Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www irs gov/form990

Open to Public Inspection

м :	FUI III	e 20 is calefular year, or tax year beginning	enuing		
В	Check if applicab	INE ONLIED STATES SPORTSMEN S		D Employer identifi	cation number
	Addre chang	alliance foundation, inc.			
	Name	Doing Business As WILDLIFE CONSER. FUND OF A	MERICA	31-0	941103
	Initial return Termi	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
<u></u>	ated Amen	ded OUL KINGDERIBE FARRWAI			) 888-4868
$\vdash$	lreturn	Uity or town, state or province, country, and ZIP or toreign postal code		G Gross receipts \$	2,532,500.
<u> </u>	Application pendi	COLUMBUS, OH 43229	0mm0	H(a) Is this a group re	
		F Name and address of principal officer: NICHOLAS U. PINIZZO	OTTO		i? Yes Ϫ No
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3)	or 527	┥,	list. (see instructions)
		te: WWW. USSAFOUNDATION. ORG		H(c) Group exemptio	
		forganization: X Corporation Trust Association Other	L Year	of formation: 1978 N	A State of legal domicile: OH
i I gi		Summary	DOMEGO		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PI HERITAGE OF HUNTING, FISHING AND TRAPPING	G BY (	T AND ADVANC JNITING SPOR	TSMEN AND
2	2	Check this box  if the organization discontinued its operations or disposit	sed of mor	e than 25% of its net as	ssets.
Š				3	12
<u>م</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	11
es	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	27
ž	6	Total number of volunteers (estimate if necessary)		6	1233
ç	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34	,	7b	0.
				Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)		2,487,688.	1,653,922.
핉	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		86,012.	118,840.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-735.	424.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,572,965.	1,773,186.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		320,000.	339,000.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ø		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		944,221.	1,088,839.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
œ.	b	Total fundraising expenses (Part IX, column (D), line 25)   212,8	64.		
ú	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		816,933.	1,068,923.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,081,154.	2,496,762.
	19	Revenue less expenses. Subtract line 18 from line 12		491,811.	-723,576.
Net Assets or Fund Balances				eginning of Current Year	End of Year
See	20	Total assets (Part X, line 16)		5,142,767.	4,876,873.
Ş₩	21	Total liabilities (Part X, line 26)		482,950.	731,184.
캺	22	Net assets or fund balances. Subtract line 21 from line 20		4,659,817.	4,145,689.
Pa	art II	Signature Block			
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedule	s and staten	nents, and to the best of m	y knowledge and belief, it is
true	, correc	et, and complete. Declaration of prepaser (other than officer) is based on all information of wi	hich prepare	r has any knowledge.	
		1 = 50		7	16-14
Sig	n	Signature of officer		Date	
Her		NICHOLAS J. PINIZZOTTO, PRESIDENT & C.	EO		
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Ī	Date Check	PTIN
Paid	d	T.J. CONGER, CPA T.J. CONGER, CPA	A	L0/07/14 self-employ	P00068140
Pre	parer	Firm's name JOHN GERLACH & COMPANY LLP		Firm's EIN	31-4419361
	Only	Firm's address 37 W. BROAD ST., STE. 530			
	-	COLUMBUS, OH 43215		Phone no.61	4-224-2164
Ma	y the If	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
	01 10-2		ons.		Form <b>990</b> (2013)

	rt III Statement of Program Service Accomplishments	Page 2
r, a		<b>च्</b> र
1	Check if Schedule O contains a response or note to any line 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 AND WOMEN TO PROTECT AGAINST LEGAL	
	ATTACKS BY THE ANIMAL RIGHTS MOVEMENT. GAIN SUPPORT FOR WILDLIFE	
	CONSERVATION AND OUTDOOR SPORTS BY ORGANIZING AND EDUCATING AMERICA	10
2	Did the organization undertake any significant program services during the year which were not listed on	2
_	Mary 100 500 000 570	X No
	If "Yes," describe these new services on Schedule O.	F497
3		X No
•	If "Yes," describe these changes on Schedule O.	T477 140
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, as	
	revenue, if any, for each program service reported.	anu
4a	(Code:) (Expenses \$1,062,405 • including grants of \$77,300 • ) (Revenue \$	0.
	EDUCATION AND INFORMATION - CREATED THE COUNTRY'S LARGEST YOUTH	
	EDUCATION PROGRAM OF ITS KIND - TRAILBLAZER ADVENTURE PROGRAM; THRO	IIGH
	STRATEGIC PARTNERSHIPS WE BRING THE THRILL OF HUNTING, FISHING,	
	TRAPPING, WILDLIFE IDENTIFICATION AND CONSERVATION TO AMERICA'S YOU	TH
	AND THEIR FAMILIES. THE PROGRAM PROVIDES A SUPERVISED, STRUCTURED,	
	SAFE ENVIRONMENT THAT ALLOWS YOUTH TO EXPERIENCE SHOOTING, FISHING,	
	TRAPPING, ARCHERY, WILDLIFE IDENTIFICATION, CONSERVATION, ORIENTEER	ING.
	FIRST AID, ETC.	
	WE PROVIDE MATERIALS TO EDUCATE SPORTSMEN AND THE PUBLIC REGARDING	THE
	GREAT SUCCESSES OF THE CONSERVATION COMMUNITY'S EFFORTS TO BRING	
	WILDLIFE POPULATIONS BACK FROM THE EDGE OF EXTINCTION. WILDLIFE TOD	AY
4b	(Code:) (Expenses \$ 384,598. including grants of \$ 40,800.) (Revenue \$	)
	CONSERVATION RESEARCH - IDENTIFY AND RESEARCH GROUPS AND INDIVIDUAL	
	WHO ADVOCATE POSITIONS THAT WILL ADVERSELY AFFECT WILDLIFE CONSERVA	TION
	AND SPORTSMEN'S ABILITY TO HUNT, FISH AND TRAP. RESEARCH AND DEVEL	OP
	PROGRAMS THAT OPPOSE THE ANTI-HUNTING MOVEMENT AND IDENTIFY	
	OPPORTUNITIES TO ADVANCE PROGRAMS THAT ENHANCE HUNTING, FISHING AND	
	TRAPPING OPPORTUNITIES AND SUPPORT SCIENTIFIC WILDLIFE CONSERVATION	•
	PREPARE AND DISTRIBUTE INFORMATION AND EDUCATIONAL MATERIALS RELATI	
	TO WILDLIFE CONSERVATION AND THE SPORTSMEN'S EFFECTIVE FUNDING MODE	L
	THAT HAS PRODUCED THE MOST ABUNDANT AND THRIVING WILDLIFE POPULATION	
	IN MORE THAN 100 YEARS. WE ACHIEVE THIS BY UTILIZING ELECTRONIC AN	
	SOCIAL MEDIA, THE CREATION OF BROCHURES, AUDIO VISUAL PRESENTATIONS	AND
4c	(Code: ) (Expenses \$\frac{239,797.}{\text{including grants of \$}} \frac{0.}{\text{) (Revenue \$}} \text{ (Revenue \$} \frac{1}{\text{THAT SUPP}} \text{ (Code: } \frac{1}{\text{CES}} \frac{1}{CES	<del>~~~</del> )
		OK.T.
	HUNTING, FISHING AND TRAPPING ACTIVITIES AND WANT TO CONTINUE THE ABUNDANT WILDLIFE WE HAVE TODAY FOR FUTURE GENERATIONS. SERVICES	
	INCLUDE CURRENT ISSUES ADVISEMENTS, EDUCATIONAL WHITE PAPERS, PERIO	DTO
	REPORTS CIRCULATED THROUGH SOCIAL MEDIA, MONTHLY NEWSLETTERS AND WE	
	UPDATES.	EKLI
4ri	Other program services (Describe in Schedule O.)	
	(Expenses \$ 503,844 • including grants of \$ 220,900 •) (Revenue \$	
4e	Total program service expenses 2,190,644.	
	Form 9	90 (2013)
32002	· · · · · · · · · · · · · · · · · · ·	

### THE UNITED STATES SPORTSMEN'S ALLIANCE FOUNDATION, INC.

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X 1 If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or 5 5 X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space. 7 X 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II\_\_\_\_\_\_\_ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 X 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? X If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent Х endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 Х Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ..... 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? X 12b If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 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 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 X 14b or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any X 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 Х or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," X 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Form 990 (2013)

