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CLIENT'S COPY

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING  
DECEMBER 31, 2016

<b>Prepared for</b>	GOOD SPORTS, INC. 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169
<b>Prepared by</b>	MOODY, FAMIGLIETTI & ANDRONICO, LLP 1 HIGHWOOD DRIVE TEWKSBURY, MA 01876
<b>Amount due or refund</b>	NOT APPLICABLE
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	NOT APPLICABLE
<b>Return must be mailed on or before</b>	NOT APPLICABLE
<b>Special Instructions</b>	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2017.

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning \_\_\_\_\_, 2016, and ending \_\_\_\_\_, 20\_\_\_\_

# 2016

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](http://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.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>6,948,996.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) .....	<b>5b</b> _____

## 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 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

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

as my signature on the organization's tax year 2016 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 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## Part III Certification and Authentication

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

**04415317069**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 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

**2016**  
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](http://www.irs.gov/form990).

**A For the 2016 calendar year, or tax year beginning and ending**

<b>B</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	<b>C</b> Name of organization <b>GOOD SPORTS, INC.</b>		<b>D</b> Employer identification number <b>75-3138664</b>
	Doing business as		<b>E</b> Telephone number <b>617-471-1213</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>1515 HANCOCK STREET, SUITE 204</b>		<b>G</b> Gross receipts \$ <b>7,256,779.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>QUINCY, MA 02169</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>MELISSA HARPER</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			If "No," attach a list. (see instructions)
<b>J</b> Website: <b>WWW.GOODSPORTS.ORG</b>			<b>H(c)</b> Group exemption number ▶
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>2003</b>	<b>M</b> State of legal domicile: <b>MA</b>

<b>Part I Summary</b>		Prior Year	Current Year
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE MISSION IS TO INCREASE YOUTH PARTICIPATION IN SPORTS, FITNESS, AND RECREATIONAL PROGRAMS BY</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>28</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>27</b>
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	<b>23</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>90</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>3,343,306.</b>	<b>6,738,715.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>208,347.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>970.</b>	<b>1,934.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>555,486.</b>	<b>0.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>3,899,762.</b>	<b>6,948,996.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>3,692,515.</b>	<b>3,921,330.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,029,518.</b>	<b>1,168,234.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>559,463.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>866,835.</b>	<b>792,507.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>5,588,868.</b>	<b>5,882,071.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-1,689,106.</b>	<b>1,066,925.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>2,601,829.</b>	<b>End of Year</b> <b>3,782,505.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>187,048.</b>	<b>300,799.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>2,414,781.</b>	<b>3,481,706.</b>

**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.

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

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 4,924,745. including grants of \$ 3,921,330. ) (Revenue \$ 208,347. ) SINCE 2003, GOOD SPORTS HAS IMPACTED OVER 4,400,000 YOUNG PEOPLE THROUGH SPORTS EQUIPMENT DONATIONS. GOOD SPORTS HAS DONATED \$22,700,000 WORTH OF EQUIPMENT TO 5,762 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 4,924,745.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> 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
<b>4 Section 501(c)(3) organizations.</b> 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
<b>5</b> 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
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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
<b>10</b> 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
<b>11</b> 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.		
<b>a</b> 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>b</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
<b>c</b> 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
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> 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	
<b>12a</b> 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>b</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
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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
<b>15</b> 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
<b>16</b> 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
<b>17</b> 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
<b>18</b> 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	
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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	
<b>22</b> 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
<b>23</b> 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	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> 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
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</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
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> 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 response

Main table with columns for line numbers (1a-14b), descriptions, and Yes/No columns. Includes rows for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.



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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	28	
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent	27	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

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

SEE SCHEDULE O FOR FULL LIST OF STATES

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES CATUDAL CHAIRMAN	2.00	X		X				0.	0.	0.
(2) DAVE BELYEA DIRECTOR	2.00	X						0.	0.	0.
(3) KYLE BETTY DIRECTOR	2.00	X						0.	0.	0.
(4) MATT CAMP DIRECTOR	2.00	X						0.	0.	0.
(5) LEWIS COLLINS DIRECTOR (SINCE NOVEMBER 2016)	2.00	X						0.	0.	0.
(6) LEN FREIMAN DIRECTOR	2.00	X						0.	0.	0.
(7) JOHN GATES DIRECTOR	2.00	X						0.	0.	0.
(8) JOEL HUGHES DIRECTOR	2.00	X						0.	0.	0.
(9) AMY LATIMER DIRECTOR	2.00	X						0.	0.	0.
(10) ANDREW LAURENCE DIRECTOR (SINCE NOVEMBER 2016)	2.00	X						0.	0.	0.
(11) PETER LAWLER DIRECTOR	2.00	X						0.	0.	0.
(12) TED MANLEY DIRECTOR	2.00	X						0.	0.	0.
(13) EMILY MCCANN DIRECTOR	2.00	X						0.	0.	0.
(14) WILLIAM MCMAHON DIRECTOR	2.00	X						0.	0.	0.
(15) DAVID MISCHLER DIRECTOR	2.00	X						0.	0.	0.
(16) BONNIE MONAHAN DIRECTOR	2.00	X						0.	0.	0.
(17) BRIAN O'CALLAGHAN DIRECTOR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAVID PACE DIRECTOR	2.00	X						0.	0.	0.
(19) BRETT PETERSON DIRECTOR	2.00	X						0.	0.	0.
(20) KATHERINE POTTER DIRECTOR	2.00	X						0.	0.	0.
(21) BRY ROSKOZ DIRECTOR (SINCE NOVEMBER 2016)	2.00	X						0.	0.	0.
(22) DREW SAWYER DIRECTOR	2.00	X						0.	0.	0.
(23) PETER STEVENS DIRECTOR	2.00	X						0.	0.	0.
(24) MICHAEL WALL DIRECTOR	2.00	X						0.	0.	0.
(25) KENT WELDON DIRECTOR	2.00	X						0.	0.	0.
(26) LIAM WESTON DIRECTOR (SINCE NOVEMBER 2016)	2.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								264,478.	0.	40,578.
<b>d Total (add lines 1b and 1c)</b>								264,478.	0.	40,578.

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 <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JOHN WOLF DIRECTOR	2.00	X					0.	0.	0.	
(28) MELISSA HARPER CEO & TREASURER	40.00	X		X			143,260.	0.	20,289.	
(29) CHRISTY KESWICK COO & SECRETARY	40.00			X			121,218.	0.	20,289.	
Total to Part VII, Section A, line 1c .....							264,478.	40,578.		

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	598,691.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	6,140,024.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		3,642,320.				
	<b>h Total.</b> Add lines 1a-1f .....		6,738,715.				
<b>Program Service Revenue</b>	<b>2 a</b> SHIPPING AND HANDLING .....	<b>Business Code</b> 480000	208,347.	208,347.			
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....		208,347.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		1,934.			1,934.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
		<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ 598,691. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>		307,783.			
		<b>b</b> Less: direct expenses .....	<b>b</b>	307,783.			
		<b>c</b> Net income or (loss) from fundraising events .....		0.			
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11</b>	<b>a</b> .....						
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions. ....			6,948,996.	208,347.	0.	1,934.	

