

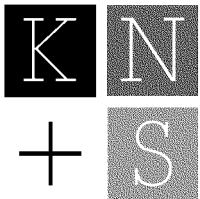
KATZ, NANNIS + SOLOMON, P.C.
800 SOUTH STREET, SUITE 250
WALTHAM, MA 02453-1480

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

|||||

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CLIENT'S COPY



Katz, Nannis + Solomon, PC

Certified Public Accountants

SEPTEMBER 29, 2016

GOOD SPORTS, INC.
1515 HANCOCK STREET, SUITE 204
QUINCY, MA 02169
ATTENTION: MELISSA HARPER, CEO

DEAR MELISSA:

ENCLOSED ARE THE 2015 EXEMPT ORGANIZATION RETURNS, AS
FOLLOWS...

2015 FORM 990

2015 ILLINOIS FORM AG990-IL

2015 MASSACHUSETTS FORM PC

WE HAVE PREPARED THESE RETURNS BASED ON THE INFORMATION YOU
PROVIDED US. FORM 990 SCHEDULE I PART II DOES NOT INCLUDE THE
EMPLOYER IDENTIFICATION NUMBERS ("EIN") FOR SEVERAL
ORGANIZATIONS THAT RECEIVED GRANTS FROM GOOD SPORTS, INC.

THE INTERNAL REVENUE SERVICE ("IRS") MAY IMPOSE A
FAILURE-TO-FILE PENALTY ON THE ORGANIZATION IF IT DEEMS THE
RETURN TO BE INCOMPLETE. ORGANIZATIONS WITH ANNUAL GROSS
RECEIPTS EXCEEDING \$1 MILLION ARE SUBJECT TO A PENALTY OF
\$100 FOR EACH DAY FAILURE CONTINUES (WITH A MAXIMUM PENALTY
FOR ANY ONE RETURN OF \$50,000). THE PENALTY APPLIES ON EACH
DAY AFTER THE DUE DATE THAT THE RETURN IS NOT FILED.

IN ADDITION, THE IRS MAY IMPOSE A PENALTY ON A RESPONSIBLE
PERSON IF THE ORGANIZATION DOES NOT FILE A COMPLETE RETURN OR
DOES NOT FURNISH CORRECT INFORMATION, THE IRS WILL SEND THE
ORGANIZATION A LETTER THAT INCLUDES A FIXED TIME TO FULFILL
THESE REQUIREMENTS. AFTER THAT PERIOD EXPIRES, THE PERSON
FAILING TO COMPLY WILL BE CHARGED A PENALTY OF \$10 A DAY. THE
MAXIMUM PENALTY ON ALL PERSONS FOR FAILURES FOR ANY ONE
RETURN SHALL NOT EXCEED \$5,000.

AUTOMATIC REVOCATION FOR NONFILING FOR THREE CONSECUTIVE
YEARS. THE LAW REQUIRES MOST TAX-EXEMPT ORGANIZATIONS, OTHER
THAN CHURCHES, TO FILE AN ANNUAL FORM 990, 990-EZ, OR 990-PF
WITH THE IRS, OR TO SUBMIT A FORM 990-N E-POSTCARD TO THE
IRS. IF AN ORGANIZATION FAILS TO FILE AN ANNUAL RETURN OR
SUBMIT A NOTICE AS REQUIRED FOR 3 CONSECUTIVE YEARS, ITS

TAX-EXEMPT STATUS IS AUTOMATICALLY REVOKED ON AND AFTER THE DUE DATE FOR FILING ITS THIRD ANNUAL RETURN OR NOTICE. ORGANIZATIONS THAT LOSE THEIR TAX-EXEMPT STATUS MAY NEED TO FILE INCOME TAX RETURNS AND PAY INCOME TAX, BUT MAY APPLY FOR REINSTATEMENT OF EXEMPTION. FOR DETAILS, GO TO WWW.IRS.GOV/EO

INSTRUCTIONS FOR FILING THE ABOVE FORMS ARE FURNISHED FOR EASY REFERENCE. YOUR COPIES SHOULD BE RETAINED FOR YOUR FILES.

SINCERELY,

JEFFREY D. SOLOMON, C.P.A., C.V.A.
KATZ, NANNIS + SOLOMON, P.C.

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
DECEMBER 31, 2015

Prepared for	GOOD SPORTS, INC. 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169
Prepared by	KATZ, NANNIS + SOLOMON, P.C. 800 SOUTH STREET, SUITE 250 WALTHAM, MA 02453-1480
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 QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US AS SOON AS POSSIBLE.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning _____, 2015, and ending _____, 20____

2015

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

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>3,899,762.</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, Part I, line 3c or Part II, line 8c)	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 2015 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 **KATZ, NANNIS + SOLOMON, P.C.** to enter my PIN **75313**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2015 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 2015 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.

04411580123

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 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 ▶ _____

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

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

2015
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.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 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.		D Employer identification number 75-3138664
	Doing business as		E Telephone number 617-471-1213
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1515 HANCOCK STREET, SUITE 204		G Gross receipts \$ 4,144,876.
	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 1515 HANCOCK STREET, SUITE 301, QUINCY, MA		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: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.GOODSPORTS.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **2003** **M** State of legal domicile: **MA**

Part I Summary		Prior Year	Current Year
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	25
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	23
	6 Total number of volunteers (estimate if necessary)	6	90
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	4,971,433.	3,343,306.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	284.	970.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	398,041.	555,486.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,369,758.	3,899,762.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,160,891.	3,692,515.
	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)	765,261.	1,029,518.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 580,412.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	610,202.	866,835.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,536,354.	5,588,868.	
19 Revenue less expenses. Subtract line 18 from line 12	1,833,404.	-1,689,106.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 4,287,668.	End of Year 2,601,829.
	21 Total liabilities (Part X, line 26)	183,781.	187,048.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,103,887.	2,414,781.

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	Date			
	MELISSA HARPER, CHIEF EXECUTIVE OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JEFFREY D. SOLOMON, C.P.A.	Preparer's signature JEFFREY D. SOLOMON,	Date	Check if self-employed <input type="checkbox"/>	PTIN P00039505
	Firm's name ▶ KATZ, NANNIS + SOLOMON, P.C.	Firm's EIN ▶ 04-2887211			
	Firm's address ▶ 800 SOUTH STREET, SUITE 250 WALTHAM, MA 02453-1480	Phone no. 781-453-8700			

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 PROGRAMS 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 \$ 4,648,327. including grants of \$ 3,692,515.) (Revenue \$ 191,963.) SINCE 2003, GOOD SPORTS HAS IMPACTED OVER 2,800,000 YOUNG PEOPLE THROUGH SPORTS EQUIPMENT DONATIONS. GOOD SPORTS HAS DONATED OVER \$16,000,000 WORTH OF EQUIPMENT TO OVER 2000 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 4,648,327.

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 ID, description, and Yes/No checkboxes. Includes rows 1a-14b with various tax-related questions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (25), 1b (24), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MA, IL
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. [X] Own website [X] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, 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: MELISSA HARPER - 617-471-1213 1515 HANCOCK ST., SUITE 301, QUINCY, MA 02169

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) AMY LATIMER DIRECTOR	2.00	X					0.	0.	0.	
(2) DAVE BELYEA DIRECTOR	2.00	X					0.	0.	0.	
(3) DAVID MISCHLER DIRECTOR	2.00	X					0.	0.	0.	
(4) DAVID PACE DIRECTOR	2.00	X					0.	0.	0.	
(5) EMILY MCCANN DIRECTOR	2.00	X					0.	0.	0.	
(6) JOEL HUGHES DIRECTOR	2.00	X					0.	0.	0.	
(7) JOHN GATES DIRECTOR	2.00	X					0.	0.	0.	
(8) JOHN WOLF DIRECTOR	2.00	X					0.	0.	0.	
(9) KATHERINE POTTER DIRECTOR	2.00	X					0.	0.	0.	
(10) KENT WELDON DIRECTOR	2.00	X					0.	0.	0.	
(11) KIRSTEN HANO DIRECTOR	2.00	X					0.	0.	0.	
(12) KYLE BETTY DIRECTOR	2.00	X					0.	0.	0.	
(13) MATT CAMP DIRECTOR	2.00	X					0.	0.	0.	
(14) MELISSA HARPER CEO & TREASURER	40.00	X		X			141,888.	0.	0.	
(15) MICHAEL WALL DIRECTOR	2.00	X					0.	0.	0.	
(16) PETER LAWLER DIRECTOR	2.00	X					0.	0.	0.	
(17) PETER STEVENS CHAIRMAN	2.00	X		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) TED MANLEY DIRECTOR	2.00	X					0.	0.	0.	
(19) WILLIAM MCMAHON DIRECTOR	2.00	X					0.	0.	0.	
(20) CHRISTY KESWICK COO	40.00	X		X			125,025.	0.	0.	
(21) DREW SAWYER DIRECTOR	2.00	X					0.	0.	0.	
(22) JAMES CATUDAL DIRECTOR	2.00	X					0.	0.	0.	
(23) LEN FREIMAN DIRECTOR	2.00	X					0.	0.	0.	
(24) BONNIE MONAHAN DIRECTOR	2.00	X					0.	0.	0.	
(25) BRIAN O' CALLAGHAN DIRECTOR	2.00	X					0.	0.	0.	
(26) BRETT PETERSON DIRECTOR	2.00	X					0.	0.	0.	
1b Sub-total							266,913.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							266,913.	0.	0.	

