

MOODY, FAMIGLIETTI & ANDRONICO, LLP
1 HIGHWOOD DRIVE
TEWKSBURY, MA 01876

GOOD SPORTS, INC.
1515 HANCOCK STREET, SUITE 204
QUINCY, MA 02169

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CLIENT'S COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
DECEMBER 31, 2017

Prepared for	GOOD SPORTS, INC. 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169
Prepared by	MOODY, FAMIGLIETTI & ANDRONICO, LLP 1 HIGHWOOD DRIVE TEWKSBURY, MA 01876
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2018.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning _____, 2017, and ending _____, 20____

2017

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

GOOD SPORTS, INC.

75-3138664

Name and title of officer

MELISSA HARPER
CHIEF EXECUTIVE OFFICER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>23,550,812.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **MOODY, FAMIGLIETTI & ANDRONICO, LLP** to enter my PIN **78471**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

04415317069

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ **10/03/18**

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2017)

Form **990**

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

2017
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GOOD SPORTS, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1515 HANCOCK STREET, SUITE 204 City or town, state or province, country, and ZIP or foreign postal code QUINCY, MA 02169 F Name and address of principal officer: MELISSA HARPER SAME AS C ABOVE	D Employer identification number 75-3138664 E Telephone number 617-471-1213 G Gross receipts \$ 23,715,947. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.GOODSPORTS.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 2003		M State of legal domicile: MA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION IS TO INCREASE YOUTH PARTICIPATION IN SPORTS, FITNESS, AND RECREATIONAL PROGRAMS BY 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 27 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 26 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 25 6 Total number of volunteers (estimate if necessary) 6 93 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.		
Revenue	8 Contributions and grants (Part VIII, line 1h) 6,738,715. 23,359,183. 9 Program service revenue (Part VIII, line 2g) 208,347. 191,509. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,934. 120. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6,948,996. 23,550,812.	Prior Year	Current Year
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 3,921,330. 5,020,526. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,168,234. 1,693,230. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 733,449. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 792,507. 3,687,174. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,882,071. 10,400,930. 19 Revenue less expenses. Subtract line 18 from line 12 1,066,925. 13,149,882.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 3,782,505. 16,830,070. 21 Total liabilities (Part X, line 26) 300,799. 198,482. 22 Net assets or fund balances. Subtract line 21 from line 20 3,481,706. 16,631,588.	Beginning of Current Year	End of Year

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer MELISSA HARPER, CHIEF EXECUTIVE OFFICER Type or print name and title	Date	
Paid Preparer Use Only	Print/Type preparer's name MATTHEW KALIL, CPA, MBA	Preparer's signature Date 10/03/18	Check <input type="checkbox"/> if self-employed PTIN P01517069
	Firm's name ▶ MOODY, FAMIGLIETTI & ANDRONICO, LLP Firm's address ▶ 1 HIGHWOOD DRIVE TEWKSBURY, MA 01876	Firm's EIN ▶ 04-3077056 Phone no. (978) 557-5300	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE MISSION IS TO INCREASE YOUTH PARTICIPATION IN SPORTS, FITNESS, AND RECREATIONAL PROGAMS BY TARGETING ONE OF THE MAJOR OBSTACLES LIMITING PARTICIPATION - ACCESS TO SPORTS EQUIPMENT. GOOD SPORTS DISTRIBUTES SPORTS EQUIPMENT, FOOTWEAR, AND APPAREL TO COMMUNITY ORGANIZATIONS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 9,207,255. including grants of \$ 5,020,526.) (Revenue \$ 191,509.) SINCE 2003, GOOD SPORTS HAS IMPACTED OVER 5,065,000 YOUNG PEOPLE THROUGH SPORTS EQUIPMENT DONATIONS. GOOD SPORTS HAS DONATED \$26,060,000 WORTH OF EQUIPMENT TO 6,526 PROGRAMS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 9,207,255.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), Yes/No, and numerical responses (12, 0, 25, etc.). Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance items.

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

Section 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 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.		
	1a 27		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 26		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 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 body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MA, IL, AL, AK, AR, CA, CO, CT, DC, FL, GA, HI**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **THE ORGANIZATION - 617-471-1213**
1515 HANCOCK STREET, SUITE 204, QUINCY, MA 02169

SEE SCHEDULE O FOR FULL LIST OF STATES

Part VII 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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVE BELYEA DIRECTOR	2.00	X					0.	0.	0.	
(2) KYLE BETTY DIRECTOR	2.00	X					0.	0.	0.	
(3) PAUL BOWEN DIRECTOR (SINCE 11/15/17)	2.00	X					0.	0.	0.	
(4) MATT CAMP DIRECTOR	2.00	X					0.	0.	0.	
(5) LEWIS COLLINS DIRECTOR	2.00	X					0.	0.	0.	
(6) LEN FREIMAN DIRECTOR	2.00	X					0.	0.	0.	
(7) JOHN GATES DIRECTOR	2.00	X					0.	0.	0.	
(8) ANNA HITCHNER DIRECTOR (SINCE 11/15/17)	2.00	X					0.	0.	0.	
(9) JOEL HUGHES DIRECTOR	2.00	X					0.	0.	0.	
(10) AMY LATIMER DIRECTOR	2.00	X					0.	0.	0.	
(11) EMILY MCCANN DIRECTOR	2.00	X					0.	0.	0.	
(12) WILLIAM MCMAHON DIRECTOR	2.00	X					0.	0.	0.	
(13) DAVID MISCHLER DIRECTOR	2.00	X					0.	0.	0.	
(14) BONNIE MONAHAN DIRECTOR	2.00	X					0.	0.	0.	
(15) BRIAN O'CALLAGHAN DIRECTOR	2.00	X					0.	0.	0.	
(16) DAVID PACE DIRECTOR	2.00	X					0.	0.	0.	
(17) BRETT PETERSON DIRECTOR	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KATHERINE POTTER DIRECTOR (THRU 12/31/17)	2.00	X						0.	0.	0.
(19) KEVIN ROCHE DIRECTOR (SINCE 11/15/17)	2.00	X						0.	0.	0.
(20) BRY ROSKOZ DIRECTOR	2.00	X						0.	0.	0.
(21) DREW SAWYER DIRECTOR	2.00	X						0.	0.	0.
(22) MICHAEL WALL DIRECTOR (THRU 12/31/17)	2.00	X						0.	0.	0.
(23) LIAM WESTON DIRECTOR	2.00	X						0.	0.	0.
(24) JOHN WOLF DIRECTOR	2.00	X						0.	0.	0.
(25) JAMES CATUDAL CHAIRMAN	2.00	X		X				0.	0.	0.
(26) ANDREW LAURENCE DIR. (TREASURER AS OF 11/15/17)	2.00	X		X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								436,849.	0.	57,068.
d Total (add lines 1b and 1c)								436,849.	0.	57,068.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MELISSA HARPER CEO (TREASURER UNTIL 11/15/17)	40.00	X		X				180,441.	0.	23,926.
(28) CHRISTY KESWICK COO & SECRETARY	40.00			X				156,094.	0.	23,433.
(29) KELLY PATTERSON NY MARKET DIRECTOR	40.00					X		100,314.	0.	9,709.
Total to Part VII, Section A, line 1c								436,849.		57,068.

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	734,389.					
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	22,624,794.					
	g Noncash contributions included in lines 1a-1f: \$		19,639,655.					
	h Total. Add lines 1a-1f			23,359,183.				
Program Service Revenue	2 a SHIPPING AND HANDLING FEES	Business Code	480000	191,509.	191,509.			
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			191,509.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			120.			120.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ 734,389. of contributions reported on line 1c). See Part IV, line 18	a		165,135.				
		b Less: direct expenses	b	165,135.				
		c Net income or (loss) from fundraising events			0.			
	9 a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses		b						
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a								
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions.				23,550,812.	191,509.	0.	120.	

Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,020,526.	5,020,526.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	383,894.	196,937.	83,305.	103,652.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,073,449.	551,038.	235,809.	286,602.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	24,137.	11,621.	5,651.	6,865.
9 Other employee benefits	100,786.	54,141.	19,339.	27,306.
10 Payroll taxes	110,964.	55,902.	24,778.	30,284.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	14,947.	9,235.	2,570.	3,142.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	23,447.	14,061.	4,221.	5,165.
12 Advertising and promotion	144,796.	76,402.	30,398.	37,996.
13 Office expenses	85,907.	38,524.	19,962.	27,421.
14 Information technology				
15 Royalties				
16 Occupancy	74,172.	39,605.	15,556.	19,011.
17 Travel	113,484.	91,452.	5,619.	16,413.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	249.	121.	57.	71.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,353.		11,353.	
23 Insurance	7,325.	3,315.	1,552.	2,458.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a INVENTORY OBSOLESCENCE	2,813,042.	2,813,042.		
b FUNDRAISING EVENTS	166,996.			166,996.
c WAREHOUSE COSTS	152,467.	152,467.		
d PARTNER EVENTS	67,718.	67,595.	56.	67.
e All other expenses	11,271.	11,271.		
25 Total functional expenses. Add lines 1 through 24e	10,400,930.	9,207,255.	460,226.	733,449.
26 Joint costs. Complete this line only if the organization 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

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	636,410.	1	1,094,265.
	2 Savings and temporary cash investments	214,431.	2	17,069.
	3 Pledges and grants receivable, net	224,913.	3	386,725.
	4 Accounts receivable, net	12,203.	4	14,333.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	2,452,889.	8	15,203,296.
	9 Prepaid expenses and deferred charges	86,682.	9	48,143.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 123,523.		
	b Less: accumulated depreciation	10b 77,629.	10c	45,894.
	11 Investments - publicly traded securities	104,993.	11	9,821.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	8,854.	15	10,524.
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,782,505.	16	16,830,070.	
Liabilities	17 Accounts payable and accrued expenses	281,208.	17	188,821.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	19,591.	25	9,661.
	26 Total liabilities. Add lines 17 through 25	300,799.	26	198,482.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	551,633.	27	612,158.
	28 Temporarily restricted net assets	2,930,073.	28	16,019,430.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	3,481,706.	33	16,631,588.	
34 Total liabilities and net assets/fund balances	3,782,505.	34	16,830,070.	