**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	3,921,330.	3,921,330.		
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	305,056.	150,207.	69,629.	85,220.
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	744,067.	366,371.	169,832.	207,864.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	34,867.	12,131.	10,223.	12,513.
10 Payroll taxes	84,244.	41,481.	19,229.	23,534.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	44,575.	23,919.	9,291.	11,365.
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.)	24,302.	13,041.	5,066.	6,195.
12 Advertising and promotion	103,607.	35,877.	54,395.	13,335.
13 Office expenses	81,141.	48,263.	15,730.	17,148.
14 Information technology				
15 Royalties				
16 Occupancy	73,732.	37,290.	16,399.	20,043.
17 Travel	112,434.	90,923.	10,001.	11,510.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	548.	443.	49.	56.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,960.		11,960.	
23 Insurance	4,460.	2,271.	985.	1,204.
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 <b>FUNDRAISING EVENTS</b>	149,311.			149,311.
b <b>WAREHOUSE COSTS</b>	81,209.	81,154.	55.	
c <b>INVENTORY OBSOLESCENCE</b>	61,043.	56,159.	4,884.	
d <b>PARTNER EVENTS</b>	43,284.	42,984.	135.	165.
e All other expenses	901.	901.		
25 <b>Total functional expenses.</b> Add lines 1 through 24e	5,882,071.	4,924,745.	397,863.	559,463.
26 <b>Joint costs.</b> 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  X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	782,245.	<b>1</b>	636,410.
	<b>2</b> Savings and temporary cash investments .....	0.	<b>2</b>	214,431.
	<b>3</b> Pledges and grants receivable, net .....	183,589.	<b>3</b>	224,913.
	<b>4</b> Accounts receivable, net .....	10,797.	<b>4</b>	12,203.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	1,544,917.	<b>8</b>	2,452,889.
	<b>9</b> Prepaid expenses and deferred charges .....	42,293.	<b>9</b>	86,682.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 107,406.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 66,276.	29,134.	<b>10c</b> 41,130.
	<b>11</b> Investments - publicly traded securities .....	0.	<b>11</b>	104,993.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	8,854.	<b>12</b>	8,854.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	2,601,829.	<b>16</b>	3,782,505.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	167,457.	<b>17</b>	281,208.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	19,591.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	0.	<b>25</b>	19,591.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	187,048.	<b>26</b>	300,799.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> X and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	641,667.	<b>27</b>	551,633.
	<b>28</b> Temporarily restricted net assets .....	1,773,114.	<b>28</b>	2,930,073.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	2,414,781.	<b>33</b>	3,481,706.	
<b>34</b> Total liabilities and net assets/fund balances .....	2,601,829.	<b>34</b>	3,782,505.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	6,948,996.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	5,882,071.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,066,925.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	2,414,781.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	3,481,706.

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> 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.		
<b>2a</b> 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>b</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	
<b>c</b> 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	
<b>3a</b> 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>b</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 _____		



**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.

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

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

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 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - 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 1-10 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		
<b>Total</b>						

**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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2411475.	3392797.	4860440.	3254811.	6891455.	20810978.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	2411475.	3392797.	4860440.	3254811.	6891455.	20810978.
<b>5</b> 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) .....						2764373.
<b>6 Public support.</b> Subtract line 5 from line 4.						18046605.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 .....	2411475.	3392797.	4860440.	3254811.	6891455.	20810978.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	220.	100.	284.	970.	1,934.	3,508.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	222,669.	365,817.	419,736.	555,486.		1563708.
<b>11 Total support.</b> Add lines 7 through 10						22378194.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	959,778.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	80.64 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....	<b>15</b>	89.31 %
<b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2016.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2015.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2016.** 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 - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>		
<b>2</b> 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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year <i>(see instructions)</i> .		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
<b>2</b> Activities Test. <i>Answer (a) and (b) below.</i>		
<b>a</b> 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? <i>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.</i>		
<b>b</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? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
<b>a</b> 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? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>		(A) Prior Year	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	<b>Distributable Amount.</b> 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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013			
<b>c</b> Excess from 2014			
<b>d</b> Excess from 2015			
<b>e</b> Excess from 2016			





**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](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**

**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? .....

Yes  No

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

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

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

Yes  No

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

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

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

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

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

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

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

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

**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		107,406.	66,276.	41,130.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				41,130.

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	19,591.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	19,591.

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	7,221,001.
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	119,265.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	152,740.	
e	Add lines 2a through 2d	2e		272,005.
3	Subtract line 2e from line 1	3		6,948,996.
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		6,948,996.

**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	6,154,076.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	119,265.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	152,740.	
e	Add lines 2a through 2d	2e		272,005.
3	Subtract line 2e from line 1	3		5,882,071.
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		5,882,071.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

THE ORGANIZATION IS A NONPROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON TRADE OR BUSINESS PROFITS GENERATED BY ACTIVITIES RELATED TO THE ORGANIZATION'S EXEMPT FUNCTION. THE ORGANIZATION MAY BE SUBJECT TO FEDERAL AND STATE INCOME TAXES FOR PROFITS GENERATED FROM TRADE OR BUSINESS ACTIVITIES UNRELATED TO THE ORGANIZATION'S EXEMPT FUNCTION. AS OF DECEMBER 31, 2016, MANAGEMENT BELIEVES THAT THE ORGANIZATION HAS NOT GENERATED ANY UNRELATED BUSINESS TAXABLE INCOME.

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

**Part XIII** Supplemental Information *(continued)*

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

IN KIND DONATIONS - AUCTION ITEMS 152,740.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

IN KIND DONATIONS - AUCTION ITEMS 152,740.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
 

<ul style="list-style-type: none"> <li>a <input type="checkbox"/> Mail solicitations</li> <li>b <input type="checkbox"/> Internet and email solicitations</li> <li>c <input type="checkbox"/> Phone solicitations</li> <li>d <input type="checkbox"/> In-person solicitations</li> </ul>	<ul style="list-style-type: none"> <li>e <input type="checkbox"/> Solicitation of non-government grants</li> <li>f <input type="checkbox"/> Solicitation of government grants</li> <li>g <input type="checkbox"/> Special fundraising events</li> </ul>
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- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....	▶					

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
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**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	<b>1</b> Gross receipts .....	622,354.	199,914.	84,206.	906,474.
	<b>2</b> Less: Contributions .....	389,788.	124,697.	84,206.	598,691.
	<b>3</b> Gross income (line 1 minus line 2) .....	232,566.	75,217.		307,783.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....	122,041.	33,002.		155,043.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	110,525.	42,215.	0.	152,740.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				307,783.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				0.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> 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

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**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

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

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SACRAMENTO CITY UNIFIED SCHOOL DISTRICT - 5735 47TH AVENUE - SACRAMENTO, CA 95824	94-6002491		0.	82,395.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
NYC DEPARTMENT OF EDUCATION 1230 ZEREGA AVENUE (BP57) BRONX, NY 10462	13-6400434		0.	47,734.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
ST. LOUIS PUBLIC SCHOOLS 801 N. 11TH STREET ST. LOUIS, MO 63101	43-1813849		0.	43,016.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
MATHEWS-DICKEY BOYS' & GIRLS' CLUB 4245 N. KINGSHIGHWAY BLVD. ST. LOUIS, MO 63115	43-6060717		0.	37,147.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
LAMAR COUNTY SCHOOL DISTRICT 424 MARTIN LUTHER KIND DRIVE, P.O. PURVIS, MS 39475	64-6000567		0.	36,225.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CHICAGO PUBLIC SCHOOLS 42 W. MADISON ST. 3RD FLOOR CHICAGO, IL 60602	36-6005821		0.	31,338.	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 ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2016)

