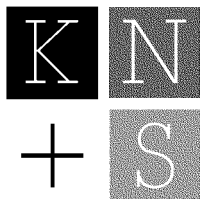


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GOVERNMENT COPY



# Katz, Nannis + Solomon, PC

Certified Public Accountants

NOVEMBER 10, 2015

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

DEAR MELISSA:

ENCLOSED ARE THE 2014 EXEMPT ORGANIZATION RETURNS, AS  
FOLLOWS...

2014 FORM 990

2014 ILLINOIS FORM AG990-IL

2014 MASSACHUSETTS FORM PC

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

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

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

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

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

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

SINCERELY,

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

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING  
DECEMBER 31, 2014

Prepared for	GOOD SPORTS, INC. 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169
Prepared by	KATZ, NANNIS + SOLOMON, P.C. 800 SOUTH STREET, SUITE 250 WALTHAM, MA 02453-1480
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US AS SOON AS POSSIBLE.

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2014, or fiscal year beginning \_\_\_\_\_, 2014, and ending \_\_\_\_\_, 20\_\_\_\_

**2014**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>5,369,758.</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, Part I, line 3c or Part II, line 8c) .....	<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 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

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

☒ I authorize KATZ, NANNIS + SOLOMON, P.C. to enter my PIN 75313  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2014 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 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

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

**Part III Certification and Authentication**

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

**04411580123**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 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**

**Caution:** Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

STATE COPY

# TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

FOR THE YEAR ENDING

DECEMBER 31, 2014

Prepared for	GOOD SPORTS, INC. 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169
Prepared by	KATZ, NANNIS + SOLOMON, P.C. 800 SOUTH STREET, SUITE 250 WALTHAM, MA 02453-1480
Mail tax return to	OFFICE OF THE ATTORNEY GENERAL CHARITABLE TRUST BUREAU 100 WEST RANDOLPH ST., 11TH FLOOR CHICAGO, IL 60601-3175
Return must be mailed on or before	PLEASE MAIL AS SOON AS POSSIBLE.
Special Instructions	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).  ENCLOSE A CHECK FOR \$15 MADE PAYABLE TO ILLINOIS CHARITY BUREAU FUND. INCLUDE THE ORGANIZATION'S ILLINOIS CHARITABLE ORGANIZATION NUMBER AND "2014 FORM AG990-IL" ON THE REMITTANCE.

## ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

PMT #	_____
AMT	_____
INIT	_____

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

CO # 01-66315347

Report for the Fiscal Period:

Beginning 01/01/2014

&amp; Ending 12/31/2014

MO DAY YR

Make Checks  
Payable to  
the Illinois  
Charity  
Bureau Fund



Check all items attached:

Copy of IRS Return

Audited Financial Statements

Copy of Form IFC

\$15.00 Annual Report Filing Fee

\$100.00 Late Report Filing Fee

MO DAY YR

Federal ID # 75-3138664

Are contributions to the organization tax deductible?



Yes



No

Date Organization was created:

09/05/2003

LEGAL NAME <b>GOOD SPORTS, INC.</b> MAIL ADDRESS <b>1515 HANCOCK STREET, SUITE 204</b> CITY, STATE <b>QUINCY, MA</b> ZIP CODE <b>02169</b>	Year-end amounts	
	A) ASSETS	A) \$ 4,287,668.
	B) LIABILITIES	B) \$ 183,781.
	C) NET ASSETS	C) \$ 4,103,887.
<b>I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:</b>	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	98.366%	D) \$ 5,440,236.
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	%	E) \$
F) OTHER REVENUES	1.634%	F) \$ 90,383.
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 5,530,619.
<b>II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:</b>		
H) OPERATING CHARITABLE PROGRAM EXPENSE	28.218%	H) \$ 1,043,289.
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	28.218%	J) \$ 1,043,289.
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):	\$	
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	58.446%	K) \$ 2,160,891.
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	86.665%	L) \$ 3,204,180.
M) MANAGEMENT AND GENERAL EXPENSE	5.770%	M) \$ 213,328.
N) FUNDRAISING EXPENSE	7.565%	N) \$ 279,707.
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	O) \$ 3,697,215.
<b>III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:</b> (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
<b>PROFESSIONAL FUNDRAISERS:</b>		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0.
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
<b>PROFESSIONAL FUNDRAISING CONSULTANTS:</b>		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ 0.
<b>IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:</b>		
T) NAME, TITLE: <b>MELISSA HARPER, CEO</b>		T) \$ 126,075.
U) NAME, TITLE: <b>CHRISTY PUGH KESWICK, COO</b>		U) \$ 105,625.
V) NAME, TITLE: <b>MORGAN PEACOCK COLEMAN, MRKTG DIR</b>		V) \$ 66,153.
<b>V. CHARITABLE PROGRAM DESCRIPTION:</b> CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES	List on back side of instructions CODE	
W) DESCRIPTION: <b>DONATE SPORTS EQUIPMENT TO UNDERPRIVLEDGE YOUTH</b>	W) #	040
X) DESCRIPTION:	X) #	
Y) DESCRIPTION:	Y) #	



IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT? .....	1.		X
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? .....	2.		X
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? .....	3.		X
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? .....	4.		X
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? .....	5.		X
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) .....	6.		X
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? .....	7.		X
7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ ..... ; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ ..... ; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ ..... ; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ .....			
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES? .....	8.		X
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? .....	9.		X
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? .....	10.		X
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:			
<b>BANK OF AMERICA, 60 STATE STREET, BOSTON, MA 02109</b>			
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <b>MELISSA HARPER - 617-471-1213</b>			

**ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS**

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

**BE SURE TO INCLUDE ALL FEES DUE:**

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

**MELISSA HARPER**

PRESIDENT or TRUSTEE (PRINT NAME)

**SIGNATURE**

**DATE**

TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

**JEFFREY D. SOLOMON, C.P.A.**

PREPARER (PRINT NAME)

**SIGNATURE**

DATE

11/10/15

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2014**Open to Public  
Inspection

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 2014 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>		
	City or town, state or province, country, and ZIP or foreign postal code <b>QUINCY, MA 02169</b>		<b>G</b> Gross receipts \$ <b>5,530,619.</b>
<b>F</b> Name and address of principal officer: <b>MELISSA HARPER</b> <b>1515 HANCOCK STREET, SUITE 301, QUINCY, MA</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number	
<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 <b>J</b> Website: <b>WWW.GOODSPORTS.ORG</b>			
<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>

**Part I Summary**

<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>19</b>		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>18</b>		
	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a) <b>17</b>		
	<b>6</b> Total number of volunteers (estimate if necessary) <b>90</b>		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>0.</b>		
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 <b>0.</b>			
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>3,368,456.</b>	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) <b>0.</b>	<b>3,368,456.</b>	<b>4,971,433.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>100.</b>	<b>0.</b>	<b>0.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>365,817.</b>	<b>100.</b>	<b>284.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>3,734,373.</b>	<b>365,817.</b>	<b>398,041.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>1,906,742.</b>	<b>3,734,373.</b>	<b>5,369,758.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b>	<b>1,906,742.</b>	<b>2,160,891.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>561,428.</b>	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b>	<b>561,428.</b>	<b>765,261.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>279,707.</b>	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>410,449.</b>	<b>410,449.</b>	<b>610,202.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>2,878,619.</b>	<b>2,878,619.</b>	<b>3,536,354.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>855,754.</b>	<b>855,754.</b>	<b>1,833,404.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <b>2,333,583.</b>	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26) <b>63,100.</b>	<b>2,333,583.</b>	<b>4,287,668.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>2,270,483.</b>	<b>63,100.</b>	<b>183,781.</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>		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	<b>JEFFREY D. SOLOMON, C.P.A.</b>	<b>JEFFREY D. SOLOMON,</b>	
	Firm's name <b>KATZ, NANNIS + SOLOMON, P.C.</b>	Firm's EIN <b>04-2887211</b>	Check if self-employed <input type="checkbox"/>
	Firm's address <b>800 SOUTH STREET, SUITE 250</b>	Phone no. <b>781-453-8700</b>	PTIN <b>P00039505</b>
	<b>WALTHAM, MA 02453-1480</b>		