Part 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	23,550,812.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,400,930.
3	Revenue less expenses. Subtract line 2 from line 1	3	13,149,882.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,481,706.
5	Net unrealized gains (losses) on investments	5	
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	16,631,588.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2017)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3392797.	4860440.	3254811.	6891455.	23359183.	41758686.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3392797.	4860440.	3254811.	6891455.	23359183.	41758686.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						19836784.
6 Public support. Subtract line 5 from line 4.						21921902.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	3392797.	4860440.	3254811.	6891455.	23359183.	41758686.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	100.	284.	970.	1,934.	120.	3,408.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	365,817.	419,736.	555,486.			1341039.
11 Total support. Add lines 7 through 10						43103133.
12 Gross receipts from related activities, etc. (see instructions)					12	1,885,676.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	50.86 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	80.64 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 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

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization **GOOD SPORTS, INC.** Employer identification number **75-3138664**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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 advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

Schedule D (Form 990) 2017

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included 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
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

Part V Endowment Funds. Complete if the organization answered "Yes" on 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages on 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)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 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" on 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				
b Buildings				
c Leasehold improvements				
d Equipment		123,523.	77,629.	45,894.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				45,894.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	9,661.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	9,661.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	23,629,976.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	79,164.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		79,164.
3	Subtract line 2e from line 1		3	23,550,812.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	23,550,812.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	10,480,094.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	79,164.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		79,164.
3	Subtract line 2e from line 1		3	10,400,930.
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.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	10,400,930.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION IS A NONPROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON TRADE OR BUSINESS PROFITS GENERATED BY ACTIVITIES RELATED TO THE ORGANIZATION'S EXEMPT FUNCTION. THE ORGANIZATION MAY BE SUBJECT TO FEDERAL AND STATE INCOME TAXES FOR PROFITS GENERATED FROM TRADE OR BUSINESS ACTIVITIES UNRELATED TO THE ORGANIZATION'S EXEMPT FUNCTION. AS OF DECEMBER 31, 2017, MANAGEMENT BELIEVES THAT THE ORGANIZATION HAS NOT GENERATED ANY UNRELATED BUSINESS TAXABLE INCOME.

THE ORGANIZATION ASSESSES THE RECORDING OF UNCERTAIN TAX POSITIONS BY EVALUATING THE MINIMUM RECOGNITION THRESHOLD AND MEASUREMENT REQUIREMENTS

Part XIII Supplemental Information *(continued)*

A TAX POSITION MUST MEET BEFORE BEING RECOGNIZED AS A BENEFIT IN THE
FINANCIAL STATEMENTS.

Series of horizontal lines for supplemental information.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
GOOD SPORTS, INC.

Employer identification number
75-3138664

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
 - a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			
Total				▶		

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
-
-
-
-
-
-
-
-
-
-

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		BOSTON LEGENDS (event type)	CHICAGO LEGENDS (event type)	3 (total number)	
Revenue	1 Gross receipts	556,958.	170,483.	172,083.	899,524.
	2 Less: Contributions	441,362.	143,272.	149,755.	734,389.
	3 Gross income (line 1 minus line 2)	115,596.	27,211.	22,328.	165,135.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	115,596.	27,211.	22,328.	165,135.
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				165,135.
11 Net income summary. Subtract line 10 from line 3, column (d)				0.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? 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 conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

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 ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization **GOOD SPORTS, INC.** Employer identification number **75-3138664**

Part I General Information on Grants and Assistance

- 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 criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
EASTMAN AVENUE ELEMENTARY 4112 EAST OLYMPIC LOS ANGELES, CA 90023	95-6001908		0.	158,341.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
YMCA OF METROPOLITAN ATLANTA, INC. 101 MARIETTA ST. NW, SUITE 1100 ATLANTA, GA 30303	58-0566253		0.	61,698.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SHARPSTOWN HIGH SCHOOL 7504 BISSONNET HOUSTON, TX 77074	76-0424529		0.	52,009.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SCHOOL BOARD OF ORANGE COUNTY, FLORIDA - 445 W. AMELIA ST., RBELC-7 - ORLANDO, FL 32801	59-6000771		0.	37,540.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
DENVER PUBLIC SCHOOLS 1617 S ACOMA ST. DENVER, CO 80223			0.	37,294.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
NEW YORK CITY POLICE ATHLETIC LEAGUE - 34 1/2 EAST 12TH ST. - NEW YORK, NY 10003	13-5596811		0.	34,342.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **197.**

3 Enter total number of other organizations listed in the line 1 table **14.**

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

Schedule I (Form 990) (2017)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OSHKOSH COMMUNITY SCHOOL DISTRICT 215 S. EAGLE ST. OSHKOSH, WI 54902			0.	34,069.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BRIDGEPORT BOARD OF EDUCATION 160 IRANISTAN AVE. BRIDGEPORT, CT 06604	06-6001865		0.	32,798.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
INNER CITY EDUCATION PROGRAM 2147 W. RICE ST., UNIT 3E CHICAGO, IL 60622	32-0069799		0.	32,658.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
NEW YORK CITY LIONS YOUTH FOOTBALL LEAGUE - 173 EAST 74 ST., APT 4C - NEW YORK, NY 10021	45-5151844		0.	30,264.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BROCKTON TRACK CLUB 1 PINETREE DRIVE WEST BRIDGEWATER, MA 02379	81-4260333		0.	30,173.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
UNICOI COUNTY HIGH SCHOOL 700 S. MOHAWK DR. ERWIN, TN 37650	62-6000882		0.	29,826.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SUMNER ACADEMY 1610 N. 8TH STREET KANSAS CITY, KS 66101	48-6031181		0.	28,487.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
GLOUCESTER CITY YOUTH SOCCER 128 EDWARDS DR. GLOUCESTER CITY, NJ 08030	47-2781579		0.	28,420.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BRANTLEY COUNTY PARKS & RECREATION 3540 BAKER CREEK ROAD NAHUNTA, GA 31553	58-6000787		0.	26,647.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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KIPP COLORADO KIPP DENVER COLLEGIATE HIGH SCHOOL, 451 S. TEJON ST. - DENVER, CO 80223	98-1562900		0.	26,622.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
THE SALVATION ARMY BOYS & GIRLS CLUBS OF METRO TULSA - 924 S. HUDSON AVE. - TULSA, OK 74112	58-0660607		0.	25,336.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BRIDGE LACROSSE P.O. BOX 190844 DALLAS, TX 75219	16-1671742		0.	25,237.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
THE BASE CHICAGO FRANK BRIM CHICAGO, IL 60651			0.	24,450.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
ISTROUMA HIGH SCHOOL 3730 WINBOURNE AVE. BATON ROUGE, LA 70805	72-6000353		0.	24,081.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
TRENTON SCHOOL DISTRICT 1490 PROSPECT ST. TRENTON, NJ 08638	21-6000326		0.	22,532.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CREEKSIDE HIGH SCHOOL 7405 HERNDON ROAD FAIRBURN, GA 30213	06-0183083		0.	22,075.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
YAWKEY CLUB OF ROXBURY 115 WARREN ST. BOSTON, MA 02119	04-2103922		0.	21,955.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
HARTFORD HURRICANES 47 HILLSIDE ST. MANCHESTER, CT 06042	84-1701209		0.	21,931.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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SHERIFFS YOUTH FOUNDATION 211 WEST TEMPLE ST. LOS ANGELES, CA 90012	95-4047797		0.	20,819.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CRISTO REY BOSTON HIGH SCHOOL 100 SAVIN HILL AVENUE BOSTON, MA 02125	56-2438544		0.	20,443.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
DENVER CITY LAX 1106 COLUMBINE ST. DENVER, CO 80206	02-0804773		0.	20,123.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CRISTO REY KANSAS CITY 211 W. LINWOOD BLVD. KANSAS CITY, MO 64111	20-2842522		0.	20,095.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
INDIANAPOLIS PUBLIC SCHOOLS 4501 EAST 32ND ST. INDIANAPOLIS, IN 46218	35-6002486		0.	19,889.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
DEPAUL CRISTO REY HIGH SCHOOL 1133 CLIFTON HILLS AVE. CINCINNATI, OH 45220	27-2417727		0.	19,424.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
TULSA PUBLIC SCHOOLS 3027 S. NEW HAVEN AVE. TULSA, OK 74114	73-6021242		0.	19,346.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
LOS ANGELES UNIFIED SCHOOL DISTRICT BEYOND THE BELL ELEMENTARY UNIT - 2060 WEST 156TH ST. - GARDENA, CA 90249	95-6001908		0.	19,280.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
B.I.G. BASEBALL ACADEMY 653 E. 41ST ST. CHICAGO, IL 60653	47-2394034		0.	19,155.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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THE URBAN ASSEMBLY MAKER ACADEMY 411 PEARL ST., 4TH FLOOR NEW YORK, NY 10038	11-0332039		0.	19,027.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
FROSTPROOF DAWGS YOUTH FOOTBALL AND CHEER - 867 S. PALM AVE. - FROSTPROOF, FL 33843	26-0592099		0.	18,789.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
MERIDIAN CUSD #101 1401 MOUNDS RD. MOUNDS, IL 62964	37-0857222		0.	18,553.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
PRINCE GEORGE'S COUNTY BOYS AND GIRLS CLUB, INC. - 7833 WALKER DRIVE, SUITE 430 - GREENBELT, MD 20770	52-0715249		0.	18,397.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CENTRAL ACADEMY OF EXCELLENCE 3221 INDIANA AVE. KANSAS CITY, MO 64128			0.	17,388.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
LINCOLN COLLEGE PREP ACADEMY 2111 WOODLAND AVE. KANSAS CITY, MO 64108	44-6003108		0.	17,388.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
LAWRENCE POP WARNER FOOTBALL AND CHEER - 85 SOUTH BOWDOIN ST. - LAWRENCE, MA 01843			0.	17,357.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
WEST LYNN POP WARNER INC 14 MT. VERNON ST., SUITE 12 LYNN, MA 01901	01-0667071		0.	17,357.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
EMMA DONNAN ELEMENTARY SCHOOL 1202 EAST TROY AVENUE INDIANAPOLIS, IN 46203	47-3646742		0.	17,163.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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THE EQUITY PROJECT CHARTER SCHOOL 549 AUBUDON AVE., T30 NEW YORK, NY 10040	90-0354470		0.	16,941.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS & GIRLS CLUBS OF KERN COUNTY P.O.BIN 5J801 NILES ST. BAKERSFIELD, CA 93385	95-2462246		0.	16,925.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
JUST KEEP LIVIN FOUNDATION 1107 GLENDON AVE. LOS ANGELES, CA 90046	20-3921057		0.	16,384.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BRUSH HIGH SCHOOL 527 INDUSTRIAL PARK ROAD BRUSH, CO 80723	98-0343800		0.	15,866.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
NEAR WEST LITTLE LEAGUE 813 S. OAKLEY BLVD. CHICAGO, IL 60612	36-4015911		0.	15,700.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
AMERICA SCORES LA 3685 MOTOR AVENUE, SUITE 110 LOS ANGELES, CA 90034	65-1163540		0.	15,688.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
HEART OF LOS ANGELES 2701 WILSHIRE BLVD, SUITE 100 LOS ANGELES, CA 90057	95-4397418		0.	15,411.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
B-3 COMMUNITY SERVICE OFFICE 114 READVILLE STREET BOSTON, MA 02136			0.	15,348.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
LA'S BEST AFTER SCHOOL ENRICHMENT PROGRAM - 711 E. 14TH PLACE - LOS ANGELES, CA 90021	95-4311058		0.	15,071.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION FOR BOSTON CENTERS FOR YOUTH & FAMILIES ON BEHALF OF BCYF MATTAH - 1483 TREMONT STREET - BOSTON, MA 02120	04-2602576		0.	14,898.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CITY OF COOPERSVILLE - COOPERSVILLE RECREATION - 289 DANFORTH ST. - COOPERSVILLE, MI 49404	38-6007172		0.	14,652.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS & GIRLS CLUBS OF MERCER COUNTY - 212 CENTRE ST. - TRENTON, NJ 08611	21-0634556		0.	14,574.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CANARYVILLE LITTLE LEAGUE, INC. 3158 S. EMERALD AVE. CHICAGO, IL 60616	32-0409948		0.	14,556.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
THE ROBERTO CLEMENTE LITTLE LEAGUE 515 S. DENVER CHICAGO, IL 60612	47-2228458		0.	14,404.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
NORTH TAMPA YOUTH SPORTS 1709 W. COUNTRY CLUB DRIVE TAMPA, FL 33612	46-3469267		0.	14,232.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CENTRAL HIGH SCHOOL ALABAMA 905 15TH ST. TUSCALOOSA, AL 35401	63-6000811		0.	14,162.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
OHIO CITY, INC. - NEAR WEST RECREATION - 2525 MARKET AVE., STE A - CLEVELAND, OH 44113	34-1372076		0.	14,135.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
GARFIELD PARK LITTLE LEAGUE 1212 N. MASON CHICAGO, IL 60651			0.	14,105.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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AMERICA SCORES CHICAGO 600 W. CERMAK RD, SUITE 204 CHICAGO, IL 60616	36-4386992		0.	13,672.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BACK 2 THE BASICS 435 W. 87TH ST. CHICAGO, IL 60620	81-1211570		0.	13,643.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
APPLING COUNTY MIDDLE SCHOOL 2997 BLACKSHEAR HWY BAXLEY, GA 31513	58-6000180		0.	13,607.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
HOLLENBECK MIDDLE SCHOOL 2510 EAST SIXTH ST. LOS ANGELES, CA 90023			0.	13,543.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
MAR VISTA HIGH SCHOOL 505 ELM AVE. IMPERIAL BEACH, CA 91932	95-6003082		0.	13,488.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
EAST MECKLENBURG HIGH SCHOOL 6800 MONROE RD. CHARLOTTE, NC 28212	56-6001074		0.	13,328.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
NYC BLACKHAWKS YOUTH FOOTBALL 1680 MADISON AVE., C-26 NEW YORK, NY 10029			0.	13,237.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
WESTERN SCHOOL OF SCIENCE AND TECHNOLOGY - 6515 W. INDIAN SCHOOL RD. - PHOENIX, AZ 85033	46-1992614		0.	12,324.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
AMERICA SCORES NEW YORK 520 8TH AVE, 2ND FLOOR, SUITE 201 NEW YORK, NY 10018	13-4189653		0.	12,113.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