## THE UNITED STATES SPORTSMEN'S ALLIANCE FOUNDATION, INC.

Form 990 (2013)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government 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 or 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	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		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		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		<del></del>
	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	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	156256	900 50 15 807 60 14	
	instructions for applicable filing thresholds, conditions, and exceptions):	dealers.	500305	37
	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		<u>├</u> ^
·	The second secon	28c		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	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	2.5	l	<del></del>
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			۱
	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, Part II, III, or IV, and		4,,	
	Part V, line 1	34	X	77
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	٥٢١		
26	within the meaning of section 512(b)(13)? 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?	35b		<b> </b>
36		26	x	
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	**	<del>                                     </del>
01	and that is treated as a partnership for foderal income tay numbers 2 If "Vos." complete Schoolule D. Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	3,		<del></del>
	Note. All Form 990 filers are required to complete Schedule O	38	x	

Form **990** (2013)

## THE UNITED STATES SPORTSMEN'S ALLIANCE FOUNDATION, INC.

Form 990 (2013)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	49	201.637 500.832	2000 2000 2000 2000 2000	ACTIONS OF
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 r	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c		211000000000000000000000000000000000000
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				860S	
	filed for the calendar year ending with or within the year covered by this return	2a	27			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х	+1965 + 565 <sub>6</sub> + 2
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
За	Did the appropriation have considered to the constant of the COC.			За	100000000000000000000000000000000000000	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			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	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			10/100	64/693/696	(4)50 (455/4 (4)51 (5)5
	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	25000 5000	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
	were not tax deductible?		_	6b		
7	Organizations that may receive deductible contributions under section 170(c).		***********	(CONTRACT	2/12/15	1180112311
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	X	464543405.H
b	18 BASAN BIR MANAGEMENT AND			7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			<u> </u>		
	to file Form 8282?			7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	,		10 m	ASSAS IS
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		et?	7e	250417 878473	V089535555
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		***************************************	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D			(5.25)2555. (5.25)2555.	50 90 50 S	995/69
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8	2012 4000	0.000.000.000.00
9	Sponsoring organizations maintaining donor advised funds.	-		1476	25.25 25.25	6806
а	Did the organization make any taxable distributions under section 4966?			9a		1 to 1 to 1 to 1 to 1
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	***	
10	Section 501(c)(7) organizations. Enter:			\$45%	576°S	
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:				le A	
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	10411	)	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.			1 .		4/14
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	mention in an in the contract of the contract			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		
				Form	990	(2013)

332005 10-29-13 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 or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12		48W	final final
	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	11	5.4	8.4800	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other		937330 3355	\$769/6 \$094/6	
	officer, director, trustee, or key employee?	• • • • • • • • • • • • • • • • • • • •		2		X
3	Did the organization delegate control over management duties customarily performed by or under the		Γ			
	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 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?	, [	5		X
6	Did the organization have members or stockholders?		Г	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap		Γ			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s		Γ			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			39/85		Milit.
а	The governing body?			8a	X	
b	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 rea					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	***************************************		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re		•		······································	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	••••••	[	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such cl					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	*******************************		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the forr	n?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		8	27.616(9)) 33.606(2)	ar decide	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?		12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe				
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?	,		13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by independent		anyredu Marie		<b>建</b>
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			983		
	The organization's CEO, Executive Director, or top management official		[	15a	Х	
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).		ſ			S. T.
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment with a		5		
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua		ſ			1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nization's				
	exempt status with respect to such arrangements?	***********************		16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, C					, KY
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section 501(c)(3)s o	nly) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website X Another's website X Upon request Other (explain	in Schedule O)				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	onflict of interest polic	y, and	l finan	cial	
	statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books at	nd records of the orga	anizati	ion: 🕨	-	
	NICHOLAS J. PINIZZOTTO - 614-888-4868					
	801 KINGSMILL PARKWAY, COLUMBUS, OH 43229					
332006	10-29-13 SEE SCHEDULE O FOR FULL LIST OF STATES			Form	990	(2013)

31-0941103

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

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

### 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.

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

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

(A)	(B)			(C	C) ition			(D)	(E)	(F)
Name and Title	Average hours per	Urs per box, unless person is both an COn		Reportable compensation	Reportable compensation	Estimated amount of				
	week	offi	ceran	dàd	irecto	or/trus	tee)	from	from related	other
	(list any hours for	tirector						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	GB 07.	stee			nsate		(W-2/1099-MISC)	(***2/1099***********************************	organization
	organizations	al trus	na fr		loyee	ounds e				and related
	below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	ig III			organizations
(1) NICHOLAS J. PINIZZOTTO	37.10	투		0	32	<b>#</b> 5	ᄩ			
PRESIDENT & CEO (FROM 06/17/13)	17.90	x		X				60,113.	29,662.	4,643.
(2) WALTER P. PIDGEON, JR.	37.10									
PRESIDENT & CEO (TO 06/17/13)	17.90	X		X			<u> </u>	177,349.	87,509.	59,525.
(3) ORRIN H. INGRAM, II	0.00	<b> </b>		32						
CHAIRMAN (4) TOMMY MILLNER	0.00	A	ļ	X			_	0.	0.	0.
VICE CHAIRMAN	0.00	v		x				0.	0.	0
(5) BARBARA SACKMAN	0.00	<u> </u>		22			-	0.	J .	0.
SECRETARY/TREASURER		х		x				0.	0.	0.
(6) MICHAEL BRANHAM	0.00	<del> </del>			-	<del> </del>	<del>                                     </del>		<u> </u>	<u> </u>
TRUSTEE	0.00	x						0.	0.	0.
(7) JIMMY DAN CONNER	0.00					<u> </u>	┢┈			
TRUSTEE	0.00	X						0.	0.	0.
(8) DEB CUNNINGHAM	0.00									
TRUSTEE	0.00	X						0.	0.	0.
(9) PAUL DELANEY	0.00							_		
TRUSTEE	0.00	X			_			0.	0.	0.
(10) ALBERT MENEFEE	0.00									_
TRUSTEE	0.00	X	<u> </u>		_	<u></u>	ļ	0.	0.	0.
(11) MASON LAMPTON	0.00	₹.,								
TRUSTEE (12) T. GARRICK STEELE	0.00	Λ.					-	0.	0.	0.
TRUSTEE	0.00	x x						0.	0.	0.
(13) AUSTIN MUSSELMAN	0.00	1			_		$\vdash$	0.	<b>U</b> •	٠.
TRUSTEE	0.00	X						0.	0.	0.
		<del></del>					T			
		1								
					-					
		_		<b></b>		<u> </u>				
		<u> </u>	<u> </u>			ļ	_			
			<u> </u>		L	<u> </u>		<u> </u>		

332007 10-29-13

Form 990 (2013)

Part VII Section A. Officers, Directors,	/m	, , , , , , , , , , , , , , , , , , ,	ees	, 4110	2) U U!	yne	SLC				
(A)	(B) Average		(C) Position					(D)	(E)		(F)
Name and title	hours per		not c	heck i	more	than		Reportable	Reportable		Estimated
	week					is bot or/trus		compensation from	compensation from related		amount of other
	(list any	ē						the	organization		compensation
	hours for	director				B		organization	(W-2/1099-MI		from the
	related	individual trustee or	stee			Highest compensated employee		(W-2/1099-MISC)	•	,	organization
	organizations	is is	institutional trustee		Key employee	ompi					and related
	below	widua	itutio	Ę	ig in	nest c					organizations
	line)	Ē	Isu	Officer	ş	High	Former				
						1					
		1									
		1									
		1									
					_						
		1									
1h Sub-total					L			237,462.	117,1	71	64,168
1b Sub-total c Total from continuation sheets to Pa	rt VII. Saction A	•••••	•••••	•••••	•••••	•••••		0.		0.	0 + , 100
								237,462.	117,1		64,168
d Total (add lines 1b and 1c)  Total number of individuals (including b								<u> </u>			04,100
		iose	IISte	uai	OOVE	e) Wi	io re	eceived more than \$100	,uuu or reportat	ie	
compensation from the organization											Yes No
2 Did the examination list on fewers off			. 1		1.		است	h:_l			res INU
3 Did the organization list any former offi			-	•	•	•		•			
line 1a? If "Yes," complete Schedule J			•••••								3 X
4 For any individual listed on line 1a, is the	e sum of reportab	ie co	mp	ensa	ation	and	oth	her compensation from	the organization		AX
and related organizations greater than											4 X
5 Did any person listed on line 1a receive										3	
rendered to the organization? If "Yes,"	complete Schedul	e J f	or st	ich j	pers	ЮП .		<u></u>			5 X
Section B. Independent Contractors											
<ol> <li>Complete this table for your five highes</li> </ol>										npens	ation from
the organization. Report compensation	for the calendar y	ear	endi	ng w	vith	or w	ithir	n the organization's tax	year.		
(A)								(B)		_	(C)
Name and busin								Description of s	ervices	С	ompensation
BIRCH HORTON BITTNER &	-				_		.				
CONNECTICUT AVE., NW #1	1200, WASI	III	₹¶	10.	<u>, I</u>	DO	7 ]	LEGAL SERVIC	ES		367,247
							$\dashv$				
2 Total number of independent contractor	ors (including but n	ot li	nite	d to	tho	se lis	sted	above) who received a	nore than	-	******
Total number of independent contractor     \$100,000 of compensation from the organization.		ot lir	nite	d to	-	se lis	sted	l above) who received n	nore than		