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

432001 11-07-14

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2014)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

17241110 737065 11624000

2014.05000 GOOD SPORTS, INC.

11624001

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

**THE MISSION IS TO INCREASE YOUTH PARTICIPATION IN SPORTS, FITNESS, AND RECREATIONAL PROGRAMS BY TARGETING ONE OF THE MAJOR OBSTACLES LIMITING PARTICIPATION - ACCESS TO SPORTS EQUIPMENT. GOOD SPORTS DISTRIBUTES SPORTS EQUIPMENT, FOOTWEAR, AND APPAREL TO COMMUNITY ORGANIZATIONS**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ **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 ☒ **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 \$ **3,043,319.** including grants of \$ **2,160,891.** ) (Revenue \$ **90,099.** )  
**SINCE 2003, GOOD SPORTS HAS IMPACTED OVER 800,000 YOUNG PEOPLE THROUGH SPORTS EQUIPMENT DONATIONS. GOOD SPORTS HAS DONATED OVER \$9,000,000 WORTH OF EQUIPMENT TO OVER 1000 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 **3,043,319.**

**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>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>2</b> 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>	<b>3</b>	X
<b>4</b> <b>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>	<b>4</b>	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>	<b>5</b>	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>	<b>6</b>	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>	<b>7</b>	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>	<b>8</b>	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>	<b>9</b>	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>	<b>10</b>	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>	<b>11a</b> 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>	<b>11b</b>	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>	<b>11c</b>	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>	<b>11d</b>	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>	<b>11e</b>	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>	<b>11f</b> 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>	<b>12a</b> 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>	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	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>	<b>14b</b>	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>	<b>15</b>	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>	<b>16</b>	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>	<b>17</b>	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>	<b>18</b> 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>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<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> .....	<b>21</b> 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> .....	<b>22</b>	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> .....	<b>23</b>	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> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<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>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<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> .....	<b>25a</b>	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> .....	<b>25b</b>	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> .....	<b>26</b>	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> .....	<b>27</b>	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> .....	<b>28a</b>	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> .....	<b>28b</b>	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> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> 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> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	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> .....	<b>32</b>	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> .....	<b>33</b>	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> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	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>35b</b>	
<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> .....	<b>36</b>	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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b> X	

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b> 6		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	X	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 17		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>		

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**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 ..... <b>1a</b> 19 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent ..... <b>1b</b> 18		
<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? .....	<b>2</b>	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? .....	<b>3</b>	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	<b>4</b>	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....	<b>5</b>	X
<b>6</b> Did the organization have members or stockholders? .....	<b>6</b>	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? .....	<b>7a</b>	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? .....	<b>7b</b>	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? .....	<b>8a</b>	X
<b>b</b> Each committee with authority to act on behalf of the governing body? .....	<b>8b</b>	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 .....	<b>9</b>	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? .....	<b>10a</b>	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>10b</b>	
<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? .....	<b>11a</b>	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 .....	<b>12a</b>	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	<b>12b</b>	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 .....	<b>12c</b>	X
<b>13</b> Did the organization have a written whistleblower policy? .....	<b>13</b>	X
<b>14</b> Did the organization have a written document retention and destruction policy? .....	<b>14</b>	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 .....	<b>15a</b>	X
<b>b</b> Other officers or key employees of the organization .....	<b>15b</b>	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? .....	<b>16a</b>	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? .....	<b>16b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **MA, IL**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ 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: **MELISSA HARPER - 617-471-1213**  
**1515 HANCOCK ST., SUITE 301, QUINCY, MA 02169**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AMY LATIMER DIRECTOR	2.00	X						0.	0.	0.
(2) ANDREW LAURENCE DIRECTOR	2.00	X						0.	0.	0.
(3) BRYANT MCBRIDE DIRECTOR	2.00	X						0.	0.	0.
(4) DAVE BELYEA DIRECTOR	2.00	X						0.	0.	0.
(5) DAVID MISCHLER DIRECTOR	2.00	X						0.	0.	0.
(6) DAVID PACE DIRECTOR	2.00	X						0.	0.	0.
(7) EMILY MCCANN DIRECTOR	2.00	X						0.	0.	0.
(8) JIM CATUDAL DIRECTOR	2.00	X						0.	0.	0.
(9) JOEL HUGHES DIRECTOR	2.00	X						0.	0.	0.
(10) JOHN GATES DIRECTOR	2.00	X						0.	0.	0.
(11) JOHN WOLF DIRECTOR	2.00	X						0.	0.	0.
(12) KATHERINE POTTER DIRECTOR	2.00	X						0.	0.	0.
(13) KENT WELDON DIRECTOR	2.00	X						0.	0.	0.
(14) KIRSTEN HANO DIRECTOR	2.00	X						0.	0.	0.
(15) KYLE BETTY DIRECTOR	2.00	X						0.	0.	0.
(16) MATT CAMP DIRECTOR	2.00	X						0.	0.	0.
(17) MELISSA HARPER DIRECTOR	40.00	X		X				126,075.	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) MICHAEL WALL DIRECTOR	2.00	X						0.	0.	0.
(19) PETER LAWLER DIRECTOR	2.00	X						0.	0.	0.
(20) PETER STEVENS CHAIRMAN	2.00	X		X				0.	0.	0.
(21) TED MANLEY DIRECTOR	2.00	X						0.	0.	0.
(22) WILBUR SWAN DIRECTOR	2.00	X						0.	0.	0.
(23) WILLIAM MCMAHON DIRECTOR	2.00	X						0.	0.	0.
(24) CHRISTY KESWICK SECRETARY	40.00	X		X				110,625.	0.	0.
<b>1b Sub-total</b>								236,700.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								236,700.	0.	0.

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

	Yes	No
<b>3</b> 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
<b>4</b> 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
<b>5</b> 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		
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0	

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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>	110,621.				
	<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>	4,860,812.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		2,813,098.				
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2 a</b> .....						
	<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 .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			284.			284.
	<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 \$ 110,621. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	468,803.	307,942.			307,942.
	<b>b</b> Less: direct expenses .....	<b>b</b>	160,861.				
	<b>c</b> Net income or (loss) from fundraising events .....						
	<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 a</b> ADMIN FEE ON DONATED E .....		480000	90,099.	90,099.			
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....			90,099.				
<b>12 Total revenue.</b> See instructions. ....			5,369,758.	90,099.	0.	308,226.	

**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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,160,891.	2,160,891.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	231,700.	139,020.	50,974.	41,706.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	409,866.	263,357.	56,662.	89,847.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	70,530.	43,735.	12,052.	14,743.
<b>10</b> Payroll taxes	53,165.	33,344.	8,919.	10,902.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	48,735.	17,469.	20,879.	10,387.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	3,251.	2,016.	556.	679.
<b>12</b> Advertising and promotion	18,174.	9,197.	530.	8,447.
<b>13</b> Office expenses	31,549.	19,062.	6,036.	6,451.
<b>14</b> Information technology	7,036.	4,362.	1,204.	1,470.
<b>15</b> Royalties				
<b>16</b> Occupancy	69,021.	61,072.	3,577.	4,372.
<b>17</b> Travel	70,669.	59,953.	3,302.	7,414.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	187.		187.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	29,402.		29,402.	
<b>23</b> Insurance	4,404.	1,407.	2,523.	474.
<b>24</b> 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.)				
<b>a</b> POSTAGE AND DELIVERY	93,966.	88,539.	693.	4,734.
<b>b</b> SPECIAL EVENTS	89,064.	20,231.	277.	68,556.
<b>c</b> INVENTORY OBSOLESCENCE	67,645.	67,645.	0.	0.
<b>d</b> WAREHOUSE COSTS	40,007.	39,143.	389.	475.
<b>e</b> All other expenses	37,092.	12,876.	15,166.	9,050.
<b>25</b> Total functional expenses. Add lines 1 through 24e	3,536,354.	3,043,319.	213,328.	279,707.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	370,686.	<b>1</b>	759,938.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	18,255.	<b>3</b>	255,005.
	<b>4</b> Accounts receivable, net .....	8,789.	<b>4</b>	16,222.
	<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 .....	1,872,847.	<b>8</b>	3,203,109.
	<b>9</b> Prepaid expenses and deferred charges .....	6,542.	<b>9</b>	17,238.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 61,327.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 41,252.	<b>10c</b>	20,075.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<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 .....	27,497.	<b>15</b>	16,081.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	2,333,583.	<b>16</b>	4,287,668.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	63,100.	<b>17</b>	174,636.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	9,145.
	<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 .....		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	63,100.	<b>26</b>	183,781.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	281,199.	<b>27</b>	416,779.
	<b>28</b> Temporarily restricted net assets .....	1,989,284.	<b>28</b>	3,687,108.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>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> <b>Total net assets or fund balances</b> .....	2,270,483.	<b>33</b>	4,103,887.
	<b>34</b> <b>Total liabilities and net assets/fund balances</b> .....	2,333,583.	<b>34</b>	4,287,668.