**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
LOWELL PUBLIC SCHOOLS 155 MERRIMACK STREET LOWELL, MA 01852	04-6001396		0.	25,013.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SHARPSTOWN HIGH SCHOOL 7504 BISSONNET HOUSTON, TX 77074	76-0424529		0.	24,699.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS AND GIRLS CLUBS OF PALM BEACH COUNTY - 800 NORTHPOINT PARKWAY, SUITE 204 - WEST PALM BEACH, FL 33407	23-7060561		0.	22,952.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
NYC DEPARTMENT OF EDUCATION 1230 ZEREGA AVENUE (BP57) BRONX, NY 10462	13-6400434		0.	21,000.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BEYOND SOCCER, INC. 280 MERRIMACK STREET, SUITE 309 LAWRENCE, MA 01843	45-0648718		0.	21,000.	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.	18,893.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
WEST LYNN POP WARNER INC. 76 ROBINSON ST., 1ST FL LYNN, MA 01905	01-0667071		0.	17,623.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
WEST MICHIGAN HOCKEY YOUTH FOUNDATION (GRAND RAPIDS GRIFFINS YOUTH FOUNDATI - 130 W. FULTON #111 - GRAND RAPIDS, MI 49503	38-3238277		0.	17,093.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
LYNN CLASSICAL HIGH SCHOOL 235 O'CALLAGHAN WAY LYNN, MA 01905	04-6001397		0.	16,861.	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
BOYS & GIRLS CLUBS OF GREATER ST. LOUIS (BGCSTL) - 2901 N. GRAND AVE. - ST. LOUIS, MO 63107	43-6061693		0.	14,859.	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.	13,866.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
DOHERTY MEMORIAL HIGH SCHOOL 299 HIGHLAND ST. WORCESTER, MA 01602	04-6001418		0.	13,824.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
NEW FIT 400 E PRATT BALTIMORE, MD 21202			0.	13,731.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
COWHERD MIDDLE SCHOOL 441 NORTH FARNSWORTH AVENUE AURORA, IL 60505	36-6004752		0.	13,449.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
AVON PARK YOUTH FOOTBALL & CHEERLEADING - P.O. BOX 218 - AVON PARK, FL 33825			0.	13,232.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
LYNN CLASSICAL HIGH SCHOOL 235 O'CALLAGHAN WAY LYNN, MA 01905	04-6001397		0.	12,839.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
HIGHLAND PARK CHURCH 4777 LAKELAND HIGHLANDS ROAD LAKE LAND, FL 33813	59-0838102		0.	12,641.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
PINELLAS COUNTY SCHOOL BOARD TARPON SPRINGS SCHOOL DISTRICT, 301 LARGO, FL 33770	59-6000799		0.	12,600.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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NORTH SUBURBAN YOUTH FOOTBALL LEAGUE - 3416 NE 85TH TERR. - KANSAS CITY, MO 64156	43-1209141		0.	12,508.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
FOOTBALL AND CHEERLEADING CLUB OF JOHNSON COUNTY - 15030 W 106TH ST - LENEXA, KS 66215			0.	12,508.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CINCINNATI RECREATION COMMISSION 805 CENTRAL AVENUE SUITE 800 CINCINNATI, OH 45202	31-6000064		0.	12,459.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
LA'S BEST AFTER SCHOOL ENRICHMENT PROGRAM - 711 E. 14TH PLACE - LOS ANGELES, CA 90021	95-4311058		0.	12,041.	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.	11,933.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
MERCEDES BASEBALL ACADEMY 23 MAGNOLIA STREET LAWRENCE, MA 01841	47-2800123		0.	11,886.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
MISSION HILL FENWAY BUCCANEERS 2 PURTIAN AVENUE DORCHESTER, MA 02121	46-5217305		0.	11,849.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BURG BASEBALL INC. 1875 59TH CIRCLE SOUTH SAINT PETERSBURG, FL 33712	76-0849516		0.	11,805.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
OPTIMIST CLUB OF IVES ESTATES 1180 NE 204TH TER MIAMI, FL 33179	59-6168880		0.	10,992.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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SACRAMENTO AREA EMERGENCY HOUSING CENTER DBA NEXT MOVE - 2925 34TH STREET - SACRAMENTO, CA 95817	94-2172933		0.	10,967.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS & GIRLS CLUBS OF GREATER KANSAS CITY - 4001 BLUE PARKWAY, STE. 102 - KANSAS CITY, MO 64130	43-6072065		0.	10,738.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
THE NORTH CAROLINA LEADERSHIP ACADEMY - 4353 HIGH POINT RD - KERNERSVILLE, NC 27284	46-1185191		0.	10,716.	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.	10,695.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SOCCER KIDS NYC 6210 69TH PLACE MIDDLE VILLAGE, NY 11379			0.	10,325.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CINCINNATI RECREATION COMMISSION 805 CENTRAL AVENUE SUITE 800 CINCINNATI, OH 45202	31-6000064		0.	10,309.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
HATTIESBURG PUBLIC SCHOOLS 701 STADIUM DRIVE HATTIESBURG, MS 39401	64-6000433		0.	9,879.	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.	9,786.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
DUGGAN ACADEMY 1015 WILBRAHAM RD SPRINGFIELD, MA 01109	04-6001415		0.	9,705.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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BRIDGE THE GAP YOUTH, INC. 640 STANLEY AVENUE BROOKLYN, NY 11207	47-1393536		0.	9,685.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS & GIRLS CLUBS OF GREATER ST. LOUIS (BGCSTL) - 2901 N. GRAND AVE. - ST. LOUIS, MO 63107	43-6061693		0.	9,685.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
OPTIMIST CLUB OF IVES ESTATES 1180 NE 204TH TER MIAMI, FL 33179	59-6168880		0.	9,509.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
HIGHLAND PARK CHURCH 4777 LAKELAND HIGHLANDS ROAD LAKELAND, FL 33813	59-0838102		0.	9,482.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
REACH YOUTH PROGRAM 8054 YOLANDA DETROIT, MI 48234	38-2768099		0.	9,414.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS & GIRLS CLUBS OF KERN COUNTY P.O. BIN 5J, 801 NILES STREET BAKERSFIELD, CA 93385	95-2462246		0.	9,241.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
DETROIT PUBLIC SCHOOLS COMMUNITY DISTRICT - 3011 W. GRAND BLVD. - DETROIT, MI 48202	30-0135450		0.	9,169.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS CLUB OF CICERO 5500 WEST 25TH PLACE CICERO, IL 60804	36-2154018		0.	9,138.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS & GIRLS CLUB OF GREATER HAVERHILL - 55 EMERSON STREET - HAVERHILL, MA 03859	04-2111215		0.	9,028.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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STEM KIDS NYC 301 79TH STREET NORTH BERGEN, NJ 07047	47-4900726		0.	8,695.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
GUADALUPE CENTERS 1015 AVENIDA CESAR E. CHAVEZ KANSAS CITY, MO 64108	44-0610781		0.	8,438.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
FULTON LEADERSHIP ACADEMY 1706 WASHINGTON STREET EAST POINT, GA 30263	26-4521546		0.	8,369.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
PROJECT EDUCATION PLUS 910 N. CAMBRIDGE CHICAGO, IL 60610	36-3081102		0.	8,365.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
GEORGE WYTHE HIGH SCHOOL - RICHMOND, VA - 4314 CRUTCHFIELD STREET - RICHMOND, VA 23225	54-1689909		0.	8,304.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
JE BROWN MIDDLE SCHOOL 225 GRIFFIN STREET ATLANTA, GA 30314	58-6000134		0.	8,258.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
DETROIT PUBLIC SCHOOLS COMMUNITY DISTRICT - 3011 W. GRAND BLVD., 9TH FLOOR - DETROIT, MI 48202	30-0135450		0.	8,257.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
STREETS MINISTRIES 430 VANCE AVE MEMPHIS, TN 38126	62-1763815		0.	8,190.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
LEE COUNTY WARRIORS 283 WIREGRASS WAY LEESBURG, GA 31721	46-2709633		0.	8,124.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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VANCE HIGH SCHOOL 7600 IBM DRIVE CHARLOTTE, NC 28262	56-6001074		0.	8,081.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SIMMONS MIDDLE SCHOOL 1130 SHEFFER ROAD AURORA, IL 60505	36-6004752		0.	8,039.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CHARLES STONES INTERMEDIATE CENTER 401 N. JENNIE BARKER ROAD GARDEN CITY, KS 67846	48-0697716		0.	8,009.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SOMERVILLE POP WARNER 66 SYCAMORE STREET SOMERVILLE, MA 02145	27-2790864		0.	7,998.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
AFTER-SCHOOL ALL-STARS LAS VEGAS 3720 HOWARD HUGHES PKWY LAS VEGAS, NV 89169	88-0348811		0.	7,901.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
ALL DORCHESTER SPORTS LEAGUE (ADSL) - 1565 DORCHESTER AVE - DORCHESTER, MA 02122	22-2827346		0.	7,741.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
YMCA OF GREATER RICHMOND 2 W. FRANKLIN STREET RICHMOND, VA 23220	54-0505986		0.	7,379.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CITY OF SAN CLEMENTE 987 AVENIDA VISTA HERMOSA SAN CLEMENTE, CA 92673	95-6000775		0.	7,327.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS & GIRLS CLUBS OF SOUTHERN NEVADA - 2850 LINDELL ROAD - LAS VEGAS, NV 89146	88-0093150		0.	7,315.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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PRINCE GEORGE'S COUNTY BOYS & GIRLS CLUB - 7833 WALKER DRIVE, SUITE 430 - GREENBELT, MD 20770	52-0715249		0.	7,287.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CLINCH COUNTY HIGH SCHOOL 1 PANTHER WAY HOMERVILLE, GA 31634	58-6000213		0.	7,235.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CASCADE YOUTH ORGANIZATION 1053 CASCADE CIRCLE SW ATLANTA, GA 30311	47-2358400		0.	7,143.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
LAWRENCE PUBLIC SCHOOLS 75 NEWTON STREET LAWRENCE, MA 01843	04-6001394		0.	7,109.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
NOAH 143 BORDER STREET EAST BOSTON, MA 02128	04-2964630		0.	7,030.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
PLAYWORKS NEW ENGLAND 29 GERMANIA STREET BOSTON, MA 02130	94-3251867		0.	6,985.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
JAYCEE ZARAGOZA RECREATION CENTER 3114 CLYMER ST. DALLAS, TX 75212	75-6000508		0.	6,972.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
HERMON DEKALB CENTRAL SCHOOL 709 EAST DEKALB ROAD DEKALB JUNCTION, NY 13630	15-6002672		0.	6,944.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
UNION IMPACT CENTER 2141 W. 49TH PLACE CHICAGO, IL 60609	11-3829960		0.	6,938.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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HAPPEN, INC. 4201 HAMILTON AVE. CINCINNATI, OH 45223	31-1618700		0.	6,846.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
OHIO CITY, INC. - NEAR WEST RECREATION - 2525 MARKET AVE., STE A - CLEVELAND, OH 44113	34-1372076		0.	6,822.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
PLAYWORKS ILLINOIS 770 N HALSTED ST CHICAGO, IL 60642	94-3251867		0.	6,799.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CRISTO REY BROOKLYN HIGH SCHOOL 710 E 37TH STREET BROOKLYN, NY 11203	26-2433224		0.	6,791.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SIUSLAW YOUTH SOCCER ASSOCIATION PO BOX 1340 FLORENCE, OR 97439	81-1634675		0.	6,720.	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.	6,720.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
OLSH ATHLETIC ASSOCIATION 51 ROSEWELL STREET SPRINGFIELD, MA 01109	04-2121774		0.	6,635.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
PINELLAS COUNTY SHERIFF'S POLICE ATHLETIC LEAGUE, INC - 3755 46TH AVE N - ST. PETERSBURG, FL 33714	59-3760782		0.	6,627.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
MARKHAM YOUTH FOOTBALL AND CHEERLEADING - 16436 HONORE AVE. - MARKHAM, IL 60428	47-3212406		0.	6,599.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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MILDRED ISD 5475 S HWY 287 CORSICANA, TX 75109	75-1333316		0.	6,551.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
FIREBAUGH CAL RIPKEN BASEBALL 4350 SPRUCE CT. FIREBAUGH, CA 93622			0.	6,536.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
YOUTH CENTERS OF AMERICA 741 TULARE ST. PARLIER, CA 93648	77-0448258		0.	6,476.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
HEIGHTS HIGH SCHOOL 413 E. 13TH STREET HOUSTON, TX 77008	76-0424529		0.	6,469.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
URBAN INITIATIVES, INC. 650 W LAKE STREET CHICAGO, IL 60661	83-0367521		0.	6,320.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
FRIENDS OF CICS TENNIS (SOUTH SIDE JUNIOR TENNIS CAMP) - 11 E ADAMS STREET, SUITE 600 - CHICAGO, IL 60603	37-1713337		0.	6,312.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
JOHN BARTRAM HIGH SCHOOL 2401 S 67TH STREET PHILADELPHIA, PA 19142	23-6004102		0.	6,199.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS & GIRLS CLUB OF SAN MARCOS 1 POSITIVE PLACE SAN MARCOS, CA 92069	95-3330218		0.	6,185.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
RICHMOND BULLDOGS 7303 WILLOWBRANCH CT. NORTH CHESTERFIELD, VA 23234	26-1449951		0.	6,129.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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VON STEUBEN METROPOLITAN SCIENCE CENTER - 5039 N. KIMBALL AVE. - CHICAGO, IL 60625			0.	6,109.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
NORTH ADAMS LITTLE LEAGUE 101 PHELPS AVE. NORTH ADAMS, MA 02147	91-1836962		0.	6,108.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
PILSEN YOUTH ATHLETIC ASSOCIATION 9301 S TROY AVE EVERGREEN PARK, IL 60805	47-4097255		0.	6,076.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
READY, SET, LEARN CHILD CARE CENTER BRONX (P.S. 333) - 888 REV JAMES A POLITE AVENUE - BRONX, NY 10459	47-2033800		0.	6,053.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
WARTBURG CENTRAL MIDDLE SCHOOL 146 LIBERTY RD WARTBURG, TN 37887	62-6000772		0.	6,020.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
HIGHLAND PARK CHURCH 4777 LAKELAND HIGHLANDS ROAD LAKELAND, FL 33813	59-0838102		0.	5,911.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CRISTO REY ATLANTA JESUIT HIGH SCHOOL - 680 W. PEACHTREE STREET, NW - ATLANTA, GA 30308	45-5550340		0.	5,899.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
ELMCOR YOUTH AND ADULT ACTIVITIES 107-20 NORTHERN BLVD. CORONA, NY 11368	11-2224539		0.	5,891.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
FURLOW CHARTER SCHOOL 63 VALLEY DRIVE AMERICUS, GA 31709	46-4106813		0.	5,863.	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.)