Schedule I (Form 990)

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FOUNDATION ACADEMY CHARTER SCHOOL 363 WEST STATE ST. TRENTON, NJ 08618	20-4406909		0.	11,680.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
NORTHWEST YOUTH BASEBALL AND SOFTBALL - P.O. BOX 40184, 5801 22ND AVE. NORTH - SAINT PETERSBURG, FL 33743	59-2635424		0.	11,666.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS & GIRLS CLUBS OF HALL COUNTY 1 POSITIVE PLACE GAINESVILLE, FL 30501	58-0656890		0.	11,550.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
HUGUENOT HIGH SCHOOL 7945 FOREST HILL AVE RICHMOND, VA 23225	54-1689909		0.	11,404.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
NORTHEAST HIGH SCHOOL (PA) 5201 OLD YORK ROAD PHILADELPHIA, PA 19141	23-6004102		0.	11,305.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SOUTHEAST FALCONS 3310 BROOKSTON HOUSTON, TX 77045	81-4820617		0.	11,298.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
COWHERD MIDDLE SCHOOL 441 NORTH FARNSWORTH AVE. AURORA, IL 60505	36-6004752		0.	11,128.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
WHITMAN PARK YOUTH FOOTBALL 1425 KAIGHN AVE. CAMDEN, NJ 08103	47-3948192		0.	10,949.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
KIPP ATLANTA COLLEGIATE HS 98 ANDERSON AVE. ATLANTA, GA 30314	11-3723114		0.	10,907.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

Schedule I (Form 990)