Form 990 (2014)

**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>	5,369,758.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,536,354.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,833,404.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	2,270,483.
<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>	4,103,887.

**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 _____		

Form 990 (2014)

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

GOOD SPORTS, INC.

Employer identification number

75-3138664

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

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

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

f Enter the number of supported organizations \_\_\_\_\_

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1,546,168.	805,475.	2,411,475.	3,392,797.	4,860,440.	13,016,355.
<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 .....	1,546,168.	805,475.	2,411,475.	3,392,797.	4,860,440.	13,016,355.
<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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						13,016,355.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 .....	1,546,168.	805,475.	2,411,475.	3,392,797.	4,860,440.	13,016,355.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	392.	311.	220.	100.	284.	1,307.
<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.) .....	130,310.	197,382.	222,669.	365,817.	419,736.	1,335,914.
<b>11 Total support.</b> Add lines 7 through 10						14,353,576.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<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 2014 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	90.68 %
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 .....	<b>15</b>	89.88 %
<b>16a 33 1/3% support test - 2014.</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 - 2013.</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 - 2014.</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 - 2013.</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"/>

Schedule A (Form 990 or 990-EZ) 2014

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 2014 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2014.** 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 - 2013.** 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 on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<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)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<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)? If "Yes," explain in <b>Part VI</b> 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.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).		
<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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).		
<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))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**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>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**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? If "No," describe in <b>Part VI</b> 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.		
<b>1</b>		
<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? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**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)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**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 (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<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? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
<b>2a</b>		
<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? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<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? Provide details in <b>Part VI</b> .		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		

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

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

Schedule A (Form 990 or 990-EZ) 2014

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

<b>Section D - Distributions</b>			<b>Current Year</b>
<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</b>	<b>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 2014 from Section C, line 6		
<b>10</b>	Line 8 amount divided by Line 9 amount		

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2014</b>	<b>(iii) Distributable Amount for 2014</b>
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> From 2013			
<b>f</b> <b>Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2014 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7</b> <b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> Excess from 2013			
<b>e</b> Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

## Part VI

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2014**

**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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate 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" to Form 990, Part IV, line 7.

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, 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" to 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 in Form 990, Part VIII, line 1 .....

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

2 If the organization received or held works of art, historical 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 in 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 **d** ☐ Loan or exchange programs  
**b** ☐ Scholarly research **e** ☐ Other \_\_\_\_\_  
**c** ☐ Preservation for future generations

**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" to 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
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**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 in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> 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 in lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations ☐  
(ii) related organizations ☐

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐

	Yes	No
<b>3a(i)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3a(ii)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3b</b>	<input type="checkbox"/>	<input type="checkbox"/>

**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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		61,327.	41,252.	20,075.
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				20,075.

Schedule D (Form 990) 2014

**Part VII Investments - Other Securities.**

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

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

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

Schedule D (Form 990) 2014



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

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

1	Total revenue, gains, and other support per audited financial statements	1	5,556,427.
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	25,808.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	160,861.
e	Add lines 2a through 2d	2e	186,669.
3	Subtract line 2e from line 1	3	5,369,758.
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	5,369,758.

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

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

1	Total expenses and losses per audited financial statements	1	3,723,023.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	25,808.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	160,861.
e	Add lines 2a through 2d	2e	186,669.
3	Subtract line 2e from line 1	3	3,536,354.
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	3,536,354.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

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

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

**Part XIII** Supplemental Information (continued)

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

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES REPORTED IN FORM 990, PART VIII, LINE

8B 160,861.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES REPORTED IN FORM 990, PART VIII, LINE

8B 160,861.

## SCHEDULE D PART X LINE 2

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

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

**Part XIII** Supplemental Information (continued)

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

Department of the Treasury  
Internal Revenue Service

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

**▶ Attach to Form 990 or Form 990-EZ.**

► 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

# 2014

**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" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- a** ☐ Mail solicitations  
**b** ☐ Internet and email solicitations  
**c** ☐ Phone solicitations  
**d** ☐ In-person solicitations  
**e** ☐ Solicitation of non-government grants  
**f** ☐ Solicitation of government grants  
**g** ☐ Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(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.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to 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>BOSTON LEGENDS</b>	(b) Event #2 <b>CHICAGO LEGENDS</b>	(c) Other events <b>4</b>	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	377,293.	135,922.	66,209.	579,424.
	<b>2</b> Less: Contributions .....	69,353.	40,600.	668.	110,621.
	<b>3</b> Gross income (line 1 minus line 2) .....	307,940.	95,322.	65,541.	468,803.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	12,704.	16,862.	12,500.	42,066.
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	57,705.	26,899.	34,191.	118,795.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				160,861.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				307,942.

**Part III Gaming.** Complete if the organization answered "Yes" to 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:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 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).

<b>Part IV</b>	<b>Supplemental Information</b> <i>(continued)</i>
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[illegible]

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2014**

**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" to 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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AFTER-SCHOOL ALL-STARS ATLANTA ONE PARK PLACE, SUITE 1042 ATLANTA, GA 30302	58-6033185		0.	6,697.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
AMERICA SCORES CHICAGO 600 W. CERMAK RD. CHICAGO, IL 60616	36-4386992		0.	6,200.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
APPLAUSE ACCESS TO DREAM 8181 GREENFIELD DETROIT, MI 48214	80-0672258		0.	23,489.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
ARCHIMEDES/MALESKA CAMPUS 456 WHITE PLAINS ROAD BRONX, NY 10473	69-0210637		0.	15,577.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
AUTOMOTIVE HIGH SCHOOL 150 CROWN ST. BROOKLYN, NY 11225	69-0210637		0.	19,797.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BLYTHEWOOD YOUTH FOOTBALL & CHEER PO BOX 291746 COLUMBIA, SC 29229	465548187		0.	6,014.	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 ..... **46.**