(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
JOHN M. BARRY BOYS & GIRLS CLUB OF NEWTON - 675 WATERTOWN ST. - NEWTON, MA 02460	04-2144095		0.	5,829.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS & GIRLS CLUBS OF THE CHATTAHOOCHEE VALLEY - 1700 BUENA VISTA ROAD - COLUMBUS, GA 31906	58-1174393		0.	5,793.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SOUTH BEND WASHINGTON HIGH SCHOOL 4747 WEST WASHINGTON STREET SOUTH BEND, IN 46619	00-1899287		0.	5,786.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
MERCEDES BASEBALL ACADEMY 23 MAGNOLIA ST. LAWRENCE, MA 01841	47-2800123		0.	5,758.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
THOMASVILLE COMMUNITY RESOURCE CENTER - 501 VARNEDOE STREET - THOMASVILLE, GA 31792	58-2419321		0.	5,739.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CRISTO REY ATLANTA JESUIT HIGH SCHOOL - 680 W. PEACHTREE STREET, NW - ATLANTA, GA 30308	45-5550340		0.	5,683.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
YMCA OF SOUTHERN NEVADA 4141 MEADOWS LANE LAS VEGAS, NV 89107	88-0059266		0.	5,680.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
NORTHWEST LITTLE LEAGUE 12827 CEDAR FOREST DR. #106 TAMPA, FL 33625	06-1649378		0.	5,680.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS & GIRLS CLUBS OF METRO RICHMOND - 5511 STAPLES MILL ROAD - RICHMOND, VA 23228	54-0564901		0.	5,642.	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
TRAVIS VIKINGS YOUTH FOOTBALL AND CHEER - 1008 ALMA CT - SUISUN CITY, CA 94585	31-1484747		0.	5,595.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
OLIVE PUBLIC SCHOOLS 9352 S. 436TH W. AVE DRUMRIGHT, OK 74030	73-1291714		0.	5,559.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
PORT CHARLOTTE HIGH SCHOOL 18200 COCHRAN BLVD. PORT CHARLOTTE, FL 33948			0.	5,500.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
ACADEMIA CESAR CHAVEZ CHARTER SCHOOL - 1800 AMES AVE E. - ST. PAUL, MN 55119	41-1972242		0.	5,440.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
ZUNI YOUTH ENRICHMENT PROJECT (ZYEP) - VALORY WPO BOX 447 - ZUNI, NM 87327	26-3259987		0.	5,434.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
RARITAN VALLEY YMCA 144 TICES LANE EAST BRUNSWICK, NJ 08816	22-1494457		0.	5,429.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BROCKTON RAIDERS YOUTH FOOTBALL & CHEER - P.O. BOX 252 - BROCKTON, MA 02303	46-3348311		0.	5,379.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
AVANT GARDE ACADEMY 2880 N ORANGE BLOSSOM TRAIL KISSIMMEE, FL 34744	46-2354815		0.	5,244.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CHICO WESTSIDE LITTLE LEAGUE 1380 EAST AVENUE, STE #124, BOX 204 CHICO, CA 95926	94-2210644		0.	5,226.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