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MISSION BAY HIGH SCHOOL 2475 GRAND AVENUE SAN DIEGO, CA 92109	33-0305920		0.	10,695.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
TUPELO MIDDLE SCHOOL 1009 VARSITY DRIVE TUPELO, MS 38801	64-6001141		0.	10,624.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CITY OF VICTORVILLE 14973 JOSHUA ST. VICTORVILLE, CA 92394	95-2235918		0.	10,609.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BEAT THE STREETS PROVIDENCE P.O. BOX 2464 PROVIDENCE, RI 02906	90-1005526		0.	10,558.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
EAST AURORA HIGH SCHOOL 500 TOMCAT LANE AURORA, IL 60505	36-6004752		0.	10,537.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
WALDO MIDDLE SCHOOL 56 JACKSON ST. AURORA, IL 60505	36-6004752		0.	10,513.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
MONUMENT ACADEMY PUBLIC CHARTER SCHOOL - 500 19TH ST., NE - WASHINGTON, DC 20002	46-3662061		0.	10,440.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS & GIRLS CLUB OF METRO DENVER 2017 W. 9TH AVE. DENVER, CO 80204	98-0091600		0.	10,374.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CEDAR CREST COMETS 1007 HUTCHINS ROAD DALLAS, TX 75203	75-0867800		0.	10,343.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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VICTOR VALLEY UNION HIGH SCHOOL DISTRICT - 16350 MOJAVE DR. - VICTORVILLE, CA 92395	95-6003414		0.	10,329.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CITY OF TRENTON DIVISION OF RECREATION - 319 E. STATE ST. - TRENTON, NJ 08608	21-6001242		0.	10,298.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
AFTER-SCHOOL ALL-STARS, LA 6501 FOUNTAIN AVE. LOS ANGELES, CA 90028	91-2162719		0.	10,000.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
JOHNSON FOOTBALL BOOSTERS 2220 IDE COURT MAPLEWOOD, MN 55109	82-1132996		0.	9,949.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SCITECH ACADEMY (RENEW CHARTER) 820 JACKSON AVE. NEW ORLEANS, LA 70130	80-0419622		0.	9,697.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
ACADEMIA CESAR CHAVEZ CHARTER SCHOOL - 1801 LACROSSE AVE. - ST. PAUL, MN 55119	51-5070300		0.	9,644.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
RAVEN SCHOOL 143 FOREST SERVICE ROAD, #223 NEW WAVERLY, TX 77358	74-1694949		0.	9,589.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
INDIANAPOLIS PARKS AND RECREATION 200 E. WASHINGTON ST. INDIANAPOLIS, IN 46204			0.	9,515.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
WESTERN HEIGHTS HIGH SCHOOL 8201 SW 44TH ST. OKLAHOMA CITY, OK 73179	73-1106098		0.	9,494.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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GUM SPRINGS YOUTH ATHLETIC ASSOCIATION - 8100 FORDSON ROAD - ALEXANDRIA, VA 22306	27-2354195		0.	9,448.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
JE BROWN MIDDLE SCHOOL 765 PEEPLES STREET ATLANTA, GA 30310	58-6000134		0.	9,434.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
IMAGINE PREP SUPERSTITION 1843 W. 16TH AVE. APACHE JUNCTION, AZ 85120	45-2540612		0.	9,404.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SOUTH END SOCCER P.O. BOX 180833 BOSTON, MA 02118	90-0623475		0.	9,116.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
YMCA OF ROME & FLOYD COUNTY 810 E. 2ND AVE. ROME, GA 30161	58-0814549		0.	9,067.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
DES MOINES PARKS, RECREATION AND SENIOR SERVICES - 1000 S. 220TH ST. - DES MOINES, WA 98198	91-6016496		0.	9,030.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BENJAMIN BANNEKER CHARTER PUBLIC SCHOOL - 21 NOTRE DAME AVE. - CAMBRIDGE, MA 02140	27-1138813		0.	8,968.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
JOHN MARSHALL HIGH SCHOOL 4225 OLD BROOK ROAD RICHMOND, VA 23227	54-1689909		0.	8,829.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS & GIRLS CLUB OF CENTRAL ARKANSAS - 1400 W. MARKHAM, SUITE 402 - LITTLE ROCK, AR 72201	20-8095568		0.	8,724.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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BELOVED COMMUNITY CHARTER SCHOOL 508 GRANT STREET JERSEY CITY, NJ 07302	45-3689749		0.	8,533.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
ACADEMY FOR COLLEGE AND CAREER EXPLORATION - 2801 ST. LO DRIVE - BALTIMORE, MD 21213	52-2064235		0.	8,467.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
OLLIE O'GRADY ELEMENTARY 810 W. GRIFFIN PKWY MISSION, TX 78572	74-6001742		0.	8,446.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
OWLS (OUTREACH WITH LACROSSE & SCHOOLS) - 2252 W. WASHINGTON BLVD. - CHICAGO, IL 60612	61-1650024		0.	8,415.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
POLICE ATHLETIC LEAGUE OF ST. PETERSBURG, INC. - 1450 16TH ST. N - SAINT PETERSBURG, FL 33704	59-1060508		0.	8,278.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS & GIRLS CLUBS OF GREATER ST. LOUIS - 2901 NORTH GRAND AVE. - ST. LOUIS, MO 63107	43-6061693		0.	8,271.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
WHITE PLAINS YOUTH ATHLETIC ORGANIZATION - 1986 US HWY 78 E - OXFORD, AL 36203	48-1272702		0.	8,177.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
INKSTER BENGALS YOUTH FOOTBALL AND CHEER ORGANISATION - 575 LONGFELLOW 2445 - WIETHOFFINKSTER, MI 48141	47-3636681		0.	8,152.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SPORTS & ARTS IN SCHOOLS FOUNDATION - 58-12 QUEENS BLVD., SUITE 1 - WOODSIDE, NY 10003	11-3112635		0.	8,090.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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CITY OF NEWBURGH RECREATION DEPARTMENT - 1401 WASHINGTON ST. - NEWBURGH, NY 12550			0.	8,064.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
WEST HALL HIGH SCHOOL 5500 MCEVER ROAD OAKWOOD, GA 30566	58-6000256		0.	8,014.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
MERCEDES BASEBALL ACADEMY 23 MAGNOLIA ST. LAWRENCE, MA 01841	47-2800123		0.	7,997.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
URBAN DOVE 8 EAST 40TH ST., 5TH FLOOR NEW YORK, NY 10016	13-3997718		0.	7,895.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
JOHN F KENNEDY (PATERSON) 61-127 PREAKNESS AVE. PATERSON, NJ 07522	22-6002199		0.	7,881.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
STSIDE JUNIOR FOOTBALL LEAGUE P.O. BOX 18831482 WEST BUDD BLVD. KANKAKEE, IL 60901	36-3693099		0.	7,846.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
EDWARDS ELEMENTARY SCHOOL 715 E. 8TH ST. NEWBERG, OR 97132	93-6001119		0.	7,780.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
LITTLE BUD THORB ECONOMIC DEVELOPMENT ASSOCIATION FOR MINORITIES IN SPORTS A - 1911 ANDREW JOHNSON DRIVE - KINSTON, NC	56-2082397		0.	7,771.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
EAST ATLANTA SAINTS YOUTH SPORTS ORGANIZATION - 505 HARVICK CIRCLE - STOCKBRIDGE, GA 30281	47-3352775		0.	7,668.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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JACKSON TECHNOLOGY CENTER 1310 BOBBIE LANE GARLAND, TX 75042	05-7909045		0.	7,664.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
DOHERTY MEMORIAL HIGH SCHOOL 299 HIGHLAND ST. WORCESTER, MA 01602	04-6001418		0.	7,650.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
PLAYWORKS NEW ENGLAND 67 KEMBLE ST., SUITE 3.6 BOSTON, MA 02119	94-3251867		0.	7,644.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SIMMONS MIDDLE SCHOOL 1130 SHEFFER ROAD AURORA, IL 60505	36-6004752		0.	7,581.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
EAST LIVERPOOL JUNIOR SENIOR HIGH SCHOOL - 100 MAIN BLVD. - EAST LIVERPOOL, OH 43920	34-6000898		0.	7,540.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
MY RAGS TO RICHES (MANCHESTER JAGUARS) - 602 MOUNT PLEASANT ROAD - PITTSBURG, PA 15214	81-4416193		0.	7,463.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
IMAGINE SCHOOL AT NORTH PORT 2757 SYCAMORE ST. NORTH PORT, FL 34289	36-4701100		0.	7,401.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
RICHARD CRANE MEDICAL PREP HIGH SCHOOL - 2245 W. JACKSON BLVD. - CHICAGO, IL 60612	99-9771090		0.	7,302.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
GEORGE WYTHE HIGH SCHOOL - RICHMOND, VA - 4314 CRUTCHFIELD ST. - RICHMOND, VA 23225	54-1689909		0.	7,300.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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CATHEDRAL CITY HIGH SCHOOL 69250 DINAH SHORE DR. CATHEDRAL CITY, CA 92234	52-1527179		0.	7,278.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
YMCA OF THE INLAND EMPIRE 1126 N. MONROE ST. SPOKANE, WA 99201	91-0827958		0.	7,273.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
JERSEY CITY RECREATION 1 CHAPEL AVE. JERSEY CITY, NJ 07305			0.	7,270.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
AMUNDSEN HIGH SCHOOL 5110 N. DAMEN CHICAGO, IL 60625			0.	7,252.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BERNADINE SITTS INTERMEDIATE CENTER - 3101 BELMONT - GARDEN CITY, KS 67846			0.	7,231.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
ARTHUR WILLIAMS MIDDLE SCHOOL 1175 US 301 S. JESUP, GA 31546	58-6000343		0.	7,193.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
LAC DU FLAMBEAU LITTLE LEAGUE 418 LITTLE PINES ROAD, #67 LAC DU FLAMBEAU, WI 54538	39-0817274		0.	7,189.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SR1 (SCIENTIFIC RESEARCH) P.O. BOX 2839 RIDGELAND, MS 39158	81-0678858		0.	7,189.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CHICAGO PUBLIC SCHOOLS 29942 W. MADISON ST., 3RD FLOOR CHICAGO, IL 60602	36-4094830		0.	7,156.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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PLAY BALL INDIANA P.O. BOX 681372 INDIANAPOLIS, IN 46268	31-1032580		0.	7,102.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
DORCHESTER YOUTH COLLABORATIVE 1514A DORCHESTER AVE. DORCHESTER, MA 02122	04-2743166		0.	7,086.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
RIDGEVIEW HIGH SCHOOL 8501 STINE ROAD BAKERSFIELD, CA 93313	95-6001764		0.	7,065.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
WINDOR HILLS MAGNET SCHOOL 5215 OVERDALE DRIVE LOS ANGELES, CA 90043			0.	7,006.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
ARCHIMEDES ACADEMY (NY) 456 WHITE PLAINS ROAD BRONX, NY 10473	13-6400434		0.	6,995.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SCHOOL OF DISCOVERY 400 WASHINGTON ST. SELMA, AL 36701			0.	6,980.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
DODGE CO. HIGH SCHOOL 350 PEARL BATES RD. EASTMAN, GA 31023	58-6000229		0.	6,958.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
THE PALMDALE AEROSPACE ACADEMY 3300 EAST PALMDALE BLVD. PALMDALE, CA 93550	45-3851539		0.	6,950.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
COMMUNITY ACADEMY OF SCIENCE AND HEALTH - 11 CHARLES ST. - DORCHESTER, MA 02122			0.	6,809.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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PEACH COUNTY YOUTH ASSOCIATION 103 SAVANNAH COURT, P.O. BOX 2007 BYRON, GA 31008	27-3217535		0.	6,799.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS & GIRLS CLUBS OF GREATER FORT WORTH - 4651 RAMEY AVE. - FORT WORTH, TX 76105	75-0808785		0.	6,775.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SOUTH GARLAND HIGH SCHOOL 600 COLONEL DR. GARLAND, TX 75043			0.	6,774.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
ARMSTRONG HIGH SCHOOL 2300 COOL LANE RICHMOND, VA 23223	54-1689909		0.	6,773.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CEDAR SHOALS HIGH SCHOOL 1300 CEDAR SHOALS DRIVE ATHENS, GA 30605	58-6010495		0.	6,637.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
ASPIRE JUNIOR COLLEGIATE ACADEMY 6724 S. ALAMEDA ST. HUNTINGTON PARK, CA 90255	94-3311088		0.	6,630.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
MCCLUER NORTH HIGH SCHOOL 705 WATERFORD DR. FLORISSANT, MO 63033	43-6005660		0.	6,623.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
WOODLAND BASKETBALL CLUB 18220 MANDARIN ST. WOODLAND, CA 95695	81-5379423		0.	6,619.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CRISTO REY BROOKLYN HIGH SCHOOL 710 E. 37TH ST. BROOKLYN, NY 11203	26-2433224		0.	6,504.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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ST. STEPHEN YOUTH FOOTBALL & CHEER 1508 WEST KENTUCKY ST. LOUISVILLE, KY 40210	61-1169856		0.	6,498.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
METRO BOSTON ALIVE INC. 116 ROXBURY ST. ROXBURY, MA 02119	22-3064084		0.	6,446.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
JOHN BARTRAM HIGH SCHOOL 2401 S 67TH ST. PHILADELPHIA, PA 19142	76-5150001		0.	6,431.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
WIGGINS SCHOOL DISTRICT RE 50 J 413 MAIN ST. WIGGINS, CO 80654	84-6002087		0.	6,430.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
WASHINGTON GLOBAL PUBLIC CHARTER SCHOOL - 525 SCHOOL ST. SW - WASHINGTON, DC 20024	47-1118215		0.	6,373.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
HIGHLAND PARK SPORTS 4777 LAKELAND HIGHLANDS ROAD LAKELAND, FL 33813	59-0838102		0.	6,335.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SUMMIT ACADEMY CHARTER SCHOOL 27 HUNTINGTON ST. BROOKLYN, NY 11231	26-4243160		0.	6,326.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS & GIRLS CLUBS OF SPOKANE COUNTY - 544 E. PROVIDENCE AVE. - SPOKANE, WA 99207	91-1983357		0.	6,314.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
RINGGOLD HIGH SCHOOL 29 TIGER TRAIL RINGGOLD, GA 30736	02-3620369		0.	6,284.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL HIGH SCHOOL AT LARGO 505 LARGO ROAD UPPER MARLBORO, MD 20774	52-6000992		0.	6,204.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
STONEHENGE YOUTH ASSOCIATION 257 VINEYARD DR. ATHENS, GA 30607	58-2121114		0.	6,173.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
JORDAN L MOTT 22 22270 EAST 167TH ST. BRONX, NY 10456	13-6400434		0.	6,162.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CRISTO REY ATLANTA JESUIT HIGH SCHOOL - 680 W. PEACHTREE ST. - NW ATLANTA, GA 30308	45-5550340		0.	6,158.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
FAR NORTHEAST JETS 20026 ELGIN DR. DENVER, CO 80249			0.	6,145.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
ABC-PILSEN 1929 W. 23RD ST. CHICAGO, IL 60608	46-2454231		0.	6,100.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
6TH AVENUE ELEMENTARY SCHOOL 3109 6TH AVE. LOS ANGELES, CA 90018			0.	5,996.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
68TH STREET ELEMENTARY 612 WEST 68TH ST. LOS ANGELES, CA 90044			0.	5,996.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
FLORENCE JOYNER ELEMENTARY SCHOOL 1963 E. 103RD ST. LOS ANGELES, CA 90002			0.	5,996.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA RANDOLPH ATHLETIC ASSOCIATION - P.O. BOX 1784 - GLEN ALLEN, VA 23060	54-2030973		0.	5,988.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BRUNSWICK HIGH PIRATE FOUNDATION, INC. - 1102 PENNICK ROAD - BRUNSWICK, GA 31525	46-2984112		0.	5,960.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
EXCEL ACADEMY ORIENT HEIGHTS 1150 SARATOGA ST. EAST BOSTON, MA 02128	30-0211613		0.	5,939.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CROOK COUNTY PARKS AND RECREATION DISTRICT (CCPRD) - 296 S. MAIN ST. - PRINEVILLE, OR 97754	94-3066094		0.	5,884.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CITY OF SAN CLEMENTE 987 AVENIDA VISTA HERMOSA SAN CLEMENTE, CA 92673	95-6000775		0.	5,874.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
GREATER MELBOURNE POLICE ATHLETIC LEAGUE - 2547 S. GRANT ST. - MELBOURNE, FL 32901	59-3604849		0.	5,849.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
HAMTRAMCK WARRIORS YOUTH SOCCER CLUB - 9717 CONANT ST. - HAMTRAMCK, MI 48212	47-1694581		0.	5,835.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
HUEYTOWN YOUTH SOCCER CLUB 707 BAHIA LN. BESSEMER, AL 35023	46-3654547		0.	5,827.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
EAST ATHENS YOUTH ASSOCIATION (DOLPHINS) - 237 CAVALIER RD. - ATHENS, GA 30606	82-0670028		0.	5,788.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOWNTOWN MINISTRIES 165 PULASKI ST. ATHENS, GA 30601	26-0441651		0.	5,761.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
ADELANTO ELEMENTARY SCHOOL DISTRICT - 11824 AIR EXPRESSWAY - ADELANTO, CA 92301	95-6000010		0.	5,738.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS & GIRLS CLUBS OF MONTEREY COUNTY - P.O. BOX 971332, LA SALLE AVE - SEASIDE, CA 93955	94-1702753		0.	5,709.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CARL SANDBURG LEARNING CENTER 451 MEADOW HALL DRIVE ROCKVILLE, MD 20851	52-6000989		0.	5,687.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
THE SALVATION ARMY OF THE QUAD CITIES - 301 W. 6TH STREET - DAVENPORT, IA 52803	99-1312706		0.	5,616.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
PILSEN ATHLETIC LEAGUE 1824 S. WOOD ST. CHICAGO, IL 60608			0.	5,609.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
RED BANK HIGH SCHOOL 640 MORRISON SPRINGS ROAD CHATTANOOGA, TN 37415	62-6000638		0.	5,569.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
RAYFORD INTERMEDIATE 21919 RAYFORD RD. HUMBLE, TX 77338	74-6001110		0.	5,559.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
TRINIDAD ISD 105 W. EATON ST. TRINIDAD, TX 75163	75-6002657		0.	5,524.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHILOH POINT ELEMENTARY 8145 MAJORS RD. CUMMING, GA 30041	58-6000243		0.	5,477.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
THE DAM 3115 HURONTARIO ST. L5A 4K9 MISSISSAUGA, ONTARIO, CANADA	88-9327466		0.	5,453.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
YMCA OF GREATER HOUSTON (TX) 2600 NORTH LOOP WEST, SUITE 300 HOUSTON, TX 77092	74-1197370		0.	5,440.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
FIR RIDGE CAMPUS 11215 SE MARKET ST. PORTLAND, OR 97216	93-6014226		0.	5,400.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
COCHRAN BLECKLEY RECREATION P.O. BOX 739250, WEST DYKES ST. COCHRAN, GA 31014	58-2022268		0.	5,400.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SKIP PROGRAM 243 RIDGEWOOD DR. MILLERSBURG, PA 17061	27-1897051		0.	5,335.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
V-TESSE TRACK CLUB 831 BARTH DRIVE BALDWIN, NY 11510	36-4762347		0.	5,230.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
NORTHSTARS YOUTH ORGANIZATION 1517 COVE DRIVE DALLAS, TX 75216	46-4482367		0.	5,216.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SAINT IGNATIUS OF LOYOLA PARISH SCHOOL - 6025 MONTE VISTA STREET - LOS ANGELES, CA 90042	95-1642382		0.	5,159.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAKE ERIE BULLDOGS CLUB 6635 W. RIDGE RD. FAIRVIEW, PA 16415	47-1273832		0.	5,152.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
NEW ORLEANS PANTHERS YOUTH FOOTBALL ORGANIZATION - 139 TAMMY DR. - LAPLACE, LA 70068	35-2451915		0.	5,149.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
COMMUNITY PREPARATORY ACADEMY LA 7019 S. VAN NESS AVE. LOS ANGELES, CA 90047			0.	5,137.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
UNION COUNTY YOUTH FOOTBALL AND CHEER - 345 JOHNSON ROAD, P.O. BOX 874 - MAYNARDVILLE, TN 37807	47-1251380		0.	5,098.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
ORANGE COUNTY PAL 2500 W. COLONIAL DRIVE ORLANDO, FL 32804	59-3094368		0.	5,075.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
COOK COUNTY FAMILY CONNECTION P.O. BOX 92303, SOUTH COLLEGE ST. SPARKS, GA 31647	58-2642722		0.	5,039.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
LOGOS SCHOOL 9137 OLD BONHOMME RD. ST. LOUIS, MO 63132	43-0968673		0.	5,000.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