**3** Enter total number of other organizations listed in the line 1 table ..... **43.**

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

**Schedule I (Form 990) (2014)**



**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
BOOKER T. WASHINGTON HIGH SCHOOL 45 WHITEHOUSE DR ATLANTA, GA 30314	59-3487532		0.	5,385.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOSTON BIKES 12 CHANNEL STREET BOSTON, MA 02210	046-001-380		0.	7,998.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOSTON RBI PROGRAM 17831 MURDOCK CIRCLE UNIT B PORT CHARLOTTE, FL 33948	33-1007984		0.	5,149.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS & GIRLS CLUB OF CHARLOTTE COUNTY - 21450 GIBRALTER DRIVE - PORT CHARLOTTE, FL 33952	65-0725247		0.	8,934.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS & GIRLS CLUB OF DENISON 2100 S. MIRICK DENISON, TX 75020	75-6056229		0.	5,915.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS & GIRLS CLUBS OF METROPOLITAN BALTIMORE - 11 W. MOUNT VERNON PLACE - BALTIMORE, MD 21201	26-4371125		0.	12,348.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BULLDOGS 8228 S. WOOD STREET CHICAGO, IL 60620			0.	7,789.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BUTLER COLLEGE PREP 821 E. 103RD ST CHICAGO, IL 60628	36-3559941		0.	5,288.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CALUMET MEMORIAL PARK DISTRICT 612 WENTORTH AVE CALUMET CITY, IL 60409			0.	7,729.	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
CHARLESTOWN HIGH SCHOOL FOOTBALL 250 MEDFORD ST. CHARLESTOWN, MA 02169			0.	18,491.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CHICAGO PUBLIC SCHOOLS 42 W. MADISON ST. CHICAGO, IL 60602	36-6005821		0.	5,749.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CITIES UNITED BASEBALL AND SOFTBALL - 25565 MASCH - WARREN, MI 48091	46-3664799		0.	13,335.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CITY OF SAN CLEMENTE RECREATION DIVISION - 987 AVENIDA VISTA HERMOSA - SAN CLEMENTE, CA 92673	95-6000775		0.	7,220.	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.	22,618.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CRENSHAW COUGARS YOUTH FOOTBALL 10424 S. WILTON PL LOS ANGELES, CA 90047	95-4586546		0.	5,582.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
DOWNRIVER STEELERS YOUTH SPORTS ORGANIZATION - 16178 KARIN - TAYLOR, MI 48180	45-4796157		0.	10,003.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
DURHAM TRIPLE PLAY LEAGUES, INC. 2620 DEMILLE STREET DURHAM, NC 27704	46-1448762		0.	6,043.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
EAST HARTFORD HORNETS YOUTH FOOTBALL & CHEER - 79 MOHAWK DR - EAST HARTFORD, CT 06108	46-2297298		0.	6,502.	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
EASTSIDE HAWKEYES YOUTH FOOTBALL 18438 SANTA ROSA DR DETROIT, MI 48221			0.	17,123.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
FAIRHILL OWLS YOUTH ASSOCIATION 5953 BELDEN STREET PHILADELPHIA, PA 19149	46-4905878		0.	11,753.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
FULLERTON JUNIOR ALL AMERICAN 1546 CAMDEN PLACE FULLERTON, CA 92833	27-1205735		0.	10,040.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
FULLERTON JUNIOR ALL AMERICAN 1546 CAMDEN PLACE FULLERTON, CA 92833	27-1205735		0.	9,280.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
FUTURE ENTREPRENEURS OF AMERICA 11841 S LOWE CHICAGO, IL 60628	30-0440907		0.	7,192.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
GARFIELD PARK LITTLE LEAGUE 1212 N. MASON CHICAGO, IL 60651	45-1064341		0.	26,185.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
GIFT OF A HELPING HAND CHARITABLE TR - 11101 MORANG DRIVE - DETROIT, MI 48224	38-3640111		0.	14,254.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
GLENARDEN BOYS AND GIRLS CLUB 8600 GLENARDEN PARKWAY GLENARDEN, MD 20774	52-1731475		0.	11,147.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
GOLDEN ELKS POP WARNER FOOTBALL 26 CROWN CIRCLE LAKEWOOD, NJ 08701			0.	7,526.	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
GRAND CONCOURSE COMMUNITY LITTLE LEAGUE - 3227 KINGSBRIDGE AVE - BRONX, NY 10463			0.	5,975.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
GROVE PARK INTERMEDIATE SCHOOL 20 EVELYN WAY ATLANTA, GA 30318	58-6000134		0.	7,305.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
HARTFORD HURRICANES 47 HILLSIDE STREET MANCHESTER, CT 06042	84-1701209		0.	10,626.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
HEALTHWORKS COMMUNITY FITNESS 450 WASHINGTON ST DORCHESTER, MA 02124	04-3431534		0.	5,624.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
HIGGINS COMMUNITY ACADEMY 11710 SOUTH MORGAN STREET CHICAGO, IL 60643			0.	6,413.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
HILLSIDE HURRICANES 1214 N 13TH AVE MELROSE PARK, ONTARIO, CANADA 60160	46-4552002		0.	13,868.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
INGENIUM CHARTER SCHOOL 22250 ELKWOOD STREET CANOGA PARK, CA 91304	11-3794105		0.	10,989.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
J TECH INSTITUTE DBA SOUTHERN CALIFORNIA FALCONS - 154 E. 91ST STREET - LOS ANGELES, CA 90003	77-0596900		0.	8,150.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
JEFFERSON COUNTY MIDDLE HIGH SCHOOL - 50 DAVID RD - MONTICELLO, FL 32344	32-0074462		0.	7,037.	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
JERSEY CITY RBI 216 CENTRAL AVENUE JERSEY CITY, NJ 07307	26-3321391		0.	18,340.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
JOHN DEWEY HIGH SCHOOL 50 AVE X BROOKLYN, NY 11223	69-0210637		0.	5,240.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
L.E.A.D., INC. 265 OAK GROVE WAY ACWORTH, GA 30102	06-1820196		0.	5,400.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
LAKELAND DESTROYERS 3509 LORI LANE NORTH LAKELAND, FL 33801	46-5299728		0.	6,460.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
LANDMARK'S BLACK AND BLUE ANGELS INC - 1002 NAVY BLVD - PENSACOLA, FL 32507	450696615		0.	5,136.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
MARTIN LUTHER KING HIGH SCHOOL (NY) - 122 AMSTERDAM AVENUE - NEW YORK, NY 10023			0.	7,476.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
METROPOLITAN JUNIOR BASEBALL 908 N. CONCORD AVE RICHMOND, VA 23227	52-1219409		0.	21,365.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
MISSION HILL FENWAY BUCCANEERS P O BOX 220210 DORCHESTER, MA 02122	46-5217305		0.	11,188.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
MONROE CO HIGH SCHOOL 212 TIGER DRIVE MONROEVILLE, AL 36460	636000995		0.	8,804.	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
MTS TERPS YOUTH FOOTBALL & CHEER 5828 PIMLICO ROAD BALTIMORE, MD 21209	45-4629712		0.	6,024.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
MUKILTEO KNIGHTS FOOTBALL AND CHEER - 1809 19TH DR - MUKILTEO, WA 98275	46-5583932		0.	5,880.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
NEW BEDFORD BEARS 33 RANDALL ST ACUSHNET, MA 02743	90-0732020		0.	27,036.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
NEW BEDFORD WHALERS YOUTH FOOTBALL 29 GOLDMAN AVE NORTH DARTMOUTH, MA 02747			0.	12,730.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
NORRISTOWN YOUTH EAGLES, INC. 104 ARROWHEAD CIR LANSDALE, PA 19446	90-0991979		0.	29,099.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
NORTH VALLEY MILITARY INSTITUTE 16651 A RINALDI STREET GRANADA HILLS, CA 91344	48-1276226		0.	5,534.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
NORTH YONKERS KNIGHTS INC. 223 RIDGE AVENUE YONKERS, NY 10703	45-2700998		0.	5,715.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
OMEGA FOUNDATION OF HARTFORD 140 KINGSWOOD DRIVE AVON,, CT 06001	45-3908154		0.	7,391.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
PASSAIC COACHES ASSOCIATION 196 JEFFERSON ST PASSAIC, NJ 07055			0.	9,013.	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
PAWTUCKET JR TIGERS 28 FOSTER ST PAWTUCKET, RI 02861	46-5241685		0.	8,112.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
PAWTUCKETVILLE YOUTH ORG 255 FOURTH AVE LOWELL, MA 01854	043-167710		0.	8,152.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
PROVISO EAST HIGH SCHOOL 807 S. FIRST AVE. MAYWOOD, IL 60153			0.	10,219.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SHELBY METRO YOUTH SPORTS 3081 SUMMER AVE MEMPHIS, TN 38112			0.	6,900.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SMYRNA CLAYTON LITTLE LASS 189 RIDING PATH DRIVE CLAYTON, DE 19938	522081997		0.	7,063.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SOMERVILLE POP WARNER 66 SYCAMORE STREET SOMERVILLE, MA 02145	27-2790864		0.	5,509.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SOUTH MIAMI YOUTH BASEBALL 6368 SW 31 ST MIAMI, FL 33155	23-7126774		0.	5,715.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SOUTHSIDE LITTLE COWBOYS AYL 313 E WHITE SAN ANTONIO, TX 78214	46-5325691		0.	8,504.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SOUTHWEST YOUTH SPORTS, INC PO BOX 161133 LOUISVILLE, KY 40256	271795184		0.	6,204.	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
SWITZERLAND COUNTY SCHOOL CORPORATION - 1004 W. MAIN STREET - VEVA, IN 47043			0.	8,589.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
TAMPA PARKS AND RECREATION DEPARTMENT - 3402 W. COLUMBUS DR. - TAMPA, FL 33607			0.	25,717.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
TEAM ENGLEWOOD COMMUNITY ACADEMY 6201 SOUTH STEWART CHICAGO, IL 60621			0.	8,753.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
TENNESSEE HIGH SCHOOL BASEBALL BOOSTERS - 571 BUNKER HILL ROAD - BLUFF CITY, TN 37618	62-1515414		0.	7,875.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
THE COACH JOHNSON FOUNDATION 13335 PULLMAN SOUTHGATE, MI 48195	47-3551409		0.	18,790.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
THE COBRA FOUNDATION 12 CREEKSIDE WAY NEWNAN, GA 30265	20-8441552		0.	5,285.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
THE GARDEN CITY WARRIORS 10924 GRANT RD. #439 HOUSTON, TX 77070	80-0534079		0.	12,548.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
TOMORROWS YOUTH FOUNDATION, INC 403 HOXIE AVE CALUMET CITY, IL 60409	26-2053685		0.	11,517.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
TOWNSEND HARRIS HS AT QUEENS COLLEGE - 149-11 MELBOURNE AVE. - FLUSHING, NY 11367	11-2593334		0.	6,574.	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
TRACK AND FIELD TEAM 144 MCBRIDE ST. JAMAICA PLAIN, MA 02130			0.	12,500.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
VALLEY HIGH SCHOOL 6300 EHRHARDT AVENUE SACRAMENTO, CA 95823	94-6002501		0.	6,614.	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.	7,803.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
WORCESTER TECH HIGH SCHOOL 1 SKYLINE DRIVE WORCESTER, MA 01605			0.	6,389.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
WORLD LITERACY CRUSADE OF FL, INC./GP - 6015 NW 7 AVENUE - MIAMI, FL 33127	65-0737649		0.	5,180.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
YOUNG ACHIEVERS SCIENCE AND MATH PILOT SCHOOL/FRIENDS OF YOUNG ACHIEVERS - 20 OUTLOOK ROAD - MATTAPAN, MA 06277	04-3481908		0.	7,818.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
ZUNI YOUTH ENRICHMENT PROJECT PO BOX 683 ZUNI, NM 87327	26-3259987		0.	5,200.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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