Schedule I (Form 990)







**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2016**

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**GOOD SPORTS, INC.**

Employer identification number

**75-3138664**

**Part I Questions Regarding Compensation**

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

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

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

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

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2016

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

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

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MELISSA HARPER CEO & TREASURER	(i)	113,260.	30,000.	0.	0.	20,289.	163,549.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

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](http://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 ▶ ( <u>DONATED SPORT</u> )	X	19	3,629,604.FMV	
26 Other ▶ ( <u>IN KIND DONAT</u> )	X	221	152,740.FMV	
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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

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

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

Schedule M (Form 990) (2016)



**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

GOOD SPORTS, INC.

Employer identification number

75-3138664

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

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

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

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

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

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

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

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

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

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

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

Schedule O (Form 990 or 990-EZ) (2016)

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

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

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

FORM 990, PART X, COLUMN A, LINE 27 AND LINE 28:  
 DURING THE YEAR ENDED DECEMBER 31, 2016, THE ORGANIZATION BECAME AWARE  
 OF CERTAIN ADJUSTMENTS TO THE ORGANIZATION'S STATEMENT OF FINANCIAL  
 POSITION AS OF DECEMBER 31, 2015. THESE ADJUSTMENTS ARE ATTRIBUTABLE  
 TO ERRORS MADE IN THE RECORDING OF TEMPORARILY RESTRICTED NET ASSETS AS  
 OF DECEMBER 31, 2015.

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



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

Department of the Treasury  
Internal Revenue Service

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

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

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

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

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

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

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

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

**THE ORGANIZATION**

- The books are in the care of ▶ **1515 HANCOCK STREET, SUITE 204 - QUINCY, MA 02169**  
 Telephone No. ▶ **617-471-1213** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year **2016** 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

<b>3a</b> 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.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	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

MASSACHUSETTS FORM PC

FOR THE YEAR ENDING  
DECEMBER 31, 2016

<b>Prepared for</b>	GOOD SPORTS, INC. 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169
<b>Prepared by</b>	MOODY, FAMIGLIETTI & ANDRONICO, LLP 1 HIGHWOOD DRIVE TEWKSBURY, MA 01876
<b>Amount due or refund</b>	BALANCE DUE OF \$500.00
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	NON-PROFIT ORG/PUBLIC CHARITIES DIV OFFICE OF THE ATTORNEY GENERAL ONE ASHBURTON PLACE BOSTON, MA 02108
<b>Return must be mailed on or before</b>	PLEASE MAIL AS SOON AS POSSIBLE.
<b>Special Instructions</b>	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: 01/01/16 to 12/31/16

Attorney General's Account #: 046216

Federal ID #: 75-3138664

Electronic Payment Confirmation #: 226062

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 Printout of
[X] 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
[ ] Schedule VCO
[ ] Probate Account

Organization Data

Name: GOOD SPORTS, INC.

Mailing Address: 1515 HANCOCK STREET, SUITE 204

City: QUINCY State: MA ZIP: 02169

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

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

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

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	6,738,715.
B.	Gross support and revenue	6,948,996.
C.	Program services and similar amounts paid out	4,924,745.
D.	Fundraising expenses	559,463.
E.	Management and general expenses	397,863.
F.	Payments to affiliates	0.
G.	Total expenses	5,882,071.
H.	Net assets or fund balances at the end of the year	3,481,706.

