict of interest o	olicy and	finan	cíal	
	statements available to the public during the tax year.	za.mot or interest p	, and	. 45 1625	Jiul	
20	State the name, physical address, and telephone number of the person who possesses the books	and records of the	organizatio	m. 🛌		
	WALTER P. PIDGEON, JR 614-888-4868	and tooping of the (مر بالمر الجودال	es 1.	*********	
	801 KINGSMILL PARKWAY, COLUMBUS, OH 43229					
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A 1-53-	January Controlled		1	OTHI :	23U (1	50 I I)

Form 990 (2011) Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

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

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

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

Check this box if neither the organization r	or any related	orga	aniza	atior	n coi	mpe	nsat	ted any current officer,	director, or trustee.	
(A)	(B)			(4	C)			(D)	(E)	(F)
Name and Title	Average	ído	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is i officer and a director/t		son is both an		compensation	compensation	amount of	
	Week	\vdash	J	T	I	T	1	from	from related	other
	(describe hours for	Hiech Hiech				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	10 89	쁉			152te		(W-2/1099-MISC)	(11 2/ 1000 1/1100)	organization
	organizations	# Eta	元 五		2	된	ĺ	, ,		and related
	in Schedule	ndividual trustes or director	nstikutional trustee	Officer	Кеу етріауве	Highest compensated employee	翼			organizations
7.3	O)	물	프	훙	\$	至島	휸			
(1) WALTER P. PIDGEON, JR.	24 00		i		l			122 426	4.50.404	
PRESIDENT & SECRETARY	24.80	X	<u> </u>	X			<u> </u>	133,436.	162,431.	69,613.
(2) C. MARTIN WOOD, III	1 000	۱,,		.,			ĺ	0		•
CHAIRMAN	0.00	X	<u> </u>	Х	ļ	<u> </u>	ļ	0.	0.	0.
(3) ORRIN H. INGRAM, II	0.00	٠,		₩.	ŀ			_		•
VICE CHAIRMAN (4) BARBARA SACKMAN	0.00	X	-	X	<u> </u>		-	0.	0.	<u> </u>
TREASURER	0.00	X		x				0.	0	0
(5) MICHAEL BRANHAM	0.00	Δ	H	Λ	<u> </u>	 		U •	0.	<u>0.</u>
TRUSTEE	0.00	х						ο.	0.	•
(6) JIMMY DAN CONNER	0.00	<u> </u>	 			 -		U •		0.
TRUSTEE	0.00	X						0.	o.	0.
(7) CRAIG JOHNSON	0.00	Δ	<u> </u>	-	-			0.	V •	<u> </u>
TRUSTEE	0.00	x	li					0.	0.	0.
(8) TOMMY MILLNER	0.00	Ĥ	-	 	_				· · · · · · · · · · · · · · · · · · ·	<u> </u>
TRUSTEE	0.00	x						0.	0.	0.
(9) T. GARRICK STEELE				┢	-	-	<u> </u>	<u> </u>		
TRUSTEE	0.00	x						0.	0.	0.
(10) MASON LAMPTON				一	 					
TRUSTEE	0.00	х						0.	0.	0.
(11) PAUL DELANEY				┢	_					
TRUSTEE	0.00	x						0.	0.	0.
(12) ALBERT MENEFEE	<u> </u>	Г			-				-	
TRUSTEE	0.00	X						0.	0.	0.
(13) RANKIN SMITH										
TRUSTEE	0.00	X						0.	0.	0.
					_					

									Availabelle	
				<u> </u>						

132007 01-23-12

Part VII Section A. Officers, Directors, Tr		mple	oyee			High	est					
(A)	(B) Average			Pos	C) itior	1		(D)	(E)		(F)	
Name and title	hours per	(do	not c	hack	more	than Is bot	one h en	Reportable compensation	Reportable compensation		stimat mount	
	week					or/trus			from related	•	othe	
	(describe	ector						the	organizations		mpens	ation
	hours for related	io:	æ			zted		organization	(W-2/1099-MISC		from th	
	organizations		Institutional trustes		2	Highest compensated employee		(W-2/1099-MISC)			ganiza nd rela	
	in Schedule	Individual	ğ	Officer	1 g	est co	1				janizat	
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						ل_ا	<u> </u>	133 136	160 404			4.6
1b Sub-total								133,436.	162,431		9,6	
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)								133,436.	162,431		9,6	0. 13.
Total number of individuals (including but n							o r			. , ,	,,,,	
compensation from the organization												1
											Yes	No
3 Did the organization list any former officer,												7.5
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su	ucn inaiviauai im of reportabl				·····		4 041	har appropriation from	lha organization	. 3	-	X
and related organizations greater than \$150										4	х	
5 Did any person listed on line 1a receive or a										· -	 	
rendered to the organization? If "Yes," com										. 5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest co										nsation	from	
the organization. Report compensation for (A)	ine calendar ye	ear e	en a ii	ng w	vitri (or w	ithir	n the organization's tax (B)	/ear.		C)	
Name and business	address							Description of s	ervices	Comp		n
BIRCH HORTON BITTNER & CI							\dashv			•		
CONNECTICUT AVE., NW #120	00, WASH	IIN	ΙGΊ	O.	1,	DC	:	LEGAL SERVIC	ES	20	3,1	72.
							\dashv					
							7		· · · · · · · · · · · · · · · · · · ·			
							T					
			·									
2 Total number of independent contractors (in		ot lin	nited	i to	thos 1		ted	l above) who received m	ore than			
\$100,000 of compensation from the organiz	сацоп 📂					_	_			Earn	990 (20111
										COUL	~~~	

1 a Federated campaigns 1a 1b 1b 1b 1c 1c 1c 1c 1c	Pa	rt VI	II Statement of Reve	nue		T-**			
Business Code	Ch val					, , ,	Related or exempt function	Unrelated business	(D) Revenue excluded from tax under sections 512, 513, or 514
Business Code Business Cod	II ts	1 a	Federated campaigns						
Business Code	꼻릵		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Business Code	A,c			******	1,080.				
Second S	등학	d	Related organizations	1d				•	
Business Code	ςĒ	e	Government grants (contribute	tions) 1e	208,000.				
Business Code	ğΥ	f	All other contributions, gifts, gran	nts, and					
Business Code	臣		similar amounts not included abo	ve 1 1,	603,996.				İ
Business Code	들의	a							
Business Code	2 2			•		1.825.149.			1
2 a b b b c c c c c c c				***************************************	· · · · · · · · · · · · · · · · · · ·	_,			
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other similar amounts) Income from investment of tax-exempt bond proceeds Royalties R	\dashv								
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Securities (ii) Personal (iii) Per	ı					57,099.	_		57,099.
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C Rental income or (loss) C Net rental income or (loss) C Net rental income or (loss) C Securities C Other	1	6 8	17*************************************						
d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses		þ							
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 1 0 82 299 27, 156 . 71, 827 0 . d Net gain or (loss) 71, 827 0 . d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 1,080 of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from garning activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from garning activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b C d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. (i) Other 1.54126 . 27, 156 . 0		C							
assets other than inventory b Less: cost or other basis and sales expenses	- 1	d	Net rental income or (loss)		<u></u>				
b Less: cost or other basis and sales expenses		7 a	Gross amount from sales of	(i) Securities	(ii) Other				· -
and sales expenses			assets other than inventory	1154126.	27,156.				
Total revenue See instructions Total revenue See instructions Total revenue See instructions Total revenue See instructions Total revenue See instructions Total revenue Total revenu		b	Less: cost or other basis						
Total revenue See instructions Total revenue See instructions Total revenue See instructions Total revenue See instructions Total revenue See instructions Total revenue Total revenu			and sales expenses	1082299.	27,156.				
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Part IV, line 18 a 11,700. b Less: direct expenses b 9,803. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.	Ž۱								
Part IV, line 18 a 11,700. b Less: direct expenses b 9,803. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.	§								
b Less: direct expenses b 9,803. c Net income or (loss) from fundraising events 1,897. 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. b 1,897. 1,897.	~		Part IV line 18	.0,.000	11.700				
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 1,897. 1,897. 1,897. 1,897. 1,897. 1,99	<u> </u>	h	Lace direct evnences	b	9.803.				
9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 1 a	ō					1.897.			1 807
Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.	l			· ·		-,05,1			1,03/.
b Less: direct expenses b C Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b C C C C C C C C C C C C C C C C C C		<i>ਹ</i> લ	• •						
c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c c d All other revenue e Total. Add lines 11a-11d		L							
10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code									
and allowances a b Less: cost of goods sold b C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b C C C C C C C C C C C C C C C C C C					·····				<u> </u>
b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. b 1,955,972. 0. 0.130,83	-	10 a							
C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 1,955,972. 0.0130,83	1		and allowances	a					
Miscellaneous Revenue Business Code 11 a									
11 a	ļ.	С							
b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 1,955,972. 0. 0. 130,83	L		Miscellaneous Revenu	e	Business Code				l
c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 1,955,972. 0. 0. 130,83		11 a							
c d All other revenue	l	þ							
d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 1,955,972. 0. 130,83	I	С							
e Total. Add lines 11a-11d	1	d	All other revenue						
12 Total revenue. See instructions. ▶ 1,955,972. 0. 0. 130,82	ı	e	Total. Add lines 11a-11d		>				
10000						1,955,972.	0.	0.	130,823.
01-23-12 Form 990 (2	132009 01-23-	12							Form 990 (2011)

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) but are not required to complete columns (B), (C), and (D).

_	Check if Schedule O contains a respon	(A)	(B)	(C)	
7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1		220 000	220 000		
_	organizations in the United States. See Part IV, line 21	230,000.	230,000.	<u> </u>	
2	Grants and other assistance to individuals in			ŀ	
_	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,	-			
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				····
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	164 021	04 076	0.700	CO 445
	trustees, and key employees	164,831.	94,976.	9,708.	60,147
6	Compensation not included above, to disqualified		ĺ		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	200 002	000 400	- 4 0 6 5	
7	Other salaries and wages	380,823.	293,407.	14,261.	73,155
8	Pension plan accruals and contributions (Include	12 200	44 44 -		a
	section 401(k) and section 403(b) employer contributions)	13,399.	11,416.	754.	1,229
9	Other employee benefits	59,106.	45,810.	2,574.	10,722
IQ	Payroli taxes	37,110.	27,170.	1,548.	8,392
1	Fees for services (non-employees):				
	Management		445 564		
	Legal	147,384.	147,384.		
	Accounting	18,700.	13,655.	780.	4,265
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	28,569.	24,830.	578.	3,161
g		38,437.	26,644.	351.	11,442
2	Advertising and promotion	130,903.	71,215.	50,029.	9,659
3	Office expenses	94,972	66,953.	2,175.	25,844
4	Information technology	3,995.	3,240.	117.	638
15	Royalties	10 400		854	
6	Occupancy	18,469.	13,482.	771.	4,216
7	Travel	90,258.	84,982.	62.	5,214
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		26 24 2		
9	Conferences, conventions, and meetings	38,748.	36,318.	564.	1,866
0	Interest				
1	Payments to affiliates		25 404	0 000	44 5 ==
2	Depreciation, depletion, and amortization	48,509.	35,421.	2,023.	11,065
3	Insurance	7,194.	5,252.	300.	1,642
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	The second secon			
_	DUES & SUBSCRIPTIONS	6,251.	2,950.	246.	3,055
a	REGISTRATION FEES	5,361.	3,915.	223.	1,223
b	FOREIGN TAXES PAID	785.	785.	443.	1,443
d	TOTAL TAMES TALL	703.1	703.		
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	1,563,804.	1,239,805.	87,064.	236,935
<u>5</u>	Joint costs. Complete this line only if the organization	2,303,004.	1,233,0034	07,004.	230,333
6	reported in column (B) joint costs from a combined		{		
	1.11				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)		<u>1</u>		Form 990 (201

ALLIANCE FOUNDATION, INC.

Pa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		135,488.	1	103,050.
	2	Savings and temporary cash investments		898,284.	2	713,150.
	3	Pledges and grants receivable, net		84,793.		344,229.
	4	Accounts receivable, net		32,713.	4	257,730.
	5	Receivables from current and former officers, directors, trustee				
		employees, and highest compensated employees. Complete Pa	art II			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under				
		4958(f)(1)), persons described in section 4958(c)(3)(B), and con	tributing			
		employers and sponsoring organizations of section 501(c)(9) vo	untary			
		employees' beneficiary organizations (see instructions)			6	
Assets	7	Notes and loans receivable, net			7	
655	8	Inventories for sale or use		15,891.	8	10,892.
	9	Prepaid expenses and deferred charges		33,422.	9	37,582.
	10a	Land, buildings, and equipment: cost or other				
			,885,184.			
	ь	Less: accumulated depreciation 10b	758,485.	1,115,314.	10c	1,126,699.
	11	Investments · publicly traded securities		2,062,561.	11	1,947,969.
	12	Investments - other securities. See Part IV, line 11		133,813.		24,101.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets		4,593.	14	3,311.
	15	Other assets. See Part IV, line 11		331,929.	15	186,366.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		4,848,801.	16	4,755,079.
	17	Accounts payable and accrued expenses		396,226.	17	162,569.
	18	Grants payable			18	
	19	Deferred revenue	***************************************	·	19	
	20	Tax-exempt bond liabilities	***************************************		20	
c/s	21	Escrow or custodial account liability. Complete Part IV of Sched	tule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key				
ē		highest compensated employees, and disqualified persons. Co				
Ë					22	
	23	of Schedule L Secured mortgages and notes payable to unrelated third partie			23	
	24	Unsecured notes and loans payable to unrelated third parties.			24	
	25	Other liabilities (including federal income tax, payables to relate	3 77		24	
	20	parties, and other liabilities not included on lines 17-24). Comple				
				333,258.	25	197,772.
	26	Total liabilities. Add lines 17 through 25		729,484.	25 26	360,341.
	20	Organizations that follow SFAS 117, check here X a		725, 303.	26	200,341.
m		lines 27 through 29, and lines 33 and 34.	ing complete			
ce	07	- · · · · · · · · · · · · · · · · · · ·		2,585,796.		2,786,531.
lan	27	Unrestricted net assets		84,793.	27	209,479.
ũ	28	Temporarily restricted net assets Permanently restricted net assets		1,448,728.	28	1,398,728.
un	29	***************************************		1,440,720.	29	1,330,740.
됴		Organizations that do not follow SFAS 117, check here	∟ and			
0		complete lines 30 through 34.				
set		Capital stock or trust principal, or current funds			30	
As		Paid-in or capital surplus, or land, building, or equipment fund			31	
Net Assets or Fund Balances		Retained earnings, endowment, accumulated income, or other to		A 110 110	32	4 264 822
_		Total net assets or fund balances		4,119,317.	33	4,394,738.
	34	Total liabilities and net assets/fund balances		4,848,801.	34	4,755,079.

THE UNITED STATES SPORTSMEN'S ALLIANCE FOUNDATION, INC.

	990 (2011) ALLIANCE FOUNDATION, INC.	31-	0941103	Pa	qe 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	_1	1,955		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,563		
3	Revenue less expenses. Subtract line 2 from line 1	3			68.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,119		
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-116		
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	4,394	, 7	38.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				X
	<u> </u>			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?	•••••	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis X Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Aud	it		
	Act and OMB Circular A-1337		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired aud	it		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		35	1	İ

132012 01-23-12

Form **990** (2011)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

2011

Open to Public Inspection

THE UNITED STATES SPORTSMEN'S Name of the organization Employer identification number ALLIANCE FOUNDATION, INC. 31-0941103 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii), A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III - Functionally integrated d Type III - Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (iii) Type of (iv) Is the organization (v) Did you notify the (vi) is the (i) Name of supported (ii) EIN (vil) Amount of organization organizátion in col. in col. (i) listed in your organization in col. organization support (i) organized in the U.S.? (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes

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

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12 Schedule A (Form 990 or 990-EZ) 2011 ALLIANCE FOUNDATION, INC. 31-09411

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.)

Se	ction A. Public Support						
Gal	andar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and				```		
	membership fees received. (Do not]					
	include any "unusual grants.")	1923894.	2344357.	1493534.	1662468.	1825149.	9249402.
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	1923894.	2344357.	1493534.	1662468.	1825149.	9249402.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	 					
	column (f)					5.	2298138.
6	Public support. Subtract line 5 from line 4.	;					6951264.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🗪		(b) 2008	(c) 2009 1493534.	(d) 2010	(e) 2011 1825149.	(f) Total
7	Amounts from line 4	1923894.	2344357.	1493534.	1662468.	1825149.	9249402.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	118,842.	85,059.	61,908.	58,734.	57,099.	381,642.
9	Net income from unrelated business						,
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain		f			1	
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support, Add lines 7 through 10						9631044.
	Gross receipts from related activities,						,009,357.
13	First five years. If the Form 990 is for		first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
Sac	organization, check this box and stop ction C. Computation of Publ	here		***************************************		•••••	>
							
	Public support percentage for 2011 (I			olumn (f))		14	72.18 %
	Public support percentage from 2010						69.41 %
ıba	33 1/3% support test - 2011. If the o						
	stop here. The organization qualifies						
D	33 1/3% support test - 2010. If the o						
4*7_	and stop here. The organization quali	ines as a publicly s	upported organiza	ition	40.40		>
ı/a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstand	es" test, check th	is oox and stop he	ere. ⊨xplain in Par	t IV how the organ	ization
E.	meets the "facts-and-circumstances"						
Þ	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the						. —
	organization meets the "facts-and-circ	umstances" test.	ne organization q	uaimes as a public	by supported orga	nization	
18	Private foundation. If the organization	n old not check a b	ox on line 13, 16a	, 16b, 1/a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization failed to qualify under Part II.	zation fails to
gualify under the tests listed below please complete Part II \	

Se	ction A. Public Support							
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20)11	(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-					1	ŀ	
	formed, or facilities furnished in							
	any activity that is related to the organization's tax-exempt purpose							
2	Gross receipts from activities that		<u> </u>			 		
3	are not an unrelated trade or bus-					1		
	inner trader speking 540						ì	
_	iness under section 513					 		
4	Tax revenues levied for the organ-				İ			
	ization's benefit and either paid to						ļ	
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge				ļ			
6	Total. Add lines 1 through 5							
7 a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons				<u> </u>			
Ŀ	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	ļ						
	amount on line 13 for the year							
c	Add lines 7a and 7b							
	Public support (Subtract line 7c from line 6.)							
Sec	ction B. Total Support	<u> </u>			<u> </u>	·!		
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	111	(f) Total
	Amounts from line 6	(4)200,	(2) 2000	(0) 2000	(0)2010	(0) 20		(1) TOTAL
	Gross income from interest,							
	dividends, payments received on				ĺ	1		
	securities loans, rents, royalties and income from similar sources							
L	Unrelated business taxable income					<u> </u>		
U	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b							
3.1	Net income from unrelated business activities not included in line 10b,							
	whether or not the business is							
	regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV.)							
13	Total support (Add lines 9, 10c, 11, and 12.)		_		-			
14	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth to	ax year as a section	on 501(c)(3)	organizati	on,
	check this box and stop here							
Sec	tion C. Computation of Publ	ic Support Pe	rcentage					
15	Public support percentage for 2011 (I	line 8, column (f) d	ivided by line 13. c	olumn (fl)		15		%
	Public support percentage from 2010					16		%
	tion D. Computation of Inves					,		70
	Investment income percentage for 20			e 13 column (fl)	· · · · · · · · · · · · · · · · · · ·	17		0/
	Investment income percentage from							<u>%</u>
	-			on line 4.4 and line		18	عدا الم	<u>%</u>
เลย	33 1/3% support tests - 2011. If the						na imė 17 is	s not _
	more than 33 1/3%, check this box a							► L
b	33 1/3% support tests - 2010. If the							
	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions		<u></u>

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

- 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.

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.

lf th	Section 501(c)(3) organizations that e organization answered "Yes" to Section 501(c)(4), (5), or (6) organiza	Form 990, Part IV, line 5 (Pro		, ,,	•
	ne of organization THE UNI ALLIANO	TED STATES SPORT	MC.		oyer identification number 31-0941103
1 2	Provide a description of the organic Political expenditures Volunteer hours		ical campaign activities	in Part IV.	
1	Enter the amount of any excise tax	ganization is exempt un incurred by the organization un	nder section 4955	▶\$	
2 3 4a	Enter the amount of any excise tax If the organization incurred a section Was a correction made? If "Yes," describe in Part IV.	incurred by organization mana on 4955 tax, did it file Form 472	gers under section 495 0 for this year?	·5 ▶ \$	Yes No
1 2 3	Enter the amount directly expende Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and er made payments. For each organization fributions received that were pr	nization's funds contributed to contributed to contributed to contributed to contributed to contribute to contribute the contributed to contribute the contribute to contribute the contribute to contribute the contribute to contribute the contribute to contribute the contribute to contribute the contribute to contribute the contribute to contribute the contribute to contribute the contribute to contribute the contribute to contribute the contribute to contribute the contribute to contribute the contribute to contribute the contribute to contribute the contribute to contribute the contribute to contribute the contri	ection 527 exempt fund ther organizations for a and on Form 1120-PO EIN) of all section 527 p aid from the filing organ	ction activities \$ section 527 \$ L, \$ solitical organizations to whic ization's funds. Also enter the	Yes No h the filing organization e amount of political
	political action committee (PAC). If (a) Name	additional space is needed, pro	ovide information in Par	t IV. (d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2011

132041 01-27-12

LHA

THE UNITED STATES SPORTSMEN'S

Schedule C (Form 990 or 990-EZ) 2011	ALLIANCE FO	UNDATION, I	NC.	31-0	941103 Page 2
Part II-A Complete if the org		mpt under sectio	n sun(c)(3) and tii	ea Form 5/68	
		liated group (and list in	Part IV each affiliated	group member's nam	e address FIN
	e of excess lobbying		. r ar r vaor amaroc	group mombor o nam	o, addioss, E114,
, ,		nd "limited control" pro	visions apply.		
Limit	ls on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	iance public opinion /	grace roote (obbying)		41,500.	
b Total lobbying expenditures to influ			***************************************	126,840.	
c Total lobbying expenditures (add li				168,340.	
d Other exempt purpose expenditure				1,394,814.	
e Total exempt purpose expenditure	************************	n	***************************************	1,563,154.	
f_Lobbying nontaxable amount. Ente				228,158.	
If the amount on line 1e, column (a) o		bying nontaxable am			
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000	,000 \$100,00	0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000 \$175,00	0 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000 \$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,0	000			
***************************************				50.010	
g Grassroots nontaxable amount (en				57,040.	
h Subtract line 1g from line 1a. If zero				0.	
i Subtract line 1f from line 1c. If zero				0.	
j If there is an amount other than zer				F	¬., г¬
reporting section 4911 tax for this		raging Period Under	Castian FO4(L)	·····	Yes No
	ations that made a s	ection 501(h) election	section 50 ((n) n do not have to comp s 2a through 2f on pa		
	Lobbying Expen	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount	256,412.	249,980.	238,195.	228,158.	972,745.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,459,118.
c Total lobbying expenditures	30,469.	17,381.	151,840.	168,340.	368,030.
d Grassroots nontaxable amount	64,103.	62,495.	59,549.	57,040.	243,187.
e Grassroots ceiling amount (150% of line 2d, column (e))				***************************************	364,781.
f Grassroots lobbying expenditures	9,372.	6,671.	25,000.	41,500.	82,543.