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 **2**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such person</i>		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**

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	88,495.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,254,811.				
	g Noncash contributions included in lines 1a-1f: \$		1,041,290.				
	h Total. Add lines 1a-1f		3,343,306.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		970.			970.	
	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 \$ 88,495. of contributions reported on line 1c). See Part IV, line 18	a		608,637.			
		b Less: direct expenses	b	245,114.			
		c Net income or (loss) from fundraising events		363,523.			363,523.
	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 ADMIN FEE ON DONATED E		480000	191,963.	191,963.			
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			191,963.				
12 Total revenue. See instructions.			3,899,762.	191,963.	0.	364,493.	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,692,515.	3,692,515.		
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	261,913.	136,195.	57,621.	68,097.
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	607,346.	315,824.	130,133.	161,389.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	89,991.	48,080.	17,501.	24,410.
10 Payroll taxes	70,268.	36,540.	15,177.	18,551.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	49,795.	25,893.	10,756.	13,146.
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.)	3,956.	2,058.	854.	1,044.
12 Advertising and promotion	126,499.	51,052.	57,235.	18,212.
13 Office expenses	31,757.	16,412.	7,425.	7,920.
14 Information technology	9,428.	4,903.	2,036.	2,489.
15 Royalties				
16 Occupancy	116,803.	60,789.	25,207.	30,807.
17 Travel	68,929.	51,848.	3,936.	13,145.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,620.		18,620.	
23 Insurance	5,363.	346.	4,840.	177.
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 SPECIAL EVENTS	213,407.	11,317.	167.	201,923.
b POSTAGE AND DELIVERY	160,378.	156,180.	-580.	4,778.
c PARTNER EVENTS	40,032.	40,032.	0.	0.
d SUPPLIES	25,450.	12,359.	5,216.	7,875.
e All other expenses	-3,582.	-14,016.	3,985.	6,449.
25 Total functional expenses. Add lines 1 through 24e	5,588,868.	4,648,327.	360,129.	580,412.
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	759,938.	1	782,245.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	255,005.	3	183,589.
	4 Accounts receivable, net	16,222.	4	10,797.
	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	3,203,109.	8	1,544,917.
	9 Prepaid expenses and deferred charges	17,238.	9	42,293.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 83,450.		
	b Less: accumulated depreciation	10b 54,316.	20,075.	10c 29,134.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	16,081.	15	8,854.
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,287,668.	16	2,601,829.	
Liabilities	17 Accounts payable and accrued expenses	174,636.	17	167,457.
	18 Grants payable		18	
	19 Deferred revenue	9,145.	19	19,591.
	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		25	
	26 Total liabilities. Add lines 17 through 25	183,781.	26	187,048.
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	416,779.	27	433,718.
	28 Temporarily restricted net assets	3,687,108.	28	1,981,063.
	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	4,103,887.	33	2,414,781.	
34 Total liabilities and net assets/fund balances	4,287,668.	34	2,601,829.	

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	3,899,762.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,588,868.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,689,106.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,103,887.
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	2,414,781.

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? _____ 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		X
b Were the organization's financial statements audited by an independent accountant? _____ 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	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	805,475.	2,411,475.	3,392,797.	4,860,440.	3,254,811.	14,724,998.
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	805,475.	2,411,475.	3,392,797.	4,860,440.	3,254,811.	14,724,998.
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)						
6 Public support. Subtract line 5 from line 4.						14,724,998.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	805,475.	2,411,475.	3,392,797.	4,860,440.	3,254,811.	14,724,998.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	311.	220.	100.	284.	970.	1,885.
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.)	197,382.	222,669.	365,817.	419,736.	555,486.	1,761,090.
11 Total support. Add lines 7 through 10						16,487,973.
12 Gross receipts from related activities, etc. (see instructions)					12	
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 2015 (line 6, column (f) divided by line 11, column (f))	14	89.31 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	90.68 %
16a 33 1/3% support test - 2015. 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 - 2014. 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 - 2015. 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 - 2014. 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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. 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 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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 11a or 11b 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.	Yes	No
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. **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).		

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Lined area for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

GOOD SPORTS, INC.

Employer identification number

75-3138664

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization GOOD SPORTS, INC.	Employer identification number 75-3138664
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DR PEPPER SNAPPLE GROUP 5301 LEGACY DRIVE PLANO, TX 75024	\$ 1,040,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ESPN ESPN PLAZA BRISTOL, CT 06010	\$ 140,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ATLANTA FALCONS YOUTH FOUNDATION 4400 FALCON PARKWAY FLOWERY BRANCH, GA 30542	\$ 121,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	GEORGIA SHAPE 2 PEACHTREE ST. NW 15-436 ATLANTA, GA 30303	\$ 120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	HIGHLAND STREET FOUNDATION THREE NEWTON EXECUTIVE PARK, SUITE 104 NEWTON LOWER FALLS, MA 02462	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	JORDAN FAMILY SPORTS FOUNDATION 875 N MICHIGAN AVENUE CHICAGO, IL 60611	\$ 92,319.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GOOD SPORTS, INC.	Employer identification number 75-3138664
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization GOOD SPORTS, INC.	Employer identification number 75-3138664
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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.**

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

OMB No. 1545-0047

2015

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 8/17/06, 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?

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)?

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

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		61,327.	51,624.	9,703.
e Other		22,123.	2,692.	19,431.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				29,134.

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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	4,150,606.
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	5,730.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	245,114.	
e	Add lines 2a through 2d	2e		250,844.
3	Subtract line 2e from line 1		3	3,899,762.
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	3,899,762.

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	5,839,712.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	5,730.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	245,114.	
e	Add lines 2a through 2d	2e		250,844.
3	Subtract line 2e from line 1		3	5,588,868.
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	5,588,868.

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:

INCOME TAXES - THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THESE FINANCIAL STATEMENTS. CONTRIBUTIONS TO THE ORGANIZATION ARE TAX DEDUCTIBLE.

THE ORGANIZATION MUST IDENTIFY, RECOGNIZE, MEASURE AND DISCLOSE IN ITS FINANCIAL STATEMENTS THE EFFECTS OF ANY UNCERTAIN TAX REPORTING POSITIONS THAT AN ORGANIZATION HAS TAKEN OR EXPECTS TO TAKE IS REQUIRED UNDER GAAP. THE ORGANIZATION MUST RECOGNIZE AN UNRECOGNIZED TAX BENEFIT WHEN, DESPITE THE ORGANIZATION'S BELIEF THAT ITS TAX RETURN POSITIONS ARE SUPPORTABLE, IT IS POSSIBLE THAT CERTAIN POSITIONS MAY NOT BE FULLY SUSTAINED UPON

Part XIII Supplemental Information (continued)

REVIEW BY TAX AUTHORITIES. TO THE EXTENT THAT THE FINAL TAX OUTCOME OF THESE MATTERS IS DIFFERENT THAN THE AMOUNTS RECORDED, SUCH DIFFERENCES IMPACT INCOME TAX EXPENSE IN THE PERIOD IN WHICH SUCH DETERMINATION IS MADE. INTEREST AND PENALTIES, IF ANY, RELATED TO ACCRUED LIABILITIES FOR POTENTIAL TAX ASSESSMENTS ARE INCLUDED IN INCOME TAX EXPENSE. MANAGEMENT HAS ANALYZED THE ORGANIZATION'S TAX POSITIONS TAKEN FOR ALL OPEN TAX YEARS (2007-2010), AND HAS CONCLUDED THAT NO PROVISION FOR UNRECOGNIZED TAX BENEFITS FROM UNCERTAIN TAX POSITIONS IS REQUIRED IN THE ORGANIZATION'S FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES REPORTED IN FORM 990, PART VIII, LINE

8B	245,114.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES REPORTED IN FORM 990, PART VIII, LINE

8B	245,114.
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SCHEDULE D PART X LINE 2

EXPLANATION: INCOME TAXES - THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION IS ALSO EXEMPT FROM STATE INCOME TAXES UNDER VARIOUS STATE LAWS. ACCORDINGLY, NO PROVISION FOR FEDERAL OR STATE INCOME TAXES HAS BEEN PROVIDED FOR THE ACCOMPANYING FINANCIAL STATEMENTS. CONTRIBUTIONS TO THE ORGANIZATION ARE TAX DEDUCTIBLE.

IN ACCORDANCE WITH GAAP, THE ORGANIZATION IDENTIFIES, RECOGNIZES, MEASURES AND DISCLOSES IN ITS FINANCIAL STATEMENTS THE EFFECTS OF ANY UNCERTAIN TAX

Part XIII Supplemental Information *(continued)*

REPORTING POSITIONS IT HAS TAKEN OR EXPECTS TO TAKE. THE ORGANIZATION
 RECOGNIZES AN UNRECOGNIZED TAX BENEFIT WHEN, DESPITE THE ORGANIZATION'S
 BELIEF THAT ITS TAX RETURN POSITIONS ARE SUPPORTABLE, IT IS POSSIBLE THAT
 CERTAIN POSITIONS MAY NOT BE FULLY SUSTAINED UPON REVIEW BY TAX
 AUTHORITIES. TO THE EXTENT THAT THE FINAL TAX OUTCOME OF THESE MATTERS IS
 DIFFERENT THAN THE AMOUNTS RECORDED, SUCH DIFFERENCES IMPACT INCOME TAX
 EXPENSE IN THE PERIOD IN WHICH SUCH DETERMINATION IS MADE. INTEREST AND
 PENALTIES, IF ANY, RELATED TO ACCRUED LIABILITIES FOR POTENTIAL TAX
 ASSESSMENTS ARE INCLUDED IN INCOME TAX EXPENSE. MANAGEMENT HAS ANALYZED
 THE ORGANIZATION'S TAX POSITIONS TAKEN FOR ALL OPEN TAX YEARS (2010-2014),
 AND HAS CONCLUDED THAT NO PROVISION FOR UNRECOGNIZED TAX BENEFITS FROM
 UNCERTAIN TAX POSITIONS IS REQUIRED IN THE ORGANIZATION'S FINANCIAL
 STATEMENTS.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED	0.		10,026.	INVENTORY DONATION	FMV
		NORTH AMERICA	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED	0.		10,062.	INVENTORY DONATION	FMV
		NORTH AMERICA	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED	0.		10,422.	INVENTORY DONATION	FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **1**

3 Enter total number of other organizations or entities **2**

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Schedule F (Form 990) 2015

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

PART II, COLUMN (D):

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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)	4 (total number)		
Revenue	1	Gross receipts	467,115.	161,505.	68,512.	697,132.
	2	Less: Contributions	46,200.	17,470.	24,825.	88,495.
	3	Gross income (line 1 minus line 2)	420,915.	144,035.	43,687.	608,637.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	16,718.	5,400.	2,000.	24,118.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	147,037.	65,933.	8,026.	220,996.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				245,114.
11	Net income summary. Subtract line 10 from line 3, column (d)				363,523.	

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			
	2	Cash prizes			
Direct Expenses	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.