		Check if Schedule O cont	ains a response o	or note to any lin	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e	Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contribut All other contributions, gifts, gran similar amounts not included abo	1b 1c 1d ions) 1e ts, and	3,792. 31,431. 160,000. 458,699.				
d O	g	Noncash contributions included in lines		<u>8,187</u> .				
<u>2 E</u>	h	Total. Add lines 1a-1f			1,653,922.		and the second second	166 (E166, 166) (S4 169) 97.
Program Service Revenue	2 a b c			Business Code				
Pro	e f	All other program service reve	entre					
		Total. Add lines 2a-2f				(SECONO SECONO S		
	3	Investment income (including other similar amounts)	dividends, intere	st, and	50,390.			50,390.
	4 5	Income from investment of tax						
	5	Royalties	(i) Real	(ii) Personal				
	6 a	Gross rents		(1) 1 0 100 1.0.				
	b	Less: rental expenses						
		Rental income or (loss)			\$2.00 pt \$2.00 pt \$50.00pt	900000000000000000000000000000000000000	99 M B B B B L L L	
		Net rental income or (loss)			marked State Colored Address revised to the Production was	Allahari Carlo Car	School Charles I (1) and St. 19 and 11 and 11 and 11 and 11	
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	814,678.					
	D	Less: cost or other basis and sales expenses	746,228.					
	c	Gain or (loss)	68,450.					
	d	Net gain or (loss)			68,450.	COBA, Advisor and Common Agranger	(Martini, stallers, Jakes de Februarie)	68,450.
venue		Gross income from fundraisin including \$ 3,7 contributions reported on line	g events (not '92 of					
Other Rever		Part IV, line 18 Less: direct expenses	a	13,510. 13,086.				
		Net income or (loss) from fund	r	<u></u>	424.		Alban en freskrivere blad i e	424.
		Gross income from gaming ac Part IV, line 19	a					
		Less: direct expenses  Net income or (loss) from garr	-	<b>&gt;</b>				
		Gross sales of inventory, less			N. A. D. SER			
		and allowances	I					
		Less: cost of goods sold Net income or (loss) from sale	b			Professional Control		
		Miscellaneous Revenu		Business Code				
	11 a							
	b							
	c C	All other revenue						
	a	All other revenue  Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			1,773,186.	0.	0.	119,264.
33200 10-29	9							Form <b>990</b> (2013)

Form **990** (2013)

Form 990 (2013) ALLIANCE FOUN
Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	es plete all columns. All otl	er organizations must o	omplete column (A)	
Seci	Check if Schedule O contains a respon			отріете соштп (А).	
Dα	not include amounts reported on lines 6b,	(A)	(B)	(C)	_ (D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	339,000.	339,000.		
2	Grants and other assistance to individuals in				
	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,	280,429.	27/ 206	1 010	E 122
^	trustees, and key employees	200,423.	274,286.	1,010.	5,133
6	persons (as defined under section 4958(f)(1)) and				
	d				
7	Other salaries and wages	653,444.	494,411.	61,234.	97,799
8	Pension plan accruals and contributions (include	000,444.		<u> </u>	
-	section 401(k) and 403(b) employer contributions)	35,872.	22,989.	6,804.	6 079
9	Other employee benefits	74,681.	55,843.		6,079 13,451
10	Payroll taxes	44,413.	34,022.	2,745.	7,646
11	Fees for services (non-employees):		<u> </u>		.,020
а	Management				
	Legal	255,611.	255,611.		
	Accounting	19,000.	14,685.	1,176.	3,139
	Lobbying				<u> </u>
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	27,679.	24,742.	801.	2,136
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	127,677.	117,937.		9,099
12	Advertising and promotion	131,244.	118,415.		12,821
13	Office expenses	153,607.	120,927.		27,365
14	Information technology	3,843.	3,051.	214.	578
15	Royalties				
16	Occupancy	48,347.	39,545.	2,363.	6,439
17	Travel	187,751.	181,202.	85.	6,464
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	44 050	20 540	4 000	
19	Conferences, conventions, and meetings	44,269.	39,748.	1,203.	3,318
20	Interest				
21	Payments to affiliates	46,699.	36,093.	2 001	7 71
22	Depreciation, depletion, and amortization	10,608.	8,200.	2,891. 655.	7,715
23 24	Other expenses, Itemize expenses not covered	10,000.	0,400.	033.	1,753
24	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.)		14.		
а	REGISTRATION FEES	7,197.	5,563.	445.	1,189
a b	DUES & SUBSCRIPTIONS	4,478.	3,461.	277.	740
C	FOREIGN TAXES PAID	913.	913.	41/1+	740
d	— — necessaries and necessaries and desirable for the distribution of the desirable for		<u> </u>		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,496,762.	2,190,644.	93,254.	212,864
<u>26</u>	Joint costs. Complete this line only if the organization			J J J J T •	222,004
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

19.75		Check if Schedule O contains a response or not	e to an	v line in this Part X			
				,	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			247,984.	1	132,122.
	2	Savings and temporary cash investments			561,181.	2	574,542.
	3	Pledges and grants receivable, net		***************************************	948,707.		589,812.
	4	Accounts receivable, net	•••••••		18,646.	4	86,067.
	5	Loans and other receivables from current and for				9/28/90	
		trustees, key employees, and highest compensate Part II of Schedule L	ited em	ployees. Complete		5	
	6	Loans and other receivables from other disqualit				2007	
		section 4958(f)(1)), persons described in section	-				
		employers and sponsoring organizations of sect					
Ś		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			40,963.	9	56,450.
	_	Land, buildings, and equipment: cost or other	l I	***************************************		2753400	
	""	basis. Complete Part VI of Schedule D	10a	1,925,129.		2.78.5	(2000) (2000) (2000) (2000)
	h	Less: accumulated depreciation	10h	830,012.	1,076,175.	10c	1,095,117.
	11	Investments - publicly traded securities	100		1,980,947.		2,040,548.
	12	Investments - other securities. See Part IV, line 1			51,398.		44,742.
	13	Investments - program-related. See Part IV, line			32,0501	13	33,732.
	14				2,029.		748.
	15	Intangible assets	***************************************	214,737.	15	256,725.	
	16	Total assets. Add lines 1 through 15 (must equa		5,142,767.	16	4,876,873.	
	17	Accounts payable and accrued expenses			283,954.	17	493,345.
	18		203,334.	<del> </del>	433,343.		
	19	Grants payable		18			
	20	Deferred revenue	•••••			19	
		Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
Liabilities	22	Loans and other payables to current and former					
Ē		key employees, highest compensated employee					
<u></u>		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated		To the state of th		24	
	25	Other liabilities (including federal income tax, pay				ļ	
		parties, and other liabilities not included on lines	17-24).	. Complete Part X of	100 000		025 020
		Schedule D	********		198,996.	25	237,839.
	26			37	482,950.	26	731,184.
		Organizations that follow SFAS 117 (ASC 958		k here ▶ L&L and			
Ses		complete lines 27 through 29, and lines 33 an					
au	27	Unrestricted net assets	•••••		2,469,882.	27	2,257,749.
Bal	28	Temporarily restricted net assets			791,207.	28	489,212.
pu	29				1,398,728.	29	1,398,728.
F		Organizations that do not follow SFAS 117 (A	SC 958	), check here 🕨 📖 📗			
ō		and complete lines 30 through 34.				'	
sets	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or eq		r		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
_	33	Total net assets or fund balances			4,659,817.	-	4,145,689.
	34	Total liabilities and net assets/fund balances		***************************************	5,142,767.	34	4,876,873.