GOOD SPORTS, INC.

Employer identification number

75-3138664

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2017

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 on 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 aren't 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MELISSA HARPER CEO (TREASURER UNTIL 11/15/17)	(i)	148,441.	32,000.	0.	4,713.	19,213.	204,367.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHRISTY KESWICK COO & SECRETARY	(i)	127,294.	28,800.	0.	4,242.	19,191.	179,527.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization: **GOOD SPORTS, INC.** Employer identification number: **75-3138664**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (DONATED SPORT)	X	19	19,639,655.	FMV
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2017

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

GOOD SPORTS, INC.

Employer identification number

75-3138664

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

TARGETING ONE OF THE MAJOR OBSTACLES LIMITING PARTICIPATION - ACCESS TO
SPORTS EQUIPMENT. GOOD SPORTS DISTRIBUTES SPORTS EQUIPMENT, FOOTWEAR,
AND APPAREL TO COMMUNITY ORGANIZATIONS OFFERING PROGRAMS TO
DISADVANTAGED YOUTH HELPING TO LAY THE FOUNDATION FOR HEALTHY, ACTIVE
LIFESTYLES.

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

OFFERING PROGRAMS TO DISADVANTAGED YOUTHS HELPING TO LAY THE FOUNDATION
FOR HEALTHY, ACTIVE LIFESTYLES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS FIRST REVIEWED IN DETAIL BY THE ORGANIZATION'S SENIOR
MANAGEMENT TEAM. A FULL COPY OF THE FORM 990 IS THEN PROVIDED TO THE
ENTIRE BOARD OF DIRECTORS FOR REVIEW PRIOR TO ITS FILING.

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

BOARD MEMBERS SIGN THE CONFLICT OF INTEREST POLICY AND ASKED TO DISCLOSE
INTERESTS THAT MAY LEAD TO CONFLICT ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION FOR THE OFFICERS OF THE ORGANIZATION IS REVIEWED AND APPROVED
BY THE GOVERNING BOARD'S COMPENSATION COMMITTEE ON AN ANNUAL BASIS. IN
DOING SO, THE COMPENSATION COMMITTEE REVIEWS COMPENSATION DATA FROM PEER
ORGANIZATIONS. COMPENSATION OF ADDITIONAL KEY EMPLOYEES IS REVIEWED AND
APPROVED BY THE OFFICERS OF THE ORGANIZATION.

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization GOOD SPORTS, INC.	Employer identification number 75-3138664
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FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
 MA, IL, AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MI, MN, MS, NV, NH, NJ, NM, NY
 NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:
 THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY
 AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:
 THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR
 OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF
 ITS INDEPENDENT ACCOUNTANTS. THIS PROCESS HAS NOT CHANGED DURING THE
 YEAR.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. GOOD SPORTS, INC.	Employer identification number (EIN) or <div style="text-align: center; font-size: large;">75-3138664</div>
	Number, street, and room or suite no. If a P.O. box, see instructions. 1515 HANCOCK STREET, SUITE 204	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. QUINCY, MA 02169	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THE ORGANIZATION

• The books are in the care of ▶ **1515 HANCOCK STREET, SUITE 204 - QUINCY, MA 02169**
 Telephone No. ▶ **617-471-1213** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year **2017** or
- ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045**

TAX RETURN FILING INSTRUCTIONS

MASSACHUSETTS FORM PC

FOR THE YEAR ENDING
DECEMBER 31, 2017

Prepared for	GOOD SPORTS, INC. 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169
Prepared by	MOODY, FAMIGLIETTI & ANDRONICO, LLP 1 HIGHWOOD DRIVE TEWKSBURY, MA 01876
Amount due or refund	BALANCE DUE OF \$1,000.00
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NON-PROFIT ORG/PUBLIC CHARITIES DIV OFFICE OF THE ATTORNEY GENERAL ONE ASHBURTON PLACE BOSTON, MA 02108
Return must be mailed on or before	PLEASE MAIL AS SOON AS POSSIBLE.
Special Instructions	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S). PAYMENT FOR THE BALANCE DUE MUST BE MADE ELECTRONICALLY VIA THE COMMONWEALTH OF MASSACHUSETTS WEBSITE AT: WWW.MASS.GOV/AGO/EPAY ALL THE NECESSARY ATTACHMENTS SHOULD BE INCLUDED WITH FORM PC BEFORE FILING.

Office Use Only: Fiscal Year

THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

(617) 727-2200, ext. 2101
www.mass.gov/ago/charities

Form PC

Report for the Fiscal Period: 01/01/17 to 12/31/17

Attorney General's Account #: 046216

Federal ID #: 75-3138664

Electronic Payment Confirmation #: 243006

When did the organization first engage in charitable work in Massachusetts? 09/05/2003

Has the organization applied for or been granted IRS tax exempt status? Yes No

If yes, date of application OR date of determination letter: 04/29/2008

IRS Exemption under 501(c): 3

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? Yes No

Check all items attached (if applicable)

- Filing Fee or Printout of
- Electronic Payment Confirmation
- Copy of IRS Return
- Audited Financial Statements/Review
- Amended Articles/By-Laws
- Schedule A-1
- Schedule A-2
- Schedule RO
- Schedule VCO
- Probate Account

Organization Data

Name: GOOD SPORTS, INC.

Mailing Address: 1515 HANCOCK STREET, SUITE 204

City: QUINCY State: MA ZIP: 02169

Phone Number: 617-471-1213 Fax Number: 617-830-9772

Email: INFO@GOODSPORTS.ORG Website: WWW.GOODSPORTS.ORG

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions. Enter **up to 2** codes from Table 3 for your organization's main purpose(s)

Category	Code	Category	Code
County (Table 1)	11	Organization Purpose Code 1	43
Type of Organization (Table 2)	14	Organization Purpose Code 2	

Please check box if final return prior to dissolution:

Office Use Only: Payment Received

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

- On what date was the organization created? 09/05/2003
- Where was the organization created? MASSACHUSETTS
- What is the form of organization? (check one)

Corporation <input checked="" type="checkbox"/>	Testamentary Trust <input type="checkbox"/>
Unincorporated Association <input type="checkbox"/>	Inter Vivos Trust <input type="checkbox"/>

Other (please describe): _____

- Was your organization related to any other organization(s) during the reporting year (see definition of "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14. Yes No
- Enter your summary of financial data:

Financial Data		Amounts
A.	Contributions, gifts, grants, and similar amounts received	23,359,183.
B.	Gross support and revenue	23,550,812.
C.	Program services and similar amounts paid out	9,207,255.
D.	Fundraising expenses	733,449.
E.	Management and general expenses	460,226.
F.	Payments to affiliates	0.
G.	Total expenses	10,400,930.
H.	Net assets or fund balances at the end of the year	16,631,588.

- List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	MELISSA HARPER CEO	40.00	180,441.	23,926.	0.
2.	CHRISTY KESWICK COO	40.00	156,094.	23,433.	0.
3.	KELLY PATTERSON NY MARKET DIRECTOR	40.00	100,314.	9,709.	0.
4.	TOBIAS EMMS CHICAGO MARKET DIRECTOR	40.00	95,059.	4,050.	0.
5.	CHRISTOPHER HEALEY DIR. OF OPERATIONS	40.00	77,556.	3,452.	0.

- Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet). Yes No

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	PRO SPORTS COMMUNICATIONS, INC	45,350.	PUBLIC RELATIONS
2.	LIGHTWIRE, INC.	25,630.	IT SERVICES
3.	INSOURCE SERVICES	16,017.	BOOKKEEPING SERVICES
4.	MOODY, FAMIGLIETTI & ANDRONICO	13,125.	AUDIT & TAX
5.	COGENCY GLOBAL	12,794.	TAX FILINGS

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number):

Bank	Address	Phone Number
BANK OF AMERICA	1400 HANCOCK STREET, BOSTON, MA 02109	617-689-1055
SANTANDER BANK	P.O. BOX 961245, FORT WORTH, TX 76161	888-222-4227
FIDELITY INVESTMENTS	P.O. BOX 77001, CINCINNATI, OH 45277	800-634-5574

10. What is the organization's accounting method? Cash Accrual

Other (specify): _____

11. If organization's mailing address is a P.O. Box, list the organization's full street address:

Address: _____

City: _____ State: _____ ZIP Code: _____

12. Contact Person Name: MARGARET NORTON

Street Address: 1515 HANCOCK STREET, SUITE 204

City: QUINCY State: MA ZIP Code: 02169

Phone Number: 617-925-5515

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf? Yes No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions? Yes No

If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization	<input type="checkbox"/>
an organization which: (a) does not raise more than \$5,000 during a calendar year Or does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. <i>(The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)</i>	<input type="checkbox"/>

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.