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

OMB No. 1545-0047

2015

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 non-cash assistance	(h) Purpose of grant or assistance
TOWN OF AHOSKIE PARKS & RECREATION 201 WEST MAIN STREET AHOSKIE, NC 27910	56-6001162		0.	46,588.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SAN ANTONIO SPORTS P.O. BOX 830386 SAN ANTONIO, TX 78283	74-2471362		0.	45,433.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
YMCA OF METROPOLITAN DALLAS 1621 W. WALNUT HILL LANE IRVING, TX 75024	75-0800696		0.	43,758.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
APPLAUSE ACCESS TO DREAM 19750 MCCLUNG SOUTHFIELD, MI 48075	80-0672258		0.	39,859.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
NORTH DETROIT JETS ATHLETIC ASSOCIATION - 5217 ST. ANTOINE - DETROIT, MI 48202	38-2843222		0.	38,554.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
NYC DEPARTMENT OF EDUCATION 1230 ZEREGA AVENUE (BP 57) BRONX, NY 10462			0.	37,126.	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 **281.**

3 Enter total number of other organizations listed in the line 1 table **6.**

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

Schedule I (Form 990) (2015)

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
OSCEOLA COUNTY PUBLIC SCHOOLS 817 BILL BECK BOULEVARD KISSIMMEE, FL 34744			0.	31,405.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
LITTLE ROCK PARKS AND RECREATION 500 WEST MARKHAM ROOM108 LITTLE ROCK, AR 72201	71-6014465		0.	29,100.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
VALLEY HIGH SCHOOL 6300 EHRHARDT AVENUE SACRAMENTO, CA 95823	94-6002501		0.	27,876.	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.	27,565.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
HARTFORD HURRICANES 47 HILLSIDE STREET MANCHESTER, CT 06042	84-1701209		0.	25,865.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
FAIRDALE YOUTH LEAGUE BASEBALL/SOFTBALL - PO BOX 69 - FAIRDALE, KY 40118	73-1694724		0.	24,769.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
THE COACH JOHNSON FOUNDATION 13335 PULLMAN SOUTHGATE, MI 48195	47-3551409		0.	24,391.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SJB ACADEMY 5600 NW 7TH AVE MIAMI, FL 33127	47-2939919		0.	24,088.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
ICE HOCKEY IN HARLEM 127 WEST 127TH STREET, SUITE 415 NEW YORK, NY 10027	13-3577519		0.	23,468.	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
PERSPECTIVES CHARTER SCHOOLS 8131 S MAY CHICAGO, IL 60620	36-4167576		0.	22,869.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
DELAWARE VALLEY CHARTER HIGH SCHOOL - 5201 OLD YORK ROAD - PHILADELPHIA, PA 19141	23-2993943		0.	22,497.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
JEFFERSON COUNTY MIDDLE HIGH SCHOOL - 50 DAVID ROAD - MONTICELLO, FL 32344			0.	22,127.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS & GIRLS CLUBS OF GREATER DALLAS - 4816 WORTH ST. - DALLAS, TX 75246	75-1152657		0.	21,879.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
NORRISTOWN YOUTH EAGLES, INC. 104 ARROWHEAD CIR LANSDALE, PA 19446	90-0991979		0.	21,683.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SUNCOAST MIGHTY EAGLES 4411 MONGITE ROAD NORTH PORT, FL 34287	47-1744812		0.	21,347.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
NORTH DALLAS YOUTH PROGRAM 8838 DONNYBROOK LN DALLAS, TX 75217	45-5619516		0.	20,474.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
OXFORD CIRCLE RAIDERS 1104 STRAHLE STREET PHILADELPHIA, PA 19111	23-2884166		0.	20,433.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
W.T. WHITE HIGH SCHOOL 4505 RIDGESIDE DRIVE DALLAS, TX 75244			0.	20,232.	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
LYNN PUBLIC SCHOOLS 100 BENNETT STREET LYNN, MA 01905			0.	19,878.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
LAWRENCE HIGH SCHOOL 70-71 NORTH PARISH ROAD LAWRENCE, MA 01843	04-6001394		0.	19,444.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
TENNESSEE HIGH SCHOOL 571 BUNKER HILL ROAD BLUFF CITY, TN 37618	62-1515414		0.	19,391.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CENTRAL LITTLE LEAGUE OF LAS VEGAS P O BOX 621322 LAS VEGAS, NV 89162	45-3937241		0.	18,769.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
MIDDLETON HIGH SCHOOL 4801 N 22ND ST. TAMPA, FL 33610	33-0305920		0.	18,310.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
METROPOLITAN JUNIOR BASEBALL LEAGUE - 908 N. CONCORD AVE - RICHMOND, VA 23227	20-2614486		0.	18,170.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
MADISON METROPOLITAN SCHOOL DISTRICT - 545 W. DAYTON ST. - MADISON, WI 53703	39-6003202		0.	17,959.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
QUEEN CITY CHRISTIAN LEAGUE 58 ACADEMY RD BUFFALO, NY 14211			0.	17,826.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
LOS ANGELES CO.SHERIFF'S YOUTH FOUNDATION - 211 WEST TEMPLE - LOS ANGELES, CA 90012	95-4047797		0.	17,461.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

Schedule I (Form 990)