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

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

PART I, LINE 2:

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

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2014**

Open To Public  
Inspection

- ▶ 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 ▶ ( GIFTS IN KIND )	X	17	2,785,848.	FAIR MARKET VALUE
26 Other ▶ ( IN KIND DONAT )	X	1	110,622.	FAIR MARKET VALUE
27 Other ▶ ( GIFTS IN KIND )	X	1	15,950.	FAIR MARKET VALUE
28 Other ▶ ( GIFTS IN KIND )	X	1	11,300.	FAIR MARKET VALUE

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) (2014)

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

**SCHEDULE M, PART I, COLUMN (B):**

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

**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

**2014**

Open to Public  
Inspection

Name of the organization

GOOD SPORTS, INC.

Employer identification number  
75-3138664

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

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

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

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

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

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

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

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

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

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

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

Schedule O (Form 990 or 990-EZ) (2014)

432211  
08-27-14

Name of the organization

GOOD SPORTS, INC.

Employer identification number

75-3138664

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

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENT AND FINANCIAL STATEMENTS  
AVAILABLE ON OUR WEBSITE AS WELL AS UPON REQUEST. IN ADDITION, THE FORM  
990 IS AVAILABLE VIA THE MA ATTORNEY GENERAL'S WEBSITE AND GUIDESTAR.

**Good Sports, Inc.**

*Financial Statements*

*Years Ended December 31, 2014 and 2013*

**Good Sports, Inc.**  
***Financial Statements***  
***Years Ended December 31, 2014 and 2013***  
***Contents***

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**Katz, Nannis + Solomon, PC**  
Certified Public Accountants

## **Independent Auditors' Report**

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

We have audited the accompanying financial statements of Good Sports, Inc. (a nonprofit organization) (the "Organization"), which comprise the statements of financial position as of December 31, 2014 and 2013, the related statement of activities and changes in net assets and statement of functional expenses for the year ended December 31, 2014 with comparative totals for 2013 and statements of cash flows for the years ended December 31, 2014 and 2013, and the related notes to the financial statements.

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

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

### ***Auditors' Responsibility***

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the 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 auditor's 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, 2014 and 2013, and changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

*Katz, Harris + Solomon, P.C.*

Waltham, Massachusetts  
September 16, 2015

	2014	2013
<b>Assets</b>		
<b>Current Assets</b>		
Cash and cash equivalents	\$ 759,938	\$ 370,686
Contributions and pledges receivable	89,005	16,755
Accounts receivable	16,222	8,789
Grants receivable	166,000	1,500
Inventory, net of allowance for obsolescence: 2014 - \$172,563; 2013 - \$103,938	3,203,109	1,872,847
Prepaid expenses	17,238	6,542
<b>Total Current Assets</b>	<b>4,251,512</b>	<b>2,277,119</b>
<b>Equipment and Improvements</b>		
Computer equipment	61,327	53,892
Leasehold improvements	-	10,155
Total	61,327	64,047
Accumulated depreciation	(41,252)	(35,080)
<b>Net Equipment and Improvements</b>	<b>20,075</b>	<b>28,967</b>
<b>Other Assets</b>		
Deposits	10,525	5,275
Intangible assets, net of accumulated amortization: 2014 - \$44,444; 2013 - \$27,778	5,556	22,222
<b>Total Other Assets</b>	<b>16,081</b>	<b>27,497</b>
<b>Total Assets</b>	<b>\$ 4,287,668</b>	<b>\$ 2,333,583</b>

**Good Sports, Inc.**  
**Statements of Financial Position**  
**December 31,**

	2014	2013
<b>Liabilities and Net Assets</b>		
<b>Current Liabilities</b>		
Accounts payable	\$ 122,706	\$ 13,356
Payroll withholdings	14,785	1,580
Accrued expenses	37,145	48,164
<b>Total Current Liabilities</b>	174,636	63,100
<b>Commitments and Contingencies (Note E)</b>	-	-
<b>Long-Term Liabilities</b>		
Deferred rent	9,145	-
<b>Total Liabilities</b>	183,781	63,100
<b>Net Assets</b>		
Unrestricted	416,779	281,199
Temporarily restricted	3,687,108	1,989,284
<b>Total Net Assets</b>	4,103,887	2,270,483
<b>Total Liabilities and Net Assets</b>	\$ 4,287,668	\$ 2,333,583

*See accompanying notes.*

**Good Sports, Inc.**  
**Statement of Activities and Changes in Net Assets**  
**Year Ended December 31, 2014**  
**(With Comparative Totals for 2013)**