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011 ALLIANCE FOUNDATION, INC. 31-0941103 Page 3

[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)).

For	or each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description		a)	(b)		
of the lobbying activity.			No	Amo	unt	
 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: Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?				-	
	Mailings to members, legislators, or the public?					
	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?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?					
j	Total. Add lines 1c through 1i					
28	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	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).	on 501(c)	(5), or se	ction		
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in house lobbying expenditures of \$2,000 or less?		2			
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3			
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				3, is	
1	Dues, assessments and similar amounts from members	······································	11			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	nai	····			
_	expenses for which the section 527(f) tax was paid).	Jul				
а	Current year		2a			
b	Carryover from last year		2b			
	Total					
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 exc		 •			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical				
5	expenditure next year? Taxable amount of jobbying and political expenditures (see instructions)		4			
Par		*************	5			
Com	olete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Pa art for any additional information.	urt II-A; and	Part II-B, lin	e 1. Also, c	omplete	
····					····	
						

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

THE UNITED STATES SPORTSMEN'S ALLIANCE FOUNDATION, INC.

Employer identification number 31-0941103

Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
·	organization answered "Yes" to Form 990, Part IV, lin		,				
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)	20.3					
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in		funds				
	are the organization's property, subject to the organization's						
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor of						
		, , , , , , , , , , , , , , , , , , , ,					
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Part	IV, line 7.				
1	Purpose(s) of conservation easements held by the organization						
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an histor	ically important land area				
	Protection of natural habitat	Preservation of a certifie					
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of	a conservation easement on the last				
	day of the tax year.						
			Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements						
C	Number of conservation easements on a certified historic str						
d	Number of conservation easements included in (c) acquired						
	listed in the National Register		· • •				
3	Number of conservation easements modified, transferred, re						
	year >		•				
4	Number of states where property subject to conservation ear	sement is located >					
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements it	t holds?	Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting,						
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	e year ▶ \$				
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)	(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?	***************************************	Yes No				
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expense st	atement, and balance sheet, and				
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	organization's accounting for				
	conservation easements.						
Pai	t III Organizations Maintaining Collections of		er Similar Assets.				
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statemer	nt and balance sheet works of art,				
	historical treasures, or other similar assets held for public exh						
	the text of the footnote to its financial statements that descri	bes these items.					
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement ar	nd balance sheet works of art, historical				
	treasures, or other similar assets held for public exhibition, ed						
	relating to these items:	•	•				
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$				
2	If the organization received or held works of art, historical treatment						
•	the following amounts required to be reported under SFAS 1	-	₩ ₩				
а	Revenues included in Form 990, Part Vill, line 1		> \$				
	Assets included in Form 990, Part X						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

ΔT.T.	ፐልአነርዊ	FOINDATION.	TNC.

Pa	rt III Organizations Maintaining C	Collections of A	rt, Historical Tr	easures, o	or Oth	er Simil	ar Asse	ts (conti	nued)
3	Using the organization's acquisition, access	on, and other record	s, check any of the	following tha	t are a	significant	use of its	collection	ı items
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange progra	ams				
b	Scholarly research	e	Other_						
C	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they further t	he organizati	on's exe	empt purp	ose in Par	t XIV.	
5	During the year, did the organization solicit of								
	to be sold to raise funds rather than to be m							Yes	No No
Pai	rt IV Escrow and Custodial Arran							line 9, or	
	reported an amount on Form 990, Pa		•					·	
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	s or other as	sets no	t included			
	on Form 990, Part X?		-					Yes	No No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:						
		·	•					Amount	
c	Beginning balance					1c			
	Additions during the year								-
	Distributions during the year								
	Ending balance								
2a	Did the organization include an amount on F	orm 990. Part X. line	21?	***********				Yes	□ No
	If "Yes," explain the arrangement in Part XIV.				*******	***************************************	,,,,,,,,		
Par			swered "Yes" to Fo	rm 990. Part	IV. line	10.		***************************************	
-		(a) Current year	(b) Prior year	(c) Two year		(d) Three	ears back	(e) Four	years back
1a	Beginning of year balance	1,252,236.	1,223,003.		838.		53,772.	(0):00:	youro caon
	Contributions		2,500.		000.		17 000.		
	Net investment earnings, gains, and losses	-2,335.	91,004.		577.		54,149.		
	Grants or scholarships				,		,		
	Other expenditures for facilities								·
e	*	110 058	64,271.	6.	7,412.		75,785.		
	and programs		**,***		,		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Administrative expenses	1,139,843.	1,252,236.	1 22	3,003.	1 1	40,838.		
	End of year balance				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		20,030.		
2	Provide the estimated percentage of the current	ent year end balanc		i)) neid as:					
	Board designated or quasi-endowment		_%						
	Permanent endowment ► 100.00	%							
С	Temporarily restricted endowment	%							
_	The percentages in lines 2a, 2b, and 2c shou	•							
3a	Are there endowment funds not in the posse	ssion of the organiza	ition that are held a	nd administe	red for	the organiz	zation	Г	
	by:								Yes No
	(i) unrelated organizations						•••••	3a(i)	X
	(ii) related organizations					************		3a(ii)	A_
	If "Yes" to 3a(ii), are the related organizations						·····	3b	
	Describe in Part XIV the intended uses of the			·					
Par	t VI Land, Buildings, and Equipm								
	Description of property	(a) Cost or of	, , ,			ccumulate		(d) Book	value
		basis (investn		(other)	de	preciation			
	Land			4,773.				744	1,773.
b	Buildings		59	9,889.		292,3	67.	307	7,522.
	Leasehold improvements		-				_		
d	Equipment			8,962.		236,3			2,606.
	Other			1,560.		229,7	62.		798.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0(c).)				1,126	,699.
								D (F	000\ 0044

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 ALLIANCE	D STATES SPORT FOUNDATION, IN	c.	31-0941103 Page
Part VII Investments - Other Securities.	See Form 990, Part X, line	2.	
(a) Description of security or category (including name of security)	(b) Book value		of valuation: ear market value
(1) Financial derivatives			-
(2) Closely-held equity interests	***		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			<u></u>
(H)			
(1)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	>		
Part VIII Investments - Program Related	- See Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Method (Cost or end-of-ye	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, I	ine 15.		
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B)			>
Part X Other Liabilities. See Form 990, Part	X, line 25.		
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) OHIO WETLANDS PROJECT FO		1,329.	
(3) DEFERRED COMPENSATION AND CONTRACTOR OF COMPENSATION AND CONTRACTOR OF CONTRACTOR	KKANGEMENT	165,728. 30,715.	
(4) CAPITAL LEASE LIABILITY		30,715.	
(5)			
(6)			
(7)			
(8)			
(9)			

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

PIN 46 (ASC 740) Foodbook in Part XiV, provide the text of the footbook to the organization's thancear statements that reports the organization's habiting for uncertain tax positions unloss 232053
01-23-12

Schedule D (Form 9:

(10) (11)

THE UNITED STATES SPORTSMEN'S ALLIANCE FOUNDATION, INC.

Pa	TXI Reconciliation of Change in Net Assets from Form 990 to	Audited	Financial S	itate	men	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			1,955,972.
2	Total expenses (Form 990, Part IX, column (A), line 25)	******	2			1,563,804.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	**********	3			392,168.
4	Net unrealized gains (losses) on investments		4			-116,747.
5	Donated services and use of facilities	***********	5			
6	Investment expenses					
7	Prior period adjustments					
8	Other (Describe in Part XIV.)					
9	Total adjustments (net). Add lines 4 through 8		9			-116,747.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and					275,421.
Pai	t XII Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue p	er R	eturr	1
1	Total revenue, gains, and other support per audited financial statements			I I	1	1,819,674.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				\neg	
а	Net unrealized gains on investments	2a	-116,7	47.	.	
b	Donated services and use of facilities	2b				
	Recoveries of prior year grants					
	Other (Describe in Part XIV.)		9,8	03.	.	
	Add lines 2a through 2d		-		2e	-106,944.
3	Subtract line 2e from line 1				3	1,926,618.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	> P P P R R P P P P P P P P P P P P P P		·····		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		ĺ	- 1	
ь	Other (Describe in Part XIV.)		29,3	54.	- 1	
	Add lines 4a and 4b				4c	29,354.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	1,955,972.
Pai	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents Wit	n Expenses	per		rn
1	Total expenses and losses per audited financial statements				1	1,544,253.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	***!!!!**/!!**	****************	····		
a	Donated services and use of facilities	2a		1		
	Prior year adjustments				- 1	
	Other losses					
	Other (Describe in Part XIV.)		9,8	03.	-	
	Add lines 2a through 2d		· · · · · · · · · · · · · · · · · · ·		2e	9,803.
3	Subtract line 2e from line 1				3	1,534,450.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			·····	<u></u>	
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a			1	
b	Other (Describe in Part XIV.)		29,3	54.		
	Add lines 4a and 4b			-	4c	29,354.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			····	5	1,563,804.
Par	t XIV Supplemental Information				<u> </u>	1,303,004.
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	lings 1s s	nd 1. Part IV lie	oge 1h	and '	2h: Port V line 4: Dort
	2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete	-				
	T V, LINE 4: THE FUNDS ARE USED FOR THE CO					
		72122217				01 11111
ORG	ANIZATION.					
						
PAF	T X, LINE 2: THE FOUNDATION HAS ADOPTED TH	IE PRO	VISIONS	OF	ישידי	E FASB
	2 447 3327 44 2122 2 4 4 2 2 2 4 3 2 4 2 4	1110	TEDECITO	<u> </u>		J PANDD
ASC	RELATING TO UNCERTAIN TAX POSITIONS. THE	FOUN	DATION I	OOE	3 N	OT BELIEVE
ITS	FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN	N TAX	POSITIO	ONS.	• -	THE
FOU	NDATION IS NO LONGER SUBJECT TO U.S. FEDER	AL OR	STATE A	AND	LO	CAL TAX
EIW»	MINAMIONG DV MAY AUMUODIMING BOD VERES DOS	י ומסטנ	000			
CAF	MINATIONS BY TAX AUTHORITIES FOR YEARS BEF	UKE 2	000.		Sched	ule D (Form 990) 2011

31-0941103 Page 4

Schedule D (Form 990) 2011

THE UNITED STATES SPORTSMEN'S

Schedule D (Form 990) 2011 ALLIANCE FOUNDATION, INC.	31-0941103 Page 5
Part XIV Supplemental Information (continued)	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENTS EXPENSES NETTED WITH SPECIAL EVENT REVENUE	9,803.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
INVESTMENT EXPENSES NETTED WITH INVESTMENT INCOME ON	
FINANCIAL STATEMENTS	29,354.
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENTS EXPENSES NETTED WITH SPECIAL EVENT REVENUE	9,803.
PART XIII, LINE 4B - OTHER ADJUSTMENTS:	
INVESTMENT EXPENSES NETTED WITH INVESTMENT INCOME ON	
FINANCIAL STATEMENTS	29,354.
	hAMTE-18.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. THE UNITED STATES SPORTSMEN'S Department of the Treasury Internal Revenue Service SCHEDULE I (Form 990)

2 Employer identification number 31-0941103 X Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection INC. ALLIANCE FOUNDATION, criteria used to award the grants or assistance? General Information on Grants and Assistance Name of the organization Part

	1	м				0	.;	2011
IV, line 21, for any	(h) Purpose of grant or assistance	TO PROTECT AND ADVANCE AMERICA'S HERITAGE OF HUNTING, FISHING AND FRAPFING.				A	A	Schedule I (Form 990) (2011)
ganizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any x if no one recipient received more than \$5,000. Part II can be diminished if additional space is preded	(g) Description of non-cash assistance							
Janization answered "Y	(f) Method of valuation (book, EMV, appraisal, other)							
Complete if the org	(e) Amount of non-cash assistance	.0						
e United States. C	(d) Amount of cash grant	230,000.				e line 1 table		
d Organizations in the s box if no one recipier	(c) IRC section if applicable	501(C)(4)				ganizations listed in th	1 table	ions for Form 990.
Governments an \$5,000. Check this	(b) EIN	31-0899414			į	nd government ar	listed in the line	see the instruct
Part II Grants and Other Assistance to Governments and Or recipient that received more than \$5.000. Check this bo	1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of or government or government (b) EIN (c) IRC section (d) Amount of valuation (book, if applicable cash grant non-cash FMV, appraisal, other)	THE UNITED STATES SPORTSMEN'S ALLIANCE, INC 801 KINGSMILL PKWY - COLUMBUS, OH 43229				2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	3 Enter total number of other organizations listed in the line 1 table	LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

THE UNITED STATES SPORTSMEN'S

ALLIANCE FOUNDATION, INC.

Schedule I (Form 990) (2011)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

Page 2

31-0941103

Schedule I (Form 990) (2011) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appralsal, other) PART I, LINE 2: DUE TO THE RELATED NATURE OF THE ORGANIZATIONS Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. THE USE OF THE FUNDS IS CONSISTENTLY MONITORED AND MANAGED TO (d) Amount of non-cash assistance (c) Amount of cash grant ENSURE IT FULFILLS THE INTENDED USE OF THE GRANT (b) Number of recipients (a) Type of grant or assistance SCHEDULE I, INVOLVED, 132102 01-27-12

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

THE UNITED STATES SPORTSMEN'S

ALLIANCE FOUNDATION, INC.

Employer identification number 31-0941103

P	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		1	
	First-class or charter travel Housing allowance or residence for personal u	ıse		
	Travel for companions Payments for business use of personal resider	лсе		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			i
		i		
Ь	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain			↓
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, director			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	<u>2</u>	╁	
3	Indicate which, if any, of the following the filling organization used to establish the compensation of the organization	, <u> </u>		
•	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director. Explain in Part III.	'		1
	X Compensation committee X Written employment contract	ļ		
	Independent compensation consultant Compensation survey or study	ĺ		
	Form 990 of other organizations Approval by the board or compensation comments.	IIITOO		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			l
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?		1	X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			ĺ
а	The organization?	6a		х
	Any related organization?			X
~	If "Yes" to line 6a or 6b, describe in Part III.	0.5		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
•	not described in lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
_	Regulations section 53.4958-6(c)?	9		1
LHA		Schedule J (Forn	n 990)	2011

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31-0941103

ALLIANCE FOUNDATION, INC. Schedule J (Form 990) 2011

THE UNITED STATES SPORTSMEN'S

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

			r							
				(B) Breakdown of	(b) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(<u>a</u>)	(E)	Œ,
₹	(A) Name		L	(i) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	other deferred	nontaxable benefits	otal of columns (B)(i)·(D)	Compensation reported as deferred in prior Form 990
					compensation	compensation	-			
	1	Г	8	76,027.	57,057.	352.	22,029.	9,366.		0
1 WALTER P.	PIDGEON,	JR . (ii)		92,547.	69,456.	428.	26,816.	11,402.	200,649.	
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32

Schedule J (Form 990) 2011

THE UNITED STATES SPORTSMEN'S

Schedule J (Form 990) 2011

31-0941103 ALLIANCE FOUNDATION, INC. Part III Supplemental Information

Page 3

Schedule J (Form 990) 2011 Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. PART I, LINE 4B: WALTER P. PIDGEON JR. PARTICIPATES IN A NON-QUALIFIED TOTAL EMPLOYEE CONTRIBUTIONS TO THE PLAN REPRESENTED \$16,500 IN 2011 FOR BOTH ORGANIZATIONS. TOP HAT RETIREMENT PLAN.

33

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

THE UNITED STATES SPORTSMEN'S
ALLIANCE FOUNDATION, INC.

Employer identification number 31-0941103

Schedule M (Form 990) (2011)

Pa	irt I Types of Property	*						
		(a) Check applical	ble contributions or	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1c	(d Method of d noncash contrib	letermin		ts
1	Art - Works of art	<u></u>		T dill boot alt till, illio to				
2	Art - Historical treasures							
3	Art - Fractional interests					· · · · · · · · · · · · · · · · · · ·		
4	Books and publications				 			
5	Clothing and household goods			· · · · ·				
6	Cars and other vehicles				†			
7	Boats and planes	,111-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-						
8	Intellectual property			<u></u>				
9	Securities - Publicly traded		2	12,295.	STOCK EXCH	ANGE		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, o							
	trust interests							
12	Securities - Miscellaneous				1			
13	Qualified conservation contribu							
	Historic structures							
14	Qualified conservation contribu							
15	Real estate - Residential							
16	Real estate - Commercial		1	27,156.	INDEPENDEN'	I AP	PRA	ISA
17	Real estate - Other							
18	Collectibles		·····					
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (
26	Other (
27	Other (***	
28	Other ()						
29	Number of Forms 8283 received	d by the organization du	iring the tax year for o	contributions			***************************************	
	for which the organization comp	pleted Form 8283, Part I	IV, Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organiz	ation receive by contrib	ution any property re	ported in Part I, lines 1-28 th	nat it must hold for			
	at least three years from the da	te of the initial contribut	ion, and which is not	required to be used for exe	mpt purposes for			
	the entire helding period?				•	30a	l 1	X
b	If "Yes," describe the arrangem							
31	Does the organization have a gi		at requires the review	of any non-standard contril	outions?	31	х	
32a	Does the organization hire or us							
	contributions?		-			32a		X
b	If "Yes," describe in Part II.							
33	If the organization did not repor	t an amount in column (c) for a type of prope	rty for which column (a) is c	hecked,			İ
	describe in Part II.							1

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

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011 Open to Public Inspection

Name of the organization

THE UNITED STATES SPORTSMEN'S ALLIANCE FOUNDATION, INC.

Employer identification number 31-0941103

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROTECT AGAINST LEGAL ATTACKS BY THE ANIMAL RIGHTS MOVEMENT, WIN PUBLIC SUPPORT FOR OUTDOOR SPORTS, ENSURE THE FUTURE OF THIS HERITAGE BY INVOLVING FAMILIES IN THE OUTDOOR EXPERIENCE AND PROMOTE THE SPORTSMAN'S STEWARDSHIP ROLE IN THE SCIENTIFIC MANAGEMENT OF AMERICA'S FISH AND WILDLIFE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EXPERIENCE AND PROMOTE THE SPORTSMAN'S STEWARDSHIP ROLE IN THE

SCIENTIFIC MANAGEMENT OF AMERICA'S FISH AND WILDLIFE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

LEGAL DEFENSE - LITIGATION. LEGAL RESEARCH. ANALYSIS OF THE IMPACT OF

LEGISLATION (INCLUDING TREATIES AND INITIATIVES/REFERENDA) AND

REGULATIONS BY LAWYERS.

INCLUDING GRANTS OF \$ 168.340.

FORM 990, PART VI, SECTION B, LINE 11: PRIMARY RESPONSIBILITY FOR THE PREPARATION OF THE IRS FORM 990 RESTS WITH USAAF'S TREASURER. THE TREASURER WILL WORK WITH AND RELY ON USSAF'S ACCOUNTANTS IN PREPARING THE FORM 990. THE FORM 990 WILL BE PRESENTED AS DRAFT TO USSAF'S PRESIDENT AND TREASURER FOR REVIEW PRIOR TO ITS FILING. AN OPEN INVITATION SHALL BE GIVEN TO ALL MEMBERS OF USSAF'S BOARD OF DIRECTORS AND TO ITS OFFICERS TO ATTEND, AT THEIR OPTION, THE MEETING AT WHICH THE FORM 990 IS TO BE

Schedule O (Form 990 or 990-EZ) (2011)

REVENUE \$ 0.

REVIEWED AND DISCUSSED.

EXPENSES \$ 279,901.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 01:23-12

Employer Identification number 31-0941103

THE TREASURER WILL COMPILE COMMENTS ON THE DRAFT FORM 990 AND SEND THEM TO USSAF'S INDEPENDENT ACCOUNTANTS FOR POSSIBLE REVISION OF THE FORM 990, TO THE EXTENT DEEMED APPROPRIATE IN THEIR PROFESSIONAL JUDGMENT. THE FINAL FORM 990 WILL BE SUBMITTED TO THE TREASURER FOR APPROVAL BEFORE FILING.

ONCE THE FINAL FORM 990 HAS BEEN APPROVED BY THE TREASURER, USSAF WILL FILE THE FORM 990 AS SOON AS REASONABLY PRACTICABLE AFTER RECEIVING THE SIGNED FORM 990, BUT IN NO EVENT LATER THAN (A) THE 15TH DAY OF THE FIFTH MONTH AFTER THE CLOSE OF USSAF'S FISCAL YEAR, OR (B) THE EXTENDED DUE DATE OF THE RETURN.

THE COMPLETED AND FILED FORM 990 WILL BE SENT TO THE ENTIRE BOARD AFTER IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY IN THE MONTH OF

SEPTEMBER, THE ORGANIZATION'S BOARD MEMBERS DISCLOSE ANY CONFLICTS OF

INTEREST THEY MAY HAVE. ALSO, ON A REGULAR AND CONSISTENT BASIS, THE

ORGANIZATION MONITORS ANY POTENTIAL CONFLICTS THAT MAY ARISE WHEN IT

UNDERTAKES NEW EVENTS OR PROJECTS, REQUIRING FULL DISCLOSURE BY THE BOARD

MEMBERS OF ANY CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION FOR THE

ORGANIZATION'S PRESIDENT/CEO IS REVIEWED ANNUALLY. THE COMPENSATION

COMMITTEE (AN AD HOC COMMITTEE) REVIEWS THE PRESIDENT/CEO'S ANNUAL REPORT,

DISCUSSES HIS PERFORMANCE, AND USING COMPARABLE DATA FROM SIMILAR

ORGANIZATIONS, RECOMMEND THE COMPENSATION FOR THE FOLLOWING YEAR. THE

RECOMMENDATION IS SUBSTANTIATED IN A MEMO PRESENTED TO THE ORGANIZATION

AUTHORIZING THE COMPENSATION CHANGE. THE COMPENSATION FOR THE OTHER

Schedule O (Form 990 or 990-EZ) (2011)

132212 01-23-12

THE UNITED STATES SPORTSMEN'S Name of the organization ALLIANCE FOUNDATION, INC.