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TELFAIR COUNTY HIGH SCHOOL 458 SOUTH 3RD AVENUE MCRAE, GA 31055	58-6000326		0.	17,182.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS & GIRLS CLUBS OF METRO DENVER 2017 WEST 9TH AVENUE DENVER, CO 80204	84-0510404		0.	16,959.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
FT. LAUDERDALE REBELS 6770 CLEVELAND STREET HOLLYWOOD, FL 33024	23-7129143		0.	16,908.	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.	16,518.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
ATLANTA POLICE ATHLETIC LEAGUE (PAL) - 120 ANDERSON AVE NW - ATLANTA, GA 30314			0.	15,970.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SALESIAN BOYS & GIRLS CLUB OF LOS ANGELES - 3218 WABASH AVE - LOS ANGELES, CA 90063	95-2430743		0.	15,541.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
EAST ORANGE JR. JAGUARS PO BOX 2227 EAST ORANGE, NJ 07019	20-0444551		0.	15,443.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SHARON HILL RAMBLERS 1116 WOODLAND AVE SHARON HILL, PA 19079	46-2618112		0.	15,388.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
MISSION BAY HIGH SCHOOL P.O. BOX 99754 SAN DIEGO, CA 92169			0.	15,369.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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CITY OF SOMERVILLE RECREATION DEPARTMENT - 19 WALNUT ST - SOMERVILLE, MA 02143			0.	15,338.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
EVERETT REVERE YOUTH HOCKEY 1 SPRAGUE STREET REVERE, MA 02151	52-1885761		0.	15,190.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CAMELBACK HIGH SCHOOL 4612 N. 28TH STREET PHOENIX, AZ 85016	86-6000534		0.	15,104.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SOUTHSIDE ELEMENTARY SCHOOL 9220 HOPKISVILLE RD NORTONVILLE, KY 42442			0.	15,001.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
ARTSPACE CHARTER SCHOOL 2030 US HWY 70 SWANNANOVA, NC 28778			0.	15,000.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
GREATER JOHNSTOWN 222 CENTRAL AVE. JOHNSTOWN, PA 15902			0.	14,395.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
NORTH END ATHLETIC ASSOCIATION 30 NORTH BENNETT STREET BOSTON, MA 02113	04-3392819		0.	14,334.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CHICAGO INTERNATIONAL CHARTER SCHOOL - 11 E ADAMS, SUITE 600 - CHICAGO, IL 60603	36-2179782		0.	13,968.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
YMCA OF METROPOLITAN CHICAGO 2 801 N DEARBORN CHICAGO, IL 60610	36-4141583		0.	13,968.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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LOS ANGELES BOYS AND GIRLS CLUB 2635 PASADENA AVE. LOS ANGELES, CA 90031	23-7304197		0.	13,942.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BENJAMIN FRANKLIN HIGH SCHOOL LOS ANGELES - 820 N. AVE 54 - LOS ANGELES, CA 90042	95-6001908		0.	13,733.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
NORTH VALLEY MILITARY INSTITUTE 16651 A RINALDI STREET GRANADA HILLS, CA 91344	48-1276226		0.	13,619.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
GIRLS INCORPORATED OF METROPOLITAN DALLAS - 2040 EMPIRE CENTRAL DRIVE - DALLAS, TX 75235	75-1305705		0.	13,579.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
FRANK DELUCA YMCA FAMILY CENTER 433 N MILLS AVE ORLANDO, FL 32803	59-0624430		0.	13,286.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
VARIETY BOYS & GIRLS CLUB 2530 CINCINNATI STREET LOS ANGELES, CA 90033	95-1919219		0.	13,045.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
THE SYSTEM 808 MEMORIAL DRIVE, UNIT 610 CAMBRIDGE, MA 02139	80-0355887		0.	13,036.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
ALIQUIPPA SCHOOL DISTRICT 800 21ST STREET ALIQUIPPA, PA 15001	25-6000016		0.	12,652.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BLACKSBURG HIGH SCHOOL 201 W. RAMSEUR DR BLACKSBURG, SC 29702	57-6001580		0.	12,620.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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SKI GAP COMMUNITY ACTION COUNCIL 147 LEFT HAND GAP RD CLAYSBURG, PA 16625	14-1982486		0.	12,590.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
MO BETTER JAGUARS FOOTBALL 940 GATES AVENUE, SUITE 6H BROOKLYN, NY 11221			0.	12,459.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SOUTHEAST BRONX NEIGHBORHOOD CENTERS, INC. - 955 TINTON AVENUE - BRONX, NY 10456	13-2675560		0.	12,359.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
AUBURN POLICE ACTIVITIES LEAGUE 24 CHESTNUT STREET AUBURN, ME 04210			0.	12,301.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
JOHN BARTRAM HIGH SCHOOL 2401 S 67TH STREET PHILADELPHIA, PA 19142			0.	12,105.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
AMERICA SCORES CHICAGO 600 W. CERMAK RD. SUITE 204 CHICAGO, IL 60616	36-4386992		0.	11,860.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
AFTER-SCHOOL ALL-STARS NORTH TEXAS 2250 LAKESIDE BLVD RICHARDSON, TX 75082	95-4441208		0.	11,809.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
TOMORROWS YOUTH FOUNDATION, INC 403 HOXIE AVE CALUMET CITY, IL 60409	26-2053685		0.	11,608.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
NOTH DEKALB 3037 PLEASANT VALLEY DRIVE DORAVILLE, GA 30340	58-1974888		0.	11,569.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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GIRLS INCORPORATED OF SIOUX CITY PO BOX 3380, 500 MAIN STREET SIOUX CITY, IA 51102	42-1272032		0.	11,543.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CONEY ISLAND GENERATION GAP 2904 NEPTUNE AVENUE BROOKLYN, NY 11224	20-8562533		0.	11,492.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
AU GRES-SIMS SCHOOL DISTRICT 140 S. COURT ST. AU GRES, MI 48703	38-6000413		0.	11,157.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
MOBILE YOUTH FOOTBALL CONFERENCE 6429 BRINDLEWOOD CT MOBILE, AL 36608	63-1022329		0.	11,058.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CITY OF NEWBURGH RECREATION DEPARTMENT - 401 WASHINGTON STREET - NEWBURGH, NY 12250			0.	10,991.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS AND GIRLS CLUBS OF INDIANAPOLIS - 3530 S. KEYSTONE AVE., SUITE 200 - INDIANAPOLIS, IN 46227	35-0888754		0.	10,975.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
EAST BOSTON POP WARNER FOOTBALL & CHEERLEADING - 165 TRENTON STREET - EAST BOSTON, MA 02128			0.	10,955.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
THE CHRISTIAN CENTER 4100 N. BRANDYWINE DR. PEORIA, IL 61614	37-0726704		0.	10,918.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
APPLING COUNTY MIDDLE SCHOOL 2997 BLACKSHEAR HWY BAXLEY, GA 31513			0.	10,832.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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CHARLESTON SCHOOL DISTRICT 3999 BRIDGE VIEW DRIVE NORTH CHARLSTON, SC 29405			0.	10,810.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
ST. LOUIS POLICE ATHLETIC LEAGUE P O BOX 13225 SAINT LOUIS, MO 63157			0.	10,596.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS & GIRLS CLUBS OF SANTA MONICA 1220 LINCOLN BLVD SANTA MONICA, CA 90401	95-1890706		0.	10,521.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SENATORS SACHEL PAIGE LITTLE LEAGUE - P O BOX 80331 - WASHINGTON, DC 20018	52-1825381		0.	10,514.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
HARRISON HIGH SCHOOL 701 S. 5TH STREET HARRISON, MI 48625	38-6000970		0.	10,460.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
REGION VOLLEYBALL CLUB 3900 CALHOUN STREET GARY, IN 46408			0.	10,421.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
MENDEZ HIGH SCHOOL 1200 PLAZA DEL SOL EAST LOS ANGELES, CA 90033			0.	10,277.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
AFTER SCHOOL MATTERS 66 E. RANDOLPH CHICAGO, IL 60601			0.	10,260.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS & GIRLS CLUB OF BRAZORIA COUNTY - 202 W 1ST STREET - FREEPORT, TX 77541	74-1688545		0.	10,258.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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METRO BOSTON ALIVE INC. 116 ROXBURY STREET ROXBURY, MA 02119	52-1219409		0.	10,243.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS & GIRLS CLUBS OF THE CEDAR VALLEY - 515 LIME STREET - WATERLOO, IA 50703	42-6083723		0.	10,230.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
HAWKINSVILLE PULASKI COUNTY RECREATION DEPARTMENT - 153 LOWER RIVER RD. / P.O. BOX 25 - HAWKINSVILLE, GA 31036			0.	9,881.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SHARPSTOWN HIGH SCHOOL 7504 BISSONNET HOUSTON, TX 77074			0.	9,854.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
HOLY TRINITY HIGH SCHOOL 1443 WEST DIVISION STREET CHICAGO, IL 60642			0.	9,762.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
YOUTH POLICY INSTITUTE 634 SOUTH SPRING STREET 10TH FLOOR LOS ANGELES, CA 90014			0.	9,719.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
ELEVATE USA NEW ORLEANS 1027 NAPOLEON AVE NEW ORLEANS, LA 70115	32-0340381		0.	9,709.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
TECH BOSTON ACADEMY 9 PEACEVALE ROAD BOSTON, MA 02124	22-2514422		0.	9,689.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
NEW CASTLE AREA SCHOOL DISTRICT 300 E. LINCOLN AVE. NEW CASTLE, PA 16101	25-6002272		0.	9,686.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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LET'S GIVE THEM A SHOT 5535 WESTLAWN AVE #159 LOS ANGELES, CA 90066	26-3302201		0.	9,561.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
JOHN HAYDEN JOHNSON MIDDLE SCHOOL 1400 BRUCE PLACE SE WASHINGTON, DC 20020	53-6001131		0.	9,537.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
KENNEDY ROAD MIDDLE SCHOOL 280 KENNEDY ROAD GRIFFIN, GA 30223	14-6430873		0.	9,388.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
RIVERDALE HIGH SCHOOL 160 ROBERTS DRIVE RIVERDALE, GA 30274	58-6000212		0.	9,386.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SPENCER COMMUNITY SCHOOL DISTRICT 800 EAST 3RD STREET SPENCER, IA 51301	42-0884100		0.	9,367.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
ATLANTA YOUTH TENNIS & EDUCATION FOUNDTN - 1200 ASHWOOD PARKWAY, SUITE 500 - ATLANTA, GA 30338			0.	9,348.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS & GIRLS CLUBS OF LONG BEACH 3635 LONG BEACH BLVD. LONG BEACH, CA 90807	95-1643977		0.	9,244.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
MOUNT CARMEL ACADEMY 7155 ASHBURN HOUSTON, TX 77061			0.	9,139.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
MERIDIAN CUSD #101 1401 MOUNDS RD MOUNDS, IL 62964	37-0857222		0.	9,073.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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C-HOUSE 4243 SOUTH KING DRIVE CHICAGO, IL 60653	47-2078104		0.	9,044.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SOUTH MIAMI YOUTH BASEBALL 6368 SW 31 ST. MIAMI, FL 33155	23-7126774		0.	9,000.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
ST. STEPHEN YOUTH FOOTBALL & CHEER 1508 WEST KENTUCKY STREET LOUISVILLE, KY 40210	61-1169856		0.	8,950.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
DC SPEED TRACK CLUB 2227 DOUGLAS STREET NE WASHINGTON, DC 20018	94-3438535		0.	8,940.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
RICHARD R. GREEN HIGH SCHOOL OF TEACHING - 7 BEAVER STREET - NEW YORK, NY 10004	13-6400434		0.	8,807.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CITY OF DETROIT 18100 MEYERS DETROIT, MI 48235	38-6004606		0.	8,623.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
FAIRDALE YOUTH BASKETBALL, INC. 1001 FAIRDALE ROAD FAIRDALE, KY 40118	20-3555810		0.	8,554.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
DAMAR SERVICES, INC. 6067 DECATUR BLVD INDIANAPOLIS, IN 46241	35-1168048		0.	8,549.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SOUTH UNION ATHLETIC ASSOCIATION P.O. BOX 1685 MONROE, NC 28111	56-1898643		0.	8,490.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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BRUNSWICK HIGH PIRATE FOUNDATION, INC. - 1102 PENNICK RD. - BRUNSWICK, GA 31525	46-2984112		0.	8,464.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
P. 53K (SPRING CREEK COMMUNITY SCHOOL) - 1065 ELTON STREET - BROOKLYN, NY 11239	69-0210637		0.	8,460.	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.	8,428.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS AND GIRLS CLUBS OF MARION COUNTY, INC - P.O. BOX 4109 - Ocala, FL 34478	59-1172127		0.	8,426.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
MAYNARD JACKSON HIGH SCHOOL 801 GLENWOOD AVENUE ATLANTA, GA 30316			0.	8,400.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
COLCORD HIGH SCHOOL 433 S. LARMON COLCORD, OK 74338			0.	8,374.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