	2014			2013	
	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Total</u>	<u>Total</u>	
<b>Support</b>					
Contributions	\$ 72,974	\$ 13,050	\$ 86,024	\$ 90,621	
Corporate grants	25,564	1,233,484	1,259,048	224,111	
Foundation grants	122,699	579,942	702,641	691,301	
Contributed goods and services	5,600	2,833,306	2,838,906	2,256,479	
Special events	579,425	-	579,425	517,940	
Interest and dividend income	284	-	284	100	
Other income	90,099	-	90,099	83,601	
Net assets released from restrictions	2,961,958	(2,961,958)	-	-	
<b>Total Support</b>	3,858,603	1,697,824	5,556,427	3,864,153	
<b>Expenses</b>					
Program services	2,975,674	-	2,975,674	2,324,140	
Inventory obsolescence, net	67,645	-	67,645	5,617	
General and administrative	239,136	-	239,136	232,426	
Fundraising	440,568	-	440,568	446,216	
<b>Total Expenses</b>	3,723,023	-	3,723,023	3,008,399	
<b>Change in Net Assets</b>	135,580	1,697,824	1,833,404	855,754	
Net assets, beginning of year	281,199	1,989,284	2,270,483	1,414,729	
<b>Net Assets, End of Year</b>	\$ 416,779	\$ 3,687,108	\$ 4,103,887	\$ 2,270,483	

*See accompanying notes.*

**Good Sports, Inc.**  
**Statement of Functional Expenses**  
**Year Ended December 31, 2014**  
**(With Comparative Totals for 2013)**

	2014					2013	
	<u>Program Services</u>	<u>Inventory Obsolescence</u>	<u>General and Administrative</u>	<u>Fundraising</u>	<u>Total</u>	<u>Total</u>	
Salaries and related taxes	\$ 435,721	\$ -	\$ 116,555	\$ 142,455	\$ 694,731	\$ 513,258	
Bad debt expense	-	-	-	-	-	1,425	
Computer services	4,362	-	1,204	1,470	7,036	2,867	
Depreciation and amortization	-	-	29,402	-	29,402	28,585	
Distribution of equipment	2,160,891	-	-	-	2,160,891	1,908,795	
Employee benefits	43,735	-	12,052	14,743	70,530	48,170	
Insurance	1,407	-	2,523	474	4,404	2,847	
Interest expense	-	-	187	-	187	611	
Inventory obsolescence	-	67,645	-	-	67,645	5,617	
Loss on disposal of asset	-	-	3,591	-	3,591	-	
Marketing	9,197	-	530	8,447	18,174	18,288	
Membership dues	1,591	-	439	537	2,567	1,975	
Merchant account fees	229	-	989	2,938	4,156	1,375	
Office expenses	12,652	-	4,370	4,414	21,436	11,461	
Payroll expense	2,016	-	556	679	3,251	3,361	
Postage and delivery	88,539	-	693	4,734	93,966	62,610	
Professional fees	17,469	-	46,687	10,387	74,543	53,691	
Rent	61,072	-	3,577	4,372	69,021	58,426	
Sales tax	3,856	-	-	-	3,856	1,488	
Special events	20,231	-	277	229,417	249,925	239,978	
Supplies	7,200	-	10,147	5,575	22,922	4,900	
Telephone	6,410	-	1,666	2,037	10,113	7,520	
Travel	59,953	-	3,302	7,414	70,669	28,314	
Warehouse Costs	39,143	-	389	475	40,007	2,837	
<b>Total Expenses</b>	<b>\$ 2,975,674</b>	<b>\$ 67,645</b>	<b>\$ 239,136</b>	<b>\$ 440,568</b>	<b>\$ 3,723,023</b>	<b>\$ 3,008,399</b>	

*See accompanying notes.*

**Good Sports, Inc.**  
**Statements of Cash Flow**  
**Years Ended December 31,**

	2014	2013
<b>Operating Activities</b>		
Change in net assets	\$ 1,833,404	\$ 855,754
Adjustments to reconcile change in net assets to net cash operating activities:		
Depreciation and amortization	29,402	28,585
Reserve for inventory obsolescence	67,645	5,617
Contributed goods, net	(1,397,907)	(847,434)
Loss on disposal of asset	3,591	-
Increase (decrease) in cash from:		
Contributions and pledges receivable	(72,250)	3,175
Accounts receivable	(7,433)	(5,440)
Grants receivable	(164,500)	71,893
Prepaid expenses	(10,696)	(1,612)
Deposits	(5,250)	(2,250)
Accounts payable	109,350	(27,582)
Payroll withholdings	13,205	(2,641)
Accrued expenses	(11,019)	(85)
Deferred rent	9,145	-
<b>Net Cash Operating Activities</b>	<b>396,687</b>	<b>77,980</b>
<b>Investing Activities</b>		
Acquisition of computer equipment	(7,435)	(1,363)
<b>Net Change in Cash and Cash Equivalents</b>	<b>389,252</b>	<b>76,617</b>
Cash and cash equivalents, beginning of year	370,686	294,069
<b>Cash and Cash Equivalents, End of Year</b>	<b>\$ 759,938</b>	<b>\$ 370,686</b>

*See accompanying notes.*

**A. Description of Organization**

Good Sports, Inc. (a nonprofit “Organization”) was incorporated in November 2003 with a 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 youths helping to lay the foundation for healthy, active lifestyles. The Organization partners with sporting goods manufacturers to ensure that disadvantaged youths are getting the equipment they need to participate.

**B. Summary of Significant Accounting Policies**

1. Basis of presentation - Financial statement presentation follows accounting principles generally accepted in the United States of America (GAAP). Under GAAP, the Organization is required to report 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.
2. Use of estimates - The preparation of financial statements in conformity with GAAP requires the use of estimates and assumptions regarding certain types of assets, liabilities, revenues and expenses. Such estimates relate primarily to unsettled transactions and events as of the date of the financial statements. Accordingly, upon settlement, actual results may differ from estimated amounts.
3. Cash and cash equivalents - For purposes of financial statement presentation, cash and cash equivalents consist of cash on deposit, certificates of deposit, money market accounts, and Treasury Bills that are readily convertible to cash and have an original maturity of three months or less. Certificates of deposit and Treasury Bills with an original maturity greater than three months, but less than one year, are classified as short-term investments.
4. Contributions, pledges, grants and accounts receivable - The Organization carries its receivables at cost less an allowance for doubtful accounts. On a periodic basis, the Organization evaluates its receivables and establishes an allowance for doubtful accounts, based on a history of past write-offs and collections and current credit conditions. All receivables are due in less than one year.
5. Inventory - Inventory consists of sports equipment and goods and is stated at the lower of cost or market, for purchased inventory, on a first-in, first-out basis. Donated inventory is stated at the lower of market value on the date of donation or date of financial statements. Consideration is given to obsolescence, excessive levels and other factors in evaluating net realizable value. Contributed inventory is recorded at fair value on the date of receipt.



**B. Summary of Significant Accounting Policies (continued)**

6. Equipment, improvements and depreciation - Computer equipment is carried at cost if purchased, or fair value if contributed. The Organization capitalizes assets over \$1,000 that have an estimated useful life of more than one year. Depreciation is calculated using the straight-line method over the estimated useful lives of the assets, which is five years. Depreciation for the years ended December 31, 2014 and 2013 was \$12,736 and \$11,918, respectively.
7. Intangibles - Intangibles consist of a website that was donated to the Organization in 2012. The cost of this website is being amortized using the straight-line method over 3 years. Total amortization expense for the years ended December 31, 2014 and 2013 was \$16,666 and \$16,667, respectively.
8. Fair value of financial instruments - The Organization's financial instruments are cash and cash equivalents, accounts receivable, marketable securities and accounts payable. The recorded values of these financial instruments, except for marketable securities, approximate their fair values based on their short-term nature. The fair value of marketable securities is based on quoted market prices. Marketable securities, consisting of shares of common stock of one company, are classified as "available for sale" and are carried in the financial statements at fair value in accordance with GAAP. Unrealized holding gains and losses are included in the Organization's earnings.
9. Contributions - Unconditional contributions received are recorded as unrestricted, temporarily restricted or permanently restricted support depending on the existence and nature of any donor imposed restrictions when received. Temporarily restricted contributions are reclassified to unrestricted net assets upon expiration of the donor imposed restrictions. Conditional promises to give are not recorded as support until the conditions are substantially met.
10. Contributed goods and services - The Organization records contributed goods and services at their estimated fair value on the date of receipt. During the years ended December 31, 2014 and 2013, the Organization received contributed sports equipment valued at \$2,785,848 and \$2,188,888, respectively and contributed services valued at \$37,108 and \$44,041, respectively. Additionally the organization received \$15,590 and \$23,550 worth of credits from vendors for the years ended December 31, 2014 and 2013, respectively. Contributed sports equipment is recorded as inventory and is expensed when distributed.
11. Functional expenses - The costs of providing the Organization's various programs and other activities have been summarized on a functional basis. Accordingly, certain costs have been allocated among the programs using various allocation methods.
12. Marketing costs - The Organization expenses marketing costs when incurred. During the years ended December 31, 2014 and 2013, marketing costs were \$18,174 and \$18,288, respectively.