Employer identification number 31-0941103

EMPLOYEES IS RECOMMENDED BY THE ORGANIZATION'S PRESIDENT/CEO, BASED ON COMPARABLE DATA AND EMPLOYEE PERFORMANCE, AND ULTIMATELY APPROVED BY THE EXECUTIVE COMMITTEE, WITH THE ACTION SUBSTANTIATED IN THE COMMITTEE'S MINUTES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AK, AZ, AR, CA, CT, CO, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NY, NC, ND, OH, OK OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, NM, HI, MO

FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION'S 1023 AND 990 ARE AVAILABLE UPON REQUEST. FURTHER, THE ORGANIZATION'S 990 IS AVAILABLE FOR PUBLIC INSPECTION AT ANOTHER'S WEBSITE, WWW.GUIDESTAR.ORG.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLIST OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE FOR VIEWING AT THE ORGANIZATION'S OFFICER. THEY ARE ALSO MAILED TO THOSE WHO REQUEST THEM.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS:

-116,747.

FORM 990, PART XII, LINE 2C: THE AUDIT COMMITTEE REVIEWS THE AUDIT REPORTS AND APPROVES THEM. THEY ARE ALSO RESPONSIBLE FOR THE SELECTION OF THE INDEPENDENT ACCOUNTANT. WHEN THE AUDIT COMMITTEE DEEMS IT NECESSARY, THEY ASK THE STAFF TO GET BIDS FROM LOCAL FIRMS AND THEN THE AUDIT COMMITTEE CHOOSES THE FIRM. THIS PROCESS REMAINS UNCHANGED FROM THE PRIOR YEAR.

2011 Open to Public Inspection Employer identification number 31-0941103OMB No. 1545-0047 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. Related Organizations and Unrelated Partnerships THE UNITED STATES SPORTSMEN'S ALLIANCE FOUNDATION, INC. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Parl

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Direct controlling Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets Φ Total income ਉ Legal domicile (state or foreign country) Primary activity <u>@</u> Name, address, and EIN of disregarded entity Part

(a)	(p)	(2)	<u>(</u> 2)	(e)	(4)	9	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direc	Section 512(b)(13)	512(b)(13) offed
of related organization		foreign country)	section	status (if section		ent	entity?
				501(c)(3))		Yes	°N
THE UNITED STATES SPORTSMEN'S ALLIANCE, INC.							
- 31-0899414, 801 KINGSMILL PKWY, COLUMBUS, SUPPORT SPORTSMEN AND	SUPPORT SPORTSMEN AND						
OH 43229	WILDLIFE BFFORTS.	OHIO	501(C)(4)		N/A		×
The state of the s							
	ANALYSIS						

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

132161 01-23-12 LHA

Schedule R (Form 990) 2011

31-0941103

Page 2

THE UNITED STATES SPORTSMEN'S

Schedule R (Form 990) 2011 ALLIANCE FOUNDATION, INC.

ldentification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a)	(g)	(0)	(Đ)	(9)	(j)	(5)	(F)	8	9	3
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	of year ts	Disproportion- ate allocations?	Code amou 20 of 8	General or managing partner?	General or Percentage managing ownership partner?
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	ganizations Taxable a	s a Corpo g the tax)	rration or Trust (Co /ear.)	mplete if the organiza	tion answered "Yes	to Form 990, Par	t IV, line 34	because it had on	e or more	related
(a) Name, address, and EIN of related organization	N. c		(b) Primary activity	(C) ity Legal domicke (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp., S corp., or trust)	(f) Share of total income	(g) f total Share of end-of-year assets		(h) Percentage ownership
										
				Add American Victoria						
132162 01-23-12				39				Schedule R (Form 990) 2011	R (Form	990) 2011

Schedule R (Form 990) 2011 ALLIANCE FOUNDATION, INC.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Page 3

31-0941103

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	Š
	ns with one or more n	slated organizations liste	d in Parts II:IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		***************************************	G		×
 b Gift, grant, or capital contribution to related organization(s) 			ŧ	×	
c Gift, grant, or capital contribution from related organization(s)			CF	╁	
	***************************************	1. 的,三,更三向这种人有这么,他们的种种,我们只有有什么,我们也没有什么。		+	þ
	***************************************		91	_	4
Loans or loan guarantees by related organization(s)	***************************************		16		×
t Sale of assers to related organization(s)	***************************************	# # # # # # # # # # # # # # # # # # #	-		×
g Purchase of assets from related organization(s)			7	L	×
Exchange of assets with related organization(s)	**	***************************************	T	ļ	
	***************************************	***************************************	uL	1	4
Lease of facilities, equipment, or other assets to related organization(s)				_	×
in a company of the contract of the second of the company of the contract of t			;		,
Lease of lacilities, equipment, of other assets from related organi	************************			_	∢
k Performance of services or membership or fundraising solicitations for related organization(s)	janization(s)	*********	*		×
 Performance of services or membership or fundraising solicitations by related organization(s) 	anization(s)	1	-		×
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)		 	 	
			\$	×	
	***************************************		***************************************	╬	
 Reimbursement paid to related organization(s) for expenses 			Ç		×
		**		+	
p neithbursellient paid by related Organization(s) for expenses		**	a	4	
d. Other transfer of cash or property to related organization(s)					>
	************************		3	1	1
-1		**************************************	A		×
Z If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete ti	is line, including covered	I relationships and transaction thresholds.		
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved		
THE UNITED STATES SPORTSMEN'S ALLIANCE,		, in the second			
	В	230,000	.CASH PAYMENT		
THE UNITED STATES SPORTSMEN'S ALLIANCE,					
And and the second seco	υ	12,073.CASH	CASH PAYMENT		
UNITED STATES SPORTSMEN'S	×	69,696.CASH	CASH PAYMENT		
THE UNITED STATES SPORTSMEN'S ALLIANCE,					
THE DESCRIPTION OF STREET	Z	791,370.	370.CASH PAYMENT		
THE UNITED STATES SPORTSMEN'S ALLIANCE, (5) INC.	£ι	402,864.	864. CASH PAYMENT/YEAR-END RECEIVABLE	IVAB	正正
(9)		,			
132163 01-23-12	40	and the state of t	Schedule R (Form 990) 2011	066 E	2011

THE UNITED STATES SPORTSMEN'S ALLIANCE FOUNDATION, INC.

Schedule R (Form 990) 2011

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

Page 4

31-0941103

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 bartnerships.

	贪	Disproper Code V-UBI General or Percentage form a amount in box 2 managing ownership	<u>.</u>																				
		<u>a a</u> § <u>e</u>	15			L		 	L		 ╀	 	 L			L		_ _					
	6	eneral lanagin	Yes No		 	 \vdash		 	┝	 	 -	 	\vdash	 		-	 	╁			 ╁		
		28.	<u>حا</u> :	ļ		 \vdash	_	 _	T	 	 \vdash	 	 ┢	 _			 	╁		-	╁	_	
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	Ξ	Spropo Senate	Yes No	\vdash		 ┝		 	╀		 \vdash	 	 ┢	 	—	\vdash		+					
ŀ		<u> </u>	∠ ا	<u> </u>	 	 <u> </u>		 	╁	 	 ┼┈	 -	\dagger				 	╁			 ┢		
	(6)	Share of end-of-year	assets																				
		Share of total	income																				
ŀ	_=	54/thers sec. 501(c)(3)	2						\vdash	_	 _	 	 _	 			 	╁			\vdash		····
	⊕ §	501(c)	Yes No		 			 		 	 T						 ·	\dagger	•				
estment partnerships.	(g)	(related, unrelated,	under section 512-514)																		The state of the s		
sion for certain inv		Legal domicile (state or foreign	country)																				
siructions regarding exclus	(a)	Frimary activity																					
that was not a related organization. See instructions regarding exclusion for certain investment partnerships,	(a)	name, address, and EIN of entity																	The state of the s	AND THE PROPERTY OF THE PROPER		Annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annua	

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Schedule R (Form 990) 2011

THE UNITED STATES SPORTSMEN'S

Schedule F	R (Form 990) 2011	ALLIANCE	FOUNDATION,	INC.	31~0941103 _{Pag}
Part VII	R (Form 990) 2011 Supplemental Info	rmation			
<u> </u>	Complete this part to pr	ovide additional info	rmation for reconnece t	o questions on Schedule R (see ins	tructions)
	Complete this part to pr	Ovide additional into	illiation to responses t	o questions on ochequie in (see a)s	tructions).

			·		
······································					
					
				•	
				·	

Form 8868 (Rev. 1-2012)				Page 2
 If you are filing for an Additional (Not Automatic) 3-Month 	h Extension,	complete only Part II and check th	ls box	▶ X
Note. Only complete Part II if you have already been granted	i an automatic	3-month extension on a previously	filed Form 8868.	
 If you are filing for an Automatic 3-Month Extension, cor 	npiete only P	art I (on page 1).		
Part II Additional (Not Automatic) 3-Mont	th Extension	on of Time. Only file the origi	nal (no copies ne	eded).
		Enter flier's	s identifying number	, see Instructions
Type or Name of exempt organization or other filer, see in			Employer Identificat	tion number (EIN) or
print THE UNITED STATES SPORTSM	en's			
File by the ALLIANCE FOUNDATION, INC.			X 31-0	941103
filing your return, See 801 KINGSMILL PARKWAY	ox, see instruc	ctions.	Social security num	ber (SSN)
instructions. City, town or post office, state, and ZIP code. Fo COLUMBUS, OH 43229	r a foreign add	dress, see Instructions.		
				·
Enter the Return code for the return that this application is fo	r (file a separa	ate application for each return)	**********************	0 1
Application	Return	Application		Return
ls For Form 990	Code	Is For	74,	Code
Form 990-BL	01	F 1044 A		
Form 990-EZ	02	Form 1041-A		08
Form 990-PF	01	Form 4720		09
Form 990-T (sec. 401(a) or 408(a) trust)	04 05	Form 5227 Form 6069		10
Form 990-T (trust other than above)	06	Form 8870		11
STOP! Do not complete Part II if you were not already gran			datable filed From 00	12
WALTER P. PII	CEON	TR .	INDER HEAD LOUIS OF	<u>00. </u>
 The books are in the care of ➤ 801 KINGSMILI 	PARKW	AV - COLUMBIIS OH	43229	
Telephone No. ▶ 614-888-4868		FAX No.	33423	
 If the organization does not have an office or place of business. 	– ness in the Ur			~ [
 If this is for a Group Return, enter the organization's four d 	igit Group Exe	emption Number (GEN) . I	f this is for the whole	group check this
box ▶ . If it is for part of the group, check this box ▶	and atta	ch a list with the names and EINs of	all members the exte	ension is for.
4 I request an additional 3-month extension of time until	NOVEM	BER 15, 2012.		
5 For calendar year 2011, or other tax year beginning		, and endin	g	
6 If the tax year entered in line 5 is for less than 12 month	s, check reas	on: Initial return	Final return	
Change in accounting period				
7 State in detail why you need the extension				
ADDITIONAL TIME IS NEEDED TO	GATHEI	R THE INFORMATION	NECESSARY T	O FILE A
COMPLETE AND ACCURATE RETURN	T			

8a If this application is for Form 990-BL, 990-PF, 990-T, 472	20, or 6069, a	nter the tentative tax, less any		
nonrefundable credits. See Instructions.			8a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 60				
tax payments made. Include any prior year overpaymen	t allowed as a	credit and any amount paid		
previously with Form 8868.			8b \$	<u>0.</u>
c Balance due. Subtract line 8b from line 8a. Include you		n this form, if required, by using		
EFTPS (Electronic Federal Tax Payment System). See In			8c \$	0.
		t be completed for Part II o		
Inder penalties of perjury, I declare that I have examined this form, inc t is true, correct, and complete, and that I am authorized to prepare thi	auding accomp is form.	anying schedules and statements, and to	the best of my knowled.	ige and belief,
Signature June 1 1/2 Title	► CPA		Date ▶ 8/1	3/12
	-		Form 8	8868 (Rev. 1-2012)
,				

Form **8868**

(Rev. January 2012) Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

interna	Revenue Service	File a sepa	erate app	lication for each return.		<u>. L</u>			
• if y	ou are filing for an Aut	omatic 3-Month Extension, comple	te only Pa	art I and check this box		1	▼ [X]		
• If v	ou are filing for an Add	litional (Not Automatic) 3-Month Ex	tension. c	complete only Part II (on page 2 of	this form).	**************************************	- 13-23		
		less you have already been granted		- · · · · · · · · · · · · · · · · · · ·					
	•	u can electronically file Form 8868 if y			•		noration		
	•••	or an additional (not automatic) 3-mor			•				
		-		-		-			
	•	ns listed in Part I or Part II with the ex	•						
		which must be sent to the IRS in pap		(see instructions). For more details	on the elec	tronic tiling of this	form,		
V SR V		lick on e-file for Charitles & Nonprofits c 3-Month Extension of Time		submit original (no copies ne	eded)				
		Form 990-T and requesting an autor							
Part I							• [
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	fing 1120-C filers), partnerships, REM			t an avtan	einn of time	· ·		
	income tax retums.	mig 1120-0 mers), parmaremps, nem	ros, arro i	idala ilibat dae i olili i oct to reques	I an exten	aion or thing			
Туре	or Name of exemn	t organization or other filer, see instru	ctions		Employer	identification nun	ober (FIN) or		
print		ED STATES SPORTSMEN			i minipioy or	icontinoation fian	1001 (=111) 01		
bruit	4	FOUNDATION, INC.	1 5		X	31-09411	U.S		
File by	the thousand the	and room or suite no. If a P.O. box, so	na Inntara	Nana		curity number (SS			
due dat filing yo	····	SMILL PARKWAY	ee menoc	tions.	3000	county normal (33	IN)		
retum. (300 1 100T WTHO	st office, state, and ZIP code. For a fo	raion add	rece pea instructions			/		
41947001		, OH 43229	aeign acc	ress, see manachons.					
	1 сопочеоз	, Oil 43223							
-	al- Massen and for th	a ratura that this analization is for file		to application for each miture)			0 1		
Enter	the Hetum code for th	e return that this application is for (file	a separa	te application for each return)			<u>U 1</u>		
	Application Return Application Return								
	Application Return Application Return s For Code is For Code								
	s For Code is For Code								
	is For Code Is For Code Form 990 01 Form 990-T (corporation) 07								
	990-BL		02	Form 1041-A			80		
Form	990-EZ		01	Form 4720			09		
Form	990-PF		04	Form 5227			10		
Form	990-T (sec. 401(a) or 4	08(a) trust)	05	Form 6069			11		
Form	990-T (trust other than		06	Form 8870			12		
		WALTER P. PIDGE	SON, 3	JR.					
• The	e books are in the care	of ▶ 801 KINGSMILL I	PARKW	AY - COLUMBUS, OH	43229				
Tel	ephone No. > 614	-888-4868		FAX No. 🕨					
• If ti	he organization does n	ot have an office or place of business	in the Un	ited States, check this box	***********		▶ □		
		rn, enter the organization's four digit (check this		
box 🕨		of the group, check this box							
1		3-month (6 months for a corporation							
•		, 2012 , to file the exemple				The extension			
	Is for the organization'		•						
	► X calendar year								
	tax year begin		70	d ending					
	Lak year bogin		,	G GHOING		 '			
^	If the tay year antered	in line 1 is for less than 12 months, cl	hoak roas	on: Initial return	Final retur	•			
2	<u> </u>		iock reas	on: Linitairetumi	rman rewn	ι,			
	Change in accou	лату регюа							
	Malata a de la des	000 01 000 DE 000 T 4700	- 0000	* 44 * * * * * * * * * * * * * * * * *					
		Form 990-BL, 990-PF, 990-T, 4720, c	or 6069, e	nter the tentative tax, less any			^		
	nonrefundable credits.				3a	\$	<u> </u>		
	* *	Form 990 PF, 990-T, 4720, or 6069,	_			_			
		ts made. Include any prior year overp			3b	\$	<u> </u>		
•		t line 3b from line 3a. Include your pa	•	• • • • • • •			_		
	by using EFTPS (Elect	ronic Federal Tax Payment System), \$	See Instru	ctions,	3c	\$	0.		

Form **990**

Department of the Treasury Internal Revenue Service

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.

2010
Open to Public Inspection

AF	or the	e 2010 calendar year, or tax year beginning and	enaing	_	
B c	heck if pplicabl	C Name of organization THE UNITED STATES SPORTSMEN'S		D Employer identifi	cation number
	Addre chang				
	Name chang	Doing Business As WILDLIFE CONSER. FUND OF A	MERI	31-0	941103
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
	Termir	,) 888-4868
	Ameno	City or town, state or country, and ZIP + 4	•	G Gross receipts \$	2,699,208.
	Application	COLUMBUS, OH 43229		H(a) Is this a group re	eturn
	pendir	F Name and address of principal officer:WALTER P. PIDGEON,	JR.	for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	cluded? Yes No
ΙT	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)
		e: ► WWW.USSAFOUNDATION.ORG		H(c) Group exemptio	n number 🕨
		organization: X Corporation Trust Association Other	∟ Year	of formation: 1978 N	State of legal domicile: OH
Pa	rt I	Summary			
ą.	1	Briefly describe the organization's mission or most significant activities: ${\hbox{{\tt TO}}}{\hbox{{\tt P}}}$	ROTECT	' AND ADVANC	E AMERICA'S
Activities & Governance		HERITAGE OF HUNTING, FISHING AND TRAPPIN	G BY U	NITING SPOR	TSMEN TO
ern	2	Check this box $lacktriangle$ if the organization discontinued its operations or dispo	sed of more	e than 25% of its net as	
ŏ				3	13
ه ص	4	Number of independent voting members of the governing body (Part VI, line 1b)			12
es	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)			22
Σį		Total number of volunteers (estimate if necessary)			497
dct	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		1,493,534.	1,662,468.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Ве.		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-79,336.	86,668.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,416.	26,767.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,423,614.	1,775,903.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		250,000.	200,000.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,047,196.	876,433.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 148,6	·	0.	0.
Ÿ				700 410	607.450
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		702,410.	687,458.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,999,606.	1,763,891.
· w		Revenue less expenses. Subtract line 18 from line 12		-575,992.	12,012.
ts o			Ве	ginning of Current Year	End of Year
Bala	20	Total assets (Part X, line 16)		4,941,052.	4,848,801.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		927,929.	729,484.
		Net assets or fund balances. Subtract line 21 from line 20		4,013,123.	4,119,317.
	rt II	Ities of perjury, I declare that I have examined this return, including accompanying schedule	on and atatam	anta and to the heat of m	v knowledge and halief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of w			y knowledge and beller, it is
uue,	COLLEC	is and complete. Declaration of preparer (other than officer) is based on all information of w	ilicii preparei	lias any knowledge.	
C:	_	Signature of officer		I Date	
Sigr Her		WALTER P. PIDGEON, JR., PRESIDENT			
IIEI	-	Type or print name and title			
		Print/Type preparer's name Preparer's signature	11	Date Check	PTIN
Paid	ı	T.J. CONGER, CPA		if self-employe	ed e
	oarer	Firm's name JOHN GERLACH & COMPANY LLP	1	Firm's EIN	
	Only	Firm's address 37 W. BROAD ST., STE. 530			
	,	COLUMBUS, OH 43215		Phone no. 6	14-224-2164
May	the II	RS discuss this return with the preparer shown above? (see instructions)		1. 1.0.10 110.	X Yes No
y		(construction)		<u></u>	110

	rt III Statement of Program Service Accomplishments
I u	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	TO PROTECT AND ADVANCE AMERICA'S HERITAGE OF HUNTING, FISHING AND
	TRAPPING BY UNITING SPORTSMEN TO PROTECT AGAINST LEGAL ATTACKS BY THE ANIMAL RIGHTS MOVEMENT, WIN PUBLIC SUPPORT FOR OUTDOOR SPORTS, ENSURE
	THE FUTURE OF THIS HERITAGE BY INVOLVING FAMILIES IN THE OUTDOOR
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$717,152. including grants of \$48,160.) (Revenue \$)
	EDUCATION AND INFORMATION - PREPARATION AND DISTRIBUTION OF MATERIAL
	AND INFORMATION RELATING TO WILDLIFE CONSERVATION AND THE ROLE OF
	SPORTSMEN THEREIN. MATERIALS INCLUDE BROCHURES, AUDIO VISUAL PRESENTATIONS, DISPLAYS, POSITION PAPERS, SPEECHES AND ARTICLES FOR
	PUBLICATION: SERVICES PURCHASED FOR THIS PURPOSE INCLUDE WRITING,
	PHOTOGRAPHY, ARTWORK AND PRINTING INCLUDING IN-HOUSE DUPLICATION, SOUND
	TAPES, AND MAILINGS.
	<u> </u>
4b	(Code:) (Expenses \$288 , 204 • including grants of \$0 (Revenue \$0)
7.0	CONSERVATION RESEARCH - IDENTIFY AND STUDY CONSERVATION GROUPS AND
	INDIVIDUALS AND IDENTIFY AND STUDY PROBLEMS WHICH ADVERSELY AFFECT
	SPORTSMEN AND WILDLIFE MANAGEMENT PROFESSIONALS. IDENTIFY PROGRAMS,
	WHICH ENHANCE HUNTING, FISHING, AND TRAPPING OPPORTUNITIES AND
	SCIENTIFIC WILDLIFE MANAGEMENT PRACTICES.
4.	(Carlas) (Eurapean & 228 210 tradition and the first of
4C	(Code:) (Expenses \$ 228,219 · including grants of \$ 0 ·) (Revenue \$ 0 ·) (MEMBERSHIP SERVICE - SERVICES FOR SUPPORTERS INCLUDING BOTH GROUPS AND
	INDIVIDUALS. EMOLUMENTS FOR AND ACKNOWLEDGEMENTS TO SUPPORTERS.
	RESPONSES TO SPECIFIC REQUESTS FROM SUPPORTERS INCLUDING INFORMATION
	ABOUT ISSUES, GROUPS AND INDIVIDUALS. PERIODIC REPORTS INCLUDING
	NEWSLETTERS.
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$\\$318,824 \cdot \text{including grants of \$\\$151,840 \cdot \text{) (Revenue \$\\$)} Total program service expenses \$\\$1,552,399 \cdot \text{.}
40	Total program service expenses ► 1,552,399.