STATEMENT 1

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.

STATEMENT 2

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state? Yes No

STATEMENT 3

If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

FORM PC	OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES	STATEMENT	1
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NAME AND ADDRESS	TITLE
MELISSA HARPER 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	CEO (TREASURER UNTIL 11/15/1
CHRISTY KESWICK 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	COO & SECRETARY
DAVE BELYEA 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	DIRECTOR
KYLE BETTY 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	DIRECTOR
PAUL BOWEN 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	DIRECTOR (SINCE 11/15/17)
MATT CAMP 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	DIRECTOR
LEWIS COLLINS 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	DIRECTOR
LEN FREIMAN 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	DIRECTOR
JOHN GATES 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	DIRECTOR
ANNA HITCHNER 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	DIRECTOR (SINCE 11/15/17)
JOEL HUGHES 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	DIRECTOR
AMY LATIMER 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	DIRECTOR

EMILY MCCANN 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	DIRECTOR
WILLIAM MCMAHON 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	DIRECTOR
DAVID MISCHLER 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	DIRECTOR
BONNIE MONAHAN 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	DIRECTOR
BRIAN O'CALLAGHAN 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	DIRECTOR
DAVID PACE 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	DIRECTOR
BRETT PETERSON 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	DIRECTOR
KATHERINE POTTER 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	DIRECTOR (THRU 12/31/17)
KEVIN ROCHE 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	DIRECTOR (SINCE 11/15/17)
BRY ROSKOZ 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	DIRECTOR
DREW SAWYER 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	DIRECTOR
MICHAEL WALL 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	DIRECTOR (THRU 12/31/17)
LIAM WESTON 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	DIRECTOR
JOHN WOLF 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	DIRECTOR

JAMES CATUDAL
1515 HANCOCK STREET, SUITE 204
QUINCY, MA 02169

CHAIRMAN

ANDREW LAURENCE
1515 HANCOCK STREET, SUITE 204
QUINCY, MA 02169

DIR.(TREASURER AS OF 11/15/1

FORM PC

PAGE 4, LINE 18

STATEMENT 2

<u>NAME AND ADDRESS</u>	<u>AREA OF RESPONSIBILITY</u>
MELISSA HARPER 1515 HANCOCK ST. STE 204 QUINCY, MA 02169	RESPONSIBLE FOR CUSTODY OF FUNDS
MELISSA HARPER 1515 HANCOCK ST. STE 204 QUINCY, MA 02169	RESPONSIBLE FOR DISTRIBUTION OF FUNDS
MELISSA HARPER 1515 HANCOCK ST. STE 204 QUINCY, MA 02169	RESPONSIBLE FOR FUNDRAISING
MELISSA HARPER 1515 HANCOCK ST. STE 204 QUINCY, MA 02169	CUSTODY OF FINANCIAL RECORDS
MELISSA HARPER 1515 HANCOCK ST. STE 204 QUINCY, MA 02169	AUTHORIZED TO SIGN CHECKS
CHRISTY KESWICK 1515 HANCOCK ST. STE 204 QUINCY, MA 02169	RESPONSIBLE FOR FUNDRAISING
CHRISTY KESWICK 1515 HANCOCK ST. STE 204 QUINCY, MA 02169	AUTHORIZED TO SIGN CHECKS

<u>STATE</u>	<u>REG AGENCY</u>	
COLORADO		
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	2016301810	
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
	MASS MAILINGS	

<u>STATE</u>	<u>REG AGENCY</u>	
CONNECTICUT		
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	CHR.005976	
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
	MASS MAILINGS	

<u>STATE</u>	<u>REG AGENCY</u>	
DISTRICT OF COLUMBIA		
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	4002160004	
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
	MASS MAILINGS	

<u>STATE</u>	<u>REG AGENCY</u>	
FLORIDA		
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	CH48477	
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
	MASS MAILINGS	

<u>STATE</u>	<u>REG AGENCY</u>
GEORGIA	

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	CH012022	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	MASS MAILINGS

<u>STATE</u>	<u>REG AGENCY</u>
HAWAII	

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	75-3138664	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	MASS MAILINGS

<u>STATE</u>	<u>REG AGENCY</u>
KANSAS	

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	75-3138664	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	MASS MAILINGS

<u>STATE</u>	<u>REG AGENCY</u>
KENTUCKY	

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	75-3138665	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	MASS MAILINGS

<u>STATE</u>	<u>REG AGENCY</u>
MAINE	

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	CO11811	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	MASS MAILINGS

<u>STATE</u>	<u>REG AGENCY</u>
MARYLAND	

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	31414	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	MASS MAILINGS

<u>STATE</u>	<u>REG AGENCY</u>
MASSACHUSETTS	

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	46216	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	MASS MAILINGS

<u>STATE</u>	<u>REG AGENCY</u>
MICHIGAN	

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	55500	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	MASS MAILINGS

<u>STATE</u>	<u>REG AGENCY</u>
MINNESOTA	

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	75-3138664	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	MASS MAILINGS

<u>STATE</u>	<u>REG AGENCY</u>
MISSISSIPPI	

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	100024804	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	MASS MAILINGS

<u>STATE</u>	<u>REG AGENCY</u>
NEVADA	

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	NV20161367	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	MASS MAILINGS

<u>STATE</u>	<u>REG AGENCY</u>
NEW HAMPSHIRE	

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	30015	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	MASS MAILINGS

<u>STATE</u>	<u>REG AGENCY</u>	
NEW JERSEY		
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	CH3865700	
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
	MASS MAILINGS	

<u>STATE</u>	<u>REG AGENCY</u>	
NEW MEXICO		
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	75-3138664	
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
	MASS MAILINGS	

<u>STATE</u>	<u>REG AGENCY</u>	
NEW YORK		
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	45-49-66	
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
	MASS MAILINGS	

<u>STATE</u>	<u>REG AGENCY</u>	
NORTH CAROLINA		
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	SL010123	
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
	MASS MAILINGS	

<u>STATE</u>	<u>REG AGENCY</u>
NORTH DAKOTA	

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	41,449,800	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	MASS MAILINGS

<u>STATE</u>	<u>REG AGENCY</u>
OHIO	

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	75-3138664	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	MASS MAILINGS

<u>STATE</u>	<u>REG AGENCY</u>
OKLAHOMA	

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	4312559722	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	MASS MAILINGS

<u>STATE</u>	<u>REG AGENCY</u>
OREGON	

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	50381	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	MASS MAILINGS

<u>STATE</u>	<u>REG AGENCY</u>
PENNSYLVANIA	

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	35193	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	MASS MAILINGS

<u>STATE</u>	<u>REG AGENCY</u>
RHODE ISLAND	

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	CO.9901167	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	MASS MAILINGS

<u>STATE</u>	<u>REG AGENCY</u>
SOUTH CAROLINA	

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	P35425	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	MASS MAILINGS

<u>STATE</u>	<u>REG AGENCY</u>
TENNESSEE	

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	CO26533	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	MASS MAILINGS

<u>STATE</u>	<u>REG AGENCY</u>
UTAH	

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	9833995-CH	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	MASS MAILINGS

<u>STATE</u>	<u>REG AGENCY</u>
VIRGINIA	

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	75-3138664	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	MASS MAILINGS

<u>STATE</u>	<u>REG AGENCY</u>
WASHINGTON	

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	39147	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	MASS MAILINGS

<u>STATE</u>	<u>REG AGENCY</u>
WEST VIRGINIA	

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	75-3138664	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	MASS MAILINGS

<u>STATE</u>	<u>REG AGENCY</u>	
WISCONSIN		
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	16538-800	
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
	MASS MAILINGS	

<u>STATE</u>	<u>REG AGENCY</u>	
ILLINOIS		
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
01/15/08	1055807	
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
	MASS MAILINGS	

<u>STATE</u>	<u>REG AGENCY</u>	
ILLINOIS		
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
01/15/08	1055807	
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
05/12/11	ENTERTAINMENT EVENT	

<u>STATE</u>	<u>REG AGENCY</u>	
ILLINOIS		
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
06/24/15	1055807	
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
09/24/15	ENTERTAINMENT EVENT	

20. Has this organization or any of its officers, directors, or employees:

If yes, please attach an explanation.

- (a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions? Yes No
- (b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency? Yes No
- (c) Been the subject of a proceeding regarding any solicitation or registration? Yes No
- (d) Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency? Yes No

21. Have any restrictions been removed during the year from donor-restricted funds?

If yes, please attach an explanation.

Yes No

22. Have donor-restricted funds been loaned to unrestricted funds?

If yes, please attach an explanation.

Yes No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (see *instructions and definition sections*). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

- (a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above? Yes No
- (b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement? Yes No

*If you answered **yes** for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.*

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver of interest not otherwise reported).

If the answer to any part of Question 24 is yes, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

During the year:		
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B.	Has your organization leased assets to or leased assets from a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C.	Has your organization been indebted to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D.	Has your organization allowed a related party to be indebted to it?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E.	Has your organization made or held an investment in a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F.	Has your organization furnished goods, services, or facilities to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I.	Has your organization transferred income or assets to or for use by a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors or trustees has a relationship?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Signature Required

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: MELISSA HARPER

Title: CHIEF EXECUTIVE OFFICER

Name of Preparer: MOODY, FAMIGLIETTI & ANDRONICO, LLP

Address 1 HIGHWOOD DRIVE

City TEWKSBURY State MA ZIP Code 01876

Phone Number (978) 557-5300

**Schedule A-1
Solicitation Activities During Fiscal Year Covered By This Report**

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input checked="" type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input checked="" type="checkbox"/>
Entertainment event	<input checked="" type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>
<input type="checkbox"/> Other (specify): _____			

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-1 ctd.
Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

MELISSA HARPER

Name and Title: CEO

Address 1515 HANCOCK ST., SUITE 204

City QUINCY State MA ZIP Code 02169

Name and Title:

Address

City State ZIP Code

Name and Title:

Address

City State ZIP Code

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

MELISSA HARPER

Name and Title: CEO

Address 1515 HANCOCK ST., SUITE 204

City QUINCY State MA ZIP Code 02169

Name and Title:

Address

City State ZIP Code

Name and Title:

Address

City State ZIP Code

**Schedule A-2
Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year**

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input checked="" type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input checked="" type="checkbox"/>
Entertainment event	<input checked="" type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>
<input type="checkbox"/> Other (specify): _____			

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-2 ctd.
Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

MELISSA HARPER

Name and Title: CEO

Address 1515 HANCOCK ST., SUITE 204

City QUINCY State MA ZIP Code 02169

Name and Title:

Address

City State ZIP Code

Name and Title:

Address

City State ZIP Code

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

MELISSA HARPER

Name and Title: CEO

Address 1515 HANCOCK ST., SUITE 204

City QUINCY State MA ZIP Code 02169

Name and Title:

Address

City State ZIP Code

Name and Title:

Address

City State ZIP Code

Certification by Organization

Two different signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature: _____ Date: _____

Printed Name: MELISSA HARPER

Title: CHIEF EXECUTIVE OFFICER

Signature: _____ Date: _____

Printed Name: CHRISTY KESWICK

Title: CHIEF OPERATING OFFICER

Schedule RO

1. Please read the instructions and definition of "Related Organization" carefully before completing this section. *(If you have more than five Related Organizations, please attach a list.)*

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Schedule RO ctd.