**B. Summary of Significant Accounting Policies (continued)**

13. Income taxes - The Organization is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. The Organization is also exempt from state income taxes under various state laws. Accordingly, no provision for federal or state income taxes has been provided for the accompanying financial statements. Contributions to the Organization are tax deductible.

In accordance with GAAP, the Organization identifies, recognizes, measures and discloses in its financial statements the effects of any uncertain tax reporting positions it has taken or expects to take. The Organization recognizes an unrecognized tax benefit when, despite the Organization's belief that its tax return positions are supportable, it is possible that certain positions may not be fully sustained upon review by tax authorities. To the extent that the final tax outcome of these matters is different than the amounts recorded, such differences impact income tax expense in the period in which such determination is made. Interest and penalties, if any, related to accrued liabilities for potential tax assessments are included in income tax expense. Management has analyzed the Organization's tax positions taken for all open tax years (2011-2014), and has concluded that no provision for unrecognized tax benefits from uncertain tax positions is required in the Organization's financial statements.

14. Prior year information - The financial statements include certain prior year summarized comparative totals in the statements of activities and functional expenses. Such information does not include sufficient detail to constitute a presentation in conformity with GAAP. Accordingly, such information should be read in conjunction with the Organization's financial statements for the year ended December 31, 2013, from which the summarized totals were derived.
15. Subsequent events - The Company has evaluated all subsequent events through September 16, 2015, the date the financial statements were available to be issued.

**C. Line of Credit, Bank**

In February 2014, the Organization entered into a line of credit with a bank for borrowings up to \$250,000 and is payable on demand. The interest rate on the line of credit is floating at Prime plus 1%. The line of credit renews annually. At December 31, 2014 there were no outstanding borrowings on the line of credit.

**D. Temporarily Restricted Net Assets**

Temporarily restricted net assets consist of the following at December 31:

	<u><b>2014</b></u>	<u><b>2013</b></u>
Equipment donation program	\$ 3,184,813	\$ 1,858,520
Equipment purchase program	<u>476,487</u>	<u>130,764</u>
	\$ <u><b>3,661,300</b></u>	\$ <u><b>1,989,284</b></u>

**E. Commitments and Contingencies**

The Organization leased its office under a five year non-cancelable lease, which was set to expire in July 2015. In November 2014 the Organization signed a letter of intent for new office space with the same management company, relocated to a temporary office space at the landlord's expense and paid no rent during the relocation period. Subsequent to year end, in March 2015 the Organization moved into their new office space. As of the issuance date of these financial statements there is no signed lease and the Organization is a tenant at will. The Organization pays monthly rental payments plus a proportionate share of certain operating expenses.

The Organization also leases a warehouse for its inventory under a lease agreement which expired in July 2011 and was renewed until July 2014. The lease agreement provides for monthly rental payments plus a proportionate share of certain operating expenses and contains a two year extension option. In April 2014, the Organization entered into a new 5 year warehouse lease commencing May 1, 2014. The lease agreement provides for monthly rental payments of \$5,250, plus certain operating expenses.

Total rent expense under these leases for the years ended December 31, 2014 and 2013, was \$69,021 and \$58,426, respectively.

Future minimum base rental payments under non-cancelable leases are as follows:

	<u><b>Amount</b></u>
2015	\$ 63,000
2016	63,000
2017	63,000
2018	63,000
2019	<u>31,500</u>
Total	\$ <u><b>283,500</b></u>

**F. Concentrations**

1. Uninsured cash deposits - The Organization maintains cash in bank deposit accounts that, at times, exceed federally insured limits. The Federal Deposit Insurance Corporation ("FDIC") provides a \$250,000 guarantee per depositor for accounts held at insured banks. At December 31, 2014, the Organization had \$321,622 of uninsured cash or cash equivalents held in a commercial bank. Management believes that the Organization is not exposed to significant credit risk in these accounts.
2. Support - For the years ended December 31, 2014 and 2013, the Organization received approximately 78% and 93%, respectively, of its total contributed equipment from three and two contributors, respectively. For the years ended December 31, 2014 and 2013, approximately 48% and 19%, respectively, of total cash contributions were received from one contributor. At December 31, 2014 and 2013, three donors accounted for approximately 69% and 90%, respectively, of gross contributions and pledges receivable.

**G. Retirement Plan**

Effective April 1, 2013, the Organization began offering a 401(k) defined contribution retirement plan (the "Plan") to all eligible employees over 21 years of age and who have been employed with the Organization for more than 90 days. The Plan allows employees to voluntarily elect to contribute and also allows the employer to make a discretionary contribution. There were no employer contributions to the plan for the years ended December 31, 2014 and 2013.

**H. Reclassification**

Certain items in the 2013 financial statements have been reclassified to conform to the current year presentation. There was no change in previously reported net assets as a result of these reclassifications.

**Caution:** Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

STATE COPY

# TAX RETURN FILING INSTRUCTIONS

MASSACHUSETTS FORM PC

FOR THE YEAR ENDING

DECEMBER 31, 2014

Prepared for	GOOD SPORTS, INC. 1515 HANCOCK STREET, SUITE 204 QUINCY, MA 02169
Prepared by	KATZ, NANNIS + SOLOMON, P.C. 800 SOUTH STREET, SUITE 250 WALTHAM, MA 02453-1480
Mail tax return to	NON-PROFIT ORG/PUBLIC CHARITIES DIV OFFICE OF THE ATTORNEY GENERAL ONE ASHBURTON PLACE BOSTON, MA 02108
Return must be mailed on or before	PLEASE MAIL AS SOON AS POSSIBLE.
Special Instructions	FORM PC MUST BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S). ALSO BE SURE THAT ALL THE NECESSARY ATTACHMENTS ARE INCLUDED WITH FORM PC BEFORE FILING.  ENCLOSE A CHECK FOR \$500 MADE PAYABLE TO COMMONWEALTH OF MASSACHUSETTS. INCLUDE THE ORGANIZATION'S MASSACHUSETTS ATTORNEY GENERAL SIX-DIGIT ACCOUNT NUMBER AND "2014 FORM PC" ON THE REMITTANCE. ALSO INCLUDE THE ORGANIZATION'S FISCAL YEAR END DATE IN THIS FORMAT (12/14).

**The Commonwealth of Massachusetts**  
**OFFICE OF THE ATTORNEY GENERAL**  
**NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION**  
**ONE ASHBURTON PLACE**  
**BOSTON, MASSACHUSETTS 02108**

Office Use Only: Fiscal Year

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

**Form PC**

Report for the Fiscal Period: 01/01/14 to 12/31/14

Attorney General's Account #: 046216

Federal ID #: 75-3138664

When did the organization first engage in  
charitable work in Massachusetts?

09/05/2003

Has the organization applied for or been granted  
IRS tax exempt status?

☒ Yes ☐ No

If yes, date of application **OR** date of  
determination letter:

04/29/2008

IRS Exemption under 501(c):

3

If exempt under 501(c), are contributions to the  
organization tax deductible as charitable contributions?