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	'		
Ŭ	Schedule D, Part III	8		Х
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		Х
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	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,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			7.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	Х	
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	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	X	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	, , , , , , , , , , , , , , , , , , , ,	14a		Х
b	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			X
45	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		Λ
15	or entity located outside the United States? 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 assistance to individuals	13		
	located outside the United States? 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,			
•••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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	L
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	X	
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
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	X	
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		х
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 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		
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		Х
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		Х
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		Х
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		_X_
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	77	<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
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		
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	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		_X_
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 X No			
36	Section 512(b)(13)? If Yes, Complete Scriedule In, Part V, line 2 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	х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
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	Х	
	110 to 7 ki 1 orm 990 mero are required to complete ouriedule o	JUU		

O10) ALLIANCE FOUNDATION, INC.

Statements Regarding Other IRS Filings and Tax Compliance 31-0941103

ı aı	Check if Schedule O contains a response to any question in this Part V					
	Chock in Contradic C contains a respense to any question in the rare v				Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	l 1a	30		162	NO
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and i		ble gaming			
Ŭ	(gambling) winnings to prize winners?			1c		
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	22			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction					
За				За		Х
	IS NOT THE STORY OF THE STORY O			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		Х
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	Accou	nts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?	?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he org	anization solicit			
	any contributions that were not tax deductible?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions c	or gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	provided to the payor?	7a	X	
b				7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as rec	uired			3,7
	to file Form 8282?	1	 I	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		10	_		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		200 oo roguirod2			
g h	If the organization received a contribution of qualified intellectual property, did the organization file F If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7g 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.			/11		
Ū	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8		
9	Sponsoring organizations maintaining donor advised funds.	any an	to during the your.			
а	Did the organization make any taxable distributions under section 4966?			9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	າ 1041	?	12a		
b	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	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	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b		

Form 990 (2010)

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

	Check if Schedule O contains a response to any question 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 13			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3	77	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	37
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 7-	Does the organization have members or stockholders?	6		Λ
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	7a		Х
h	governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
•	by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b	37	
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	Х	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Λ	
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	- 21	
·	in Schedule O how this is done	12c	х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	4.0		v
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed ►AL , AK , AZ , AR , CA , CT , CO , FL , GA	,IL	,KS	, KY
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available			-
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, ar	nd fina	ncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization.	ion: 🕨		
	WALTER P. PIDGEON, JR 614-888-4868			
	801 KINGSMILL PARKWAY, COLUMBUS, OH 43229	Fa	990 (0040
		LOHII	コカリ(<u (u)<="" th=""></u>

Form 990 (2010)

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

Check if Schedule O contains a response to any question in this Part VII

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

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

Learning Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	T	21 1126		C)	пре	iisai	(D)	(E)	(F)
Name and Title	Average hours per week	(c		Pos	ition	app	oly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual frustee or director	In stitutio na I trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
WALTER P. PIDGEON, JR.	41 20	.,		.,		.,		240 010	122 007	27 666
PRESIDENT & SECRETARY	41.30	Х		Х		Х		348,018.	132,007.	37,666.
C. MARTIN WOOD, III	0.00	٠,		٦,					٠ .	0
CHAIRMAN	0.00	X		Х		_		0.	0.	0.
ORRIN H. INGRAM, II	0.00	٠,		٦,					٠ .	0
VICE CHAIRMAN	0.00	X		Х		_		0.	0.	0.
BARBARA SACKMAN	0.00	٦,		٦,					٥	0
TREASURER	0.00	X		Х		_		0.	0.	0.
MICHAEL BRANHAM	0.00	x						0.	0.	0.
TRUSTEE LORI CLEM	0.00	^				-		0.	0.	0.
TRUSTEE (THROUGH 12/10/10)	0.00	X						0.	0.	0.
JIMMY DAN CONNER	0.00	^						0.	0.	0.
TRUSTEE	0.00	X						0.	0.	0.
NATASHA HUNT	0.00	<u> </u>				<u> </u>		0.	0.	<u></u>
TRUSTEE (THROUGH 12/10/10)	0.00	x						0.	0.	0.
RICHARD CABELA	0.00	1						0.	•	•
TRUSTEE (THROUGH 12/10/10)	0.00	$ _{\mathbf{x}}$						0.	0.	0.
CRAIG JOHNSON	1 0000	†						•		
TRUSTEE	0.00	x						0.	0.	0.
MARK KROGER		T						-		
TRUSTEE (THROUGH 11/8/10)	0.00	x						0.	0.	0.
TOMMY MILLNER										
TRUSTEE	0.00	X						0.	0.	0.
DONALD SENTER										
TRUSTEE (THROUGH 12/10/10)	0.00	X						0.	0.	0.
STUART ANDREW SHIEL										
TRUSTEE (THROUGH 10/13/10)	0.00	X						0.	0.	0.
T. GARRICK STEELE										
TRUSTEE	0.00	X						0.	0.	0.
MASON LAMPTON										
TRUSTEE	0.00	Х	L	L	L	L	L	0.	0.	0.
PAUL DELANEY										
TRUSTEE (FROM 12/10/10)	0.00	X						0.	0.	0.
	-								-	Carres 990 (0010)

032007 12-21-10

Form 990 (2010) ALLIANCE	FOUNDA.	т т ()IN	<u>, -</u>	L 1/1/	<u>. </u>			31-0	フ4 エ	T 0 2	P	age o
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)			(0				(D)	(E)			(F)	
Name and title	Average			Pos	itior	1		Reportable	Reportable		Es	timate	ed
	hours per	(cl	heck	call t	that	арр	ly)	compensation	compensation	n	am	nount	of
	week	Ž						from	from related			other	
	(describe	irect						the	organization			pensa	
	hours for	e or d	tee			sated		organization	(W-2/1099-MI	SC)		om th	
	related organizations	ruste	l frus		99	nben		(W-2/1099-MISC)				anizat	
	in Schedule	dualt	tiona	_	nploy	st cor	<u></u>					d relat	
	O)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Form 6				orga	ınizati	ons
ALBERT MENEFEE	,	H	_		Ť		F						
TRUSTEE (FROM 12/10/10)	0.00	X						0.		0.			0.
RANKIN SMITH	0.00	122				<u> </u>							
	0.00	X						0.		0.			0.
TRUSTEE (FROM 12/10/10)	0.00	^				_		0.		٠.			<u> </u>
						-							
1b Sub-total								348,018.	132,0		3	7,6	66.
c Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								348,018.	132,0	07.	3	7,6	66.
2 Total number of individuals (including but n							no re	eceived more than \$100	,000 in reportab	le			
compensation from the organization						,			•				1
<u> </u>												Yes	No
3 Did the organization list any former officer,	director or tru	stee	. ke	v em	olar	vee.	or h	nighest compensated er	mplovee on	ſ			
line 1a? If "Yes," complete Schedule J for s	uch individual			•	•	•			. ,		3		Х
4 For any individual listed on line 1a, is the su			amo							·····			
and related organizations greater than \$150	•								-		4	Х	
5 Did any person listed on line 1a receive or a											-		
rendered to the organization? If "Yes," com											5		Х
Section B. Independent Contractors	p												
Complete this table for your five highest co	mnensated in	dene	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of con	nnens	ation f	rom	
the organization.	mpensated in	аср	Jilac	,,,,	OIIL	acic	,,,,,,	mat received more than	ψ100,000 01 con	прспа	ationi	10111	
								(B)	1		(C	٠,	
(A) (B) (IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII										n			
BIRCH HORTON BITTNER & CI		11	55				\dashv						
				יר∩יו	J	חר	٠	LEGAL SERVIC	ES		14	3,3	22
CONNECTICUT AVE., NW #1200, WASHINGTON, DC LEGAL SERVICES								<i>J</i> , <i>J</i>					
							\dashv						
							- 1						

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Pa	rt VII	Statement of Revenue	e				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(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 Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, grants, a similar amounts not included above Noncash contributions included in lines 1a- Total. Add lines 1a-1f	1b 1c 69,814. 1d 1e 234,000. and 1f 1,358,654. 87,094.	1,662,468.			
Program Service Revenue		All other program service revenue Total. Add lines 2a-2f	e				
	3 4 5	Investment income (including divother similar amounts) Income from investment of tax-exemples	idends, interest, and kempt bond proceeds	58,734.			58,734.
	b c	Gross Rents Less: rental expenses Rental income or (loss)	(i) Real (ii) Personal				
	7 a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	i) Securities (ii) Other 97,763. 15,000. 74,982. 9,847. 22,781. 5,153.				
		Gain or (loss)	22,/81. 5,153.	27,934.			27,934.
Other Revenue	8 a	Net gain or (loss) Gross income from fundraising e including \$ 69,814 contributions reported on line 1c Part IV, line 18	vents (not <u>4 ·</u> of). See a <u>114,353</u> .	21,334.			21,334.
Othe	с 9 а	Less: direct expenses Net income or (loss) from fundrai Gross income from gaming activi Part IV, line 19 Less: direct expenses	sing events ties. See	-9,819.			-9,819.
		Net income or (loss) from gaming		36,586.			36,586.
	10 a b	Gross sales of inventory, less retrand allowances Less: cost of goods sold Net income or (loss) from sales o	urns a b				
Ţ		Miscellaneous Revenue	Business Code				
	11 a						
	b c						
		All other revenue					
		Total. Add lines 11a-11d	\				
03200	12	Total revenue. See instructions	>	1,775,903.	0.	0 .	. 113,435.
12-21	-10						Form 990 (2010)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must	complete colur	nn (A) but are not r	eauired to complete column	s (B), (C), and (D),

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			g	
	organizations in the U.S. See Part IV, line 21	200,000.	200,000.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	375,326.	300,260.	37,533.	37,533.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	331,936.	297,518.	2,909.	31,509.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	34,949.	29,172.	2,150.	3,627. 9,109.
9	Other employee benefits	85,450.	72,081.	4,260.	9,109.
10	Payroll taxes	48,772.	41,100.	2,622.	5,050.
11	Fees for services (non-employees):				
	Management	167 600	165 600		
	Legal	167,622.	167,622.	1 000	0 101
	Accounting	18,000.	14,832.	1,037.	2,131.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	25 200	22 252	C 4 0	1 216
f	Investment management fees	25,209.	23,253.	640.	1,316.
g		33,837.	31,812.	4.	1,362.
12	Advertising and promotion	86,099. 132,787.	75,040. 99,498.	4,566.	11,055. 28,723.
13	Office expenses	5,173.	4,474.	229.	470.
14	Information technology	3,173.	4,4/4•	229.	470•
15	Royalties	30,003.	24,724.	1,727.	3,552.
16	Occupancy	95,186.	90,853.	38.	4,295.
17	Travel	JJ, 100 •	50,055	30.	4,200
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	23,127.	22,023.	359.	745.
20	· · · · · · · · · · · · · · · · · · ·	23,227	22,0201	3371	, 151
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	52,540.	43,293.	3,026.	6,221.
23	Insurance	8,849.	7,292.	509.	1,048.
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 0.)				·
а	REGISTRATION FEES	4,682.	3,857.	270.	555.
h	DUES & SUBSCRIPTIONS	3,564.	2,915.	264.	385.
c	FOREIGN TAXES PAID	780.	780.		
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,763,891.	1,552,399.	62,806.	148,686.
26	Joint costs. Check here if following 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				
					Farm 990 (0010)

Pa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		158,018.	1	135,488.
	2	Savings and temporary cash investments		606,143.	2	898,284.
	3	Pledges and grants receivable, net		168,563.	3	84,793.
	4	Accounts receivable, net		141,440.	4	32,713.
	5	Receivables from current and former officers, director				
		employees, and highest compensated employees. Co	mplete Part II			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as define	ed under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B)	, and contributing			
		employers and sponsoring organizations of section 50	_			
v		employees' beneficiary organizations (see instructions			6	
Assets	7	Notes and loans receivable, net		11.00=	7	1 - 001
As	8	Inventories for sale or use		14,285.	8	15,891.
	9	Prepaid expenses and deferred charges		26,020.	9	33,422.
	10a	Land, buildings, and equipment: cost or other	1 054 040			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 10b	1,954,842.	1 112 050		1 115 214
	b	Less: accumulated depreciation 10b	839,528.	1,113,952.	10c	1,115,314.
	11	Investments - publicly traded securities	1,959,144.	11	2,062,561.	
	12	Investments - other securities. See Part IV, line 11 \dots	300,993.	12	133,813.	
	13	Investments - program-related. See Part IV, line 11		13	4 502	
	14	Intangible assets		452 404	14	4,593. 331,929.
	15	Other assets. See Part IV, line 11		452,494. 4,941,052.	15	
	16	Total assets. Add lines 1 through 15 (must equal line		474,106.	16	4,848,801. 396,226.
	17	Accounts payable and accrued expenses		4/4,100.	17	390,220.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
Liabilities	21	Escrow or custodial account liability. Complete Part IV			21	
i≣q	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified pe				
<u>E</u> .					22	
	23	of Schedule L Secured mortgages and notes payable to unrelated the			23	
	24	Unsecured notes and loans payable to unrelated third	ľ		24	
	25	Other liabilities. Complete Part X of Schedule D		453,823.	25	333,258.
	26	Total liabilities. Add lines 17 through 25		927,929.	26	729,484.
		Organizations that follow SFAS 117, check here	X and complete	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Ø		lines 27 through 29, and lines 33 and 34.	aa. sep.ses			
nce	27	Unrestricted net assets		2,398,332.	27	2,585,796.
ala	28			168,563.	28	84,793.
В В	29	•		1,446,228.	29	1,448,728.
Ē		Organizations that do not follow SFAS 117, check	here 🕨 🔲 and			
ō		complete lines 30 through 34.	·			
əts	30	Capital stock or trust principal, or current funds			30	
\SS(31	Paid-in or capital surplus, or land, building, or equipme			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income	T T T T T T T T T T T T T T T T T T T		32	
Ź	33	Total net assets or fund balances		4,013,123.	33	4,119,317.
	34	T		4,941,052.	34	4,848,801.

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI				X		
			4				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,77				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,76				
3	Revenue less expenses. Subtract line 2 from line 1	3	12,012				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4						
5	5 Other changes in net assets or fund balances (explain in Schedule O)5						
6							
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue						
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis X Both consolidated and separate basis						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit					
	Act and OMB Circular A-133?	•	3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit					
-	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				

SCHEDULE A

Department of the Treasury Internal Revenue Service

Part I

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE UNITED STATES SPORTSMEN'S ALLIANCE FOUNDATION, INC.

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

Employer identification number

31-0941103

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes Nο the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization in col. organization in col. (i) listed in your organization in col. organization support (i) organized in the (described on lines 1-9 governing document? (i) of your support? U.S.? above or IRC section (see instructions)) Yes No Yes Yes No

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

Schedule A (Form 990 or 990-EZ) 2010

Total

Schedule A (Form 990 or 990-EZ) 2010 ALLIANCE FOUNDATION, INC.

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1734770.	1923894.	2344357.	1493534.	1662468.	9159023.
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	1734770.	1923894.	2344357.	1493534.	1662468.	9159023.
	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)						2515994.
6	Public support. Subtract line 5 from line 4.						6643029.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	1734770.	1923894.	2344357.	1493534.	1662468.	9159023.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	87,114.	118,842.	85,059.	61,908.	58,734.	411,657.
9	Net income from unrelated business			-	-		
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						9570680.
	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	,135,508.
	First five years. If the Form 990 is for	·					
	organization, check this box and stop	-			•		
Sec	ction C. Computation of Publ						
14	Public support percentage for 2010 (line 6, column (f) di	ivided by line 11, o	olumn (f))		14	69.41 %
	Public support percentage from 2009					15	64.14 %
	33 1/3% support test - 2010.If the o					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				ightharpoonup X
b	33 1/3% support test - 2009.If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			 ▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ		•		•		
18	Private foundation. If the organization						
			,	. , , ,	•	dule A (Form 990	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	now, piedoe com	oloto i art II.j				
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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						
3 Gross receipts from activities that						_
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
· · · · · · · · · · · · · · · · · · ·						
5 The value of services or facilities						
furnished by a governmental unit to the organization without charge						
· · · · · ·						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support		l			<u> </u>	
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is						
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	zation,
check this box and stop here						>
Section C. Computation of Public	c Support Pe	rcentage				
15 Public support percentage for 2010 (lin					15	%
16 Public support percentage from 2009					16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 201					17	%
18 Investment income percentage from 2	009 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2010. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	17 is not
more than 33 1/3%, check this box an	d stop here. The	e organization qua	ifies as a publicly	supported organiz	ation	▶□
b 33 1/3% support tests - 2009. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	ck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organization	▶□
20 Private foundation. If the organization	ı did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins	structions	>

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Inspection | See separate instructions. | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | I

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.

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.

=		Form 990, Part IV, line 5 (Pro	xy Tax), or Form 990-E	EZ, Part V, line 35a (Proxy	Tax), then
 Section 501(c)(4), (5) Name of organization 		tions: Complete Part III. TED STATES SPORT	DOMENT! C	Empl	loyer identification number
Name or organization				Emp	31-0941103
Part I-A Comple	ALLIANC	E FOUNDATION, IN panization is exempt un	dor postion 501(s)	Vario a postion 527 a	
Part I-A Compie	ete ii tile org	gamzation is exempt un	der section 50 r(c)	or is a section 527 o	ryanization.
•	•	zation's direct and indirect politi			
3 Volunteer hours					
		ganization is exempt un			
1 Enter the amount of	f any excise tax	incurred by the organization un	nder section 4955	 ▶\$	
2 Enter the amount of	f any excise tax	incurred by organization manage	gers under section 495	5▶\$	·
3 If the organization in	ncurred a sectio	n 4955 tax, did it file Form 4720	O for this year?		Yes Mo
4a Was a correction m	ade?				Yes No
b If "Yes," describe in	Part IV.				
Part I-C Comple	ete if the org	ganization is exempt un	der section 501(c)	•	
	• •	d by the filing organization for s	· ·		
		ization's funds contributed to c			
-	•	s. Add lines 1 and 2. Enter here		•	
line 17b				> \$	·
		1120-POL for this year?			
		nployer identification number (E			
	•	tion listed, enter the amount pa			·
	•	omptly and directly delivered to additional space is needed, pro			ate segregated fund or a
-					T
(a) Name	•	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
				Tarias. Il rioris, sritor s .	delivered to a separate
					political organization. If none, enter -0
					il florie, effici -o

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

Schedule C (Form 990 or 990-EZ) 2010

LHA

032041 02-02-11

Schedule C (Form 990 or 990-EZ) 2010	ALLIANC	E F	OUNDATION,	INC.	31-0	941103 Page 2
Part II-A Complete if the org			npt under sectio	n 501(c)(3) and fil	ed Form 5768	
(election under sec	tion 501(h)).					
A Check 🕨 🖳 if the filing organiza	tion belongs to	an affil	iated group.			
B Check 🕨 📖 if the filing organiza	tion checked bo	ox A an	d "limited control" pro	visions apply.		
	ts on Lobbying ditures" means		nditures nts paid or incurred.)	1	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public op	inion (grass roots lobbying)		25,000.	
b Total lobbying expenditures to influ	uence a legislati	ve boo	ly (direct lobbying)		126,840.	
c Total lobbying expenditures (add li	151,840.					
d Other exempt purpose expenditure	es				1,612,051.	
e Total exempt purpose expenditure					1,763,891.	
f Lobbying nontaxable amount. Ente	er the amount fr	om the	following table in bot	h columns.	238,195.	
If the amount on line 1e, column (a) o			bying nontaxable am			
Not over \$500,000	20	0% of t	the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000 \$1	100,00	0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000 \$1	175,00	0 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,			0 plus 5% of the exce			
Over \$17,000,000	` , , ,					
. , ,						
g Grassroots nontaxable amount (er	59,549.					
h Subtract line 1g from line 1a. If zer	o or less, enter -	-0-			0.	
i Subtract line 1f from line 1c. If zero	or less, enter -(0-			0.	
j If there is an amount other than ze	ro on either line	1h or l	ine 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this	year?				[Yes No
•	ations that ma lumns below. S	de a se See the	e instructions for line	n do not have to comp s 2a through 2f on pa		
	Lobbying	Exper	ditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2007		(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount	269,9	04.	256,412.	249,980.	238,195.	1,014,491.
b Lobbying ceiling amount (150% of line 2a, column(e))						1,521,737.
c Total lobbying expenditures	31,3	75.	30,469.	17,381.	151,840.	231,065.
d Grassroots nontaxable amount	67,4	76.	64,103.	62,495.	59,549.	253,623.
e Grassroots ceiling amount (150% of line 2d, column (e))						380,435.

8,060.

Schedule C (Form 990 or 990-EZ) 2010

9,372.

f Grassroots lobbying expenditures

6,671.

Schedule C (Form 990 or 990-EZ) 2010 ALLIANCE FOUNDATION, INC. 31-094110 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)).

		(a)	(b)	
		Yes	No	Amo	ount
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?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	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. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4)	on 501(c	(5), or se	ection	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
	Did the organization agree to carryover lobbying and political expenditures from the prior year?			-4:	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if POTH Port III. A. lines 1 and 2 are appropriately 100 if Poth				
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes."	rt III-A, II	ne o is a	nswered	ı
_					
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid).	Cai			
_			20		
	Current year				
	Carryover from last year				
	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3.				
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	and the second of the second o		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information			<u> </u>	
	olete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and	ad Dort II D	lino 1i Alor		thic port
	ing additional information.	iu rait ii-b,	IIIIC II. AISC	, complete	tills part
JI al	ry additional information.				

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.

OMB No. 1545-0047 Open to Public Inspection

THE UNITED STATES SPORTSMEN'S Name of the organization

ALLIANCE FOUNDATION, INC.