2. List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g., executive director) and to the four other current or former directors, trustees, officers, or employees within the system of related organizations identified at question 1, on page 13, receiving the highest aggregate compensation (*see instructions*). Use additional lines below to itemize by compensation source.

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

3. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to foundations excluded pursuant to instructions? Yes No



MOODY, FAMIGLIETTI & ANDRONICO
Certified Public Accountants & Consultants

GOOD SPORTS, INC.

FINANCIAL STATEMENTS

DECEMBER 31, 2017 AND 2016



To the Board of Directors
Good Sports, Inc.
Quincy, Massachusetts

INDEPENDENT AUDITORS' REPORT

We have audited the accompanying financial statements of Good Sports, Inc. (the "Organization"), which comprise the statements of financial position as of December 31, 2017 and 2016, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Organization's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Good Sports, Inc. as of December 31, 2017 and 2016, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Moody, Famiglietti & Andronico, LLP

Moody, Famiglietti & Andronico, LLP
Tewksbury, Massachusetts
June 29, 2018

December 31	2017	2016
Assets		
Current Assets:		
Cash and Cash Equivalents	\$ 1,111,334	\$ 850,841
Investments	-	104,993
Accounts Receivable	14,333	12,203
Contributions Receivable	386,725	224,913
Inventories, Net	15,203,296	2,452,889
Prepaid Expenses and Other Current Assets	48,143	86,682
Total Current Assets	16,763,831	3,732,521
Long Term Investments	9,821	-
Property and Equipment, Net of Accumulated Depreciation	45,894	41,130
Security Deposits	10,524	8,854
Total Assets	\$ 16,830,070	\$ 3,782,505
Liabilities and Net Assets		
Current Liabilities:		
Line of Credit	\$ -	\$ -
Accounts Payable	106,374	214,657
Accrued Expenses	82,447	66,551
Current Portion of Deferred Rent	4,774	4,774
Total Current Liabilities	193,595	285,982
Deferred Rent, Net of Current Portion	4,887	14,817
Total Liabilities	198,482	300,799
Net Assets:		
Unrestricted	612,158	551,633
Temporarily Restricted	16,019,430	2,930,073
Total Net Assets	16,631,588	3,481,706
Total Liabilities and Net Assets	\$ 16,830,070	\$ 3,782,505

For the Years Ended December 31	2017			2016		
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Total
Revenue and Other Support:						
Donated Goods and Services	\$ 79,164	\$ 19,639,655	\$ 19,718,819	\$ 112,481	\$ 3,649,104	\$ 3,761,585
Corporate Contributions	85,269	1,977,617	2,062,886	115,510	1,518,998	1,634,508
Special Events, Net of Direct Benefit						
to Donor Costs of \$165,135 and \$155,043, Respectively	734,389	-	734,389	598,691	-	598,691
Foundation Contributions	39,405	575,077	614,482	40,007	499,164	539,171
Individual Contributions	245,258	62,513	307,771	324,025	-	324,025
Shipping and Handling Fees	191,509	-	191,509	208,347	-	208,347
Interest Income	120	-	120	1,934	-	1,934
Net Assets Released from Restrictions	9,165,505	(9,165,505)	-	4,764,337	(4,764,337)	-
Total Revenue and Other Support	10,540,619	13,089,357	23,629,976	6,165,332	902,929	7,068,261
Expenses:						
Program Services	9,207,255	-	9,207,255	4,966,045	-	4,966,045
Fundraising	787,098	-	787,098	574,813	-	574,813
General and Administrative	485,741	-	485,741	460,478	-	460,478
Total Expenses	10,480,094	-	10,480,094	6,001,336	-	6,001,336
Increase in Net Assets	60,525	13,089,357	13,149,882	163,996	902,929	1,066,925
Net Assets, Beginning of Year	551,633	2,930,073	3,481,706	387,637	2,027,144	2,414,781
Net Assets, End of Year	\$ 612,158	\$ 16,019,430	\$ 16,631,588	\$ 551,633	\$ 2,930,073	\$ 3,481,706

Statements of Functional Expenses

Good Sports, Inc.

For the Years Ended December 31	2017				2016			
	Program Services	Fundraising	General and Administrative	Total	Program Services	Fundraising	General and Administrative	Total
Distribution of Equipment	\$ 5,020,526	\$ -	\$ -	\$ 5,020,526	\$ 3,921,330	\$ -	\$ -	\$ 3,921,330
Inventory Obsolescence	2,813,042	-	-	2,813,042	56,159	-	4,884	61,043
Salaries and Related Benefits and Taxes	869,639	454,709	368,882	1,693,230	570,190	329,131	268,913	1,168,234
Advertising and Marketing	76,402	91,645	55,913	223,960	77,177	28,685	117,010	222,872
Fundraising Events	-	166,996	-	166,996	-	149,311	-	149,311
Warehouse Costs	152,467	-	-	152,467	81,154	-	55	81,209
Meetings and Travel	91,573	16,484	5,676	113,733	91,366	11,566	10,050	112,982
Office Expenses	38,524	27,421	19,962	85,907	48,263	17,148	15,730	81,141
Occupancy	39,605	19,011	15,556	74,172	37,290	20,043	16,399	73,732
Partner Events	67,595	67	56	67,718	42,984	165	135	43,284
Professional Fees	23,296	8,307	6,791	38,394	36,960	17,560	14,357	68,877
Depreciation	-	-	11,353	11,353	-	-	11,960	11,960
Miscellaneous	11,271	-	-	11,271	901	-	-	901
Insurance	3,315	2,458	1,552	7,325	2,271	1,204	985	4,460
Total Expenses	\$ 9,207,255	\$ 787,098	\$ 485,741	\$ 10,480,094	\$ 4,966,045	\$ 574,813	\$ 460,478	\$ 6,001,336

The accompanying notes are an integral part of these financial statements.

For the Years Ended December 31	2017	2016
Cash Flows from Operating Activities:		
Increase in Net Assets	\$ 13,149,882	\$ 1,066,925
Adjustments to Reconcile Increase in Net Assets to Net Cash		
Provided by Operating Activities:		
Depreciation	11,353	11,960
Inventory Obsolescence	2,772,752	37,337
Donated Investments	(9,821)	(104,993)
Increase in Accounts Receivable	(2,130)	(1,406)
Increase in Contributions Receivable	(161,812)	(85,024)
Increase in Inventories	(15,523,159)	(945,309)
Decrease (Increase) in Prepaid Expenses and Other Current Assets	38,539	(689)
Increase in Deposits	(1,670)	-
(Decrease) Increase in Accounts Payable	(108,283)	117,669
Increase (Decrease) in Accrued Expenses	15,896	(3,918)
Decrease in Deferred Rent	(9,930)	-
Net Cash Provided By Operating Activities	171,617	92,552
Cash Flows from Investing Activities:		
Proceeds from Sale of Investments	104,993	-
Acquisition of Property and Equipment	(16,117)	(23,956)
Net Cash Provided by (Used in) Investing Activities	88,876	(23,956)
Net Increase in Cash and Cash Equivalents	260,493	68,596
Cash and Cash Equivalents, Beginning of Year	850,841	782,245
Cash and Cash Equivalents, End of Year	<u>\$ 1,111,334</u>	<u>\$ 850,841</u>

Supplemental Disclosure of Non-Cash Operating and Investing Activities:

During the years ended December 31, 2017 and 2016, the Organization received donated inventories in the amount of \$19,628,768 and \$3,629,604, respectively.

During the years ended December 31, 2017 and 2016, the Organization received donated investments in the amount of \$9,821 and \$104,993, respectively.

1. Organization and Summary of Significant Accounting Policies:

Nature of Organization: Incorporated as a nonprofit in November 2003, Good Sports, Inc. (the "Organization") has as its mission to increase youth participation in sports, fitness, and recreational programs by providing access to sports equipment, which is one of the major obstacles limiting participation. The Organization distributes sports equipment, footwear, and apparel to community organizations offering programs to disadvantaged youth, helping to lay the foundation for healthy, active lifestyles. The Organization partners with sporting goods manufacturers to ensure that disadvantaged youth are getting the equipment they need to participate.

Method of Accounting: The financial statements of the Organization have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Contributions: Contributions, including unconditional promises to give, are recognized as revenue in the period the promise is received (pledged). Conditional promises to give are not recognized until they become unconditional, that is at the time when the conditions on which they depend are substantially met. Contributions of assets other than cash are reported at their estimated fair value. Contributions receivable to be received after one year are discounted at an appropriate discount rate commensurate with the risk involved. Amortization of the discount is recorded as additional contribution revenue in accordance with donor-imposed restrictions, if any, on the contributions. An allowance for uncollectible contributions receivable is provided based upon management's judgment of potential defaults. The determination includes such factors as prior collection history, type of contribution and nature of fundraising activities.

Contributions received with donor-imposed restrictions that are met in the same year in which they are recognized are reported as revenues of the temporarily restricted net asset class. Contributions received with donor-imposed restrictions that are met subsequent to the year in which they are recognized are also reported as revenues of the temporarily restricted net asset class when they are recognized. A reclassification to unrestricted net assets is made to

reflect the expiration of such restrictions in the year the restriction is met.

Contributions of services are reported as revenue and expenses of the unrestricted net asset class at the fair value of the service received only if the services create or enhance a nonfinancial asset or would typically need to be purchased by the Organization if they had not been provided by contribution, require specialized skills, and are provided by individuals with those skills. Contributions of goods and space to be used in program operations are reported as revenue and expenses of the unrestricted net asset class at the time the goods or space is received.

Revenue Recognition: Revenues are reported as increases in unrestricted net assets unless use of the related assets is limited by donor-imposed restrictions. Revenues related to special events are recorded net of expenses that provide a direct benefit to donors and are generally recorded when the event takes place.

The Organization recognizes revenue from shipping and handling fees upon shipment of the related equipment, provided that persuasive evidence of an arrangement exists, the fee is fixed or determinable, and collectability is probable.

Shipping and Handling Costs: Included in the distribution of equipment on the accompanying statements of functional expenses are shipping and handling costs of \$178,633 and \$149,832 for the years ended December 31, 2017 and 2016, respectively. Amounts billed to customers for shipping and handling are included as shipping and handling fees on the accompanying statements of activities.

Classification and Reporting of Net Assets: The Organization reports information regarding its financial position and activities according to three classes of net assets: unrestricted net assets; temporarily restricted net assets; and permanently restricted net assets. A description of the three net asset classes follows:

- Unrestricted net assets represent the portion of net assets of the Organization that is neither permanently restricted nor temporarily restricted by donor-imposed stipulations. Unrestricted net assets include expendable funds available for support of the Organization and investment in property and equipment.