Form **990** (2013)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			****	
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	2,49		
3	Revenue less expenses. Subtract line 2 from line 1	3	-72		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,65	9,8	<del>17.</del>
5	Net unrealized gains (losses) on investments	5	20	9,4	48.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4,14	5,6	89.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			in State	1855.55
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	17.79		1959/83
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat		659.0380	8277/11-	\$80050p2cm
	consolidated basis, or both:				
	Separate basis Consolidated basis X Both consolidated and separate basis				
c	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	edule O.	8.55		1800/68
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si		\$80 (B)		
	Act and OMB Circular A-133?	-	3a		X
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		
			Form	990	(2013)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Employer identification number

THE UNITED STATES SPORTSMEN'S

Open to Public Inspection

OMB No. 1545-0047

		ALLIANC:	E FOUNDATION	, INC	•				31	L-0941:	103		
Part I	Reason		ty Status (All organiza			this part.	See instr	uctions.					
The organi	zation is not a	private foundation b	pecause it is: (For lines 1	through 1	1, check o	nly one bo	x.)					-	
1			, or association of churc										
2			0(b)(1)(A)(ii). (Attach Sch			_							
з 🗔			al service organization d		n section	170(b)(1)(/	A)(iii).						
4 🗔	A medical res	earch organization o	perated in conjunction v	with a hose	oital descri	bed in sec	tion 170(	b)(1)(A)(iii	). Enter ti	he hospital'	s name	<b>∂</b> ,	
4 📖	city, and state		porazoa III oorijarrasiani				•			•			
5 🔲	An organizati	on operated for the l	penefit of a college or un	iversity ov	ned or op	erated by	a governn	nental unit	describe	ed in			
<b>э</b>	-					,							
e [	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).												
6 L													
1 22	•	o)(1)(A)(vi). (Complet		or no oupp	ore monitor,	90101111110	ina am o		g				
• $\Box$			ection 170(b)(1)(A)(vi). (	Complete	Part II \								
9 🔲			eives: (1) more than 33 1			om contrib	outions, m	emhershir	n fees, ar	nd aross rec	eiots t	from	
9	activities relat	ted to ite event fur	nctions · subject to certa	in excentic	one and (2	) no more	than 33 1	/3% of its	support	from gross	invest	ment	
	income and	invalated business to	axable income (less sect	ion 511 ta:	x) from bus	sinesses a	cauired b	v the orga	nization a	after June 3	0. 197	5.	
		509(a)(2). (Complete			.,			,			,		
10 🗀			perated exclusively to tes	st for publi	c safetv. S	ee sectio	n 509(a)(4	.).					
11			perated exclusively for the						out the	purposes o	f one o	or	
	more nublicly	supported organiza	tions described in section	on 509(a)(1	) or sectio	n 509(a)(2	). See sec	tion 509(a	a)(3). Che	eck the box	that		
			organization and comple				•	•					
	a Type I				nctionally i		d	г ∏Т Тур	e III - Nor	n-functionall	y integ	rated	
e 🗀			t the organization is not				by one or						
•—			han one or more publicly										
f			ten determination from t										
,	=	ganization, check th											
g			organization accepted ar										
9	(i) A person	n who directly or ind	irectly controls, either al	one or tog	ether with	persons d	escribed i	n (ii) and (	iii) below		Yes	No	
			upported organization?										
			n described in (i) above?										
			person described in (i) o										
h		' <del>-</del> '	about the supported or										
••	,	3	,.	-									
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	rganization	(v) Did you	notify the	(vi) ls	the	(vii) Amount	t of moi	netary	
	anization	\.,,	(described on lines 1-9	in col. (i) lis		organizat		organizáti (i) organiz	ed in the i	· '	port	-	
ŭ			above or IRC section (see instructions))	governing	aocument?	(i) of your	support?	U.S	.?				
			(see manuchona))	Yes	No	Yes	No	Yes	No				
-													
									ļ				
									1				
				ļ									
							,.	<u> </u>	-	ļ			
					-								

332021 09-25-13

Schedule A (Form 990 or 990-EZ) 2013

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

31-0941103 Page 2

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

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

Sec	ction A. Public Support						
_	indar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and	\	<b>\-/</b>		(-7		(//
	membership fees received. (Do not			•			
	include any "unusual grants.")	1493534.	1662468.	1815138.	2487688.	1653922.	9112750.
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	1493534.	1662468.	1815138.	2487688.	1653922.	9112750.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly				a grand a file		
	supported organization) included				200000		
	on line 1 that exceeds 2% of the						
	amount shown on line 11,			100 10 0 00 00 00 00 10 /:	assess.	2 2 3 3 6 6 6	
	column (f)				17,150,000,000,000	3 5 7 7 7 7 5 7	2255864.
6	Public support. Subtract line 5 from line 4.						6856886.
Sec	ction B. Total Support	•					
Cale	ndar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011 1815138.	(d) 2012	(e) 2013 1653922.	(f) Total 9112750.
7	Amounts from line 4	1493534.	1662468.	1815138.	2487688.	1653922.	9112750.
8	Gross income from interest,						,
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	61,908.	58,734.	57,099.	59,757.	50,390.	287,888.
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				<b>基度的特殊</b>		9400638.
	Gross receipts from related activities,	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•••••	12	346,523.
13	First five years. If the Form 990 is for	-	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	C
<u>~</u>	organization, check this box and stor	here					<u></u>
	ction C. Computation of Publ		<del></del>			T	70.04
	Public support percentage for 2013 (					14	72.94 %
	Public support percentage from 2012						69.06 %
16a	33 1/3% support test - 2013. If the c						
_	stop here. The organization qualifies						
b	33 1/3% support test - 2012. If the c	·-					
	and stop here. The organization qual						
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						
40	organization meets the "facts-and-circ						
18	Private foundation. If the organization	in did not check a	box on line 13, 16	a, 160, 17a, or 17i			
					ocne	edule A (Form 990	OF 990-E737013

Schedule A (Form 990 or 990-EZ) 201

### 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	ion, piddoc com	proto i art ii.j				
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")				ļ		
2 Gross receipts from admissions,						
merchandise sold or services per-		İ				
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						
				<u> </u>		
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf	<del></del>					
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				1		
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	AND THE STATE OF T	Province Value of the Commission of the Commissi	Street and other processing or government of the control of	The second secon	6-   GE-40078175000000000000000000000000000000000	
alendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	(a) 2009	(15) 2010	(6) 2011	(0) 2012	(e) 2013	(s) rotar
IOa Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
<b>b</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.)				<del>                                     </del>		
		- 50-1				
14 First five years. If the Form 990 is for t	-		•	•	,,,,	· —
check this box and stop here	Compart Da					
Section C. Computation of Public					1	
5 Public support percentage for 2013 (lin						
6 Public support percentage from 2012 s					16	
ection D. Computation of Invest					<del> </del>	
7 Investment income percentage for 201						
8 Investment income percentage from 20						
<b>9a 33 1/3% support tests - 2013.</b> If the o	_					
more than 33 1/3%, check this box and	d stop here. The	organization qual	ifies as a publicly	supported organi	zation	▶□
b 33 1/3% support tests - 2012. If the o						
line 18 is not more than 33 1/3%, chec	=				•	
20 Private foundation. If the organization		_			-	

332023 09-25-13

### THE UNITED STATES SPORTSMEN'S

Schedule A (Form 990 or 990-EZ) 2013 ALLIANCE FOUNDATION, INC.	31-0941103 Page
Schedule A (Form 990 or 990-EZ) 2013 ALLIANCE FOUNDATION, INC.  Part IV Supplemental Information. Provide the explanations required by Part I	I, line 10; Part II, line 17a or 17b; and Part III, line 12.
Also complete this part for any additional information. (See instructions).	, · · · <b>,</b> · · · · · · , · · · · · · · · · · · ·
1. 440 00 months and part of any account and account (000 months account).	
	A Committee of the Comm
	The state of the s

### **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

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. ➤ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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OMB No. 1545-0047

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.
- 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.

	e organization answered "Yes," to Section 501(c)(4), (5), or (6) organizat		/ Tax) or Form 990-E2	L, Part V, line 350 (Proxy 18	ax), tnen
	e of organization THE UNI	TED STATES SPORT	SMEN'S	Empl	oyer identification number
	ALLIANC	E FOUNDATION, IN	c.		31-0941103
Pa	rt I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 or	rganization.
2	Provide a description of the organiz Political expenditures Volunteer hours			\$	
Pa	rt I-B Complete if the org	anization is exempt und	er section 501(c)	(3).	
	Enter the amount of any excise tax				
	Enter the amount of any excise tax				
	If the organization incurred a section				
	Was a correction made?				
h	If "Yes." describe in Part IV.				
Pa	rt I-C Complete if the org	anization is exempt und	er section 501(c),	except section 501	c)(3).
1	Enter the amount directly expended	by the filing organization for sec	ction 527 exempt func	tion activities 🟲 \$	
2	Enter the amount of the filing organ	ization's funds contributed to ot	her organizations for se	ection 527	
	exempt function activities	,	***************************************	▶\$	
3	Total exempt function expenditures				
	line 17b		***************************************	▶\$	
	Did the filing organization file $\ensuremath{\textit{Form}}$				
5	Enter the names, addresses and en				
	made payments. For each organiza				
	contributions received that were pro-				te segregated fund or a
	political action committee (PAC). If				
	(a) Name	(b) Address	(c) EIN	(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) 2013

LHA

332041 11-08-13

59,549.