Employer identification number 31-0941103

Pai	rt I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's e	_	
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or		
	• •		
Pai			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed		torically important land area
	Protection of natural habitat	Preservation of a certi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru		
d			
	listed in the National Register		1 1
3	Number of conservation easements modified, transferred, rele		
	year >		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements during	the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170((h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizati	ion's financial statements that describes t	the organization's accounting for
	conservation easements.		
Pai	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue statem	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exhi	ibition, education, or research in furtherar	nce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describ	oes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pub	olic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under SFAS 11	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010

Pa	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures,	or Oth	er Sir	nilar Asse	ts (conti	inued))
3	Using the organization's acquisition, accessi-	on, and other record	s, check any of the	following tha	at are a s	significa	ant use of its	collection	n item	
	(check all that apply):		•			-				
а	Public exhibition	d	Loan or excl	hange progra	ams					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organizati	ion's exe	empt pu	ırpose in Par	t XIV.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or oth	er simila	ar asset	S			
	to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Pa	rt IV Escrow and Custodial Arran		te if the organizatio	n answered	"Yes" to	Form	990, Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other as	ssets no	t includ	ed	_	_	_
	on Form 990, Part X?						L	Yes		J No
b	If "Yes," explain the arrangement in Part XIV	and complete the fol	llowing table:			_	-			
								Amount	t	
С	Beginning balance					1	С			
d	Additions during the year					1	d			
е	Distributions during the year					1	e			
f	Ending balance					1				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?				L	⊻ Yes		∟ No
	If "Yes," explain the arrangement in Part XIV.									
Ра	rt V Endowment Funds. Complete i									
	•	(a) Current year	(b) Prior year	(c) Two yea		(d) Thr	ee years back	(e) Four	years	back
	Beginning of year balance	1,223,003.	1,140,838.	-	3,772.					
b	Contributions	2,500.	10,000.		7,000.					
С	Net investment earnings, gains, and losses	91,004.	139,577.	-35	4,149.					
	Grants or scholarships									
е	Other expenditures for facilities	64 051	CT 410	_	F 50F					
_	and programs	64,271.	67,412.	/	5,785.					
	Administrative expenses	1 252 226	1 222 002	1 1 4	0 0 2 0					
g	End of year balance	1,252,236.	1,223,003.	1,14	0,838.					
2	Provide the estimated percentage of the year	r end balance held a								
a		0/	_%							
b	· ———	%								
C		%								
за	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	na administe	erea for	tne org	anization	Г	V	
	by:								Yes	
	(i) unrelated organizations							3a(i)		X
D	If "Yes" to 3a(ii), are the related organizations							3b		
Pa	Describe in Part XIV the intended uses of the rt VI Land, Buildings, and Equipm									
ıu	Description of investment		· · · · · · · · · · · · · · · · · · ·	or other	(a) A	ooumu	lated	(d) Bool	kvolu	
	Description of investment	(a) Cost or ot basis (investm				ccumu preciat		(u) D001	n valu	-
10	Land	· ` `	·	4,773.		p, colut		74	4.7	73.
	LandBuildings			$\frac{2,773.}{2,442.}$		280	672.			$\frac{70.}{70.}$
	Leasehold improvements			_,					_ , ,	
d	Equipment		37	5,219.		333	346.	4	1.8	73.
	Other			2,408.			510.			98.

Schedule D (Form 990) 2010

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

Schedule D (Form 990) 2010 ALLIANCE FO	STATES SPORTSI UNDATION, INC	• 31-0941103 Pa
Part VII Investments - Other Securities. Se	e Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial derivatives		
2) Closely-held equity interests		

(3) Other (B) (C) (D) (E) (F) (G) (H) Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related. See Form 990, Part X, line 13. (c) Method of valuation: (a) Description of investment type (b) Book value Cost or end-of-year market value (1) (2) (3)(4) (5) (6) (7) (8) (9)(10)Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEFERRED COMPENSATION ARRANGEMENT	331,929.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	224 222
Total. (Column (b) must equal Form 990. Part X. col (B) line 15.)	331,929.

Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) OHIO WETLANDS PROJECT FUND	1,329.
(3) DEFERRED COMPENSATION ARRANGEMENT	331,929.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
_ (10)	
_ (11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	333,258.

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's flability for uncertain tax positions under FIN 48 (ASC 740). **2.** FIN 4

Schedule D (Form 990) 2010

Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Financial St	atemen	ts
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		1,775,903
2	Total expenses (Form 990, Part IX, column (A), line 25)				1,763,891
3	Excess or (deficit) for the year. Subtract line 2 from line 1				12,012
4	Net unrealized gains (losses) on investments				94,182
5	Donated services and use of facilities				
6	Investment expenses				
7	Prior period adjustments				
8	Other (Describe in Part XIV.)				
9	Total adjustments (net). Add lines 4 through 8				94,182
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 an				106,194
	t XII Reconciliation of Revenue per Audited Financial Stateme			r Returr	
1	Total revenue, gains, and other support per audited financial statements				1,982,571
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	Net unrealized gains on investments	2a	94,18	2.	
b	Donated services and use of facilities		•		
c	Recoveries of prior year grants				
	Other (Describe in Part XIV.)		138,47	6.	
	Add lines 2a through 2d				232,658
3	Subtract line 2e from line 1				1,749,913
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV.)		25,99	0.	
					25,990
_	The state of the s			··· -	1,775,903
Pai	t XIII Reconciliation of Expenses per Audited Financial Stateme		/ith Expenses r		
1	Total expenses and losses per audited financial statements			-	1,876,377
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				1,010,011
		2a			
	Donated services and use of facilities			-	
	Prior year adjustments			-	
	Other losses		138,47	6	
	Other (Describe in Part XIV.)				138,476
_	Add lines 2a through 2d			2e	1,737,901
3	Subtract line 2e from line 1			3	1,737,701
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1			
a	Investment expenses not included on Form 990, Part VIII, line 7b		25,99	$\overline{}$	
	Other (Describe in Part XIV.)	4b	43,33		25 000
	Add lines 4a and 4b				25,990
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,763,891
	t XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II				
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp RT V, LINE 4: THE FUNDS ARE USED FOR THE CO				
FAI	VI V, DINE 4: THE FUNDS ARE USED FOR THE CO	ONSEI	AVAIION EF	FUKIS	OF THE
OPC	``A NIT 7 A M T (NI				
OKC	SANIZATION.				
DλI	RT X, LINE 2: THE FOUNDATION HAS ADOPTED T	ט די די	OUTCIONC		r racd
LAI	XI X, DINE 2: THE FOUNDATION HAS ADOFTED IN	1112 F1	COLDIONS	OF 111.	r rasp
7 G (C RELATING TO UNCERTAIN TAX POSITIONS. TH	₽ ₽∧ਾ	ת א∩דיייגרואוי	OFC M	OT BELIEVE
HO(. KEDATING TO UNCERTAIN TAX PUBLITUMS. TH	i rul	NAME TO IN D	OED IN	OI DUNTEAR
Tme	C PINANCIAL CHAMPMENMC INCLINE ANV INCEDMA	דות יחי	AY DOCTMIO	MC I	THE
T T ;	S FINANCIAL STATEMENTS INCLUDE ANY UNCERTA	TIN .1.7	AN PUBLITU	ир•	1110
FOI	INDATION IS NO LONGER SUBJECT TO U.S. FEDE	RAT. (OR STATE A	ND IO	CAL TAX

Schedule D (Form 990) 2010

EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2007.

Part XIV Supplemental Information (continued) PART XII, LINE 2D - OTHER ADJUSTMENTS: SPECIAL EVENTS EXPENSES NETTED WITH SPECIAL EVENT REVENUE	
·	
·	
DIECIAL EVENIO EXIENDED NEITED WITH DIECIAL EVENI REVENOE	138,476.
	130,470.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
INVESTMENT EXPENSES NETTED WITH INVESTMENT INCOME ON	
FINANCIAL STATEMENTS	25,990.
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENTS EXPENSES NETTED WITH SPECIAL EVENT REVENUE	138,476.
PART XIII, LINE 4B - OTHER ADJUSTMENTS:	
INVESTMENT EXPENSES NETTED WITH INVESTMENT INCOME ON	
FINANCIAL STATEMENTS	25,990.

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

Employer identification number Name of the organization THE UNITED STATES SPORTSMEN'S ALLIANCE FOUNDATION, INC. 31-0941103 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations □ Solicitation of non-government grants а Internet and email solicitations □ Solicitation of government grants b Phone solicitations c In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes ∐ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts tò (or retained by) (ii) Activity to (or retained by) have custody fundraiser or entity (fundraiser) from activity or control of contributions? organization listed in col. (i) Yes No List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2010

THE UNITED STATES SPORTSMEN'S Schedule G (Form 990 or 990-EZ) 2010 ALLIANCE FOUNDATION, INC. 31-0941103 Page 2								
Pa	ırt I	Fundraising Events. Complete if the of fundraising event contributions and groups and groups.	•	·		· ·		
			(a) Event #1	(b) Event #2 CHARITY	(c) Other events NONE	(d) Total events (add col. (a) through		
			OHIO RALLY (event type)	SHOOT (event type)	(total number)	col. (c))		
nue			(event type)	(event type)	(total number)			
Revenue	1	Gross receipts	158,972.	25,195.		184,167.		
	2	Less: Charitable contributions	62,509.	7,305.		69,814.		
	3	Gross income (line 1 minus line 2)	96,463.	17,890.		114,353.		
	4	Cash prizes						
ses	5	Noncash prizes	71,731.	7,590.		79,321.		
Direct Expenses	6	Rent/facility costs	14,485.	4,072.		18,557.		
Direct	7	Food and beverages						
	8	Entertainment						
	9	Other direct expenses		3,573.		26,294.		
	10	, ,				124,172,		
Pa		Net income summary. Combine line 3, column Gaming. Complete if the organization and the complete if the organization and the column states are summary.	n (d), and line 10 answered "Ves" to Form	990 Part IV line 19 or r	reported more than	-9,819.		
		\$15,000 on Form 990-EZ, line 6a.	anowered res to rem	1000,1 41117, 11110 10, 011	oportou moro triari			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Reve	1	Gross revenue			50,890.	50,890.		
Se	2	Cash prizes						
xpenses	3	Noncash prizes			13,017.	13,017.		
Direct E	4	Rent/facility costs						
_	5	Other direct expenses			1,287.	1,287.		
	6	Volunteer labor	Yes % No	Yes % No	X Yes 10.00 % No			
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	(14,304,		
	8	Net gaming income summary. Combine line 1	, column d, and line 7		>	36,586.		
9	Ent	ter the state(s) in which the organization opera	tes gaming activities: O	н				
а	ls t	the organization licensed to operate gaming ac No," explain:	· · · · · -			X Yes No		
		· · ·						
10a	We	ere any of the organization's gaming licenses re	evoked, suspended or te	erminated during the tax	vear?	Yes X No		

Schedule G (Form 990 or 990-EZ) 2010

b If "Yes," explain: ____

THE UNITED STATES SPORTSMEN'S

Sch	edule G (Form 990 or 990-EZ) 2010 ALLIANCE FOUNDATION, INC.	<u>1-094110.</u>	5 Page 3
11	Does the organization operate gaming activities with nonmembers?	X Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	X No
13	Indicate the percentage of gaming activity operated in:		
	The organization's facility	13a 100	0.00 %
	An outside facility		.00 %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		70
17	Effect the flame and address of the person who prepares the organization's gaining/special events books and records.		
	Name KAREN PIATAK		
	Ivalie I IIIIII		
	Address ► 801 KINGSMILL PARKWAY - COLUMBUS, OH 43229		
	Address 5 001 KINGSMILL TARKWAI COLUMDOS, ON 43225		
45-		Voc	X No
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L res	LAL NO
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name ► MARKETING DEPARTMENT		
	Gaming manager compensation ▶ \$ 0.		
	Description of services provided ▶ VARIOUS EMPLOYEES MANAGE CERTAIN ASPECTS	OF THE	
	GAMING ACTIVITIES. A NOMINAL, AND NON-QUANTIFIABLE, PORTIC		
	THEIR ACTIVITY IS DEVOTED TO THESE ACTIVITIES.	<u> </u>	
	THERE ACTIVITIES BUYOTED TO THESE ACTIVITIES.		
	Director/officer X Employee Independent contractor		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
4-			
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		X No
	retain the state gaming license?	Yes	L& No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	he	
_	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, column	ıs (iii) and (v), an	d Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional inform	nation (see instru	ıctions).
0320	33 01-13-11 Schedule G (3.1	Form 990 or 99	0-E Z) 2010
	₹ I		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

3		SPORTSMEN'S					Employer identification number
ALLIANCE		N, INC.					31-0941103
Part I General Information on Grants a	and Assistance						
1 Does the organization maintain records		-					
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pr							
Grants and Other Assistance to		=					
recipient that received more than 1 (a) Name and address of organization	\$5,000. Check this	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
or government	(b) EIN	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
							TO PROTECT AND ADVANCE
THE UNITED STATES SPORTSMEN'S							AMERICA'S HERITAGE OF
ALLIANCE, INC 801 KINGSMILL				_			HUNTING, FISHING AND
PKWY - COLUMBUS, OH 43229	31-0899414	501(C)(4)	200,000.	0.			TRAPPING.
-							
-							
2 Enter total number of section 501(c)(3) a	and government or	ganizations					> 0.
3 Enter total number of other organization	ıs						> 1.

Schedule I (Form 990) (2010) ALLIANCE FOUND	ATION, IN	C.			31-0941103	Page 2
Part III Grants and Other Assistance to Individuals in the UPart III can be duplicated if additional space is needed	nited States. Cor	nplete if the organiz	ation answered "Yes	to Form 990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash	assistance
Part IV Supplemental Information. Complete this part to pro	vide the information	on required in Part I,	line 2, and any other	additional information.		,
SCHEDULE I, PART I, LINE 2: DUE T	O THE REL	ATED NATUR	RE OF THE O	RGANIZATIONS		
INVOLVED, THE USE OF THE FUNDS IS	CONSISTE	NTLY MONIT	ORED AND M	ANAGED TO		
ENSURE IT FULFILLS THE INTENDED U	SE OF THE	GRANT.				

SCHEDULE J (Form 990)

Compensation Information

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

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

2010

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

► Attach to Form 990. ► See separate instructions.

THE UNITED STATES SPORTSMEN'S

ALLIANCE FOUNDATION, INC.

Employer identification number 31-0941103

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	l	1

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

Schedule J (Form 990) 2010

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.

	(B) Breakdown of W-2 and/or 1099-MISC compensation		(C)	(D)	(D) (E) Nontaxable Total of columns		
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	benefits	(B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
(i)	100,284.	0.	247,734.	17,592.	9,716.	375,326.	268,987.
1 WALTER P. PIDGEON, JR. (ii)	100,284. 38,039.	0.	93,968.	6,673.	3,685.	142,365.	268,987. 71,934.
(i)							
(i) (ii)							
(i)							
_4 (ii)							
(i)							
5 (ii)							
(i) 6 (ii)							
(i)							
7 (ii)							
(i)							
8 (ii)							
(i)							
9 (ii) (i)							
10 (ii)							
(i)							
(i)							
12 (ii)							
(i) 13							
13 (ii) (i)							
14 (ii)							
(i)							
15 (ii)							
(i)							

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.
PART I, LINE 4B: WALTER P. PIDGEON JR. PARTICIPATED IN A NON-QUALIFIED
DEFERRED COMPENSATION 457 PLAN AND A NON-QUALIFIED TOP HAT RETIREMENT PLAN.
THE 457 PLAN WAS DISSOLVED AT THE END OF 2010. TOTAL CONTRIBUTIONS TO THE
PLAN REPRESENTED \$17,792 IN 2010 FOR BOTH ORGANIZATIONS. SINCE THE 457
PLAN WAS DISSOLVED, MR. PIDGEON WITHDREW ALL OF HIS CONTRIBUTIONS INTO THE
PLAN. THESE CONTRIBUTIONS OVER THE PRIOR 7 YEARS TOTALED \$340,921 AND WERE
REPORTED ON HIS 2010 FORM W-2 AND ARE REFLECTED IN HIS TOTAL COMPENSATION
FOR THE YEAR FOR BOTH ORGANIZATIONS. FURTHER, THESE CONTRIBUTIONS REFLECT
CONTRIBUTIONS BY MR. PIDGEON FROM HIS SALARY OVER THE YEARS AND WERE
REFLECTED IN PRIOR FORMS 990 AS DEFERRED COMPENSATION CONTRIBUTIONS.

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

2010

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE UNITED STATES SPORTSMEN'S
ALLIANCE FOUNDATION, INC.

Employer identification number 31-0941103

Types of Property (a) (b) (c) (d) Noncash contribution Check if Number of Method of determining contributions or amounts reported on applicable noncash contribution amounts Form 990, Part VIII, line 1g items contributed Art - Works of art Art - Historical treasures 2 Art - Fractional interests Books and publications Clothing and household goods Cars and other vehicles 6 Boats and planes _____ 7 Intellectual property 8 17,280. STOCK EXCHANGE X Securities - Publicly traded 9 Securities - Closely held stock 10 11 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures 14 Qualified conservation contribution - Other Real estate - Residential 15 30,000. INDEPENDENT APPRAISA Real estate - Commercial 16 17 Real estate - Other 18 Collectibles Food inventory 19 Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts Scientific specimens 23 24 Archeological artifacts (SPORTING GOOD) 39,814. COMPARABLE SALES -25 Other -26 27 Other -28 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for Х the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a **b** If "Yes," describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) (2010)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

THE UNITED STATES SPORTSMEN'S ALLIANCE FOUNDATION, INC.

Employer identification number 31-0941103

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROTECT AGAINST LEGAL ATTACKS BY THE ANIMAL RIGHTS MOVEMENT, WIN PUBLIC

SUPPORT FOR OUTDOOR SPORTS, ENSURE THE FUTURE OF THIS HERITAGE BY

INVOLVING FAMILIES IN THE OUTDOOR EXPERIENCE AND PROMOTE THE

SPORTSMAN'S STEWARDSHIP ROLE IN THE SCIENTIFIC MANAGEMENT OF AMERICA'S

FISH AND WILDLIFE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EXPERIENCE AND PROMOTE THE SPORTSMAN'S STEWARDSHIP ROLE IN THE

SCIENTIFIC MANAGEMENT OF AMERICA'S FISH AND WILDLIFE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

LEGAL DEFENSE - LITIGATION. LEGAL RESEARCH. ANALYSIS OF THE IMPACT OF

LEGISLATION (INCLUDING TREATIES AND INITIATIVES/REFERENDA) AND

REGULATIONS BY LAWYERS.

EXPENSES \$ 318,824. INCLUDING GRANTS OF \$ 151,840. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION'S CODE OF
REGULATIONS WAS AMENDED IN 2010 TO REFLECT CHANGES IN THE ORGANIZATION'S
GOVERNANCE. THESE CHANGES REFLECT THE BOARD ADOPTION OF A CONFLICT OF
INTEREST POLICY, GUIDANCE REGARDING THE CREATION OF ADVISORY COMMITTEES,
AND INCREASED DETAIL REGARDING THE BOARD MEMBERS TERMS AND FUNCTION.
REGARDING THE LATTER, THE AMENDED CODE OF REGULATIONS MORE SPECIFICALLY
DEFINES THE ROLES OF THE BOARD OF TRUSTEES AND OFFICERS, HAS A NEW SECTION
REGARDING THE FUNCTION OF BOARD COMMITTEES, AND NOW SPECIFIES A PERCENTAGE

OF BOARD MEMBERS WHO MAY NOT BELONG TO THE BOARD OF THE RELATED

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization THE UNITED STATES SPORTSMEN'S ALLIANCE FOUNDATION, INC.

Employer identification number 31-0941103

ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11: AN INITIAL REVIEW OF THE 990 IS

CONDUCTED BY THE ORGANIZATION'S PRESIDENT & CEO AND VICE PRESIDENT OF

OPERATIONS. AFTER THIS INITIAL REVIEW, THE RETURN IS FORWARDED TO THE

EXECUTIVE COMMITTEE FOR REVIEW AND APPROVAL. THE 990 IS THEN MADE

AVAILABLE TO THE BOARD MEMBERS FOR THEIR REVIEW AND COMMENT AT OR NEAR THE

TIME OF ITS FILING.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY IN THE MONTH OF

SEPTEMBER, THE ORGANIZATION'S BOARD MEMBERS DISCLOSE ANY CONFLICTS OF

INTEREST THEY MAY HAVE. ALSO, ON A REGULAR AND CONSISTENT BASIS, THE

ORGANIZATION MONITORS ANY POTENTIAL CONFLICTS THAT MAY ARISE WHEN IT

UNDERTAKES NEW EVENTS OR PROJECTS, REQUIRING FULL DISCLOSURE BY THE BOARD

MEMBERS OF ANY CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION FOR THE

ORGANIZATION'S PRESIDENT/CEO IS REVIEWED ANNUALLY. THE COMPENSATION

COMMITTEE (AN AD HOC COMMITTEE) REVIEWS THE PRESIDENT/CEO'S ANNUAL REPORT,

DISCUSSES HIS PERFORMANCE, AND USING COMPARABLE DATA FROM SIMILAR

ORGANIZATIONS, RECOMMEND THE COMPENSATION FOR THE FOLLOWING YEAR. THE

RECOMMENDATION IS SUBSTANTIATED IN A MEMO PRESENTED TO THE ORGANIZATION

AUTHORIZING THE COMPENSATION CHANGE. THE COMPENSATION FOR THE OTHER

EMPLOYEES IS RECOMMENDED BY THE ORGANIZATION'S PRESIDENT/CEO, BASED ON

COMPARABLE DATA AND EMPLOYEE PERFORMANCE, AND ULTIMATELY APPROVED BY THE

EXECUTIVE COMMITTEE, WITH THE ACTION SUBSTANTIATED IN THE COMMITTEE'S

MINUTES.

Schedule O (Form 990 or 990-EZ) (2010) Page 2 Name of the organization THE UNITED STATES SPORTSMEN'S **Employer identification number** ALLIANCE FOUNDATION, INC. 31-0941103 FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AK, AZ, AR, CA, CT, CO, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NY, NC, ND, OH, OK OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, NM, HI, MO FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION'S 1023 AND 990 ARE AVAILABLE UPON REQUEST. FURTHER, THE ORGANIZATION'S 990 IS AVAILABLE FOR PUBLIC INSPECTION AT ANOTHER'S WEBSITE, WWW.GUIDESTAR.ORG. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLIST OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE FOR VIEWING AT THE ORGANIZATION'S OFFICER. THEY ARE ALSO MAILED TO THOSE WHO REQUEST THEM. FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS: 94,182. NET UNREALIZED GAINS ON INVESTMENTS: FORM 990, PART XII, LINE 2C: THE AUDIT COMMITTEE REVIEWS THE AUDIT REPORTS AND APPROVES THEM. THEY ARE ALSO RESPONSIBLE FOR THE SELECTION OF THE INDEPENDENT ACCOUNTANT. WHEN THE AUDIT COMMITTEE DEEMS IT NECESSARY, THEY ASK THE STAFF TO GET BIDS FROM LOCAL FIRMS AND THEN THE AUDIT COMMITTEE CHOOSES THE FIRM. THIS PROCESS REMAINS UNCHANGED FROM THE PRIOR YEAR.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

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.