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	40.00	143,260.	0.	20,289.
2.	CHRISTY KESWICK COO	40.00	121,218.	0.	20,289.
3.	CHRIS HEALEY DIR. OF OPERATIONS	40.00	74,246.	0.	5,312.
4.	MICHAEL WRIGHT COMMUNITY PARTNERSHIPS MGR.	40.00	60,135.	0.	6,577.
5.	COURTNEY SCHERMERHORN SENIOR ACCOUNT MGR.	40.00	56,908.	0.	15,469.

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.	LIGHTWIRE, INC.	35,491.	IT SERVICES
2.	PRO SPORTS COMMUNICATIONS, INC	25,598.	PUBLIC RELATIONS
3.	KATZ, NANNIS & SOLOMON, P.C.	22,500.	AUDIT/TAX
4.	INSOURCE SERVICES, INC.	16,290.	BOOKKEEPING
5.	JACKRABBIT DESIGN	15,967.	MARKETING

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

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

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

Other (specify): \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

12. Contact Person Name: MELISSA HARPER

Street Address: 1515 HANCOCK STREET, SUITE 204

City: QUINCY State: MA ZIP Code: 02169

Phone Number: 617-934-0541

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

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

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

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

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

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

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

**STATEMENT 1**

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

**STATEMENT 2**

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

**STATEMENT 3**

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

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 FORM PC                      OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES                      STATEMENT      1
 

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<u>NAME AND ADDRESS</u>	<u>TITLE</u>
MELISSA HARPER 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	CEO & TREASURER
CHRISTY KESWICK 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	COO & SECRETARY
JAMES CATUDAL 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	CHAIRMAN
DAVE BELYEA 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	DIRECTOR
KYLE BETTY 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	DIRECTOR
MATT CAMP 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	DIRECTOR
LEWIS COLLINS 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	DIRECTOR (SINCE NOVEMBER 201
LEN FREIMAN 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	DIRECTOR
JOHN GATES 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	DIRECTOR
JOEL HUGHES 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	DIRECTOR
AMY LATIMER 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	DIRECTOR
ANDREW LAURENCE 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	DIRECTOR (SINCE NOVEMBER 201

PETER LAWLER 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	DIRECTOR
TED MANLEY 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	DIRECTOR
EMILY MCCANN 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	DIRECTOR
WILLIAM MCMAHON 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	DIRECTOR
DAVID MISCHLER 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	DIRECTOR
BONNIE MONAHAN 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	DIRECTOR
BRIAN O'CALLAGHAN 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	DIRECTOR
DAVID PACE 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	DIRECTOR
BRETT PETERSON 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	DIRECTOR
KATHERINE POTTER 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	DIRECTOR
BRY ROSKOZ 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	DIRECTOR (SINCE NOVEMBER 201
DREW SAWYER 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	DIRECTOR
PETER STEVENS 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	DIRECTOR
MICHAEL WALL 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169	DIRECTOR



KENT WELDON  
1515 HANCOCK STREET, SUITE 204  
QUINCY, MA 02169

DIRECTOR

LIAM WESTON  
1515 HANCOCK STREET, SUITE 204  
QUINCY, MA 02169

DIRECTOR (SINCE NOVEMBER 201

JOHN WOLF  
1515 HANCOCK STREET, SUITE 204  
QUINCY, MA 02169

DIRECTOR

FORM PC

PAGE 4, LINE 18

STATEMENT 2

NAME AND ADDRESSAREA OF RESPONSIBILITY

MELISSA HARPER  
1515 HANCOCK ST. STE 204  
QUINCY, MA 02169

RESPONSIBLE FOR CUSTODY OF FUNDS

MELISSA HARPER  
1515 HANCOCK ST. STE 204  
QUINCY, MA 02169

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

MELISSA HARPER  
1515 HANCOCK ST. STE 204  
QUINCY, MA 02169

RESPONSIBLE FOR FUNDRAISING

MELISSA HARPER  
1515 HANCOCK ST. STE 204  
QUINCY, MA 02169

CUSTODY OF FINANCIAL RECORDS

MELISSA HARPER  
1515 HANCOCK ST. STE 204  
QUINCY, MA 02169

AUTHORIZED TO SIGN CHECKS

CHRISTY KESWICK  
1515 HANCOCK ST. STE 204  
QUINCY, MA 02169

RESPONSIBLE FOR FUNDRAISING

CHRISTY KESWICK  
1515 HANCOCK ST. STE 204  
QUINCY, MA 02169

AUTHORIZED TO SIGN CHECKS

FORM PC

PAGE 4, LINE 19

STATEMENT 3

STATE REG AGENCY

ALABAMA

DATE OF REG REG NUMBER OTHER NAMES USED

AL16-380

SOLICIT DATE TYPE OF SOLICITATION

MASS MAILINGS

STATE REG AGENCY

ALASKA

DATE OF REG REG NUMBER OTHER NAMES USED

75-3138664

SOLICIT DATE TYPE OF SOLICITATION

MASS MAILINGS

STATE REG AGENCY

ARKANSAS

DATE OF REG REG NUMBER OTHER NAMES USED

75-3138665

SOLICIT DATE TYPE OF SOLICITATION

MASS MAILINGS

STATE REG AGENCY

CALIFORNIA

DATE OF REG REG NUMBER OTHER NAMES USED

CT0239049

SOLICIT DATE TYPE OF SOLICITATION

MASS MAILINGS

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

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

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

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

<u>STATE</u>	<u>REG AGENCY</u>	
GEORGIA		
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	CH012022	
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
	MASS MAILINGS	

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

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

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

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

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

<u>STATE</u>		<u>REG AGENCY</u>
KENTUCKY		
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	75-3138665	
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
	MASS MAILINGS	

<u>STATE</u>		<u>REG AGENCY</u>
MAINE		
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	CO11811	
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
	MASS MAILINGS	

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

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

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

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

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

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

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

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

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

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

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

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

STATE MISSISSIPPI REG AGENCY

DATE OF REG REG NUMBER OTHER NAMES USED

100024804

SOLICIT DATE TYPE OF SOLICITATION

MASS MAILINGS

STATE NEVADA REG AGENCY

DATE OF REG REG NUMBER OTHER NAMES USED

NV20161367

SOLICIT DATE TYPE OF SOLICITATION

MASS MAILINGS

STATE NEW HAMPSHIRE REG AGENCY

DATE OF REG REG NUMBER OTHER NAMES USED

30015

SOLICIT DATE TYPE OF SOLICITATION

MASS MAILINGS

STATE NEW JERSEY REG AGENCY

DATE OF REG REG NUMBER OTHER NAMES USED

CH3865700

SOLICIT DATE TYPE OF SOLICITATION

MASS MAILINGS

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

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

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

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

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	45-49-66	

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

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

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	SL010123	

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<u>STATE</u>	<u>REG AGENCY</u>
WISCONSIN	

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	16538-800	

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

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

*If yes, please attach an explanation.*

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

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

*If yes, please attach an explanation.*

Yes  No

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

*If yes, please attach an explanation.*

Yes  No

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

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

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

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

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

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

**Signature Required**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: MELISSA HARPER

Title: CHIEF EXECUTIVE OFFICER

Name of Preparer: MOODY, FAMIGLIETTI & ANDRONICO, LLP

Address 1 HIGHWOOD DRIVE

City TEWKSBURY State MA ZIP Code 01876

Phone Number (978) 557-5300

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

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

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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 checked="" 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: NEW BALANCE ATHLETICS, INC.