RIVERDALE REALIST AAU BASKETBALL 14233 IVANHOE DRIVE RIVERDALE, IL 60827	46-2115911		0.	8,284.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BEECHMONT YOUTH SPORTS 5326 VISTA JOHN DR. LOUISVILLE, KY 40214	61-1385841		0.	8,266.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
WHEELER COUNTY RECREATION DEPARTMENT - P.O. BOX 36, 125 SNOWHILL RD. - ALAMO, GA 30411	57-6002462		0.	8,259.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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A WORLD FIT FOR KIDS 678 S LA FAYETTE PARK PLACE LOS ANGELES, CA 90057	33-0550994		0.	8,231.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
MASSACHUSETTS YOUTH COMMITTED TO WINNING, INC. - P.O. BOX 260417 - BOSTON, MA 02126	04-3542980		0.	8,075.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
YOUTH EMERGENCY SERVICES & SHELTER (YESS) - 918 SE 11TH STREET - DES MOINES, IA 50309	23-7442304		0.	8,057.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
WARNER PARK YOUTH FOOTBALL 4426 PRAIRIEVIEW DRIVE MADISON, WI 53704			0.	8,037.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
ST. CORNELIUS SCHOOL (CA) 201 28TH STREET RICHMOND, CA 94804	68-0101700		0.	8,021.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS & GIRLS CLUBS OF CLEVELAND 6114 BROADWAY AVE CLEVELAND, OH 44127	34-0770686		0.	7,982.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
HOCKEY ON YOUR BLOCK 2628 OAK AVENUE NORTHBROOK, IL 60062	47-2911188		0.	7,979.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CITY OF SAN CLEMENTE RECREATION DIVISION - 987 AVENIDA VISTA HERMOSA - SAN CLEMENTE, CA 92673	95-6000775		0.	7,962.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
DETROIT PAL (POLICE ATHLETIC LEAGUE) - 111 W. WILLIS - DETROIT, MI 48201	38-3314318		0.	7,921.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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WAREHAM LITTLE LEAGUE 39 SWIFTS BEACH ROAD WAREHAM, MA 02571	04-3136172		0.	7,873.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
MAR VISTA HIGH SCHOOL 505 ELM AVE. IMPERIAL BEACH, CA 91932			0.	7,840.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
OCALA-MARION COUNTY GIRLS SOFTBALL - SHOCKER PARK - PO BOX 5116, 2341 SE 44TH COURT - Ocala, FL 34478	59-3267253		0.	7,823.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
GROVE PARK INTERMEDIATE SCHOOL 20 EVELYN WAY ATLANTA, GA 30318	58-6000134		0.	7,780.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
PLAYWORKS (NY/NJ) 60 PARK PLACE, SUITE 1001 NEWARK, NJ 07102	94-3251867		0.	7,766.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
FARRELL AREA SCHOOL DISTRICT 1600 ROEMER BLVD FARRELL, PA 16121			0.	7,677.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
EAST HARTFORD HORNETS YOUTH FOOTBALL & CHEER - 79 MOHAWK DR. - EAST HARTFORD, CT 06108	46-2297298		0.	7,655.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
PLAYWORKS MASSACHUSETTS 29 GERMANIA STREET BOSTON, MA 02130	94-3251867		0.	7,618.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SYLVAN HILLS MIDDLE SCHOOL 1461 SYLVAN RD ATLANTA, GA 30310			0.	7,514.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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ARIEL COMMUNITY ACADEMY 1119 E.46 STREET CHICAGO, IL 60653			0.	7,444.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
M.A.D.E. ORGANIZATION 332 S. MICHIGAN AVE. SUITE 10-M26 CHICAGO, IL 60604	36-4446536		0.	7,426.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
THE FRANKLIN SCHOOL OF INNOVATION 21 INNOVATION DRIVE ASHEVILLE, NC 28806	46-1548530		0.	7,394.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CHARLES W. HARRIS ELEMENTARY 2252 N. 55TH AVE PHOENIX, AZ 85008	86-6000517		0.	7,339.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
JACK DAILEY ELEMENTARY 2001 RENO EAST AVE LAS VEGAS, NV 89119	88-6000030		0.	7,321.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
UNITED YOUTH ATHLETIC ALIANCE 2863 CICERO WAY SAN JOSE, CA 95148	46-3610329		0.	7,320.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
KEKIONGA MIDDLE SCHOOL 2929 ENGLE ROAD FORT WAYNE, IN 46809	35-6006351		0.	7,320.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BRINDLEE MOUNTAIN HIGH SCHOOL 994 SCANT CITY ROAD GUNTERSVILLE, AL 35976	63-6000982		0.	7,294.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS & GIRLS CLUBS OF THE ANTELOPE VALLEY - 45404 N. DIVISION ST - LANCASTER, CA 93535	95-4290055		0.	7,190.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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JOSEPHINUM ACADEMY 1501 NORTH OAKLEY BLVD. CHICAGO, IL 60622			0.	7,157.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CITY OF BELL GARDENS RECREATION AND COMMUNITY SERVICES - 8000 PARK LANE - BELL GARDENS, CA 90201	95-2141830		0.	7,107.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CHELSEA LITTLE LEAGUE BASEBALL/SOFTBALL - 78 GARFIELD AVE APT#2 - CHELSEA, MA 02150	04-3295573		0.	7,068.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
HAMPTON MIDDLE SCHOOL 408 HWY 321 HAMPTON, TN 37658	62-6000525		0.	7,045.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
HAVANA MIDDLE SCHOOL 1210 KEMP HAVANA, FL 32333	59-6000615		0.	7,021.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
LAWRENCEVILLE YOUTH ASSOCIATION FOOTBALL - 2187 LONGMONT DR - LAWRENCEVILLE, GA 30044	58-1500961		0.	6,992.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
TOCCOA LITTLELEAGUE 219 COLE LAKE DR. TOCCOA, GA 30577			0.	6,989.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS & GIRLS CLUBS OF GREATER LA CROSSE - 1331 CLINTON STREET - LA CROSSE, WI 54603			0.	6,984.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
LAKELAND HIGHLANDS BABE RUTH BASEBALL - 4777 LAKELAND HIGHLANDS ROAD - LAKELAND, FL 33813	65-0299480		0.	6,917.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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MANCHESTER BEARS 64 PUBLIC ST. MANCHESTER, NH 03103	02-0450327		0.	6,825.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
MONROE COMPREHENSIVE HIGH SCHOOL 608 CASON STREET ALBANY, GA 31705	47-2015409		0.	6,817.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
RICHARDS MIDDLE SCHOOL GEORGIA 3555 SUGARLOAF PKWY LAWRENCEVILLE, GA 30044	58-6000254		0.	6,716.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
RENEW SCHAUMBURG ELEMENTARY 9501 GRANT STREET NEW ORLEANS, LA 70127	80-0419622		0.	6,672.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
METROSQUASH 6100 S. COTTAGE GROVE AVENUE CHICAGO, IL 60637			0.	6,623.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
ST. BENEDICT HIGH SCHOOL 3900 N. LEAVITT CHICAGO, IL 60618			0.	6,545.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
UNIVERSITY OF CHICAGO-WOODLAWN 6420 S. UNIVERSITY AVE. CHICAGO, IL 60637			0.	6,523.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
PLEASANT VALLEY HOCKEY ASSOCIATION 39 GRISWOLD DR BELLOWS FALLS, VT 05101			0.	6,509.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
KENT YOUTH & FAMILY SERVICES 232 SECOND AVE S KENT, WA 98032	23-7090029		0.	6,506.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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BOYS & GIRLS CLUBS OF THE CHATTAHOOCHEE VALLEY - 1700 BUENA VISTA RD - COLUMBUS, GA 31906	58-1174393		0.	6,504.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
GRAND CONCOURSE COMMUNITY LITTLE LEAGUE - 3227 KINGSBRIDGE AVE - BRONX, NY 10463			0.	6,498.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
HORIZON CHRISTIAN SCHOOL 7702 INDIAN LAKE RD INDIANAPOLIS, IN 46236	31-1254408		0.	6,400.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
GREEN STREET ACADEMY 125 NORTH HILTON STREET BALTIMORE, MD 21229	01-0949585		0.	6,375.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
AHIARA DEVELOPMENT UNION USA INC (AKA) AMERICAN GLOBAL RESCUE - 9888 BISSONNET STREET, SUITE #600 - HOUSTON, TX 77036	76-0633134		0.	6,365.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
JUST MOVE THE CHAINS 28 20TH AVE. S BIRMINGHAM, AL 35205	47-3267229		0.	6,349.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
RED BANK RECREATION 90 MONMOUTH STREET RED BANK, NJ 07701			0.	6,271.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
YMCA OF METROPOLITAN WASHINGTON 1112 16TH ST., NW, SUITE 720 WASHINGTON, DC 20036	53-0207403		0.	6,228.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
ROBBINS/CALPARK EAGLES 9302 MEADOWVIEW DR. ORLAND HILLS, IL 60487	52-1656301		0.	6,207.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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BALTIMORE MARYLAND YOUTH BASKETBALL - 202 HAILE AVE LOT A - BROOKLYN PARK, MD 21225	46-5727544		0.	6,200.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CROWN PREPARATORY ACADEMY 2055 W 24TH ST LOS ANGELES, CA 90018			0.	6,132.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
NORTH COUNTY COWBOYS 16431 HAMPDEN PL. FLORISSANT, MO 63034	27-5209419		0.	6,036.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
NOTRE DAME HIGH SCHOOL FOR GIRLS 3115 N. MASON CHICAGO, IL 60634			0.	6,014.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
WHITEHAVEN RAVENS 2840 CHURCHILL STREET MEMPHIS, TN 38118	47-1729130		0.	5,984.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
PROJECT EDUCATION PLUS 910 N. CAMBRIDGE CHICAGO, IL 60610			0.	5,982.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
FRANKLIN HEIGHTS FOOTBALL 1001 DEMOREST RD COLUMBUS, OH 43204	46-5536811		0.	5,964.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS & GIRLS CLUBS OF METRO ATLANTA - 1275 PEACHTREE STREET, SUITE 500 - ATLANTA, GA 30309			0.	5,961.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
AMAZONS SPORTS ORGANIZATION, INC. 2907 CHILHOWEE DR. ATLANTA, GA 30331	72-1437102		0.	5,942.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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GATEWAY YOUTH HOCKEY P.O. BOX 742 WAREHAM, MA 02571	26-4171479		0.	5,919.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CAMBRIDGE POLICE BOXING 125 SIXTH ST CAMBRIDGE, MA 02141			0.	5,863.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
FULLERTON JUNIOR ALL AMERICAN 1546 CAMDEN PLACE FULLERTON, CA 92833			0.	5,825.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOLL FAMILY YMCA 1401 BROADWAY DETROIT, MI 48226	38-1358055		0.	5,816.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
DOC WAYNE YOUTH SERVICES, INC. 418 COMMONWEALTH AVENUE BOSTON, MA 02215	27-4216064		0.	5,815.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
JIMMIE PAUL'S HANDS ON BOXING GYM 5620 EAST 7 MILE RD DETROIT, MI 48234	46-1233632		0.	5,811.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
GIRLS PLACE, INC. GAINESVILLE 2101 NW 39TH AVENUE GAINESVILLE, FL 32605	59-2274755		0.	5,783.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
HOFFMAN ESTATES ATHLETIC ASSOCIATION - PO BOX 95641 - HOFFMAN ESTATES, IL 60192	20-4288194		0.	5,686.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
REVERE POLICE ACTIVITIES LEAGUE 400 REVERE BEACH PARKWAY REVERE, MA 02151			0.	5,668.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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CUDAHY BULLDOGS YOUTH FOOTBALL 3851 E MARTIN AVE CUDAHY, WI 53110	90-0965468		0.	5,665.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
MUSTANG BASEBALL CLUB 304 CHEYENNE ST FORT MORGAN, CO 80701	20-8069794		0.	5,665.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SAN JOSE HIT SQUAD 3780 PEARL AVE. SAN JOSE, CA 95136	46-4313674		0.	5,659.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
MOTIVATION MAGNET HIGH SCHOOL 5900 BALTIMORE AVENUE PHILADELPHIA, PA 19143			0.	5,622.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
ELIZABETH SETON ACADEMY 2220 DORCHESTER AVE DORCHESTER, MA 02048	71-0941605		0.	5,610.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS & GIRLS CLUB OF GREATER SALEM 29 HIGHLAND AVE. SALEM, MA 01970	04-2104912		0.	5,509.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BURNCOAT HIGH SCHOOL 179 BURNCOAT STREET WORCESTER, MA 01606	04-6001418		0.	5,477.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
PREPA TEC, LOS ANGELES 2410 BROADWAY WALNUT PARK, CA 90255	26-1671037		0.	5,475.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
TRAVIS VIKINGS YOUTH FOOTBALL AND CHEER - 1008 ALMA CT - SUISUN CITY, CA 94585	31-1484747		0.	5,452.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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JOHN DEWEY HIGH SCHOOL 50 AVE X BROOKLYN, NY 11223	69-0210637		0.	5,429.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