2010 Open to Public Inspection

OMB No. 1545-0047

THE UNITED STATES SPORTSMEN'S Name of the organization ALLIANCE FOUNDATION, INC.

Employer identification number 31-0941103

Part I Identification of Disregarded Entities (Complet	e if the organization answered "Yes	to Form 990, Part IV, line 3	3.)					
(a) Name, address, and EIN of disregarded entity	(b) (c) N Primary activity Legal domicile (state or foreign country)		or Total inco	me End-ot	-of-year assets Direct		(f) controlling entity	
Part II Identification of Related Tax-Exempt Organizations during the tax year.)	ations (Complete if the organization	answered "Yes" to Form 990), Part IV, line 34 b	ecause it had	one or more	related tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charstatus (if section 501(c)(3)	ction	(f) ct controlling entity	contr ent	g) 512(b)(13) rolled tity?
THE UNITED STATES SPORTSMEN'S ALLIANCE, INC 31-0899414, 801 KINGSMILL PKWY, COLUMBUS, OH 43229	SUPPORT SPORTSMEN AND WILDLIFE EFFORTS.	OHIO	501(C)(4)	501(0)(3)) N/A		Yes	No X

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

Schedule R (Form 990) 2010

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

1	' '	, ,										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	n)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Dispropate alloc		Code V-UBI amount in box 20 of Schedule	Genera managi	or Percent ng owners	tage ship
		foreign country)		sections 512-514)		assets	Yes		20 of Schedule K-1 (Form 1065)	Voc		
		country)					162	NO	1(1 (1 01111 1000)	1651		
Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related												

organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	end-of-year	(h) Percentage ownership
		country)		or trust)		assets	
200400 40 04 40	// /					Cabadula D /Fam	000) 0040

Page 3

THE UNITED STATES SPORTSMEN'S Schedule R (Form 990) 2010 ALLIANCE FOUNDATION, INC.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

	complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.						Yes	No
	ring the tax year, did the organization engage in any of the following transaction		_					77
	ceipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity					1a	37	Х
b Gif	t, grant, or capital contribution to other organization(s)					1b	Х	37
c Gif	t, grant, or capital contribution from other organization(s)					1c		X
d Lo	ans or loan guarantees to or for other organization(s)					1d		X
e Lo	ans or loan guarantees by other organization(s)					1e		Х
f Sa	le of assets to other organization(s)					1f		Х
g Pu	rchase of assets from other organization(s)					1g		Х
	change of assets							Х
i Le	ase of facilities, equipment, or other assets to other organization(s)							Х
j Le	ase of facilities, equipment, or other assets from other organization(s)					1j		Х
k Pe	rformance of services or membership or fundraising solicitations for other organ	ization(s)				1k		Х
I Pe	rformance of services or membership or fundraising solicitations by other organi	ization(s)				11		Х
	aring of facilities, equipment, mailing lists, or other assets						Х	
	aring of paid employees						Х	
o Re	imbursement paid to other organization for expenses					10		X
	imbursement paid by other organization for expenses						Х	
μ		•••••				-12		
a Ot	her transfer of cash or property to other organization(s)					1q		Х
	her transfer of cash or property from other organization(s)					1r		Х
	he answer to any of the above is "Yes," see the instructions for information on w					<u> </u>		
	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved		(d) Method of determining amount involved			
1) IN		В	200,000.	CASH	PAYMENT			
	E UNITED STATES SPORTSMEN'S ALLIANCE,	м	27 602	C A CII	D A VMENIII			
2) IN(E UNITED STATES SPORTSMEN'S ALLIANCE,	M	27,693.	CASH	PAIMENT			
1 IN	•	N	581,601.	CASH	PAYMENT			
TH	E UNITED STATES SPORTSMEN'S ALLIANCE,		-					
4) IN	C.	P	469,603.	CASH	PAYMENT			
5)								
<u> </u>								
71		i		1				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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)	(b)	(c)		d)	(e)	(f)		corde V-UBI amount in box 20 of Schedule K-1 (Form 1065)		h)			
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all properties and all properties are all prope	oartners 501(c)(3) ations?	Share of end-of- year assets	Dispropor- tionate allocations?				eral or aging tner?			
		country)	Yes	No		Yes	No	(Form 1065)	Yes	No			
										<u> </u>			
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Part VII	Supplemental Information
	Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
-	
_	

Form **990**

Department of the Treasury internal Revenue Service

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)

2009

Open to Public Inspection

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

inte	rnal Rev	renue Service he organization may have to use a copy of this return to satisfy st	tate reporting requirements	Inspection
A	For th	ne 2009 calendar year, or tax year beginning and ending	9	
В	Check i	Please C Name of organization	D Employer identif	ication number
		Juse HS THE UNITED STATES SPORTSMEN S		
	Addr	ress label or ALLIANCE FOUNDATION, INC.	35	
	Nam chan	ege type. Doing Business As WILDLIFE CONSER. FUND OF AME	ERI 31-0	941103
Ē	Initia retur			
F	Term	in Specific OO1 WINGCMITT DADWIJAW	(614	
F	ated Ame	nded tions.	G Gross receipts \$	2,561,385.
늗	returi Appl tion			
_	pend	F Name and address of principal officer:WALTER P. PIDGEON, JR.	H(a) Is this a group re	Yes X No
		SAME AS C ABOVE		
_			H(b) Are all affiliates inc	
		(empt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527		list. (see instructions)
		ite: WWW.USSAFOUNDATION.ORG	H(c) Group exemptio	
			Year of formation: 1978 N	State of legal domicile: OH
P	art I	Summary		
ě	1	Briefly describe the organization's mission or most significant activities: TO PROTE	CT AND ADVANC	E AMERICA'S
an o		HERITAGE OF HUNTING, FISHING AND TRAPPING BY		
Ę	2	Check this box if the organization discontinued its operations or disposed of r	more than 25% of its net as	
Š	3		3	16
છ	4	Number of independent voting members of the governing body (Part VI, line 1b)		15
Activities & Governance	5	Total number of employees (Part V, line 2a)	5	25
	6	Total number of volunteers (estimate if necessary)	6	403
Ć	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12		0.
•		Net unrelated business taxable income from Form 990-T, line 34		0.
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	2,394,083.	1,493,534.
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-46,340.	-79,336.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-353,316.	9,416.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,994,427.	1,423,614.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	250,500.	250,000.
		Donafth world to on for some box (Dont IV, only some (A) line (A)		200,000
/A		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	896,458.	1,047,196.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	050,130.	1,01,1500
ĕ	loa	Total fundraising expenses (Part IX, column (A), line 25) 187,382.		
Ä			950,808.	702,410.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,097,766.	
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-103,339.	1,999,606.
<u>_ 0</u>	19	Revenue less expenses. Subtract line 18 from line 12		-575,992.
Net Assets or Fund Balances	l		Beginning of Current Year	End of Year
SSe	20	Total assets (Part X, line 16)	4,940,830.	4,941,052.
뮻	21	Total liabilities (Part X, line 26)	684,552.	927,929.
몵	22	Net assets or fund balances. Subtract line 21 from line 20	4,256,278.	4,013,123.
Pε	art II	Signature Block		
		Under penalties of perjury, I seclare that I have examined this return, including accompanying schedules and stateme and complete Declaration of by are (other than officer) is based on all imprination of which preparer has any knowle	ints, and to the best of my knowledgedge.	e and belief, it is true, correct,
Sig	n ,	00000		8-10
Her	е	Signature of officer	Date	
		WALTER P. PIDGEON, JR., PRESIDENT		
_		Type or print name and title		
Paid		Preparer's Date	Check if Prepare (see ins	r's identifying number tructions)
	arer's	signature	employed	<u> </u>
	Only	Firm's name (or JOHN GERLACH & COMPANY LLP yours if	EIN ▶	
USU	Unity	self-employed), 37 W. BROAD ST., STE. 530		
		address, and ZIP+4 COLUMBUS, OH 43215	Phone no. ► 61	L4-224-2164
May	the II	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

	m 990 (2009) ALLIANCE FOUNDATION, INC.	31-0941103	Page 2
Pa	rt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION		
	TO PROTECT AND ADVANCE AMERICA'S HERITAGE OF HUNTING,		
	TRAPPING BY UNITING SPORTSMEN TO PROTECT AGAINST LEGAL		
	ANIMAL RIGHTS MOVEMENT, WIN PUBLIC SUPPORT FOR OUTDOOR		RE
_	THE FUTURE OF THIS HERITAGE BY INVOLVING FAMILIES IN T	HE OUTDOOR	
2	Did the organization undertake any significant program services during the year which were not listed on		T
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.	-0	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services if "Yes," describe these changes on Schedule O.	s Tes	LAL NO
4	Describe the exempt purpose achievements for each of the organization's three largest program services by	avnancae	
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	•	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	or granto and	
	,		
4a	(Code:) (Expenses \$ 756,535 • including grants of \$ 111,468 •)	Revenue \$)
	EDUCATION AND INFORMATION - PREPARATION AND DISTRIBUTION		<u> </u>
	AND INFORMATION RELATING TO WILDLIFE CONSERVATION AND		
	SPORTSMEN THEREIN. MATERIALS INCLUDE BROCHURES, AUDIO		
	PRESENTATIONS, DISPLAYS, POSITION PAPERS, SPEECHES AND		
	PUBLICATION. SERVICES PURCHASED FOR THIS PURPOSE INCLUDING THE PUBLICATION.		NITTO -
	PHOTOGRAPHY, ARTWORK AND PRINTING INCLUDING IN-HOUSE DITAPES, AND MAILINGS.	UPLICATION, SO	עאטכ
	TAPES, AND MAIDINGS.		
			_
4b	(Code:) (Expenses \$ 380,726 • including grants of \$ 62,652 •) (0.)
	CONSERVATION RESEARCH - IDENTIFY AND STUDY CONSERVATION		
	INDIVIDUALS AND IDENTIFY AND STUDY PROBLEMS WHICH ADVE		
		TIFY PROGRAMS	<u></u>
	WHICH ENHANCE HUNTING, FISHING, AND TRAPPING OPPORTUNIT	LIES AND	
	SCIENTIFIC WILDLIFE MANAGEMENT PRACTICES.		
		· · · · · · · · · · · · · · · · · · ·	

4c	(Code:) (Expenses \$ 344,907. including grants of \$ 58,859.) ()
	MEMBERSHIP SERVICE - SERVICES FOR SUPPORTERS INCLUDING		ND
	INDIVIDUALS. EMOLUMENTS FOR AND ACKNOWLEDGEMENTS TO SU		
		G INFORMATION	1
	ABOUT ISSUES, GROUPS AND INDIVIDUALS. PERIODIC REPORTS	INCLUDING	
	NEWSDETTERS.		
			-
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ 259,694 • including grants of \$ 17,021 •) (Revenue \$) =-	
4e	Total program service expenses ▶\$ 1,741,862.		
		Form 99	0 (2009)

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any 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		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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	1	7	
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
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	х	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X		Ì	
	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	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.			
•	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.			
•	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.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			PL:
•	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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	x	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	44 *** *** *** ***	install.	Fra
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X		, -	1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			37
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	-	х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	$_{\rm x}$	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	-~		
	complete Schedule G, Part III	19	х	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form 9	990 (2	nna

Page 4

THE UNITED STATES SPORTSMEN'S ALLIANCE FOUNDATION, INC.

Pa	rt IV Checklist of Required Schedules (continued)			
		T	Yes	No
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	Х	1
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		х
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 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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) 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		Х
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		х
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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		25	
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		х
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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
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?	30	\dashv	
٠.	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		<u> X</u>
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	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes " complete Schedule R. Part I/ line 2	25		x
36	If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35		
	If "Yes," complete Schedule R, Part V, line 2	36	х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	\longrightarrow	<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		x	
	Note. All Form 990 filers are required to complete Schedule O.	38	Δ	

THE UNITED STATES SPORTSMEN'S ALLIANCE FOUNDATION, INC.

Form 990 (2009)

Part V

31-0941103

Page 5

Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 36 U.S. Information Returns. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 10 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ______ b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O **3b** 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a **b** If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services X 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal X benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? **b** Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: a 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 b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Form 990 (2009)

31-0941103

Page 6

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

Sec	ction A. Governing Body and Management			1	Т
4	Factor than accomplisate of continuous and the control of the cont	16	Hass	Yes	No
_	Enter the number of voting members of the governing body Ia	15			
b	Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
2		n 0_	2		x
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision.				 ^
3	of officers, directors or trustees, or key employees to a management company or other person?		3		x
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	- 1 COOK 1 F	4		X
4 5	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed to Did the organization become aware during the year of a material diversion of the organization's assets?	1.5.555	5	-	X
6	Death a supplied the base are stabled to 0	4.50	6		X
	Does the organization have members or stockholders, or other persons who may elect one or more members of the	++++++++	-		
, a			7a		х
h	governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	-	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	*******	70		
0	by the following:			. 11.	
		ł	8a	X	
b	The governing body? Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	*********	ÓĐ	-A	
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		9		
000	tion D. Foncies (This Section & requests information about policies not required by the internal nevertibe Code.)			Yes	No
102	Does the organization have local chapters, branches, or affiliates?	Г	10a	165	X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates		iva		
U			10b		
11	and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	135385355	11	X	
11A		(*************************************			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	x	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise		120		
-	to		12b	х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		1210		
•	in Schedule O how this is done		12c	х	
13	Does the organization have a written whistleblower policy?		13	X	
14	Does 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		4.6	4714	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	7			
а	The organization's CEO, Executive Director, or top management official		15a	x	
	Other officers or key employees of the organization		15b	X	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		I. Int		
_	taxable entity during the year?		16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participati				
_	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's				
	exempt status with respect to such arrangements?		16b	-31	
Sec	tion C. Disclosure				
	List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CT, CO, F	L,GA,	IL	, KS	, KY
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) a			-	
	public inspection. Indicate how you make these available. Check all that apply.				
	Own website X Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest p	olicy, and	d fina	ncial	
-	statements available to the public.	. ,,			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the control of the person who possesses the books and records of the control of the person who possesses the books and records of the control of the person who possesses the books and records of the control of the person who possesses the books and records of the control of the person who possesses the books and records of the control of the person who possesses the books and records of the control of the person who possesses the books and records of the control of the person who possesses the books and records of the control of the person who possesses the books and records of the control of the person who possesses the books and records of the control of the person who possesses the books and records of the control of the person who possesses the books and records of the control of the person who person	rganizatio	on: 🕨		
	WALTER P. PIDGEON, JR 614-888-4868				
	801 KINGSMILL PARKWAY, COLUMBUS, OH 43229				
			Form!	990 (2009)

Page 7

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. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."

Check this box if the organization did not compensate any current officer, director, or trustee.

- 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.

Hours per week per we
WALTER P. PIDGEON, JR. PRESIDENT & CEO RICHARD K. STORY SECRETARY (01/09-06/09) SECRETARY (01/09-06/09) RICHARD CABELA CHAIRMAN O.00 X X X O.00 X X O.00 X X X O.00 C.00 C.00 C.00 C.00 C.00 C.00 C.00
WALTER P. PIDGEON, JR. PRESIDENT & CEO
WALTER P. PIDGEON, JR. PRESIDENT & CEO
WALTER P. PIDGEON, JR. PRESIDENT & CEO
WALTER P. PIDGEON, JR. PRESIDENT & CEO
PRESIDENT & CEO
RICHARD K. STORY SECRETARY (01/09-06/09) 38.50 X X X X 80,302. 34,415. 15,482. RICHARD CABELA CHAIRMAN 0.00 X X 0. 0. 0. MASON LAMPTON VICE CHAIRMAN 0.00 X X 0. 0. 0. BARBARA SACKMAN
SECRETARY (01/09-06/09) 38.50 X X X 80,302. 34,415. 15,482. RICHARD CABELA 0.00 X X 0.00 X 0.
RICHARD CABELA CHAIRMAN 0.00 X X 0. 0. 0. MASON LAMPTON VICE CHAIRMAN 0.00 X X 0. 0. 0. BARBARA SACKMAN
CHAIRMAN 0.00 X X 0. 0. 0. MASON LAMPTON VICE CHAIRMAN 0.00 X X 0. 0. 0. BARBARA SACKMAN 0.00 X X 0. 0. 0.
MASON LAMPTON VICE CHAIRMAN 0.00 X X 0. 0. 0. BARBARA SACKMAN
VICE CHAIRMAN 0.00 X X 0. 0. 0. BARBARA SACKMAN 0.00.
BARBARA SACKMAN
TREASURER $\begin{bmatrix} 0.00 X X \end{bmatrix}$
MICHAEL BRANHAM TRUSTEE 0.00 X 0. 0.
TRUSTEE 0.00 X 0. 0. 0.
TRUSTEE 0.00 X 0. 0. 0. JIMMY DAN CONNER
TRUSTEE 0.00 X 0. 0.
NATASHA HUNT
TRUSTEE 0.00 x 0. 0. 0.
ORRIN H. INGRAM, II
TRUSTEE 0.00 x 0. 0. 0.
CRAIG JOHNSON
TRUSTEE 0.00 X 0. 0. 0.
MARK KROGER
TRUSTEE 0.00 X 0. 0. 0.
TOMMY MILLNER
TRUSTEE 0.00 X 0. 0. 0.
DONALD SENTER
TRUSTEE 0.00 X 0. 0. 0.
STUART ANDREW SHIEL
TRUSTEE 0.00 X 0. 0. 0.
T. GARRICK STEELE
TRUSTEE 0.00 X 0. 0. 0.
C. MARTIN WOOD, III
TRUSTEE 0.00 X 0. 0. 0.

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Page 8

	(A)				(0	C)			Compensated Employ (D)	(E)		(F)	
	Name and title	Average hours per week	(0	heci	Pos call t	all that ap			Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	COI	Estimat amount other mpens from ti	t of r ation
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		а	ganiza nd rela ganizat	ted
_											-		
_								-			-		
_											+		
1b	Total							24	188,630.	70,524	. 8	9,0	15.
2	Total number of individuals (including be compensation from the organization	ut not limited to			d ab	ove) wh	o re		<u>.</u>			1
3	Did the organization list any former officine 1a? If "Yes," complete Schedule J for	•		, key	emį	ploy	/ee, (or hi	ighest compensated em	nployee on	3	Yes	No X
4	For any individual listed on line 1a, is the and related organizations greater than \$Did any person listed on line 1a receive	150,000? <i>If</i> "Ye	es," co	mple	te S	che	dule	J fo	or such individual		4	х	
Sec	the organization? If "Yes," complete Sch tion B. Independent Contractors	nedule J for suc	h pers	on				·····			5		X
1	Complete this table for your five highest the organization.	compensated	indepe	ende	nt co	ontra	acto	rs th		100,000 of compe			
	(A) Name and busine RCH HORTON BITTNER &	CHEROT,						+	(B) Description of se		Compe		
COI	NECTICUT AVE., NW #1	200, WA	SHIN	IGT	ON	,	DC	L	EGAL SERVICE	ES	22	4,0	24.
								\downarrow					
								- 1					

Pa	art V	II Statement of Reve	enue				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts	1 8	Federated campaigns				是"LUT X 1000	
gra	ŀ	Membership dues					
Contributions, gifts, grants and other similar amounts	0	Fundraising events					
	(d Related organizations	1d				
Sig	•	Government grants (contribu	· -				
ig ig	f	All other contributions, gifts, gra					
운동		similar amounts not included abo					
S E	٩	Noncash contributions included in line					
<u> </u>	 '	Total. Add lines 1a-1f	Business Code	T		TO THE RESERVE OF THE PERSON O	
	۱	_	Business Code				
Š.	2 a						
Seg				 			
E §				 		• • • • • • • • • • • • • • • • • • • •	
Program Service Revenue							
Ę		All other program service rev	enue				
	و ا	Total. Add lines 2a-2f	<u> </u>				
	3	Investment income (including					
		other similar amounts)		61,908.			61,908.
	4	Income from investment of ta				-	
	5	Royalties	. <u></u>				
			(i) Real (ii) Personal				
		Gross Rents					
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)	· · · · · · · · · · · · · · · · · · ·			er materia	
	7 a	Gross amount from sales of	(i) Securities (ii) Other				
	_	assets other than inventory	858,322.				
	b	Less: cost or other basis	000 566				
		and sales expenses	141244				
		Gain or (loss)		-141,244.		ESTRUMENT NAME.	-141,244.
		Net gain or (loss)		141,244.			-141,244.
J.	8 a	Gross income from fundraisin including \$62,3	R34 of				
Other Reven		contributions reported on line					
œ		Part IV, line 18					
je j	h	Less: direct expenses					
ō		Net income or (loss) from fund		-23,847.	The second of th	== described to the	-23,847.
		Gross income from gaming ac			ACT 100 4 100 100 100 100 100 100 100 100 1	915-12世の指数の計算。	
		Part IV, line 19	1				
	b	Less: direct expenses	1 2 1 = 2				
		Net income or (loss) from gam		33,263.	AND THE PROPERTY OF THE PARTY O	and on the same of	33,263.
		Gross sales of inventory, less					
		and allowances					
	b	Less: cost of goods sold					
	С	Net income or (loss) from sale	s of inventory				
I		Miscellaneous Revenu					
	11 a						
	b						
	c						
		All other revenue					
ŀ	е	Total. Add lines 11a-11d					
0320 0	12	Total revenue. See instructions.	>	1,423,614.	0.	0.	-69,920.
93200 02-04	-10						Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	ete columns (B), (C), and (C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			建工作和显示 证的复数形式	
	organizations in the U.S. See Part IV, line 21	250,000.	250,000.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	254,618.	194,580.	20,905.	39,133
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	657,623.	541,917.	31,724.	83,982
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	7,789.	6,712.		1,077
9	Other employee benefits	66,993.	56,908.	3,015.	7,070
10	Payroll taxes	60,173.	48,589.	3,102.	8,482
11	Fees for services (non-employees):				
а	Management				
	Legal	236,646.	236,646.		
C	Accounting	18,000.	14,832.	1,037.	2,131
	Lobbying				
	Professional fundraising services. See Part IV, line 17		Daniel (1) 10 10 10 10 10 10 10 10 10 10 10 10 10		
f	Investment management fees	22,717.	20,968.	573.	1,176
g	Other	31,066.	29,489.	460.	1,117
12	Advertising and promotion	58,268.	49,007.		9,261
13	Office expenses	120,694.	99,619.	4,073.	17,002
	Information technology				·
15	Royalties				
	Occupancy	29,089.	23,971.	1,674.	3,444
	Travel	100,045.	94,541.	66.	5,438
18	Payments of travel or entertainment expenses		1		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	24,916.	24,211.	232.	473
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	41,338.	34,063.	2,381.	4,894
23	Insurance	9,375.	7,725.	540.	1,110
	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	REGISTRATION FEES	6,396.	5,271.	368.	757.
b	DUES & SUBSCRIPTIONS	2,634.	2,143.	212.	279
C	FOREIGN TAXES PAID	670.	670.		
d	SPECIAL EVENTS	556.			556.
е					
	All other expenses				
	Total functional expenses. Add lines 1 through 24f	1,999,606.	1,741,862.	70,362.	187,382.
	Joint costs. Check here if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation		İ		