25,000.

Schedule C (Form 990 or 990-EZ) 2013	ALLIANCE FO	UNDATION, II	NC.	31-0	941103 Page 2
Part II-A Complete if the org		mpt under section	1 501(c)(3) and fil	ed Form 5768	
(election under sec				<del>.</del>	
		liated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
	re of excess lobbying				
B Check Lifthe filing organiza	ition checked box A a	nd "limited control" pro	visions apply.		
	ts on Lobbying Expe ditures" means amou	nditures unts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinion (	grass roots lobbying)		27,300.	
b Total lobbying expenditures to infl				193,600.	
c Total lobbying expenditures (add I	=	- ·		220,900.	
d Other exempt purpose expenditur			į	2,275,661.	
e Total exempt purpose expenditure				2,496,561.	
f Lobbying nontaxable amount. Ent				274,828.	
If the amount on line 1e, column (a)		bying nontaxable amo	11		
Not over \$500,000		the amount on line 1e.			Brodinski sund tilbera ott
Over \$500,000 but not over \$1,00	0,000 \$100,00	00 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000 \$175,00	00 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17		00 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
					(0.8)(35.00.00.8).T/(50.4)
g Grassroots nontaxable amount (er	nter 25% of line 1f)	,,,,	***************************************	68,707.	
h Subtract line 1g from line 1a. If zer	o or less, enter -0- 🗼			0.	
i Subtract line 1f from line 1c. If zero				0.	
j If there is an amount other than ze	ero on either line 1h or	line 1i, did the organiza	ation file Form 4720	r <del>.</del>	
reporting section 4911 tax for this				L	Yes         No
	zations that made a s	eraging Period Under section 501(h) election se instructions for line	do not have to com		
	Lobbying Expe	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	( <b>d)</b> 2013	(e) Total
2a Lobbying nontaxable amount	238,195.	242,831.	254,058.	274,828.	1,009,912.
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>					1,514,868.
c Total lobbying expenditures	151,840.	168,340.	213,640.	220,900.	754,720.

60,708.

41,500.

Schedule C (Form 990 or 990-EZ) 2013

252,479.

378,719.

128,800.

68,707.

27,300.

63,515.

35,000.

d Grassroots nontaxable amount e Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990 EZ) 2013 ALLIANCE FOUNDATION, INC.

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)).

or e	r each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description				(b)		
of the	e lobbying activity.	Yes	No	An	nount		
1	During the year, did the filing organization attempt to influence foreign, national, state or		154.738 .51.				
	local legislation, including any attempt to influence public opinion on a legislative matter	0.000	16.00	9 2 5 9 9			
	or referendum, through the use of:						
а	Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			8,680,2,66			
C	Media advertisements?		ļ.,				
d	Mailings to members, legislators, or the public?						
	Publications, or published or broadcast statements?						
	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?						
i	Other activities?						
·	Total. Add lines 1c through 1i	14.859.7859.755 2.559.755	75/75EV.210				
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			64 V 94 05 W D 85 V 055 1 W C 8 W 0			
	If "Yes," enter the amount of any tax incurred under section 4912	The second product a processing of					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		( A. 15) (A)				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		A CONTRACTOR OF THE CONTRACTOR	######################################			
Par	till-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c	)(5). or	section			
I G	501(c)(6).		/(- <i>I</i> /				
				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?						
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?						
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members						
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political		100	di.			
~	expenses for which the section 527(f) tax was paid).						
_	·		2	a			
	Current year						
	Carryover from last year			Ti Ti	•••		
C	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues			3			
3							
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex						
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and						
	expenditure next year?			<u> </u>	<del> </del>		
5	Taxable amount of lobbying and political expenditures (see instructions)			)	· · · · · · · · · · · · · · · · · · ·		
	TIV Supplemental Information	a llatte Dank	II A lima	D. a.a.d Daub	UD Essi		
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grounds and the state of	ıp iişij, Fait	II-A, III e	z, and Fait	n•□, iiiie 1.		
Also	complete this part for any 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www irs gov/form990.

THE UNITED STATES SPORTSMEN'S Employed.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ALLIANCE FOUNDATION, INC.

Employer identification number 31-0941103

Par	t 🔝 Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	Is or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 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	writing that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Par			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) 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 quali	fied 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
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	oture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	_
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling o	ıf
	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	enforcing conservation easements during	ng the year 🕨 \$
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 17	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expen	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describe	es the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or	Other 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 (A	SC 958), not to report in its revenue stat	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthe	rance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue stateme	ent and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	oublic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financ	cial gain, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		

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Schedule D (Form 990) 2013

No

					·		
	dule D (Form 990) 2013		FOUNDATION,			0941103	
Pai	t III Organizations I	Maintaining Col	lections of Art, H	istorical	Treasures, or Other Similar As	sets(continue	<b>⊒</b> d)
3	Using the organization's ac	quisition, accession,	and other records, ch	eck any of	the following that are a significant use of	its collection it	tems
	(check all that apply):			_			
а	Public exhibition		d 🗀	Loan or	exchange programs		
h	Coholody recessorsh			7 ~4			

Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

2a Did the organization include an amount on Form 990, Part X, line 21?

5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar	assets		
	to be sold to raise funds rather than to be maintained as part of the organization's collection?		. Yes	☐ No
Pai	Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to I reported an amount on Form 990, Part X, line 21.	orm 990, P	art IV, line 9, or	
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not on Form 990, Part X?		Yes	□ No
b	If "Yes," explain the arrangement in Part XIII and complete the following table:		Amount	
c	Beginning balance	1c		
d	Additions during the year	1d		
	Distributions during the year	1 . 1		
f	Ending balance	. 1f		

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	1,165,274.	1,139,843.	1,252,236.	1,223,003.	1,140,838.
b	Contributions				2,500.	10,000.
c	Net investment earnings, gains, and losses	192,933.	85,623.	-2,335.	91,004.	139,577.
d	Grants or scholarships					
e	Other expenditures for facilities					
	and programs	59,176.	60,192.	110,058.	54,271.	67,412.
f	Administrative expenses					
g	End of year balance	1,299,031.	1,165,274.	1,139,843.	1,252,236.	1,223,003.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

а	Board designated or quasi-e	.00	%	
b	Permanent endowment	100.00	%	<del></del>

c Temporarily restricted endowment ▶ \_\_\_\_\_.00 The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization

by:		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)		X
If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?			

Describe in Part XIII the intended uses of the organization's endowment funds.

### Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		744,773.		744,773.
b Buildings		602,514.	320,896.	281,618.
c Leasehold improvements				
d Equipment		348,344.	286,995.	61,349.
e Other		229,498.	222,121.	7,377.
Total. Add lines 1a through 1e. (Column (d) must equa	al Form 990, Part X, colur	mn (B), line 10(c).)		1,095,117.

Schedule D (Form 990) 2013

b

Schedule D (Form 990) 2013 ALLIANCE FOUNDAT	ION,	INC.	31-09411	03 Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" to Form 9		/, line 11b. See Form 990,	Part X, line 12.	
(a) Description of security or category (including name of security) (b) E	Book value	(c) Method of	valuation: Cost or end-of-year mar	ket value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
_(C)				
(D)				
(E)				
<u>(F)</u>				
(G)				
(H)			and another the first and the sections of a contract the contract three transferreds, where we have	EASTMANTOSTA TACATRIANIAN TA
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" to Form 9  (a) Description of investment (b) E	90, Part I\ Book value	/, line 11c. See Form 990,	Part X, line 13.	l-+41
	SOUR VAIUE	(c) Metriod or	valuation: Cost or end-of-year mar	ket value
(1)	·			
(2)				
(3)				
(4) (5)				***************************************
(6)				<u>.</u>
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		(50/700) (50/500) (4.055)		al Reference legy and her
Part IX Other Assets.		See 100 See 10		an make the and second a series
Complete if the organization answered "Yes" to Form 9	90, Part I\	/, line 11d. See Form 990,	Part X. line 15.	
(a) Descriptio		· · · · · · · · · · · · · · · · · · ·		k value
(1) DEFERRED COMPENSATION ARRANGEM	ENT		2:	30,748.
(2) BENEFICIAL INTEREST IN ASSETS	HELD	BY OTHERS		25,977
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		427777777774744774447774477744477	2.	56,725.
Part X Other Liabilities.				
Complete if the organization answered "Yes" to Form 9	90, Part I\		n 990, Part X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes			▮ 아름 살림 때 어떻게 되었다.	
(2) OHIO WETLANDS PROJECT FUND		1,329.		
(3) DEFERRED COMPENSATION ARRANGEM	ENT	230,748.	4 6 6 6 6 6 6 6 6	
(4) CAPITAL LEASE LIABILITY		5,762.		
(5)			↓ # \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
(6)		I	■ 30 (20)	

237,839. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) .... > 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X Schedule D (Form 990) 2013

332053 09-25-13

(7) (8) (9) ALLIANCE FOUNDATION, INC.