Address 100 GUEST STREET

City BOSTON State MA ZIP Code 02135-2088

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

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

MELISSA HARPER

Name and Title: CEO

Address 1515 HANCOCK ST., SUITE 204

City QUINCY State MA ZIP Code 02169

Name and Title:

Address

City State ZIP Code

Name and Title:

Address

City State ZIP Code

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

MELISSA HARPER

Name and Title: CEO

Address 1515 HANCOCK ST., SUITE 204

City QUINCY State MA ZIP Code 02169

Name and Title:

Address

City State ZIP Code

Name and Title:

Address

City State ZIP Code



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

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

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

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

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

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

\* Provide applicable names and addresses:

Professional Solicitor Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Professional Fundraising Counsel Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Commercial Co-Venturer Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

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

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

MELISSA HARPER

Name and Title: CEO

Address 1515 HANCOCK ST., SUITE 204

City QUINCY State MA ZIP Code 02169

Name and Title:

Address

City State ZIP Code

Name and Title:

Address

City State ZIP Code

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

MELISSA HARPER

Name and Title: CEO

Address 1515 HANCOCK ST., SUITE 204

City QUINCY State MA ZIP Code 02169

Name and Title:

Address

City State ZIP Code

Name and Title:

Address

City State ZIP Code

**Certification by Organization**

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: MELISSA HARPER

Title: CHIEF EXECUTIVE OFFICER

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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



MOODY, FAMIGLIETTI & ANDRONICO  
Certified Public Accountants & Consultants

**GOOD SPORTS, INC.**

**FINANCIAL STATEMENTS**

**DECEMBER 31, 2016**



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

## INDEPENDENT AUDITORS' REPORT

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

### *Management's Responsibility for the Financial Statements*

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

### *Auditors' Responsibility*

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

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

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

### *Opinion*

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



Good Sports, Inc.  
Page 2

*Emphasis of a Matter*

We also audited the prior period reclassifications described in Note 16 that were applied to restate the December 31, 2015 net assets. In our opinion, such adjustments are appropriate and have been properly applied.

*Moody, Famiglietti & Andronico, LLP*

Moody, Famiglietti & Andronico, LLP  
Tewksbury, Massachusetts  
August 16, 2017



December 31	2016
<b>Assets</b>	
Current Assets:	
Cash and Cash Equivalents	\$ 850,841
Investments	104,993
Contributions Receivable	224,913
Accounts Receivable	12,203
Inventories, Net	2,452,889
Prepaid Expenses and Other Current Assets	86,682
<b>Total Current Assets</b>	<b>3,732,521</b>
Property and Equipment, Net of Accumulated Depreciation	41,130
Security Deposits	8,854
<b>Total Assets</b>	<b>\$ 3,782,505</b>
<b>Liabilities and Net Assets</b>	
Current Liabilities:	
Line of Credit	\$ -
Accounts Payable	214,657
Accrued Expenses	66,551
Current Portion of Deferred Rent	4,774
<b>Total Current Liabilities</b>	<b>285,982</b>
Deferred Rent, Net of Current Portion	14,817
<b>Total Liabilities</b>	<b>300,799</b>
Net Assets:	
Unrestricted	551,633
Temporarily Restricted	2,930,073
<b>Total Net Assets</b>	<b>3,481,706</b>
<b>Total Liabilities and Net Assets</b>	<b>\$ 3,782,505</b>

For the Year Ended December 31

2016

	Unrestricted	Temporarily Restricted	Total
Revenue and Other Support:			
Donated Goods and Services	\$ 112,481	\$ 3,649,104	\$ 3,761,585
Corporate Contributions	115,510	1,518,998	1,634,508
Special Events, Net of Direct Benefit to Donor Costs of \$155,043	598,691	-	598,691
Foundation Contributions	40,007	499,164	539,171
Individual Contributions	324,025	-	324,025
Shipping and Handling Fees	208,347	-	208,347
Interest Income	1,934	-	1,934
Net Assets Released from Restrictions	4,764,337	(4,764,337)	-
<b>Total Revenue and Other Support</b>	<b>6,165,332</b>	<b>902,929</b>	<b>7,068,261</b>
Expenses:			
Program Services	4,966,045	-	4,966,045
General and Administrative	460,478	-	460,478
Fundraising	574,813	-	574,813
<b>Total Expenses</b>	<b>6,001,336</b>	<b>-</b>	<b>6,001,336</b>
Increase in Net Assets	163,996	902,929	1,066,925
Net Assets, Beginning of Year as Previously Stated	514,652	1,900,129	2,414,781
Net Effect of Prior Period Adjustments	(127,015)	127,015	-
Net Assets, Beginning of Year as Restated	387,637	2,027,144	2,414,781
Net Assets, End of Year	\$ 551,633	\$ 2,930,073	\$ 3,481,706

For the Year Ended December 31

2016

	Program Services	General and Administrative	Fundraising	Total
Distribution of Equipment	\$ 3,921,330	\$ -	\$ -	\$ 3,921,330
Salaries and Related Benefits and Taxes	570,190	268,913	329,131	1,168,234
Advertising and Marketing	77,177	117,010	28,685	222,872
Fundraising Events	-	-	149,311	149,311
Meetings and Travel	91,366	10,050	11,566	112,982
Warehouse Costs	81,154	55	-	81,209
Occupancy	37,290	16,399	20,043	73,732
Office Expenses	48,263	15,730	17,148	81,141
Professional Fees	36,960	14,357	17,560	68,877
Inventory Obsolescence	56,159	4,884	-	61,043
Partner Events	42,984	135	165	43,284
Depreciation	-	11,960	-	11,960
Insurance	2,271	985	1,204	4,460
Miscellaneous	901	-	-	901
Total Expenses	\$ 4,966,045	\$ 460,478	\$ 574,813	\$ 6,001,336

**For the Year Ended December 31****2016**

Cash Flows from Operating Activities:	
Increase in Net Assets	\$ 1,066,925
Adjustments to Reconcile Increase in Net Assets to Net Cash Provided by Operating Activities:	
Depreciation	11,960
Inventory Obsolescence	37,337
Donated Investments	(104,993)
Increase in Contributions Receivable	(85,024)
Increase in Accounts Receivable	(1,406)
Increase in Inventories	(945,309)
Increase in Prepaid Expenses and Other Current Assets	(689)
Increase in Accounts Payable	117,669
Increase in Accrued Expenses	(3,918)
<b>Net Cash Provided By Operating Activities</b>	<b>92,552</b>
 Net Cash Used in Investing Activities:	
Acquisition of Property and Equipment	(23,956)
 Net Increase in Cash and Cash Equivalents	<u>68,596</u>
 Cash and Cash Equivalents, Beginning of Year	<u>782,245</u>
 Cash and Cash Equivalents, End of Year	<u><u>\$ 850,841</u></u>

Supplemental Disclosure of Non-Cash Operating and Investing Activities:

During the year ended December 31, 2016, the Organization received donated inventories in the amount of \$3,629,604.