1. Organization and Summary of Significant Accounting Policies (Continued):

- Temporarily restricted net assets represent contributions and other inflows of assets whose use by the Organization is limited by donor-imposed stipulations that either expire by passage of time or can be fulfilled and removed by actions of the Organization pursuant to those stipulations, as well as growth earned on permanently restricted net assets restricted by law, if any.
- Permanently restricted net assets represent contributions and other inflows of assets whose use by the Organization is limited by donor-imposed stipulations that neither expire by passage of time nor can be fulfilled or otherwise removed by actions of the Organization. As of December 31, 2017, there were no permanently restricted net assets.

Fair Value Measurements: The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Organization has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and

- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Cash and Cash Equivalents: The Organization maintains its cash and cash equivalents in bank deposit accounts, which, at times, may exceed federally insured limits. The Organization has a cash management program, which provides for the investment of excess cash balances primarily in savings and money market accounts. The Organization considers such highly liquid investments with original maturities of three months or less when purchased to be cash equivalents.

Investments and Investment Income: The Organization reports all investments at fair value at the date of the statements of financial position. Realized and unrealized gains and losses are reflected in the accompanying statements of activities. Investment income or loss (including realized and unrealized gains and losses on investments, interest and dividends) is recorded when earned and is included in unrestricted non-operating gains and losses unless the income or loss is restricted by the donor or law.

Accounts Receivable: Accounts receivable are stated at the amount management expects to collect from outstanding balances. An allowance for doubtful accounts is provided for those accounts receivable considered to be uncollectible based upon management's assessment of the collectability of accounts receivable, which considers historical write-off experience and any specific risks identified in customer collection matters. Bad debts are written off against the allowance when identified.

1. Organization and Summary of Significant Accounting Policies (Continued):

Concentration of Credit Risk: Financial instruments that potentially subject the Organization to concentration of credit risk consist primarily of cash, cash equivalents, investments, accounts receivable, and contributions receivable. The Organization maintains its cash, cash equivalents, and investments with high-credit quality financial institutions. Receivables are carried at the outstanding balance, less an estimate made for doubtful receivables. Management determines the allowance for doubtful accounts by identifying troubled accounts and contributions receivable balances and by using an assessment of the donor credit worthiness. As of December 31, 2017 and 2016, management has determined all accounts are collectible and an allowance for doubtful accounts is not necessary.

Inventories: Inventories is stated at the lower of cost when purchased, fair market value on the date of donation or net realizable value. The carrying value of inventory is determined on the first-in, first-out (FIFO) method. Net realizable value is the estimated selling prices in the ordinary course of business, less reasonably predictable costs of completion, disposal and transportation. Appropriate consideration is given to obsolescence, excessive levels, deterioration, and other factors in evaluating net realizable value.

Property and Equipment: Property and equipment acquisitions are recorded at cost on the date of acquisition, or at fair value on the date of donation. Depreciation is computed using the straight-line method over the estimated useful lives of the related assets.

Computer and Equipment	5 Years
Furniture, Fixtures, and Equipment	7 Years

Deferred Rent: The Organization records rent expense on a constant periodic rate over the term of the lease agreement. The excess of cumulative rent expense incurred over the cumulative amounts due under the lease agreement is deferred and recognized over the term of the lease.

Advertising and Marketing: The Organization expenses advertising and marketing costs as incurred or as

donations are received. During the years ended December 31, 2017 and 2016, the Organization incurred \$223,961 and \$222,872, respectively, of advertising and marketing expenses, which includes \$79,165 and \$119,265, respectively, of donated marketing services.

Income Taxes: The Organization is a nonprofit corporation as described in Section 501(c)(3) of the Internal Revenue Code and is exempt from federal and state income taxes on trade or business profits generated by activities related to the Organization's exempt function. The Organization may be subject to federal and state income taxes for profits generated from trade or business activities unrelated to the Organization's exempt function. As of December 31, 2017 and 2016, management believes that the Organization has not generated any unrelated business taxable income.

The Organization assesses the recording of uncertain tax positions by evaluating the minimum recognition threshold and measurement requirements a tax position must meet before being recognized as a benefit in the financial statements.

Functional Allocation of Expenses: Expenses are reported as decreases in unrestricted net assets. Expenses related directly to a specific program are charged to that program while other general program expenses are allocated to individual programs based upon management's estimate of the percentage attributable to each program. Certain costs are allocated among program services, general and administrative and fundraising based on activity as determined by management.

Use of Estimates: The Organization has used estimates and assumptions relating to the reporting of assets and liabilities and disclosure of contingent assets and liabilities in its preparation of the financial statements in accordance with GAAP. Actual results experienced by the Organization may differ from those estimates.

Subsequent Events: Management has evaluated subsequent events spanning the period from December 31, 2017 through June 29, 2018, the date the financial statements were available to be issued.

2. Investments:

As of December 31, 2017 and 2016, investments consist of the following:

	2017	2016
Corporate Bond	\$ 9,821	\$ -
Common Stock	-	104,993
	<u>\$ 9,821</u>	<u>\$ 104,993</u>

The corporate bond and common stock is valued using Level 2 and Level 1 inputs, respectively. During January 2017, the Organization liquidated the common stock and converted it to cash equivalents.

3. Contributions Receivable:

Contributions receivable as of December 31, 2017 and 2016 amounted to \$386,725 and \$224,913, respectively. The contributions receivable are due in less than one year from the date of the statements of financial position.

4. Conditional Contributions:

On November 28, 2016, the Organization became party to a new conditional grant in the amount of \$3,495,000. The grant is expected to be paid over a three-year period in the amount of \$1,165,000 per year, beginning in 2017 through 2019. Since this grant represents a conditional promise to give, it is not recorded as contribution revenue until donor conditions are substantially met. As of December 31, 2017, \$2,330,000 remains to be spent and collected, subject to conditions of the grant. The grant can be terminated by either the Organization or the donor with proper notice, as defined in the agreement, if the conditions of the grant are not met.

Prior to December 31, 2016, the Organization was party to a grant conditional upon certain terms and reporting requirements in the aggregate amount of \$2,000,000, of which \$1,000,000 was recognized as contribution revenue during the year ended December 31, 2016. As of December 31, 2016, all funds under this grant were spent and collected.

5. Inventories:

As of December 31, 2017 and 2016, inventories consist of the following:

	2017	2016
Sports Equipment	\$ 18,150,148	\$ 2,626,989
Less: Reserve for Obsolescence	2,946,852	174,100
	<u>\$ 15,203,296</u>	<u>\$ 2,452,889</u>

6. Property and Equipment:

As of December 31, 2017 and 2016 property and equipment consists of the following:

	2017	2016
Computer and Equipment	\$ 95,997	\$ 85,283
Furniture, Fixtures, and Equipment	27,526	22,123
	<u>123,523</u>	<u>107,406</u>
Less: Accumulated Depreciation	77,629	66,276
	<u>\$ 45,894</u>	<u>\$ 41,130</u>

Depreciation expense for the years ended December 31, 2017 and 2016, amounted to \$11,353 and \$11,960, respectively.

7. Line of Credit:

The Organization is a party to a line of credit agreement with a bank for borrowing of up to \$500,000. Interest on the line of credit is calculated at the Prime Rate plus 1% (5.50% at December 31, 2017). The line of credit renews annually, is payable on demand, and is secured by all assets of the Organization. As of December 31, 2017 and 2016, there were no outstanding borrowings under the line of credit.

8. Temporarily Restricted Net Assets:

As of December 31, 2017 and 2016, temporarily restricted net assets subject to donor imposed restrictions are as follows:

	2017	2016
Equipment to be Distributed	\$ 15,203,296	\$ 2,432,183
Equipment Donation and Purchase Program	816,134	497,890
	<u>\$ 16,019,430</u>	<u>\$ 2,930,073</u>

9. Net Assets Released from Restrictions:

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purposes specified by donors or by the passage of time. Net assets released from restriction during the years ended December 31, 2017 and 2016 consist of the following:

	2017	2016
Distributed Equipment	\$ 3,941,961	\$ 2,741,692
Inventory Obsolescence	2,813,042	61,043
Equipment Donation and Purchase Program	2,410,502	1,961,602
	<u>\$ 9,165,505</u>	<u>\$ 4,764,337</u>

10. Donated Goods and Services:

The Organization receives donated goods and services as well as credits from vendors. Contributed sports equipment is recorded as inventories and is expensed when distributed. The estimated fair value for services is determined by the donor or by management.

The value of donated goods, services, and credits from vendors for the years ended December 31, 2017 and 2016 amounted to:

	2017	2016
Donated Sports Equipment	\$ 19,628,768	\$ 3,629,604
Donated Services	79,165	119,265
Vendor Credits	10,886	12,716
	<u>\$ 19,718,819</u>	<u>\$ 3,761,585</u>

As of December 31, 2017 and 2016, the Organization has vendor credits redeemable in the amounts of \$2,900 and \$44,589, respectively, which is included in prepaid expenses and other current assets on the accompanying statements of financial position.

11. Operating Leases:

The Organization is a party to a sixty-six months noncancelable lease agreement for office space in Quincy, Massachusetts expiring in August 2020. The lease agreement provides for minimum monthly rental payments of \$4,120, plus certain operating expenses.

The Organization is also a party to a five-year lease agreement for warehouse space located in Norwood, Massachusetts expiring in June 2019. Under the terms of the lease agreement, the Organization is required to remit monthly rental payments in the amount of \$5,250, plus certain operating expenses. In March 2018, the Organization amended the lease agreement to increase the leased space commencing April 1, 2018. Under the terms of the amended lease agreement, the Organization is required to remit monthly rental payments in the amount of \$9,500, plus certain operating expenses.

11. Operating Leases (Continued):

Rent expense incurred by the Organization under these operating lease agreements for the years ended December 31, 2017 and 2016 amounted to \$109,324 and \$118,451, respectively. As of December 31, 2017, future minimum lease payments due under noncancelable lease agreements are as follows:

<u>Year Ending</u> <u>December 31,</u>	
2018	\$ 150,695
2019	106,445
2020	<u>32,963</u>
	<u>\$ 290,103</u>

12. Retirement Plan

The Organization sponsors a defined contributions 401(k) plan (the "Plan") covering substantially all of its employees who meet certain eligibility requirements. The Plan allows employees to voluntarily elect to contribute and also allows the Organization to make discretionary contributions. During the year ended December 31, 2017, the Organization contributed \$33,092 to the Plan. During the year ended December 31, 2016, the Organization did not make any discretionary contributions to the Plan.

13. Economic Dependency:

During the years ended December 31, 2017 and 2016, the Organization received 92% and 56% of its total contributed equipment from two contributors and three contributors, and 39% and 43% of contributions from one donor, each respectively. As of December 31, 2017 and 2016, 65% and 42% of contributions receivable is due from two donors and one donor, respectively.

14. Indemnifications:

In the ordinary course of business, the Organization enters into various agreements containing standard indemnification provisions. The Organization's indemnification obligations under such provisions are typically in effect from the date of execution of the applicable agreement through the end of the applicable statute of limitations. The aggregate maximum potential future liability of the Organization under such indemnification provisions is uncertain. As of December 31, 2017 and 2016, no amounts have been accrued related to such indemnification provisions.