Part XI Reconciliation of Revenue per Audited Financial St.	atements With	Revenue per R	eturn	•
Complete if the organization answered "Yes" to Form 990, Part IV, li	ne 12a.			
1 Total revenue, gains, and other support per audited financial statements			1	1,967,128.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		11 0 g 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
a Net unrealized gains on investments		209,448.		
b Donated services and use of facilities				
c Recoveries of prior year grants		12 000		
d Other (Describe in Part XIII.)		13,086.	<b>3694</b>	000 504
e Add lines 2a through 2d			2e	222,534.
3 Subtract line 2e from line 1	•••••		3	1,744,594.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
a Investment expenses not included on Form 990, Part VIII, line 7b		28,592.		
b Other (Describe in Part XIII.)			7000000000	28,592.
c Add lines 4a and 4b			4c	1,773,186.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Part XII Reconciliation of Expenses per Audited Financial S				
Complete if the organization answered "Yes" to Form 990, Part IV, li	46.	-	Hetu	111:
Total expenses and losses per audited financial statements			1	2,481,256.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			52424C	2/101/200
a Donated services and use of facilities	2a		2000	
b Prior year adjustments				
c Other losses	·····			
d Other (Describe in Part XIII.)		13,086.	1	
e Add lines 2a through 2d			2e	13,086.
3 Subtract line 2e from line 1			3	2,468,170.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	*************************	***************************************		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)		28,592.		
c Add lines 4a and 4b			4c	28,592.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	2,496,762.
Part XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	1 4; Part IV, lines 1b	and 2b; Part V, line	4; Part	X, line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional inforr	nation.		
PART V, LINE 4:				
EXPLANATION: THE FUNDS ARE USED FOR THE	CONSERVATI	ON EFFORTS	OF	THE
ORGANIZATION.				
D1DH W 1737H 0				
PART X, LINE 2:				
THE TAXABLE OF THE TOTAL PROPERTY OF THE TAXABLE OF THE TAXABLE OF	BUE DD01174	TONG OF TH		3.0D 3.00
EXPLANATION: THE FOUNDATION HAS ADOPTED '	THE PROVIS	TONS OF TH	ie f.	ASB ASC
DELYMPTAC MO INTONDESTRI MAY DOCUMENTONO MIL	יייי איייי פו	ON DODG NO	\ITI TO	erreve rmo
RELATING TO UNCERTAIN TAX POSITIONS. TH	E FOUNDATI	ON DOES NO	).I. B	ELTEAE LLS
DINAMOTAL CHARDWOOD INCLINE AND INCOMA	TN	TETONIC 5	7 T MTT	13135.7
FINANCIAL STATEMENTS INCLUDE ANY UNCERTA	IN TAX PUS	TTIONS. V	AT J.H	FEW
EXCEPTIONS, THE FOUNDATION IS NO LONGER	CITE TECH HO	וו פ ביבות	ד ג סיי.	OD CONTAINED
EXCEPTIONS, THE FOUNDATION IS NO LONGER	POPOFCI IO	O.S. PEDE	יויאיזי	OR STATE
AND LOCAL TAX EXAMINATIONS BY TAX AUTHOR	T#T#Q #AP	VEARS BEEN	ਜ਼ ਦ	2010
THE HOURS IAM HAMILIMATIONS BY TAX AUTHOR	TITED FOR	THAMO DEF	\T.Y.T.I	2010.
PART XI, LINE 2D - OTHER ADJUSTMENTS:				

16531007 716836 44700

### SCHEDULE G

(Form 990 or 990-EZ)

Name of the organization

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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.

2013

Open To Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990.

THE UNITED STATES SPORTSMEN'S

Employer identification number 31-0941103

ALL LANC	E FOUNDATION, INC.				31-0941	103
Part Fundraising Activities. required to complete this part	Complete if the organization answert.	ered "Y	'es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the ten highest paid indicompensated at least \$5,000 by the	e Solicita f Solicita g Special or oral agreement with any individua art VII) or entity in connection with p viduals or entities (fundraisers) purs	tion of tion of fundra I (includer profess	non-g gover aising ding o ional t	overnment grants nment grants events fficers, directors, tru- fundraising services?	stees orYes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have c	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
		<u> </u>				
Total  3 List all states in which the organization or licensing.	n is registered or licensed to solicit		. <b>&gt;</b> oution:	s or has been notified	d it is exempt from re	egistration

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Schedule G (Form 990 or 990-EZ) 2013

Schedule G (Form 990 or 990-EZ) 2013 ALLIANCE FOUNDATION, INC.

Pa	rt	Fundraising Events. Complete if the	e organization answered	l "Yes" to Form 990, Par	t IV, line 18, or reported	more than \$15,000
		of fundraising event contributions and gr	oss income on Form 990	EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1 CHARITY SHOOT	( <b>b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
<u>o</u>			(event type)	(event type)	(total number)	COI. (C))
Revenue	1	Gross receipts	17,302.			17,302.
	2	Less: Contributions	3,792.			3,792.
	3	Gross income (line 1 minus line 2)	13,510.			13,510.
		,				
	4	Cash prizes				
တ္	5	Noncash prizes	3,484.			3,484.
Direct Expenses	6	Rent/facility costs	2,875.			2,875.
irect E	7	Food and beverages	850.			850.
Ω	8	Entertainment				
	9	Other direct expenses	5,877.			5,877.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		<b>&gt;</b>	13,086.
<del></del>	11	Net income summary. Subtract line 10 from li	ine 3, column (d)			424.
Pa	rt l	-	answered "Yes" to Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	<del> </del>	(b) Pull tabs/instant		(a) Tatal assessment of all a
eΠι			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						(-)
Ť	1	Gross revenue				
nses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	☐ Yes %	☐ Yes %	
	6	Volunteer labor	No No	No No	□ No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
						111
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<u>&gt;</u>	
а	ls t	ter the state(s) in which the organization opera the organization licensed to operate gaming ac No," explain:	tivities in each of these			Yes No
IJ	11	TO, Opiair.				
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No
	_					

332082 09-12-13

Schedule G (Form 990 or 990-EZ) 2013

### THE UNITED STATES SPORTSMEN'S

Schedule G (Form 990 or 990-EZ) 2013 ALLIANCE FOUNDATION, INC.	31-0	941	103	Page 3
11 Does the organization operate gaming activities with nonmembers?	<i></i>		Yes	□ No
12 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	☐ No
13 Indicate the percentage of gaming activity operated in:	*			
a The organization's facility		13a		%
b An outside facility		13b		<del>/</del> 6
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	rde.	100	***************************************	
Enter the name and address of the person who prepares the organization's gaining/special events books and recon	us.			
Name ▶				
Address >				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		. 🗆 <b>\</b>	Yes	□ No
b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization of the organizatio	unt			
of gaming revenue retained by the third party > \$				
c If "Yes," enter name and address of the third party:				
Name ▶				
Name ▶				
Address ►				
16 Gaming manager information:				
Name ▶				
Gaming manager compensation ▶ \$				
Description of services provided				
Director/officer Employee Independent contractor				
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?			Yes	☐ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the	•		
organization's own exempt activities during the tax year > \$				
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instruct	-	nes 9, 9	9b, 10	b, 15b,
				<del>"' "</del>
		*****		
	<del></del>			

SCHEDULE (Form 990)

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

Open to Public 2013 Inspection

OMB No. 1545-0047

Employer identification number 31-0941103 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 Information about Schedule I (Form 990) and its instructions is at www irs gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. THE UNITED STATES SPORTSMEN'S INC ALLIANCE FOUNDATION General Information on Grants and Assistance Name of the organization Department of the Treasury Internal Revenue Service Part

NVOLVING FAMILIES IN THE INVOLVING FAMILIES IN THE ž HIS OUTDOOR HERITAGE BY THIS OUTDOOR HERITAGE BY UTDOOR EXPERIENCE, WIN O ENSURE THE FUTURE OF DUTDOOR EXPERIENCE, WIN TO PROTECT AND ADVANCE MERICA'S HERITAGE OF FO ENSURE THE FUTURE (h) Purpose of grant UNTING, FISHING AND or assistance X Yes 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 RAPPING. (g) Description of non-cash assistance valuation (book, FMV, appraisal, (f) Method of other ċ ٥. ٥. (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 305,000 5,000 (d) Amount of 5,000 cash grant (c) IRC section if applicable criteria used to award the grants or assistance? 501(C)(4) 501(C)(3) 501(C)(3) 31-0899414 36-3237503 (p) EIN 1 (a) Name and address of organization 5001 W. CAREFREE HIGHWAY, IEHQ ALLIANCE, INC. - 801 KINGSMILL THE UNITED STATES SPORTSMEN'S NE GAME & PARKS FOUNDATION PKWY - COLUMBUS, OH 43229 AZ GAME & FISH DEPARTMENT or government PHOENIX, AZ 85086-5000 LINCOLN, NE 68503 2200 N. 33RD Part

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2013)

## THE UNITED STATES SPORTSMEN'S

ALLIANCE FOUNDATION, INC.