During the year ended December 31, 2016, the Organization received donated investments in the amount of \$104,993.

## 1. Organization and Summary of Significant Accounting Policies:

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

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

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

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

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

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

*Revenue Recognition:* Revenues are reported as increases in unrestricted net assets unless use of the related assets is limited by donor-imposed restrictions. Revenues related to special events are generally recorded when the event takes place.

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

Interest income is recorded when earned.

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

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

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

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

- Temporarily restricted net assets represent contributions and other inflows of assets whose use by the Organization is limited by donor-imposed stipulations that either expire by passage of time or can be fulfilled and removed by actions of the Organization pursuant to those stipulations, as well as growth earned on permanently restricted net assets restricted by law, if any.
- Permanently restricted net assets represent contributions and other inflows of assets whose use by the Organization is limited by donor-imposed stipulations that neither expire by passage of time nor can be fulfilled or otherwise removed by actions of the Organization. As of December 31, 2016, there were no permanently restricted net assets.

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

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

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

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

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

*Concentration of Credit Risk:* Financial instruments that potentially subject the Organization to concentration of credit risk consist primarily of cash, cash equivalents, investments, accounts receivable, and contributions receivable. The Organization maintains its cash, cash equivalents, and investments with high-credit quality financial institutions. Receivables are carried at the outstanding balance, less an estimate made for doubtful receivables. Management determines the allowance for doubtful accounts by identifying troubled accounts and contributions receivable balances and by using an assessment of the

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

donor credit worthiness. As of December 31, 2016, management has determined all accounts are collectible and an allowance for doubtful accounts is not necessary.

*Inventories:* Inventories are stated at the lower of cost or market. Cost is determined on the first-in, first-out (FIFO) method. Market is determined based on net realizable value. Donated inventories are stated at the lower of market value on the date of donation or date of the financial statements. Appropriate consideration is given to obsolescence, excessive levels, deterioration, and other factors in evaluating net realizable value.

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

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

*Definite-Lived Intangible Assets:* The Organization accounts for amortization of definite-lived intangible assets using the straight-line method over the related assets' estimated useful lives of three years.

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

*Advertising and Marketing:* The Organization expenses advertising and marketing costs as incurred. During the year ended December 31, 2016, the Organization incurred \$222,872 of costs related to advertising and marketing, which includes \$119,265 of donated marketing services.

*Income Taxes:* The Organization is a nonprofit corporation as described in Section 501(c)(3) of the Internal Revenue Code and is exempt from federal and state income taxes on trade or business profits

generated by activities related to the Organization's exempt function. The Organization may be subject to federal and state income taxes for profits generated from trade or business activities unrelated to the Organization's exempt function. As of December 31, 2016, management believes that the Organization has not generated any unrelated business taxable income.

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

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

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

*Subsequent Events:* Management has evaluated subsequent events spanning the period from December 31, 2016 through August 16, 2017, the date the financial statements were available to be issued.

## 2. Investments:

As of December 31, 2016, investments consists of common stock in the amount of \$104,993, which is valued using level 1 inputs. The common stock as of December 31, 2016 consists of stock in the consumer brands sector and was contributed to the Organization during December 2016. During January 2017, the Organization liquidated the common stock and converted it to cash equivalents.

**3. Contributions Receivable:**

Contributions receivable as of December 31, 2016 consisted of the following:

Receivable in Less than One Year	\$ 224,913
Receivable in One to Five Years	-
	<u>\$ 224,913</u>

**4. Conditional Contributions:**

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

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

**5. Inventories:**

As of December 31, 2016, inventories consists of the following:

Sports Equipment	\$ 2,626,989
Less: Reserve for Obsolescence	174,100
	<u>\$ 2,452,889</u>

**6. Property and Equipment:**

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

Computer and Equipment	\$ 85,283
Furniture, Fixtures, and Equipment	22,123
	<u>107,406</u>
Less: Accumulated Depreciation	66,276
	<u>\$ 41,130</u>

Depreciation expense for the year ended December 31, 2016 amounted to \$11,960.

**7. Intangible Asset:**

As of December 31, 2016, the intangible asset consists of a website that was donated to the Organization in 2012. The cost of this website was amortized using the straight-line method over three years. The cost of this website was fully amortized as of December 31, 2016.

**8. Line of Credit:**

The Organization is a party to a line of credit agreement with a bank for borrowing of up to \$250,000. Interest on the line of credit is calculated at the Prime Rate plus 1% (4.75% at December 31, 2016). The line of credit renews annually, is payable on demand, and is secured by all assets of the Organization. As of December 31, 2016, there were no outstanding borrowings under the line of credit.

**9. Temporarily Restricted Net Assets:**

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

Equipment to be Distributed Equipment Donation and Purchase Program	\$ 2,432,183
	<u>497,890</u>
	<u>\$ 2,930,073</u>



**10. Net Assets Released from Restrictions:**

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

Distributed Equipment	\$ 2,802,735
Equipment Donation and Purchase Program	<u>1,961,602</u>
	<u>\$ 4,764,337</u>

**11. Donated Goods and Services:**

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

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

Donated Sports Equipment	\$ 3,629,604
Donated Services	119,265
Vendor Credits	<u>12,716</u>
	<u>\$ 3,761,585</u>

As of December 31, 2016, the Organization has vendor credits redeemable in the amount of \$44,589, which is included in prepaid expenses and other current assets on the accompanying statement of financial position.

**12. Operating Leases:**

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

The Organization is also a party to a five-year lease agreement for warehouse space located in Norwood, Massachusetts expiring in April 2019. Under the terms of the lease agreement, the Organization is required to remit monthly rental payments in the amount of \$5,250, plus certain operating expenses.

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

<u>Year Ending</u> <u>December 31,</u>	
2017	\$ 112,445
2018	112,445
2019	80,945
2020	<u>32,963</u>
	<u>\$ 338,798</u>

**13. Retirement Plan**

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

**14. Concentrations:**

During the year ended December 31, 2016, the Organization received 56% of its total contributed equipment from three contributors and 43% of contributions from one donor. As of December 31, 2016, 42% of contributions receivable is due from one donor.

**15. Indemnifications:**

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

**16. Prior Period Adjustments:**

During the year ended December 31, 2016, the Organization became aware of certain adjustments to the Organization's statement of financial position as of December 31, 2015. These adjustments are attributable to errors made in the recording of temporarily restricted net assets as of December 31, 2015. The effects of these prior period adjustments on the Organization's statement of financial position as of December 31, 2015 are as follows:

	Unrestricted	Temporarily Restricted	Total
Net Assets as of December 31, 2015, as Previously Stated	\$ 514,652	\$ 1,900,129	\$ 2,414,781
Prior Period Adjustments:			
Change in:			
Net Assets Released from Restriction	(127,015)	127,015	-
Net Effect of Prior Period Adjustments	(127,015)	127,015	-
Net Assets as of December 31, 2015, as Restated	<u>\$ 387,637</u>	<u>\$ 2,027,144</u>	<u>\$ 2,414,781</u>