LAUPAHOEHOE COMMUNITY PUBLIC CHARTER SCHOOL - PO BOX 189 - LAUPAHOEHOE, HI 96764	90-0851460		0.	5,425.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS AND GIRLS CLUBS OF MONMOUTH COUNTY - 138 DR JAMES PARKER BLVD - RED BANK, NJ 07701			0.	5,395.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BAKER COLLEGE PREP 2710 E 89TH ST CHICAGO, IL 60617			0.	5,392.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
AMERICAN LITTLE LEAGUE 465 VALENTINE STREET FALL RIVER, MA 02720	61-1409354		0.	5,385.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS & GIRLS CLUBS OF SPOKANE COUNTY - 544 E. PROVIDENCE AVENUE - SPOKANE, WA 99207	91-1983357		0.	5,379.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
HOPE ONLINE LEARNING ACADEMY 373 INVERNESS PKWY, SUITE 205 ENGLEWOOD, CO 80112			0.	5,354.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
LAKEWOOD MIDDLE SCHOOL 8699 E. BROWN ROAD WOODLAND, MI 48897	38-1687080		0.	5,345.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
HOOPS 4 LIFE P.O.731 WATERBURY, CT 06720			0.	5,344.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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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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HILSMAN MIDDLE SCHOOL 870 GAINES SCHOOL ROAD ATHENS, GA 30605	58-6010495		0.	5,335.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
TUSKEGEE PARKS AND RECREATION P. O. BOX 830687 TUSKEGEE, AL 36083	63-6001382		0.	5,322.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
OLSH ATHLETIC 51 ROSEWELL STREET SPRINGFIELD, MA 01109	04-2121774		0.	5,306.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
WEST BROAD STREET YMCA 1110 MAY STREET SAVANNAH, GA 31415	58-0616558		0.	5,284.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
KIPP BLYTHEVILLE COLLEGE PREPARATORY SCHOOL - 1200 BYRUM ROAD - BLYTHEVILLE, AR 72315	31-1807400		0.	5,264.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS AND GIRLS CLUB OF BURLINGTON 62 OAK STREET BURLINGTON, VT 05401	03-0179307		0.	5,261.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
I.S. 2 EGBERT INTERMEDIATE SCHOOL 333 MIDLAND AVE. STATEN ISLAND, NY 10306	69-0210637		0.	5,255.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
HEIDELBERG YOUTH ENHANCEMENT PROGRAM - 200 COUNTY ROAD 37 - HEIDELBERG, MS 39439	64-0948175		0.	5,252.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
ELIZABETHPORT LITTLE LEAGUE 9 MELROSE TERRACE ELIZABETH, NJ 07208	45-1645381		0.	5,250.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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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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SOUTHWEST BOYS AND GIRLS CLUB 9800 8TH AVE. SW, SUITE 105 SEATTLE, WA 98106	91-0532600		0.	5,215.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
ESPERANZA MIDDLE SCHOOL 22790 MAPLE RD LEXINGTON PARK, MD 20653			0.	5,205.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS AND GIRLS CLUBS OF NORTHWEST INDIANA - 2700 W. 19TH AVENUE - GARY, IN 46404	35-0941137		0.	5,189.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
INNER CITY URBAN DEVELOPMENT SPORTS LEAGUE (I.C.U.D) - 1268 STEWART ST - DES MOINES, IA 50316	20-4194023		0.	5,189.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
PIKE AREA YOUTH ATHLETIC LEAGUE PO BOX 424 MILFORD, PA 18337	23-2880735		0.	5,174.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
YOUTH SPORTS OF CENTRAL BROWARD, INC. - 1414 NW 3 CT - FORT LAUDERDALE, FL 33311	45-4275976		0.	5,170.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
DOUGLASS LITTLE LEAGUE 10823 STERLING APPLE DR INDIANAPOLIS, IN 46235	26-1740703		0.	5,169.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
YMCA OF ROME AND FLOYD COUNTY 810 E. 2ND AVE ROME, GA 30161	58-0814549		0.	5,166.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
WARNER ROBINS RAIDERS 409 BAYCREEK DRIVE CHARLESTON, SC 29414	47-1731521		0.	5,158.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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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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DURHAM TRIPLE PLAY LEAGUES, INC. 2620 DEMILLE STREET DURHAM, NC 27704	46-1448762		0.	5,157.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
KIDS IN SPORTS LA P.O. BOX 7790 LOS ANGELES, CA 90007	95-4460204		0.	5,154.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
AFTER-SCHOOL ALL-STARS LAS VEGAS 3720 HOWARD HUGHES PKWY, SUITE 240 LAS VEGAS, NV 89169			0.	5,152.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS AND GIRLS CLUB OF STANTON 11050 CEDAR STREET STANTON, CA 90680	95-2913402		0.	5,150.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS AND GIRLS CLUBS OF SOUTH ALABAMA - 1102 GOVERNMENT STREET - MOBILE, AL 36604	63-0414826		0.	5,146.	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.	5,142.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
GIRLS INCORPORATED OF FORT SMITH 1415 OLD GREENWOOD RD. FORT SMITH, AR 72903	71-0236893		0.	5,141.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
DOHERTY MEMORIAL HIGH SCHOOL 299 HIGHLAND STREET WORCESTER, MA 01602			0.	5,141.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BLANCO YOUTH FOOTBALL LEAGUE PO BOX 1461 BLANCO, TX 78606	30-0746779		0.	5,140.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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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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FRANKFORD CHARGERS 4800 DITMAN STREET PHILADELPHIA, PA 19124	23-2124905		0.	5,124.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
RAUNER COLLEGE PREP HIGH SCHOOL 1337 WEST OHIO STREET CHICAGO, IL 60642			0.	5,122.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
LAKE WALES POLICE ATHLETIC LEAGUE 455 AUSTIN STREET LAKE WALES, FL 33853	20-1782938		0.	5,120.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS & GIRLS CLUB OF LANGLADE COUNTY - 411 SUPERIOR ST - ANTIGO, WI 54409	39-1980025		0.	5,113.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
ATLAS PREPARATORY SCHOOL 1602 S. MURRAY BLVD COLORDA SPRINGS, CO 80916	26-2055229		0.	5,110.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
WEST GARDEN GROVE YOUTH BASEBALL 6761 VANGUARD AVE GARDEN GROVE, CA 92845	46-3280114		0.	5,102.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
NEW BEDFORD WHALERS YOUTH FOOTBALL 88 CLARENDON ST. NORTH DARTMOUTH, MA 02747			0.	5,099.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
J TECH INSTITUTE DBA SOUTHERN CALIFORNIA FALCONS - 1638 W. 139TH STREET - GARDENA, CA 90249	77-0596900		0.	5,097.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
INDIANA FORCE SPORTS ORGANIZATION PO BOX 372 MONTEZUMA, IN 47862	47-1503182		0.	5,088.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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MANITOWOC TWO RIVERS YMCA 205 MARITIME DR MANITOWOC, WI 54220	39-1028773		0.	5,077.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
AMERICA SCORES BAY AREA 1610 HARRISON STREET SAN FRANCISCO, CA 94103	48-1272959		0.	5,076.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
ARTHUR A BENJAMIN HEALTH PROFESSIONS HIGH SCHOOL - 451 MCCLATCHY WAY - SACRAMENTO, CA 95818	94-6002491		0.	5,066.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
OAKWOOD ISD 631 N HOLLY ST OAKWOOD, TX 75855	74-6001803		0.	5,063.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SAN FRANCISCO LITTLE LEAGUE 2774 FOLSOM STREET SAN FRANCISCO, CA 94110	94-3348329		0.	5,060.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
THE SALVATION ARMY CORPS KROC COMMUNITY CENTER - 2825 Y STREET - OMAHA, NE 68136	36-2167910		0.	5,059.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
LEGACY FOUNDATION OF HARTFORD 1229 ALBANY AVE HARTFORD, CT 06112	45-3908154		0.	5,057.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
HAMMOND HIGH SCHOOL 5926 CALUMET AVE HAMMOND, IN 46320			0.	5,056.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
LANSING PARKS AND RECREATION 2400 HALL STREET LANSING, MI 48906	38-6004628		0.	5,051.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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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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BOYS AND GIRLS CLUB OF THE SIOUX EMPIRE - 824 E 14TH ST - SIOUX FALLS, SD 57104	46-0399482		0.	5,050.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SOUTH KENDALL SOCCER CLUB, INC. 13825 SW 83 AVE PALMETTO BAY, FL 33158			0.	5,035.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
THE BOY'S CLUB OF NEW YORK 287 EAST 10TH ST NEW YORK, NY 10009			0.	5,034.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS & GIRLS CLUBS OF GORDON, MURRAY, & WHITFIELD COUNTIES - 1013 UNDERWOOD ST. - DALTON, GA 30722	26-0725291		0.	5,027.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
THE SALVATION ARMY BOYS & GIRLS CLUB OF TEXARKANA - 1303 MILAM STREET - TEXARKANA, TX 75501	58-0660607		0.	5,026.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
MEARS MIDDLE SCHOOL 2400 W 100TH AVENUE ANCHORAGE, AK 99515	92-6000078		0.	5,024.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BURBANK COMMUNITY YMCA 321 E MAGNOLIA BLVD BURBANK, CA 91502	95-1664139		0.	5,024.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CITY OF DES MOINES PARK AND RECREATION - 1551 E MARTIN LUTHER KING JR - DES MOINES, IA 50317	42-6004514		0.	5,023.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
WILLAMALANE PARK AND RECREATION DISTRICT - 250 S. 32ND STREET - SPRINGFIELD, OR 97478	93-6002078		0.	5,022.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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WORLD JOURNALISM PREPARATORY 34-65 192ND STREET FLUSHING, NY 11358	69-0210637		0.	5,020.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CHILDREN & FAMILY URBAN MOVEMENT 1548 8TH STREET DES MOINES, IA 50311	42-1396833		0.	5,018.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
WATERVLIET CITY SCHOOL DISTRICT 1245 HILLSIDE DRIVE WATERVLIET, NY 12189	14-6009353		0.	5,018.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
URBAN ASSEMBLY SCHOOL FOR WILDLIFE CONSERVATION - 2024 MOHEGAN - BRONX, NY 10460			0.	5,018.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
PLAYWORKS MICHIGAN 2990 W GRAND BOULEVARD, SUITE 231 DETROIT, MI 48202	94-3251867		0.	5,014.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
FEDERAL HILL PREPARATORY SCHOOL 1040 WILLIAM STREET BALTIMORE, MD 21230	45-3549388		0.	5,012.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
LIVE LIGHT LIVE RIGHT ONE BROOKDALE PLAZA, ROOM 300 CHC BROOKLYN, NY 11212	11-1631746		0.	5,011.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS & GIRLS CLUB OF JANESVILLE 200 W. COURT ST. JAMESVILLE, WI 53548	39-1645796		0.	5,003.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
HARMONY HILLS ELEMENTARY 13407 LYDIA ST. SILVER SPRING, MD 20906			0.	5,003.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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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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BOYS & GIRLS CLUBS OF SOUTHERN NEVADA - 2850 LINDELL ROAD - LAS VEGAS, NV 89146	88-0093150		0.	5,003.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
PLAYWORKS ILLINOIS 770 N HALSTED ST. SUITE 206 CHICAGO, IL 60642	94-3251867		0.	5,001.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
RICHMOND AMATEUR SPORTS ASSOCIATION - 77 DEVENS STREET - STATEN ISLAND, NY 10314	45-2367244		0.	5,001.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
GOTHAM PROFESSIONAL ARTS ACADEMY 265 RALPH AVE BROOKLYN, NY 11233	45-0553841		0.	5,001.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
PERALTA ELEMENTARY SCHOOL 7125 W. ENCANTO BLVD. PHOENIX, AZ 85035	86-6000517		0.	5,000.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CHICAGO PUBLIC SCHOOLS DISTRICT 299 - 42 W. MADISON ST. 3RD FLOOR - CHICAGO, IL 60602	36-6005821		0.	94,815.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CHICAGO PARK DISTRICT 541 N. FAIRBANKS COURT CHICAGO, IL 60611	45-4866050		0.	76,393.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
GARLAND ISD 501 SOUTH JUPITER GARLAND, TX 75042			0.	65,795.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SIOUX CITY COMMUNITY SCHOOLS 627 4TH STREET SIOUX CITY, IA 51101	42-6003589		0.	55,636.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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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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MATHEWS-DICKEY BOYS' & GIRLS' CLUB 4245 N. KINGSHIGHWAY BLVD. ST. LOUIS, MO 63115	43-6060717		0.	53,990.	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.	52,222.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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