Schedule I (Form 990) (2013)

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

(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. Provide the information required	uired in Part I, lin	e 2, Part III, column	in Part I, line 2, Part III, column (b), and any other additional information.	Iditional information.	
PART I, LINE 2:					
EXPLANATION: DUE TO THE RELATED NAT	NATURE OF	THE ORGANI	ORGANIZATIONS IN	INVOLVED, THE	
USE OF THE FUNDS IS CONSISTENTLY MONI	IONITORED	AND MANAGED	ED TO ENSURE	RE IT	
FULFILLS THE INTENDED USE OF THE GE	GRANT.				
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT:	: AZ GAME	& FISH	DEPARTMENT		
(H) PURPOSE OF GRANT OR ASSISTANCE:	: TO ENSURE	THE	FUTURE OF THIS	IS OUTDOOR	
HERITAGE BY INVOLVING FAMILIES IN 1	THE OUTDOOR	OOR EXPERIENCE,	WIN	PUBLIC	

332102 10-29-13

Part IV Supplemental Information	age 2
SUPPORT FOR THE OUTDOOR SPORTS AND PROMOTE THE SPORTSMAN'S STEWARDSHIP	
ROLE.	
NAME OF ORGANIZATION OR GOVERNMENT: NE GAME & PARKS FOUNDATION	
(H) PURPOSE OF GRANT OR ASSISTANCE: TO ENSURE THE FUTURE OF THIS OUTDOOR	Ł
HERITAGE BY INVOLVING FAMILIES IN THE OUTDOOR EXPERIENCE, WIN PUBLIC	
SUPPORT FOR THE OUTDOOR SPORTS AND PROMOTE THE SPORTSMAN'S STEWARDSHIP	
ROLE.	

### SCHEDULE J (Form 990)

Department of the Treasury

## **Compensation Information**

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

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

► Attach to Form 990.
 ► See separate instructions.
 ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Internal Revenue Service
Name of the organization

**Questions Regarding Compensation** 

THE UNITED STATES SPORTSMEN'S ALLIANCE FOUNDATION, INC.

Employer identification number 31-0941103

			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,		<b>计数数</b>	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	62 63		
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence	SS VALUE		50.00
	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	PAASSASS	1995-1995/
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	77.48387	9/8/6/8	WHICH:
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	10.000.000 A	\$255.55£
	Traditional and onloads, moderning the order products product, regulating the feeling of testing training the feet		R184503	2000 Page 1
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
•	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, but explain in Part III.		V 200	
	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:	23/24/24	GARGEE.	14082045.
	Receive a severance payment or change-of-control payment?	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		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	\$1000		
	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:	43		
а	The organization?	5a		X
	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.		数数	
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		Q/49-2	
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.	1980	9.70	Transf
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	<b>                                     </b>		
-	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	ř		
-	Regulations section 53.4958-6(c)?	9		
	· · · · · · · · · · · · · · · · · · ·	. 3		

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Schedule J (Form 990) 2013

# THE UNITED STATES SPORTSMEN'S

ALLIANCE FOUNDATION, INC.

Page 2

31-0941103

Schedule J (Form 990) 2013

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.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	ple	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)·()(a)	_
(1) WALTER P. PIDGEON, JR.	E	78.992.	60.264.	38,093.		12.460.		0
5		38,977.	29,736.	18,796.	13,519.		107,176.	
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Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

Part III Supplemental Information

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.

	IDGEON JR. PARTICIPATED IN A NON-QUALIFIED TOP	121	ORGANIZATION	2013, RECEIVING A SEVERANCE F	2013 THF	9 WERE INCLUDED IN HIS 2013 W-2 WAGES.							Schedule J (Form 990) 2013
1	AKT I, LINES 4A-B: XPLANATION: WALTER P. PIDGEON JR. PARTIC	TOTAL EMPLOYEE	396 IN 2013 FOR BOTH ORGANIZATION	3 ORGANIZATION IN 2013, RECEIVING	S TWO YEARS, FROM SEPTEMBER 2013	S TOTALING \$56,109 WERE INCLUDED							

### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

omplete 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.

2013
Open to Public Inspection

OMB No. 1545-0047

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs. gov/form990.

THE UNITED STATES SPORTSMEN'S Emplo

THE UNITED STATES SPORTSMEN'S ALLIANCE FOUNDATION, INC.

Employer identification number 31-0941103

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WOMEN TO PROTECT AGAINST LEGAL ATTACKS BY THE ANIMAL RIGHTS MOVEMENT.
GAIN SUPPORT FOR WILDLIFE CONSERVATION AND OUTDOOR SPORTS BY ORGANIZING
AND EDUCATING AMERICA'S YOUTH, THEIR FAMILIES AND THE ELECTED OFFICIALS
THAT REPRESENT THEM.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
YOUTH, THEIR FAMILIES AND THE ELECTED OFFICIALS THAT REPRESENT THEM.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
IS MORE ABUNDANT THROUGHOUT THE COUNTRY THAN ANY TIME IN THE LAST 100
YEARS. WE UTILIZE EDUCATION FORUMS, SOCIAL AND ELECTRONIC MEDIA,
SPEECHES AND PRESENTATIONS AT SPORTSMEN CLUB MEETINGS, SPORTSMEN SHOWS,
AND OTHER GATHERINGS OF SPORTSMEN AND THE GENERAL PUBLIC TO EDUCATE
SPORTSMEN.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
EDUCATIONAL MATERIALS USED IN SPEECHES, DISPLAYS AND DIRECT MAIL TO
SPORTSMEN AND CONSERVATION CLUBS NATIONWIDE.
IN HOUSE AND HIRED VENDORS PROVIDE THE RESEARCH, INFORMATION AND
CREATIVITY NECESSARY TO SUCCESSFULLY CRAFT AND DISTRIBUTE OUR MESSAGE
TO THE AMERICAN PEOPLE.

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

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

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

Schedu

Schedule O (Form 990 or 990-EZ) (2013)

332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013) Page 2 Name of the organization THE UNITED STATES SPORTSMEN'S Employer identification number ALLIANCE FOUNDATION, INC. 31-0941103 LEGISLATION (INCLUDING TREATIES AND INITIATIVES/REFERENDA) AND REGULATIONS BY LAWYERS. EXPENSES \$ 503,844. INCLUDING GRANTS OF \$ 220,900. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: 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 AN OPEN INVITATION SHALL BE GIVEN TO ALL MEMBERS OF USSAF'S ITS FILING. BOARD OF DIRECTORS AND TO ITS OFFICERS TO ATTEND, AT THEIR OPTION, THE MEETING AT WHICH THE FORM 990 IS TO BE REVIEWED AND DISCUSSED. 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

FORM 990, PART VI, SECTION B, LINE 12C:

332212 09-04-13

IS FILED.

Employer identification number 31-0941103

EXPLANATION: 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:

EXPLANATION: 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,MO

FORM 990, PART VI, SECTION C, LINE 18:

EXPLANATION: 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, AND THE ORGANIZATION'S WEBSITE.

FORM 990, PART VI, SECTION C, LINE 19:

332212 09-04-13

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▼ See separate instructions.

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OMB No. 1545-0047

Employer identification number 31-0941103 Inspection

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ►Information about Schedule R (Form 990) and its instructions is at www irs gov/form990. THE UNITED STATES SPORTSMEN'S ► Attach to Form 990. ALLIANCE FOUNDATION, INC. Name of the organization Department of the Treasury Internal Revenue Service

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

Part

(g) Section 512(b)(13) ŝ controlled entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. € Direct controlling entity End-of-year assets **©** status (if section Public charity 501(c)(3)) Total income Exempt Code 9 section Legal domicile (state or Legal domicile (state or foreign country) foreign country) Primary activity Primary activity THE UNITED STATES SPORTSMEN'S ALLIANCE, INC. Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity Part

N/A 501(C)(4) OIHC SUPPORT SPORTSMEN AND WILDLIFE EFFORTS. 31-0899414, 801 KINGSMILL PKWY, COLUMBUS, 43229

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

332161 09-12-13 LHA

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Schedule R (Form 990) 2013

THE UNITED STATES SPORTSMEN'S ALLIANCE FOUNDATION, INC.