		(A) Beginning of year		(B) End of year
1	Ocale and independent of the contract of the c	807,418.		764,161
1	Cash · non-interest-bearing	007,410.	1	704,101
2		429,661.	2	168,563
3	Pledges and grants receivable, net	226,496.	3	141,440
4	Accounts receivable, net	220,430.	4	141,440
5	Receivables from current and former officers, directors, trustees, key			
4	employees, and highest compensated employees. Complete Part II			
6	of Schedule L	The Control of the Co	5	
l °	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
	- · · · · · · · · · · · · · · · · · · ·		6	
2 7	Part II of Schedule L		7	
8	Notes and loans receivable, net	19,707.		14,285
9	Inventories for sale or use Prepaid expenses and deferred charges	38,953.	9	26,020
	Prepaid expenses and deterred charges Land, buildings, and equipment: cost or other	30,7333.		20,020
'''	basis. Complete Part VI of Schedule D			
1	b Less: accumulated depreciation 10b 787,522.	1,155,290.	10c	1,113,952
111	Investments - publicly traded securities	1,765,824.	11	1,959,144
12	Investments - other securities. See Part IV, line 11	81,533.	12	300,993
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets	777	14	
15	Other assets. See Part IV, line 11	415,948.	15	452,494
16	Total assets. Add lines 1 through 15 (must equal line 34)	4,940,830.	16	4,941,052
17	Accounts payable and accrued expenses	267,275.	17	474,106
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
21 22	Payables to current and former officers, directors, trustees, key employees,			
	highest compensated employees, and disqualified persons. Complete Part II			
	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D	417,277.	25	453,823
26	Total liabilities. Add lines 17 through 25	684,552.	26	927,929
	Organizations that follow SFAS 117, check here X and complete			
	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	2,486,256.	27	2,398,332
28	Temporarily restricted net assets	333,794.	28	168,563
29	Permanently restricted net assets	1,436,228.	29	1,446,228
	Organizations that do not follow SFAS 117, check here			
	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds	4 256 272	32	A 012 102
33	Total net assets or fund balances	4,256,278.	33	4,013,123
34	Total liabilities and net assets/fund balances	4,940,830.	34	4,941,052 Form 990 (2009

	rt XI Financial Statements and Reporting		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
C	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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis X Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3h	1	

SCHEDULE A (Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

THE UNITED STATES SPORTSMEN'S

Employer Identification number

_				JE FOUNDATIO							-0941	1103	
Pŧ	rt I	Reason	for Public Cha	rity Status (All organi	izations mi	ust comple	te this pa	rt.) See ins	tructions.				
The	organ	ization is not	a private foundatior	because it is: (For lines	1 through	11, check	only one	box.)					
1		A church, co	nvention of church	es, or association of chu	rches des	cribed in s e	ection 170	D(b)(1)(A)(i	i).				
2		A school des	scribed in section 1	70(b)(1)(A)(ii). (Attach S	chedule E.)							
3		A hospital or	a cooperative hosp	oital service organization	described	l in sectior	170(b)(1)	(A)(iii).					
4		•		operated in conjunction)(b)(1)(A)(i	iii). Enter th	e hospita	l's nam	ne,
		city, and sta	=	,		•				•	•		•
5		•		benefit of a college or u	iniversity c	wned or o	perated b	v a govern	mental un	it describe	d in		
			(b)(1)(A)(iv). (Comp				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 3					
6				•	it describe	d in section	n 170/h)/	1V & Vv\					
_	X	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
•	ليعما	•	(b)(1)(A)(vi). (Compl	· ·	. Or its sup	port monne	governin	Siltai Griit (or morn an	s general p	abiic desc	indea i	" "
8				section 170(b)(1)(A)(vi).	(Complete	Dort II \							
9	Ħ			ceives: (1) more than 33			rom cont	ibutions r	nambamb	in foon and	4 ========	aainta	f
9	ш												
				inctions - subject to cert	-		-				_		
				taxable income (less sec	tion 511 ta	ax) irom bu	isinesses	acquired t	by the orga	anizauon ai	ter June 3	30, 197	Э.
40			509(a)(2). (Complet	•		tia dade / 1	O	F00/-V	41				
10	\vdash	•	•	perated exclusively to te	•	•			•				
11	ш	•	•	perated exclusively for t		•					•		or
				ations described in sect				2). 500 50	etion 509	(a)(3). Chec	k the box	tnat	
			· · · · · · · · · · · · · · · · · · ·	organization and comp		-						24	
		a ☐ Type		• •	с ∟ Тур			-			Type III - (
е	ш		•	at the organization is no		•	-	•					n
_				than one or more public		_				9(a)(1) or se	ection 505	9(a)(2).	
f				tten determination from	the IRS th	at it is a Ty	pe I, Type	II, or Typ	e III				
			rganization, check t								· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	Щ.
g		_		organization accepted a			-						
				directly controls, either a								Yes	No
		_		supported organization?							11g(i)	\square	
				n described in (i) above?							11g(ii)	L	
		(iii) A 35% (controlled entity of a	a person described in (i)	or (ii) abov	e?					11g(iii)		
h		Provide the f	ollowing information	about the supported or	ganization	(s).							
(i)	Name	of supported	(ii) EIN	(iii) Type of		organization			(vi) Is	s the	(vii) An	nount of	f
organization		nization		organization (described on lines 1-9		sted in your		ion in col.	organizati (i) organiz	ed in the		port	
				above or IRC section	governing	document?	(1) of you	support?	U.S	5.?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
							}						
										<u> </u>			
						i		']				
	<u> </u>												
											92		
		39	2										
			40-30-31-31-37-41				over a little						
Tota													

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

Schedule A (Form 990 or 990-EZ) 2009

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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 1923894. 2344357. include any "unusual grants.") 2376822. 1734770. 149,353. 8529196. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 1734770. 1923894. 2344357 149,353. 4 Total. Add lines 1 through 3 2376822. 8529196. 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) 2783543. 5745653. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (d) 2008 (e) 2009 149,353 (a) 2005 (b) 2006 (c) 2007 (f) Total 2376822 1734770 1923894 2344357 8529196. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 87,114. 75,803. 118,842. 85,059 61,908. 428,726. and income from similar sources ... 9 Net income from unrelated business activities, whether or not the business is regularly carried on

	or loss from the sale of capital assets (Explain in Part IV.)					_	
11	Total support, Add lines 7 through 10	The Percent of the					8957922.
	Gross receipts from related activities,	etc. (see instruct	ions)			12	1,023,265.
	First five years. If the Form 990 is for organization, check this box and store	here			•		
	ction C. Computation of Publ Public support percentage for 2009 (I			1, column (f))		14	64.14 %
	Public support percentage from 2008					15	74.05 %
16a	a 33 1/3% support test - 2009. If the or stop here. The organization qualifies o 33 1/3% support test - 2008. If the or and stop here. The organization quali	rganization did no as a publicly supp rganization did no	ot check the box ported organizat ot check a box o	on line 13, and lir ion n line 13 or 16a, a	ne 14 is 33 1/3% or n and line 15 is 33 1/3%	6 or more, o	check this box
	a 10% -facts-and-circumstances test and if the organization meets the "fact meets the "facts-and-circumstances" b 10% -facts-and-circumstances test more, and if the organization meets the	ts-and-circumstar test. The organiza : - 2008.If the orga	nces" test, checl ation qualifies as anization did no	k this box and sto a publicly suppo t check a box on	op here. Explain in Pa orted organization line 13, 16a, 16b, or	art IV how th	he organization he 15 is 10% or

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

10 Other income. Do not include gain

P	art III Support Schedule for (Organizations	Described in	Section 509(a	(Complete onl	y if you	checked the b	ox on line 9 of Part I.)
Se	ction A. Public Support							
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008		(e) 2009	(f) Total
(e) 1	, 3,					1		
	mernbership fees received. (Do not				10			
	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					1		_
_	organization's tax-exempt purpose		-	 		+		
3	Gross receipts from activities that				1			
	are not an unrelated trade or bus-			(E)				
4	iness under section 513					+-		
*	Tax revenues levied for the organ- ization's benefit and either paid to					1]
	or expended on its behalf					1		
5	The value of services or facilities	,	-3			+		
Ī	furnished by a governmental unit to					1		İ
	the organization without charge							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and						······································	<u> </u>
	3 received from disqualified persons							
t	Amounts included on lines 2 and 3 received					\top		
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	4.						
	amount on line 13 for the year	~						
(Add lines 7a and 7b							
_8	Public support (Subtract line 7c from line 6.)				Promension			
	ction B. Total Support		12 - 2					,
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	1	(e) 2009	(f) Total
	Amounts from line 6			_		┼	·	
าบล	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties							5.60
	and income from similar sources Unrelated business taxable income							
E.	(less section 511 taxes) from businesses							
	acquired after June 30, 1975]	l		
_	Add lines 10a and 10b					\vdash		· · · · · ·
	Net income from unrelated business					 		
	activities not included in line 10b,					l		
	whether or not the business is regularly carried on			•		1		
12	Other income. Do not include gain			-		 		
	or loss from the sale of capital							
13	assets (Explain in Part IV.)							
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501	(c)(3) organiz	ation,
	check this box and stop here							
Sec	tion C. Computation of Publi	c Support Per	centage					
	Public support percentage for 2009 (li					15		%
	Public support percentage from 2008					16		%
	tion D. Computation of Inves							······
	Investment income percentage for 200			e 13, column (f))		17		<u>%</u>
	Investment income percentage from 2	· ·				18		%
19a	33 1/3% support tests - 2009. If the (-						
	more than 33 1/3%, check this box an			· · · · · · · · · · · · · · · · · · ·				
b	33 1/3% support tests - 2008. If the c	· •					· ·	
20	line 18 is not more than 33 1/3%, chec		•	·			•	
ZU	Private foundation. If the organization	uiu not check a t	OX ON IINO 14, 198	1, of 190, check th			Ons	

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

2009

•	31-0941103					
Organization type (che	ALLIANCE FOUNDATION, INC. ack one):					
Filers of:	Section:					
Form 990 or 990-EZ	3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation	e s				
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	ion is covered by the General Rule or a Special Rule. 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ile. See instructions.				
General Rule						
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mome)	oney or property) from any one				
Special Rules						
509(a)(1) and 1	601(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg I 70(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1 lf this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious; charitable, etc., contributions of \$5,000 or more during the year.						
but it must answer "No	on that is not covered by the General Rule and/or the Special Rules does not file Schedule E on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 e filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

for Form 990, 990-EZ, or 990-PF.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public inspection

Department of the Treasury Internal Revenue Service

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

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

- 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.

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.

 Section 501(c)(4), (5), or (6) organization 		Tax), then		
	TED STATES SPORTS	SMEN'S	T	Employer identification number
ALLIANO	E FOUNDATION, INC	2.		31-0941103
Part I-A Complete if the or	ganization is exempt unde	er section 501(c	c) or is a section 5	27 organization.
1 Provide a description of the organi	zation's direct and indirect politica	ıl campaign activitie	s in Part IV.	
2 Political expenditures	-			> \$
3 Volunteer hours				
- 12 27 CONSER - 12 CONS				
	ganization is exempt unde			
1 Enter the amount of any excise tax	incurred by the organization unde	er section 4955		▶\$
2 Enter the amount of any excise tax	incurred by organization manage	rs under section 495	55	▶ \$
3 If the organization incurred a section	on 4955 tax, did it file Form 4720 f	or this year?		Yes No
4a Was a correction made?		<u> </u>		Yes No
b If "Yes," describe in Part IV.				
POTATI, SIMORE INTERNAL	ganization is exempt unde	<u>`</u>	· · · · · · · · · · · · · · · · · · ·	
1 Enter the amount directly expende		·		> \$
2 Enter the amount of the filing organ		•		_
exempt function activities				> \$
3 Total exempt function expenditures			•	
line 17b				\$
4 Did the filing organization file Form				
5 Enter the names, addresses and er		•	_	· ·
For each organization listed, enter that were promptly and directly del	·			•
that were promptly and directly del (PAC). If additional space is needed		iizatiori, sucir as a s	eparate segregated furi	d of a political action committee
	1	(-) FIN	(-D) A	1 (-) 4
(a) Name	(b) Address	(c) EIN	(d) Amount paid fr	
	•	(2)	funds. If none, ente	
	·			delivered to a separate
				political organization. If none, enter -0
ž.				
				
	•			*
		L.		1

932041 02-04-10

LHA

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

Schedule C (Form 990 or 990-EZ) 2009

THE UNITED STATES SPORTSMEN'S

Schedule C (Form 990 or 990-EZ) 2009 Part II-A Complete if the org (election under sec	anization is ex	FOUNDATION, I empt under section	INC . 1 501(c)(3) and fil	31-0 ed Form 5768	941103 Page 2
A Check if the filing organization	tion belongs to an a				
Limit	s on Lobbying Exp	and "limited control" provenditures paid or incurred.)	visions apply.	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ b Total lobbying expenditures to influ	ience a legislative b	ody (direct lobbying)		6,671. 10,710.	
 c Total lobbying expenditures (add lii d Other exempt purpose expenditure e Total exempt purpose expenditure 	es			17,381. 1,982,225. 1,999,606.	
f Lobbying nontaxable amount. Ente	r the amount from	he following table in both	columns.	249,980.	BOX III COMPANIA TO THE COMPANIA COMPAN
If the amount on line 1e, column (a) o Not over \$500,000 Over \$500,000 but not over \$1,000 Over \$1,000,000 but not over \$1,50 Over \$1,500,000 but not over \$17,0 Over \$17,000,000	20% (0,000 \$100, 00,000 \$175, 000,000 \$225,	obbying nontaxable amount the amount on line 1e. 000 plus 15% of the exce 000 plus 10% of the exce 000 plus 5% of the exces 0,000.	ss over \$500,000. ss over \$1,000,000.		
g Grassroots nontaxable amount (enfined in the subtract line 1g from line 1a. If zero is Subtract line 1f from line 1c. If zero	62,495. 0. 0.				
j If there is an amount other than zer reporting section 4911 tax for this y		or line 1i, did the organizat			Yes No
	ations that made a umns below. See t	veraging Period Under S section 501(h) election the instructions for lines	do not have to comp 2a through 2f on pa		
	Lobbying Exp	enditures During 4-Year	Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount	249,374	. 269,904.	256,412.	249,980.	1,025,670.
b Lobbying ceiling amount (150% of line 2a, column(e))		1,538,505.			
c Total lobbying expenditures	37,263	31,375.	30,469.	17,381.	116,488.
d Grassroots nontaxable amount	62,344	67,476.	64,103.	62,495.	256,418.
e Grassroots ceiling amount (150% of line 2d, column (e))					384,627.

Schedule C (Form 990 or 990-EZ) 2009

8,060.

33,702.

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2009 ALLIANCE FOUNDATION, INC. 31-094110

[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)).

		(a)		(b)	
	Yes	No	Am	ount	
1 During the year, did the filing organization attempt to influence foreign, national, state or			-1		
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of:		Lane			
a Volunteers?		400			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		100		- Uplation	
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. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b 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?					
art III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)	(5), or se	ection		
501(c)(6).					
			Yes	No	
Were substantially all (90% or more) dues received nondeductible by members?		. 1		l	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?				ļ	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? art 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 III-A, lines II-A, lines II-A, lines II-A, lines II-A, lines	on 501(c)	2 3 (5), or se			
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? art 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 Pa "Yes."	on 501(c) rt III-A, li	2 3 (5), or se ne 3 is a			
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? art 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 Pa "Yes." Dues, assessments and similar amounts from members	on 501(c) rt III-A, li	2 3 (5), or se ne 3 is a			
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? art 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 Pa "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	on 501(c) rt III-A, li	2 3 (5), or se ne 3 is a			
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? art 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 Pa "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	on 501(c) rt III-A, lii	2 3 (5), or se ne 3 is a			
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? art 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 Pa "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year	on 501(c) rt III-A, lii	2 3 (5), or se ne 3 is a			
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? art 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 Pa "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year	on 501(c) rt III-A, lii	2 3 (5), or se ne 3 is a			
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? art 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 Pa "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	on 501(c) rt III-A, lii	2 3 (5), or se ne 3 is a 1 2a 2b 2c		I	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? art 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 Partyes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Carryover from last year Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	on 501(c) rt III-A, li cal	2 3 (5), or se ne 3 is a 1 2a 2b 2c			
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? art 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 Partyes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year C Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3.	on 501(c) rt III-A, li cal	2 3 (5), or se ne 3 is a 1 2a 2b 2c			
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Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? art 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 Partyes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year C Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3.	on 501(c) rt III-A, li cal	2 3 (5), or se ne 3 is a 1 2a 2b 2c 3			

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.

2009
Open to Public Inspection

Name of the organization

THE UNITED STATES SPORTSMEN'S

Employer identification number 31-0941103

Pa			ds or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		I (b) Finds and other account.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year	<u> </u>	
5	Did the organization inform all donors and donor advisors in	-	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can b	e used only
	for chantable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpos	
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or p	leasure) Preservation of an h	istorically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the forr	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	***************************************	2b
c	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06	2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	ement is located >	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	<u></u>
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements durin	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	87	Yes No
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizati	ion's financial statements that describes	s the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8.	
	ŭ .		
1a	If the organization elected, as permitted under SFAS 116, not	to report in its revenue statement and I	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of p	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these it	ems.	
b	If the organization elected, as permitted under SFAS 116, to r	eport in its revenue statement and bala	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, or	·	
	these items:	•	
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea		
_	the following amounts required to be reported under SFAS 11		3 1 Protice
а	Revenues included in Form 990, Part VIII, line 1		• •
a	Assets included in Form 990, Part X		
D	Assets included in Form 330, Part A		

-	The second secon	Collections of Art		rocourses or O		0941103 Page 2
1, 3810	3					
3	Using the organization's acquisition, access	sion, and other records,	, cneck any of the	tollowing that are	a significant use of	its collection items
	(check all that apply):		┌ .			
a	Public exhibition	d		change programs		
b		е	Other			
C	Preservation for future generations					
4	Provide a description of the organization's c	•	-	•		Part XIV.
5	During the year, did the organization solicit					
-	to be sold to raise funds rather than to be m					
Pa	rt IV Escrow and Custodial Arran		e if organization a	nswered "Yes" to I	Form 990, Part IV, li	ne 9, or
	reported an amount on Form 990, Pa	·		· ·		
1a	Is the organization an agent, trustee, custod					
	on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIV	and complete the folio	wing table:			
					<u> </u>	Amount
	Beginning balance					
	Additions during the year					
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount on F	form 990, Part X, line 2	1?		[Yes No
	If "Yes," explain the arrangement in Part XIV					
Pa	rt V Endowment Funds. Complete i	if the organization ansv	vered "Yes" to Fo			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance	1,140,838.1		作工作 医内外外线		
b	Contributions	10,000.	17,000.			
C	Net investment earnings, gains, and losses	139,577.	-354,149.		TO THE STEEL SEE	
d	Grants or scholarships					
е	Other expenditures for facilities					NO THAT THE
	and programs	67,412.	75,785.			
f	Administrative expenses					
g	Administrative expenses End of year balance	1,223,003.1	,140,838.			
2	Provide the estimated percentage of the year	r end balance held as:				-
а	Board designated or quasi-endowment	9	6			
	Permanent endowment > 100.00	%				
	· · · · · · · · · · · · · · · · · · ·	 %				
За	Are there endowment funds not in the posse	ssion of the organization	on that are held a	nd administered fo	r the organization	
	by:	•			32	Yes No
	(i) unrelated organizations					3a(i) X
	(ii) related organizations	•••••••••••••••••••••••	***************************************	.,	***************************************	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required on 9	Schedule R?	• • • • • • • • • • • • • • • • • • • •		
4	Describe in Part XIV the intended uses of the				***************************************	
Par	t VI Investments - Land, Building			Part X. line 10.		
Se reliefaciones	Description of investment	(a) Cost or other			Accumulated	(d) Book value
	Boompaon of invocations	basis (investmen			epreciation	(a) Book value
10	Land		. <u>.'</u>	1,399.		751,399.
	Land			2,442.	266,423.	336,019.
b	Buildings			-,	200, 423.	330,013.
	Leasehold improvements		21	B,048.	301,385.	16,663.
d	Equipment			9,585.	219,714.	9,871.
	Other				417,/14.	
i otal	. Add lines 1a through 1e. (Column (d) must ed	quai rorm 990, Part X,	coiumn (B), line 10	J(C).)	P	1,113,952.

Schedule D (Form 990) 2009

ALITANCE FOUNDATION, INC.