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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

ORGANIZATIONS ARE REQUIRED TO FILL OUT AN EVALUATION FORM THAT EXPLAINS HOW THE EQUIPMENT IMPACTED THEIR PROGRAM AND PROVIDE PHOTOS OR VIDEOS OF THE EQUIPMENT BEING USED.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

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

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 (GIFTS IN KIND)	X	14	952,287.	FAIR MARKET VALUE
26 Other (IN KIND DONAT)	X	0	218,756.	FAIR MARKET VALUE
27 Other (GIFTS IN KIND)	X	1	48,903.	FAIR MARKET VALUE
28 Other (GIFTS IN KIND)	X	1	40,100.	FAIR MARKET VALUE

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 is not 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 non-standard 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 did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2015)

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS IS BASED ON THE NUMBER OF CONTRIBUTORS.

Multiple horizontal lines for supplemental information.

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.

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

OMB No. 1545-0047

2015

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 YOUTH HELPING TO LAY THE FOUNDATION
FOR HEALTHY, ACTIVE LIFESTYLES.

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

BEFORE FILING THE FORM 990, THE CHIEF EXECUTIVE OFFICER REVIEWS THE TAX
RETURN IN DETAIL. IT IS THEN DISTRIBUTED TO THE BOARD OF DIRECTORS, WHO
NOTIFY THE CEO OF ANY QUESTIONS. UPON FINAL DISCUSSION, THE CEO SIGNS AND
FILES THE FORM 990 WITH THE AUTHORITIES.

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

IF ANYONE HAS A POTENTIAL CONFLICT OF INTEREST THEY ARE REQUIRED TO
DISCLOSE THAT TO THE BOARD OF DIRECTORS. THE BOARD THEN DETERMINES WHETHER
A CONFLICT EXISTS AND HOW BEST TO HANDLE IT (SUCH AS RESTRICTING THE
PARTICIPATION OF HTE CONFLICTED PARTY).

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

THE PERSONNEL COMMITTEE COMPOSED OF MEMBERS OF THE BOARD OF DIRECTORS
REVIEWS COMPARABLE DATA, PERFORMANCE OF COMPANY AGAINST ITS GOALS, AND

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

Schedule O (Form 990 or 990-EZ) (2015)

532211
09-02-15

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

DETERMINES COMPENSATION FOR THE CEO AND COO. THIS COMMITTEE ALSO APPROVES RECOMMENDATIONS MADE BY THE CEO FOR ALL STAFF COMPENSATION.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE ON OUR WEBSITE AS WELL AS UPON REQUEST. THEY ARE ALSO AVAILABLE ON PUBLIC SITES SUCH AS GUIDESTAR AND CHARITY NAVIGATOR.

2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
1	COMPUTER EQUIPMENT	01/01/07	SL	5.00		16	2,106.				2,106.	2,106.		0.	2,106.
2	COMPUTER EQUIPMENT	09/26/07	SL	5.00		16	2,670.				2,670.	2,670.		0.	2,670.
3	COMPUTER EQUIPMENT	03/05/08	SL	5.00		16	1,040.				1,040.	1,040.		0.	1,040.
4	COMPUTER EQUIPMENT	07/01/08	SL	5.00		16	1,450.				1,450.	1,450.		0.	1,450.
5	COMPUTER EQUIPMENT	06/27/10	SL	5.00		16	4,410.				4,410.	3,969.		441.	4,410.
6	COMPUTER EQUIPMENT	01/01/11	SL	5.00		16	2,454.				2,454.	1,964.		490.	2,454.
7	COMPUTER EQUIPMENT	11/08/11	SL	5.00		16	1,200.				1,200.	760.		240.	1,000.
8	NETSUITE	07/01/11	SL	3.00	HY	16	37,199.				37,199.	37,199.		0.	37,199.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						52,529.				52,529.	51,158.		1,171.	52,329.
	MANAGEMENT AND GENERAL														
9	LEASEHOLD IMPROVEMENTS	05/29/12	SL	39.00	MM	16	10,155.				10,155.	672.		260.	932.
10	COMPUTER EQUIPMENT	06/18/13	SL	5.00		16	1,363.				1,363.	409.		273.	682.
11	COMPUTER EQUIPMENT	06/10/14	SL	5.00		16	7,435.				7,435.	867.		1,487.	2,354.
12	OFFICE FURNITURE	02/17/15	SL	7.00		16	7,083.				7,083.			843.	843.
13	OFFICE PHONES	03/12/15	SL	7.00		16	2,649.				2,649.			315.	315.
14	CUBICLES	03/31/15	SL	7.00		16	12,390.				12,390.			1,328.	1,328.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL						41,075.				41,075.	1,948.		4,506.	6,454.

2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* GRAND TOTAL 990 PAGE 10 DEPR						93,604.				93,604.	53,106.		5,677.	58,783.
	CURRENT ACTIVITY														
	BEGINNING BALANCE						71,482.			0.	71,482.	53,106.			
	ACQUISITIONS						22,122.			0.	22,122.	0.			
	DISPOSITIONS						0.			0.	0.	0.			
	ENDING BALANCE						93,604.			0.	93,604.	53,106.			
	ENDING ACCUM DEPR											58,783.			
	ENDING BOOK VALUE											34,821.			

Application for 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.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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 and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (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	Name of exempt organization or other filer, see instructions. GOOD SPORTS, INC.	Employer identification number (EIN) or 75-3138664
File by the due date for filing your return. See instructions.	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)

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

MELISSA HARPER

- The books are in the care of ▶ **1515 HANCOCK ST., SUITE 301 - QUINCY, MA 02169**
Telephone No. ▶ **617-471-1213** Fax No. ▶ **617-830-9772**
- 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 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2016**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2015** 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.

TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

FOR THE YEAR ENDING
DECEMBER 31, 2015

Prepared for	GOOD SPORTS, INC. 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169
Prepared by	KATZ, NANNIS + SOLOMON, P.C. 800 SOUTH STREET, SUITE 250 WALTHAM, MA 02453-1480
Amount due or refund	NO PAYMENT REQUIRED
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	OFFICE OF THE ATTORNEY GENERAL CHARITABLE TRUST BUREAU 100 WEST RANDOLPH ST., 11TH FLOOR CHICAGO, IL 60601-3175
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).

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

PMT #	_____
AMT	_____
INIT	_____

Attorney General LISA MADIGAN State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

CO # 01-66315347

Report for the Fiscal Period:

Beginning 01/01/2015

& Ending 12/31/2015
MO DAY YR

Make Checks Payable to the Illinois Charity Bureau Fund

- Check all items attached:**
- Copy of IRS Return
 - Audited Financial Statements
 - Copy of Form IFC
 - \$15.00 Annual Report Filing Fee
 - \$100.00 Late Report Filing Fee

Federal ID # 75-3138664

Are contributions to the organization tax deductible?