Schedule R (Form 990) 2013

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

Page 2

31-0941103

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	1	Share of total sincome en	(g) Share of end-of-year assets	(h) Disproportionale allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(I) General or managing partner? Jie partner? S5) Yes No	(i) (k) General or Percentage managing ownership	age dir
		1										
Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organization or trust during the tax year.  (a)  (b)  (c)  (d)  (d)  (d)  (e)  (f)  (f)  (inc)  (f)  (h)  (g)  (h)  (h	ganizations Taxable a	is a Corporation to the tax point of tax point of the tax point of tax	Corporation or Trust Co tax year.  (b)  Primary activity	complete if the organii  (G)  Legal domicile (state or comicile oreign)  Consignation	e organization answe (d)  Direct controlling entity	ered "Yes" on For  (e)  Type of entity (C corp., S corp, or trust)	Form 990, Part IV, I	t IV, line 34 total	(g) Share of end-of-year assets	(h) Percentage	(i) Section 512(b)(13) controlled entity?	
				(Source)							Yes	0
								<b></b>				ì
332162 09-12-13				44					Sched	ule R (Fo	Schedule R (Form 990) 2013	[

## THE UNITED STATES SPORTSMEN'S ALLIANCE FOUNDATION, INC.

Schedule R (Form 990) 2013

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, 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
1 During the tax year, did the organization engage in any of the following transaction	is with one or more re	transactions with one or more related organizations listed in Parts II-V?	in Parts II:IV?	2.90
a Receipt of (i) interest (ii) annuities (iii) rovalties or (iv) rent from a controlled entity			1	X
				,
b Gift, grant, or capital contribution to related organization(s)				1b X
c Gift, grant, or capital contribution from related organization(s)			<del>-</del>	A of
d Loans or loan quarantees to or for related organization(s)		, , , , , , , , , , , , , , , , , , ,	T	×
מ בסמום כן יסנון אַנימימוניסט ניס פון יסומיסט סוקאיון במיוסון סן	***************************************			
e Loans or loan guarantees by related organization(s)	***************************************		<u></u>	1e X
f Dividends from related organization(s)				×
	***************************************			
g Sale of assets to related organization(s)				1g ∆
h Purchase of assets from related organization(s)			-	1h X
i Exchange of assets with related organization(s)			-	×
i lease of facilities equipment or other assets to related organization(s)			•	
בסמסט כן ומסווויניסן כקביף וויכודין כן כנווטן מססטים נס וסומנסט כו שמווזבמוטווען				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			Text	
K Lease of facilities, equipment, or other assets from related organization(s)				4k
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			× =
m Performance of services or membership or fundraising solicitations by related organization(s)	inization(s)		<del>-</del>	1m
	ion(s)		4	45 ×
				╀
o sharing or paid employees with related organization(s)	***************************************			٥١ ټ
b Reimbursement paid to related organization(s) for expenses			· <del>-</del>	¥
			T	×
				+
r Other transfer of cash or property to related organization(s)			=	4
s Other transfer of cash or property from related organization(s)				ts X
2 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 the	is line, including covered	relationships and transaction thresholds.	
	3	(2)	(4)	
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	eq
THE THIRD CHAPTE SDORGENIA INTITANCE				
	ф	305,000.CASH	CASH PAYMENT	
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•	ບ	31,431.	. CASH PAYMENT	
THE UNITED STATES SPORTSMEN'S ALLIANCE,	į		1	
	N	4T,586.	CASH PAYMENT	
THE UNITED STATES SPORTSMEN'S ALLIANCE,	C	618 450	HNEWAGO HS&N USP	
min Thit can day and companies of the min	,	* 00# / 010		
ONITED STATES SPORTSMEN S	ă	627,929.	929. CASH PAYMENT/YEAR-END RECE	RECEIVABLE
(9)				
332163 09-12-13	45		Schedule R (Form 990) 2013	orm 990) 2013

# THE UNITED STATES SPORTSMEN'S

Schedule R (Form 990) 2013 ALLIANCE FOUNDATION, INC.

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

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

## THE UNITED STATES SPORTSMEN'S ALLIANCE FOUNDATION. INC.

Schedule R (Form 990) 2013	ALLIANCE	FOUNDATION,	INC.	31-0941103 Page 5
Schedule R (Form 990) 2013 Part VII Supplemental Inf	ormation			. 495
Provide additional info	rmation for responses	to questions on Sched	lule R (see instructions).	
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Form(8868 (Hev. 1-2014)					Page 2
• If you are filing for an Additional (Not Automatic) 3-Month I	Extension,	complete only Part II and check this	is box	· • • • • • • • • • • • • • • • • • • •	<b>▶</b> 🗓
Note. Only complete Part II if you have already been granted ar	n automatic	: 3-month extension on a previously t	filed Form	1 8868.	
If you are filing for an Automatic 3-Month Extension, comp Part II Additional (Not Automatic) 3-Month	lete only P	art I (on page 1).			
Part II Additional (Not Automatic) 3-Month	Extension	on of Time. Only file the origin	nal (no	copies ne	eded).
		Enter filer's	identify	ing numbe	r, see instructions
Type or Name of exempt organization or other filer, see inst	ructions.				tion number (EIN) or
print THE UNITED STATES SPORTSMEN	N'S		-		• •
File by the due daily for Allumber Street and recording to the due daily for Allumber Street and record and re				31-0	941103
filing your I Northber, sireer, and room or suite no. If a P.O. box,	see instruc	ctions.	Social s	ecurity num	iber (SSN)
return. See 801 KINGSMILLE PARKWAY					
Oity, town or post office, state, and ZIP code. For a	foreign add	dress, see instructions.			
COLUMBUS, OH 43229					
Enter the Return code for the return that this application is for (fi	ile a separa	te application for each return)	• • • • • • • • • • • • • • • • • • • •		0 1
Application	Return	Application			Return
ls For	Code	Is For			Code
Form 990 or Form 990-EZ	01				
Form 990-BL	02	Form 1041-A	_		08
Form 4720 (individual)	03	Form 4720 (other than individual)			09
Form \$90-PF	04	Form 5227			10
Form \$90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form \$90-T (trust other than above)	06	Form 8870			12
STOP Do not complete Part II if you were not already grante	<u>d an auton</u>	natic 3-month extension on a prev	iously fil	ed Form 88	168,
THE ORGANIZATI	ON				
• The books are in the care of > 801 KINGSMILL	PARKW	AY - COLUMBUS, OH	43229		
1elephone No. ► 514-888-4868		Fax No.			<u> </u>
If the organization does not have an office or place of business     If this is for a Cropp Battern and the life in for a Cropp Battern and the life in formation in the life in the life in the life in formation in the life	ss in the Ur	ited States, check this box			▶ 🗀
in this is for a Group Return, enter the organization's four digit	Group Exe	mption Number (GEN) #	this is fo	r the whole	group chack this
DOX P THE IS TO PAIT OF THE GROUP, CHECK THIS DOX	<u>, and atta</u>	ch a list with the names and EINs of	all memi	ers the ext	ension is for.
4 ilrequest an additional 3-month extension of time until	NOVEMI	3ER 15, 2014.			
5 flor calendar year 2013, or other tax year beginning		, and ending	3		
6 If the tax year entered in line 5 is for less than 12 months, of	check reaso	on: Initial return	Final .	eturn	
Change in accounting period					
7 State in detail why you need the extension					
ADDITIONAL TIME IS NEEDED TO	GATHER	THE INFORMATION 1	VECES	SARY 1	O FILE A
COMPLETE AND ACCURATE RETURN.					
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069, e	enter the tentative tax, less any	ĺ	•	
rionrefundable credits. See instructions.			8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069	3, enter any	refundable credits and estimated	ľ		
tax payments made. Include any prior year overpayment all	lowed as a	credit and any amount paid			
previously with Form 8868.			d8	\$	0.
Balance due. Subtract line 8b from line 8a. Include your pa	lyment with	this form, if required, by using			
EFTPS (Electronic Federal Tax Payment System). See instru	uctions.		8c	\$	0.
Signature and verificat	ion mus	t be completed for Part II or	nly.		
Under penalties of <u>perjury.</u> I declare that Thave examined this form, includ it is true, correct, and complete, and <i>that I</i> am authorized to prepare this fo	ing accompa	inying schedules and statements, and to	the best o	i my knowled	ge and belief,
A	., 1.11			_	
Signature Title	.PA		Date	D 8.12	2-14
				Form 8	3868 (Rev. 1-2014)
( )					•