Part VII Investments - Other Securities. See	Form 990. Part X. line 12		<u> </u>	UJ411UJ Pag
(a) Description of security or category (including name of security)	(b) Book value	(c) M	ethod of valuationd-of-year marke	
Financial derivatives				
Closely-held equity interests				
Other				
MONEY MARKET ACCOUNTS	51,136.	END-OF-YEAR		
CERTIFICATES OF DEPOSIT	249,857.	END-OF-YEAR	MARKET	VALUE
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	300,993.			
Part VIII Investments - Program Related. Ser			ethod of valuatio	n·
(a) Description of investment type	(b) Book value		nd-of-year market	
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line 1	5. Jescription			(b) Book value
DEFERRED COMPENSATION ARRANGEM				452,494
· · · · · · · · · · · · · · · · · · ·				
· ······		·····		
Total. (Column (b) must equal Form 990, Part X, col (B) line 1	15.)			452,494
Part X Other Liabilities. See Form 990, Part X, lir				
1. (a) Description of liability		(b) Amount		
Federal income taxes	· ·	1 200		
OHIO WETLANDS PROJECT FUND DEFERRED COMPENSATION ARRANGEM	IENTO I	1,329.		
DEFERRED COMPENSATION ARRANGEM		452,454.		
Total. (Column (b) must equal Form 990, Part X, col (B) line 2	25.)	453,823.		

uncertain tax positions under FIN 48. 932053 02-01-10

Schedule D (Form 990) 2009

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THE UNITED STATES SPORTSMEN'S

Schedule D (Form 990) 2009 ALLIANCE FOUNDATION, INC. 31-(Part XIV Supplemental Information (continued)	0941103 Page 5
STATEMENTS: 23387.	
	·
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENTS EXPENSES NETTED WITH SPECIAL EVENT REVENUE: 13820)5.
PART XIII, LINE 4B - OTHER ADJUSTMENTS:	
INVESTMENT EXPENSES NETTED WITH INVESTMENT INCOME ON FINANCIAL	<u></u>
STATEMENTS: 23387.	
	نشسيسين
	·
•	
· · · · · · · · · · · · · · · · · · ·	

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

UNITED STATES SPORTSMEN'S

Name of the organization THE UNITED STATES SPORTSMEN'S				Employer identification number				
ALLIANCE FOUNDATION, INC. 31-0941					.103			
Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.								
Indicate whether the organization rail a	e Solicitar Solicitar g Special or oral agreement with any individual Part VII) or entity in connection with prividuals or entities (fundraisers) purs	tion of tion of fundra (inclu- profess	non-g gover aising ding o	overnment grants rnment grants events fficers, directors, true fundraising services?	stees	Yes	-	
(i) Name of individual or entity (fundraiser)	(ii) Activity	funda have con or con contrib	Did alser ustody itrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No					
						:		
					_			
					_			
Total	>		·				*(*)*	
3 List all states in which the organization		unds d	r has	been notified it is ex	empt	from registration	on or licensing.	
		-						
								

932081 02-03-10

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

Schedule G (Form 990 or 990-EZ) 2009

Schedule G (Form 990 or 990-EZ) 2009 ALLIANCE FOUNDATION, INC.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	i		(a) Event #1 OHIO RALLY	(b) Event #2 CHARITY SHOOT	(c) Other events NONE	(d) Total	(a) thr	
ē			(event type)	(event type)	(total number)	co	l. (c))	
Revenue	1	Gross receipts	136,833.	20,401.		15	57,2	234.
	2	Less: Charitable contributions	57,068.	5,266.		- 6	52,3	334.
	3	Gross income (line 1 minus line 2)	79,765.	15,135.		9	94,9	900.
	4	Cash prizes		-				
ses	5	Noncash prizes	66,092.	5,773.		7	71,8	365.
Direct Expenses	6	Rent/facility costs	12,536.	3,303.		1	.5,8	339.
Direct	7	Food and beverages				_	8	
	8	Entertainment Other direct expenses		5,123.		3	1.0	43.
	-	Direct expense summary. Add lines 4 through		0,220	·			47,
		Net income summary. Combine line 3, column						347.
Pa	ता	II Gaming. Complete if the organization a	answered "Yes" to Form	990, Part IV, line 19, or	reported more than			
		\$15,000 on Form 990-EZ, line 6a.						
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gacol. (a) thro		
Re	1	Gross revenue			52,721.	5	2,7	21.
ses	2	Cash prizes				=		
Direct Expenses	3	Noncash prizes			14,952.	1	4,9	52.
Direct	4	Rent/facility costs						
	5	Other direct expenses			4,506.		4,5	06.
	6	Volunteer labor	Yes % No	☐ Yes % No	X Yes 10.00 % No			
	7	Direct expense summary. Add lines 2 through	5 in column (d)			(1	9,4	58,
	٥	Net gaming income summary. Combine line 1,	column (d) and line 7		¥	3	3,2	63.
	0	thet garring income summary. Combine line 1	, column (d), and inte /				Yes	No.
9	Ent	er the state(s) in which the organization operat	es gaming activities: Ol	H				Sec.
		he organization licensed to operate gaming act				9a	X	Macar Principal VIII
b	If "N	No," explain:						
						170 AM		
100	Mai	re any of the organization's gaming licenses re	vokod suspended er ter	minated during the tay.	(00°)	10a		X
		re any or the organization's gaming licenses re- res," explain:	voked, suspended or ter	minated during the tax	/ear /	IUa	W.Ex	
_								
11	Doe	es the organization operate gaming activities w	ith nonmembers?			11	X	
12	ls tł	ne organization a grantor, beneficiary or trustee				12		x

932082 02-03-10

Schedule G (Form 990 or 990-EZ) 2009

THE UNITED STATES SPORTSMEN'S

Schedule G (Form 990 or 990-EZ) 2009 ADDIANCE FOUNDATION, INC.	31-0941	TTO		age 3
42 Indicate the persentage of general solitists, expected in	F	_=#	Yes	No
13 Indicate the percentage of gaming activity operated in:	ا م مم ما			
a The organization's facility b An outside facility 13a 10 13b	.00%			
14 Enter the name and address of the person who prepares the organization's gaming/special events books and recor				
The state and address of the person who prepares the organization organization of garming appeals of this books and recor	u s.			
Name KAREN PIATAK				
Address > 801 KINGSMILL PARKWAY - COLUMBUS, OH 43229				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a		X
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amo	unt			
of gaming revenue retained by the third party ▶\$	1			
c If "Yes," enter name and address of the third party:				
Name				
Address				
16 Gaming manager information:	100			
	8			
Name MARKETING DEPARTMENT		PL.		
Gaming manager compensation ▶ \$0.				
Description of services provided ► VARIOUS EMPLOYEES MANAGE CERTAIN ASPECT	SOF			
THE GAMING ACTIVITIES. A NOMINAL, AND NON-QUANTIFIABLE,				
PORTION OF THEIR ACTIVITY IS DEVOTED TO THESE ACTIVITIES.				
Director/officer				
17 Mandatory distributions:				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
retain the state gaming license?	1	17a		X
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the			
organization's own exempt activities during the tax year ▶ \$				

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

ı	ממשאשט ת	הייאהאים מחתהם מחת החודותו פנות	-				TO CHARLES THE SECOND COLUMN TO SECOND C
Name of the organization in Title ONLINE SE	FOUNDATIC	N, INC.	•				Employer identification number $31-0941103$
Part General Information on Grants and Assistance	and Assistance						
1 Does the organization maintain records to substantiate the amount	to substantiate the		s or assistance, the	grantees' eligibilit	y for the grants or ass	of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion
criteria used to award the grants or assistance?	stance?)	>		X Yes
S	ocedures for moni	toring the use of grant	t funds in the United	d States.			
Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Chark this box if no one recipient was than \$5,000. Chark this box if no one recipient that received more than \$5,000. Chark this box if no one recipient was than \$5,000.	Governments an	d Organizations in the	e United States. C	omplete if the organical	anization answered "Y	es" to Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of or government or government (a) EIN (b) EIN (c) IRC section (d) Amount of or government (e) EIN (c) IRC section (d) Amount of or government (e) EIN (c) IRC section (d) Amount of or government (e) EIN (c) IRC section (d) Amount of or government (e) EIN (c) IRC section (d) Amount of or government (e) EIN ((9) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNITED STATES SPORTSMEN'S ALLIANCE INC - 801 KINGSMITT.							10 02
	31-0899414	501(C)(4)	250,000.	0.			HUNTING, FISHING AND TRAPPING.
							=
					a		
2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations	ind government or	ganizations					
٦,	ction Act Notice	see the Instructions	for Form 990				
							schedule I (Form 990) 2009

THE UNITED STATES SPORTSMEN'S ALLIANCE FOUNDATION, INC.

Schedule | (Form 990) 2009 ALLIANCE FOUNDATION, INC.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Page 2

31-0941103

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
		1	2		
-					
	29				
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the informatio	n required in Part I,	line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: DUE TO	THE	RELATED NATURE OF	THE	ORGANIZATIONS	
INVOLVED, THE USE OF THE FUNDS IS	CONSISTE	CONSISTENTLY MONITORED		AND MANAGED TO	
ENSURE IT FULFILLS THE INTENDED USE	E OF THE	GRANT.		æ	
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		767.			

932102 02-02-10

Schedule I (Form 990) 2009

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

➤ Attach to Form 990. ➤ See separate instructions. THE UNITED STATES SPORTSMEN'S

ALLIANCE FOUNDATION, INC.

Employer identification number 31-0941103

Fè	art Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	2 11 2 11 11	PHICHE II 12
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,	****		
_	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		-
	addices, and the OLO/Executive Director, regarding the Rema Checked in into 121	1034	945E	Element
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's	7 7 7 7	選擇	
•	CEO/Executive Director. Check all that apply.			
	Form 990 of other organizations Approval by the board or compensation committee	10 EG 15		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	printess.	X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		X	
	Participate in, or receive payment from, an equity-based compensation arrangement?			X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		KYM	7174
	, , , , , , , , , , , , , , , , , , , ,			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	. 8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2009

THE UNITED STATES SPORTSMEN'S

ALLIANCE FOUNDATION, INC.

31-0941103 Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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.

		(B) Breakdown of W.	W-2 and/or 1099-MI	2 and/or 1099-MISC compensation	0	(Q)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Hetirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	Ξ	91,086.		17,242.	39,750.	15,400.	163,478.	
WALTER P. PIDGEON, JR.	▣	30,362.		5,747.	13,250.		54,492.	
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	▣							
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Schedule J (Form 990) 2009

932112 02-02-10

ALLIANCE FOUNDATION, INC.

Schedule J (Form 990) 2009

31-0941103

Page 3

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. Part III Supplemental Information

DEFERRED COMPENSATION 457 PLAN AND A NON-QUALIFIED TOP HAT RETIRMENT PLAN. PART I, LINE 4B: WALTER P. PIDGEON JR. PARTICIPATES IN A NON-QUALIFIED TOTAL CONTRIBUTIONS TO THE PLAN REPRESENTED \$32,000 IN 2009 FOR BOTH ORGANIZATIONS.

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE UNITED STATES SPORTSMEN'S ALLIANCE FOUNDATION, INC.

Employer identification number 31-0941103

	Types of Freporty	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d rever	etermi	ning	
1	Art - Works of art							
2	Art - Works of art		<u> </u>					
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles	· ·	activities of the second and second					
7	Boats and planes			\$				
8	Intellectual property							
9	Securities - Publicly traded	X	- 4	21,440.	STOCK EXCHA	NGE		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial	X	1	19,538.	INDEPENDENT	' AP	PRA	ISA
17	Real estate - Other							
18	Collectibles		F)					
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	1						
25	Other (SPORTING GOOD)	X	47	44,567.	COMPARABLE	SAL	<u>ES</u>	<u> </u>
26	Other ()							
27	Other ()	11.11						
28	Other ()							
29	Number of Forms 8283 received by the organic	_	-					
	for which the organization completed Form 82	83, Part IV, [Oonee Acknowledg	ment 29				
							Yes	No
30a	During the year, did the organization receive by	-						
	at least three years from the date of the initial			-				
	the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							fekté
31	Does the organization have a gift acceptance				utions?	31		X
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				l
	contributions?			···		32a		X
b	If "Yes," describe in Part II.							
33	If the organization did not report revenues in co	olumn (c) for	a type of property	for which column (a) is che	cked,			
	describe in Part II.							
_HA	For Privacy Act and Paperwork Reduction	Act Notice,	see the instruction	ons for Form 990.	Schedule N	1 (Forn	n 990)	2009

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047 **Open to Public** Inspection

Name of the organization

THE UNITED STATES SPORTSMEN'S ALLIANCE FOUNDATION, INC.

Employer identification number 31-0941103

PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PROTECT AGAINST LEGAL ATTACKS BY THE ANIMAL RIGHTS MOVEMENT, WIN PUBLIC SUPPORT FOR OUTDOOR SPORTS, ENSURE THE FUTURE OF THIS HERITAGE BY INVOLVING FAMILIES IN THE OUTDOOR EXPERIENCE AND PROMOTE THE SPORTSMAN'S STEWARDSHIP ROLE IN THE SCIENTIFIC MANAGEMENT OF AMERICA'S FISH AND WILDLIFE. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EXPERIENCE AND PROMOTE THE SPORTSMAN'S STEWARDSHIP ROLE IN THE SCIENTIFIC MANAGEMENT OF AMERICA'S FISH AND WILDLIFE. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: LEGAL DEFENSE - LITIGATION. LEGAL RESEARCH. ANALYSIS OF THE IMPACT OF LEGISLATION (INCLUDING TREATIES AND INITIATIVES/REFERENDA) REGULATIONS BY LAWYERS. **EXPENSES \$ 259694.** INCLUDING GRANTS OF \$ 17021. REVENUE \$ 0. SECTION B, LINE 11: AN INITIAL REVIEW OF THE 990 IS FORM 990, PART VI, CONDUCTED BY THE ORGANIZATION'S PRESIDENT & CEO AND VICE PRESIDENT OF THE RETURN IS FORWARDED TO THE OPERATIONS. AFTER THIS INITIAL REVIEW, EXECUTIVE COMMITTEE FOR REVIEW AND APPROVAL. THE 990 IS THEN MADE AVAILABLE TO THE BOARD MEMBERS FOR THEIR REVIEW AND COMMENT AT OR NEAR THE

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY IN THE MONTH OF

THE ORGANIZATION'S BOARD MEMBERS DISCLOSE ANY CONFLICTS OF

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

Schedule O (Form 990) 2009

TIME OF ITS FILING.

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

▶ Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

THE UNITED STATES SPORTSMEN'S ALLIANCE FOUNDATION, INC.

Employer identification number 31-0941103

INTEREST THEY MAY HAVE. ALSO, ON A REGULAR AND CONSISTENT BASIS, THE

ORGANIZATION MONITORS ANY POTENTIAL CONFLICTS THAT MAY ARISE WHEN IT

UNDERTAKES NEW EVENTS OR PROJECTS, REQUIRING FULL DISCLOSURE BY THE BOARD

MEMBERS OF ANY CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION FOR THE

ORGANIZATION'S PRESIDENT/CEO IS REVIEWED ANNUALLY. THE COMPENSATION

COMMITTEE (AN AD HOC COMMITTEE) REVIEWS THE PRESIDENT/CEO'S ANNUAL REPORT,

DISCUSSES HIS PERFORMANCE, AND USING COMPARABLE DATA FROM SIMILAR

ORGANIZATIONS, RECOMMEND THE COMPENSATION FOR THE FOLLOWING YEAR. THE

RECOMMENDATION IS SUBSTANTIATED IN A MEMO PRESENTED TO THE ORGANIZATION

AUTHORIZING THE COMPENSATION CHANGE. THE COMPENSATION FOR THE OTHER

EMPLOYEES IS RECOMMENDED BY THE ORGANIZATION'S PRESIDENT/CEO, BASED ON

COMPARABLE DATA AND EMPLOYEE PERFORMANCE, AND ULTIMATELY APPROVED BY THE

EXECUTIVE COMMITTEE, WITH THE ACTION SUBSTANTIATED IN THE COMMITTEE'S

MINUTES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AK,AZ,AR,CA,CT,CO,FL,GA,IL,KS,KY,ME,MD,MA,MI,MN,MS,NH,NJ,NY,NC,ND,OH,OK

OR,PA,RI,SC,TN,UT,VA,WA,WV,WI,NM,HI

FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION'S 1023 AND 990 ARE

AVAILABLE UPON REQUEST. FURTHER, THE ORGANIZATION'S 990 IS AVAILABLE FOR

PUBLIC INSPECTION AT ANOTHER'S WEBSITE, WWW.GUIDESTAR.ORG.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING

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

Schedule O (Form 990) 2009

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

THE UNITED STATES SPORTSMEN'S Name of the organization Employer identification number 31-0941103 ALLIANCE FOUNDATION, INC. CONFLIST OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE FOR VIEWING AT THE ORGANIZATION'S OFFICER. THEY ARE ALSO MAILED TO THOSE WHO REQUEST THEM. FORM 990, PART XI, LINE 2C: THE AUDIT COMMITTEE REVIEWS THE AUDIT REPORTS AND APPROVES THEM. THEY ARE ALSO RESPONSIBLE FOR THE SELECTION OF THE INDEPENDENT ACCOUNTANT. WHEN THE AUDIT COMMITTEE DEEMS IT NECESSARY, THEY ASK THE STAFF TO GET BIDS FROM LOCAL FIRMS AND THEN THE AUDIT COMMITTEE CHOOSES THE FIRM.

2009 Open to Public Inspection Employer identification number 31-0941103 OMB No. 1545-0047 Direct controlling Direct controlling Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) N/A End-of-year assets status (if section Public charity 501(c)(3)) <u>e</u> ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Exempt Code Total income section চ ত্র 501(C)(4) ► See separate instructions. Related Organizations and Unrelated Partnerships Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) OHIO ■ Attach to Form 990. THE UNITED STATES SPORTSMEN'S SUPPORT SPORTSMEN AND Primary activity Primary activity WILDLIFE EFFORTS. INC ALLIANCE FOUNDATION, THE UNITED STATES SPORTSMEN'S ALLIANCE, INC. 31-0899414, 801 KINGSMILL PKWY, COLUMBUS, Name, address, and EIN Name, address, and EIN of related organization of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R 43229 (Form 990) Parti Part II

entity

Schedule R (Form 990) 2009

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

Page 2 Schedule R (Form 990) 2009 ALLIANCE FOUNDATION, INC.

Part III Identification of Related Organizations Treated as a partnership during the tax year.)

31-0941103

(a)	(q)	9	(D)	(0)		€	(D)	3	9	5
Name, address, and EIN of related organization	ctivity	Legal domicile (state or foreign country)	Direct e	Predominant income (related, unrelated, excluded from tax under sections 512-514)		total ne	Share of end-of-year assets	Disproportionate allocations?	Cod amou 20 of 3 K-1 (Fc	Pa ma Se
									1	8
									a.	
Part IV Identification of Related Organizations treated as a cor	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	ooration or cyear.)	Frust (Complete if t	the organizatio	on answered "Y	es" to Form 990,	Part IV, line 3	4 because it	had one or more	elated
(a) Name, address, and EIN of related organization	∑ د	Prir	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(C corp, S corp, or trust)		(f) Share of total income	(g) Share of Peend-of-year ov	(h) Percentage ownership
						-				
		2 -								
932162 02-04-10			40					ଞ୍ଚ	Schedule R (Form 990) 2009	90) 2009

Schedule R (Form 990) 2009 ALLIANCE FOUNDATION, INC.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Page 3

31-0941103

	(9)
	(5)
P 469,471.	(4) THE UNITED STATES SPORTSMEN'S ALLIANCE, INC.
N 621,795.	(3) THE UNITED STATES SPORTSMEN'S ALLIANCE, INC.
M 29,098.	(2) THE UNITED STATES SPORTSMEN'S ALLIANCE, INC.
В 250,000.	(1) THE UNITED STATES SPORTSMEN'S ALLIANCE, INC.
(b) (c) Transaction Amount involved type (a-r)	(a) Name of other organization(s)
ships and transaction thresholds.	Z If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds
X 14 X	-
X d1	p. Reimbursement paid by other organization for expenses
ot X	
	n Sharing of paid employees
×	m Sharing of facilities, equipment, mailing lists, or other assets
	 Performance of services or membership or fundraising solicitations by other organization(s)
	k Performance of services or membership or fundraising solicitations for other organization(s)
T X	j Lease of facilities, equipment, or other assets from other organization(s)
П	i Lease of facilities, equipment, or other assets to other organization(s)
7 -	
	g Purchase of assets from other organization(s)
₩ #	f Sale of assets to other organization(s)
at X	e Loans or loan guarantees by other organization(s)
X bt	d Loans or loan guarantees to or for other organization(s)
X lo	
×	b Gift, grant, or capital contribution to other organization(s)
X 1a	a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
II-IV?	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

THE UNITED STATES SPORTSMEN'S ALLIANCE FOUNDATION, INC. Schedule R (Form 990) 2009

31-0941103

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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.

n	Colored and interest in the colored and in the colo	-1						
(a)	ව		<u>©</u>	(e)	E	(6)	Ξ	=
Name, address, and EIN	Primary activity		Are all partners	Share	Dispropor-			al or
of entity			section 501(c)(3) organizations?		tionate allocations?	amount in box 20	managing partner?	ging ter?
		country)	Yes No		Yes No		I -	2
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Proposition in the contract of								
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Schedule R (Form 990) 2009

Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 4-2009)

							
_	ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box						
	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this						
Do no	ot complete Part ii unless you have already been granted an automatic 3-month extension on a previously to	iled Fo	om 8868.				
Par	Automatic 3-Month Extension of Time. Only submit original (no copies needed).						
A corp	poration required to file Form 990-T and requesting an automatic 6-month extension - check this box and co	nplete					
Part I			▶				
	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a income tax returns.	n extei	nsion of time				
noted (not a you m	ronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extensi below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electror utomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or coust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic firs.gov/efile and click on e-file for Charities & Nonprofits.	ically i	f (1) you want the additional lated Form 990-T. Instead,				
Туре		Emp	oloyer identification number				
print	THE UNITED STATES SPORTSMEN'S ALLIANCE FOUNDATION, INC.	3	1-0941103				
File by t due date filing yo	Number, street, and room or suite no. If a P.O. box, see instructions.	1					
return. S instructi	68						
Checl	type of return to be filed (file a separate application for each return):		+: ⊕				
X Form 990 Form 990-T (corporation) Form 4720 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5227 Form 990-EZ Form 990-T (trust other than above) Form 6069 Form 990-PF Form 1041-A Form 8870							
Tel	WALTER P. PIDGEON, JR. e books are in the care of ▶ 801 KINGSMILL PARKWAY - COLUMBUS, OH 43 ephone No. ▶ 614-888-4868 FAX No. ▶						
	ne organization does not have an office or place of business in the United States, check this box						
● If the	nis is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If th ▶ If it is for part of the group, check this box ▶ and attach a list with the names and ElNs of all						
DOX	. If it is for part of the group, check this box	HIGHE	ocia trie exterision will cover.				
	request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto AUGUST 15, 2010, to file the exempt organization return for the organization named a sister of the organization's return for: X calendar year 2009 or, and ending, and ending		The extension				
2	If this tax year is for less than 12 months, check reason:		Change in accounting period				
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any						
	nonrefundable credits. See instructions.	3a	\$				
	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	2.	e				
	tax payments made. Include any prior year overpayment allowed as a credit.	3b_	\$				
	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,						
	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3с	\$ N/A				
Cautio	on. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-	EO for payment instructions.				

923831

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.