Yes No

Date Organization was created:

09/05/2003
MO DAY YR

LEGAL NAME GOOD SPORTS, INC.	Year-end amounts	
MAIL ADDRESS 1515 HANCOCK STREET, SUITE 204	A) ASSETS	A) \$ 2,601,829.
CITY, STATE QUINCY, MA	B) LIABILITIES	B) \$ 187,048.
ZIP CODE 02169	C) NET ASSETS	C) \$ 2,414,781.
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	95.345%	D) \$ 3,951,943.
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	%	E) \$
F) OTHER REVENUES	4.655%	F) \$ 192,933.
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 4,144,876.
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	20.585%	H) \$ 1,200,926.
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	20.585%	J) \$ 1,200,926.
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):		\$
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	63.293%	K) \$ 3,692,515.
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	83.878%	L) \$ 4,893,441.
M) MANAGEMENT AND GENERAL EXPENSE	6.173%	M) \$ 360,129.
N) FUNDRAISING EXPENSE	9.949%	N) \$ 580,412.
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	O) \$ 5,833,982.
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
PROFESSIONAL FUNDRAISERS:		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0.
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
PROFESSIONAL FUNDRAISING CONSULTANTS:		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ 0.
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
T) NAME, TITLE: MELISSA HARPER, CEO		T) \$ 141,888.
U) NAME, TITLE: CHRISTY PUGH KESWICK, COO		U) \$ 120,025.
V) NAME, TITLE: JAMES D. WHORTON, MARKETING		V) \$ 90,356.
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		List on back side of instructions CODE
W) DESCRIPTION: DONATE SPORTS EQUIPMENT TO UNDERPRIVILEGED YOUTH	W) #	040
X) DESCRIPTION:	X) #	
Y) DESCRIPTION:	Y) #	

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:

	YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?		<input checked="" type="checkbox"/>
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?		<input checked="" type="checkbox"/>
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT 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 checked="" type="checkbox"/>
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?		<input checked="" type="checkbox"/>
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?		<input checked="" type="checkbox"/>
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)		<input checked="" type="checkbox"/>
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		<input checked="" type="checkbox"/>
7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____		
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?		<input checked="" type="checkbox"/>
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?		<input checked="" type="checkbox"/>
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		<input checked="" type="checkbox"/>
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: BANK OF AMERICA, 60 STATE STREET, BOSTON, MA 02109		
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: MELISSA HARPER - 617-471-1213		

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

MELISSA HARPER

PRESIDENT or TRUSTEE (PRINT NAME) SIGNATURE DATE

TREASURER or TRUSTEE (PRINT NAME) SIGNATURE DATE

JEFFREY D. SOLOMON, C.P.A

PREPARER (PRINT NAME) SIGNATURE DATE

TAX RETURN FILING INSTRUCTIONS

MASSACHUSETTS FORM PC

FOR THE YEAR ENDING
DECEMBER 31, 2015

Prepared for	GOOD SPORTS, INC. 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169
Prepared by	KATZ, NANNIS + SOLOMON, P.C. 800 SOUTH STREET, SUITE 250 WALTHAM, MA 02453-1480
Amount due or refund	BALANCE DUE OF \$500.00
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: 01/01/15 to 12/31/15

Attorney General's Account #: 046216

Federal ID #: 75-3138664

Electronic Payment Confirmation #: _____

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? [X] 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? [X] Yes [] No

Check all items attached (if applicable)
[] Filing Fee or Electronic Payment Confirmation #
[X] Copy of IRS Return
[X] Audited Financial Statements/Review
[] Amended Articles/By-Laws
[X] Schedule A-1
[X] Schedule A-2
[] Schedule RO
[] 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)

Table with 4 columns: Category, Code, Category, Code. Rows include County (Table 1) with code 11, and Type of Organization (Table 2) with code 14. Organization Purpose Code 1 has code 43, and Organization Purpose Code 2 is blank.

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.

1. On what date was the organization created? 09/05/2003

2. Where was the organization created? MASSACHUSETTS

3. 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): _____

4. 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

5. Enter your summary of financial data:

Financial Data		Amounts
A.	Contributions, gifts, grants, and similar amounts received	3,343,306.
B.	Gross support and revenue	3,899,762.
C.	Program services and similar amounts paid out	4,648,327.
D.	Fundraising expenses	580,412.
E.	Management and general expenses	360,129.
F.	Payments to affiliates	0.
G.	Total expenses	5,588,868.
H.	Net assets or fund balances at the end of the year	2,414,781.

6. 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	0.00	141,888.	0.	0.
2.	CHRISTY KESWICK COO	0.00	120,025.	0.	0.
3.	JAMES D. WHORTON MARKETING	0.00	90,356.	0.	0.
4.	CHRISTOPHER HEALEY DIRECTOR OF OPERATIONS	0.00	65,658.	0.	0.
5.	MATTHEW PANDOLFI MARKETING	0.00	59,401.	0.	0.

7. 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.	INSOURCE SERVICES	24,915.	BOOKKEEPING
2.	KATZ, NANNIS + SOLOMON	16,200.	AUDITING SERVICES
3.	LIGHTWIRE	17,536.	IT SERVICES
4.	JACKRABBIT DESIGN	9,568.	MARKETING
5.	ELEVATE COMMUNICATIONS	7,922.	PUBLIC RELATIONS

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

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: MELISSA HARPER
 Street Address: 1515 HANCOCK ST, STE 301
 City: QUINCY State: MA ZIP Code: 02169
 Phone Number: 617-282-6125

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. (The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)	<input type="checkbox"/>

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates. **STATEMENT 1**

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 2**

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 3**

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

STATEMENT 4

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	NAME, ADDRESS, PHONE OF OTHER OFFICES	STATEMENT	1
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NAME AND ADDRESS	PHONE NUMBER
GOOD SPORTS 954 WEST WASHINGTON BLVRD. CHICAGO, IL 60607	

FORM PC	OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES	STATEMENT	2
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NAME AND ADDRESS	TITLE
AMY LATIMER 14 HIGH STREET TOPSFIELD, MA 01983	DIRECTOR
ANDREW LAURENCE 627 HARLAND STREET MILTON, MA 02186	DIRECTOR
BRYANT MCBRIDE 45 TURNING HILL ROAD LEXINGTON, MA 02492	DIRECTOR
DAVE BELYEA 430 BROAD STREET WEYMOUTH, MA 02188	DIRECTOR
DAVID MISCHLER 34 BATES WAY HANOVER, MA 02339	DIRECTOR
DAVID PACE 15 BUCKET MILL LANE HINGHAM, MA 02043	DIRECTOR
EMILY MCCANN 97 BRADFORD STREET NEEDHAM, MA 02492	DIRECTOR
JIM CATUDAL 30 MARILYN ROAD MILTON, MA 02186	DIRECTOR
JOEL HUGHES 196 HUBBARD STREET CONCORD, MA 01742	DIRECTOR

JOHN GATES 251 CENTRAL STREET CONCORD, MA 01742	DIRECTOR
JOHN WOLF 27 AMHERST ROAD WELLSLEY, MA 02482	DIRECTOR
KATHERINE POTTER 300 COMMERCIAL STREET BOSTON, MA 02109	DIRECTOR
KENT WELDON 2 RIPLY LANE WESTON, MA 02493	DIRECTOR
KIRSTEN HANO 9 UPWEY ROAD WELLSLEY, MA 02481	DIRECTOR
KYLE BETTY 90 DEAN ROAD WESTON, MA 02493	DIRECTOR
MATT CAMP 14 O STREET #1 BOSTON, MA 02127	DIRECTOR
MELISSA HARPER 22 EDGEWATER ROAD HULL, MA 02045	PRESIDENT
MICHAEL WALL 3 HOUGHTON LANE ACTON, MA 01720	DIRECTOR
PETER LAWLER 910 SHABONA LANE WILMETTE, IL 60091	DIRECTOR
PETER STEVENS 60 MAPLE STREET SUITE 100 MANSFIELD, MA 02048	CHAIRMAN/TREASURER
TED MANLEY 24 HIGH STREET SOUTH DARTMOUTH, MA 02748	DIRECTOR
WILBUR SWAN 7 SMITH AVE LEXINGTON, MA 02492	DIRECTOR
WILLIAM MCMAHON 7 AMHERST ROAD WELLSLEY, MA 02482	DIRECTOR

CHRISTY KESWICK
76 BUCKINGHAM ROAD
MILTON, MA 02186

SECRETARY

FORM PC

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STATEMENT 3

NAME AND ADDRESSAREA OF RESPONSIBILITY

MELISSA HARPER
1515 HANCOCK ST. STE 301
QUINCY, MA 02169

RESPONSIBLE FOR CUSTODY OF FUNDS

MELISSA HARPER
1515 HANCOCK ST. STE 301
QUINCY, MA 02169

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

MELISSA HARPER
1515 HANCOCK ST. STE 301
QUINCY, MA 02169

RESPONSIBLE FOR FUNDRAISING

MELISSA HARPER
1515 HANCOCK ST. STE 301
QUINCY, MA 02169

CUSTODY OF FINANCIAL RECORDS

MELISSA HARPER
1515 HANCOCK ST. STE 301
QUINCY, MA 02169

AUTHORIZED TO SIGN CHECKS

CHRISTY KESWICK
1515 HANCOCK ST. STE 301
QUINCY, MA 02169

RESPONSIBLE FOR FUNDRAISING

CHRISTY KESWICK
1515 HANCOCK ST. STE 301
QUINCY, MA 02169

AUTHORIZED TO SIGN CHECKS

FORM PC

PAGE 4, LINE 19

STATEMENT 4

<u>STATE</u>	<u>REG AGENCY</u>
ILLINOIS	CHICAGO

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
01/15/08	01055807	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
11/30/11	MASS MAILINGS

<u>STATE</u>	<u>REG AGENCY</u>
ILLINOIS	CHICAGO

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
01/15/08	01055807	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
05/12/11	ENTERTAINMENT EVENT

<u>STATE</u>	<u>REG AGENCY</u>
ILLINOIS	ATTORNEY GENERAL'S OFFICE

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
06/24/15	01055807	

<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: KATZ, NANNIS + SOLOMON, P.C.

Address 800 SOUTH STREET, SUITE 250

City WALTHAM State MA ZIP Code 02453-1480

Phone Number 781-453-8700

**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. STE 301

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. STE 301

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. STE 301

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. STE 301

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: _____

Title: _____

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