☐ Yes ☒ No

**Check all items attached  
(if applicable)**

- ☐ Schedule A-1
- ☐ Schedule A-2
- ☐ Schedule RO
- ☐ Probate Account
- ☐ Copy of IRS Return
- ☐ Audited Financial  
Statements/Review
- ☐ Filing Fee
- ☐ Amended Articles/  
By-Laws

**Organization Data**

Name: GOOD SPORTS, INC.

Mailing Address: 1515 HANCOCK STREET, SUITE 204

City: QUINCY State: MA ZIP: 02169

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

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

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

Category	Code	Category	Code
County (Table 1)	<u>11</u>	Organization Purpose Code 1	<u>43</u>
Type of Organization (Table 2)	<u>14</u>	Organization Purpose Code 2	

Please check box if final return prior to dissolution: ☐

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	4,971,433.
B.	Gross support and revenue	5,369,758.
C.	Program services and similar amounts paid out	3,043,319.
D.	Fundraising expenses	279,707.
E.	Management and general expenses	213,328.
F.	Payments to affiliates	0.
G.	Total expenses	3,536,354.
H.	Net assets or fund balances at the end of the year	4,103,887.

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

	Name/Title	Hrs/Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	MELISSA HARPER CEO	0.00	126,075.	0.	0.
2.	CHRISTY PUGH KESWICK COO	0.00	105,625.	0.	0.
3.	MORGAN PEACOCK COLEMAN MRKTG DIR	0.00	66,153.	0.	0.
4.	CHRISTOPHER HEALEY OPS MANAGER	0.00	57,989.	0.	0.
5.	LIAM CUNNINGHAM PROGRAM ASSISTANT	0.00	44,584.	0.	0.

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



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

	Name/Title	Amount of Compensation	Type(s) of Service
1.	NONE		
2.			
3.			
4.			
5.			

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

Bank	Address	Phone Number
BANK OF AMERICA	1400 HANCOCK STREET,, BOSTON, MA 02109	617-689-1055

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

☐ Other (specify): \_\_\_\_\_

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

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

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

12. Contact Person Name: MELISSA HARPER

Street Address: 1515 HANCOCK ST, STE 301

City: QUINCY State: MA ZIP Code: 02169

Phone Number: 617-282-6125

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf? ☐ Yes ☒ No
14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions? ☐ Yes ☒ No
- If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.**

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

a religious organization	<input type="checkbox"/>
an organization which: (a) does not raise more than \$5,000 during a calendar year OR does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. <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.

**STATEMENT 1**

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

**STATEMENT 2**

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

**STATEMENT 3**

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

**STATEMENT 4**

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

FORM PC	NAME, ADDRESS, PHONE OF OTHER OFFICES	STATEMENT	1
---------	---------------------------------------	-----------	---

## NAME AND ADDRESS

## PHONE NUMBER

GOOD SPORTS  
954 WEST WASHINGTON BLVRD.  
CHICAGO, IL 60607

FORM PC	OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES	STATEMENT	2
---------	----------------------------------------------	-----------	---

## NAME AND ADDRESS

## TITLE

AMY LATIMER  
14 HIGH STREET  
TOPSFIELD, MA 01983

DIRECTOR

ANDREW LAURENCE  
627 HARLAND STREET  
MILTON, MA 02186

DIRECTOR

BRYANT MCBRIDE  
45 TURNING HILL ROAD  
LEXINGTON, MA 02492

DIRECTOR

DAVE BELYEA  
430 BROAD STREET  
WEYMOUTH, MA 02188

DIRECTOR

DAVID MISCHLER  
34 BATES WAY  
HANOVER, MA 02339

DIRECTOR

DAVID PACE  
15 BUCKET MILL LANE  
HINGHAM, MA 02043

DIRECTOR

EMILY MCCANN  
97 BRADFORD STREET  
NEEDHAM, MA 02492

DIRECTOR

JIM CATUDAL  
30 MARILYN ROAD  
MILTON, MA 02186

DIRECTOR

JOEL HUGHES  
196 HUBBARD STREET  
CONCORD, MA 01742

DIRECTOR

JOHN GATES  
251 CENTRAL STREET  
CONCORD , MA 01742

DIRECTOR

JOHN WOLF  
27 AMHERST ROAD  
WELLSLEY, MA 02482

DIRECTOR

KATHERINE POTTER  
300 COMMERCIAL STREET  
BOSTON, MA 02109

DIRECTOR

KENT WELDON  
2 RIPLY LANE  
WESTON, MA 02493

DIRECTOR

KIRSTEN HANO  
9 UPWEY ROAD  
WELLSLEY, MA 02481

DIRECTOR

KYLE BETTY  
90 DEAN ROAD  
WESTON, MA 02493

DIRECTOR

MATT CAMP  
14 O STREET #1  
BOSTON, MA 02127

DIRECTOR

MELISSA HARPER  
22 EDGEWATER ROAD  
HULL, MA 02045

PRESIDENT

MICHAEL WALL  
3 HOUGHTON LANE  
ACTON, MA 01720

DIRECTOR

PETER LAWLER  
910 SHABONA LANE  
WILMETTE , IL 60091

DIRECTOR

PETER STEVENS  
60 MAPLE STREET SUITE 100  
MANSFIELD , MA 02048

CHAIRMAN/TREASURER

TED MANLEY  
24 HIGH STREET  
SOUTH DARTMOUTH, MA 02748

DIRECTOR

WILBUR SWAN  
7 SMITH AVE  
LEXINGTON, MA 02492

DIRECTOR

WILLIAM MCMAHON  
7 AMHERST ROAD  
WELLSLEY, MA 02482

DIRECTOR

CHRISTY KESWICK  
76 BUCKINGHAM ROAD  
MILTON, MA 02186

SECRETARY

FORM PC

PAGE 4, LINE 18

STATEMENT 3

NAME AND ADDRESSAREA OF RESPONSIBILITY

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

RESPONSIBLE FOR CUSTODY OF FUNDS

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

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

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

RESPONSIBLE FOR FUNDRAISING

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

CUSTODY OF FINANCIAL RECORDS

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

AUTHORIZED TO SIGN CHECKS

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

RESPONSIBLE FOR FUNDRAISING

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

AUTHORIZED TO SIGN CHECKS

PETER STEVENS  
60 MAPLE STREET, STE 100  
MANSFIELD, MA 02048

AUTHORIZED TO SIGN CHECKS

FORM PC

PAGE 4, LINE 19

STATEMENT 4

STATE	REG AGENCY
ILLINOIS	CHICAGO

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

SOLICIT DATE	TYPE OF SOLICITATION
11/30/11	MASS MAILINGS

STATE	REG AGENCY
ILLINOIS	CHICAGO

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

SOLICIT DATE	TYPE OF SOLICITATION
05/12/11	ENTERTAINMENT EVENT

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

*If yes, please attach an explanation.*

(a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions? ☐ Yes ☒ No

(b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency? ☐ Yes ☒ No

(c) Been the subject of a proceeding regarding any solicitation or registration? ☐ Yes ☒ No

(d) Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency? ☐ Yes ☒ No

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

*If yes, please attach an explanation.*

☐ Yes ☒ No

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

*If yes, please attach an explanation.*

☐ Yes ☒ No

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

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

(b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement? ☐ Yes ☒ No

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

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

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

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



**Signature Required**

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

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

Printed Name: MELISSA HARPER

Title: CHIEF EXECUTIVE OFFICER

Name of Preparer: KATZ, NANNIS + SOLOMON, P.C.

Address 800 SOUTH STREET, SUITE 250

City WALTHAM State MA ZIP Code 02453-1480

Phone Number 781-453-8700

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

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

---



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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-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: CEOAddress 1515 HANCOCK ST. STE 301City 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: CEOAddress 1515 HANCOCK ST. STE 301City 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: CEOAddress 1515 HANCOCK ST. STE 301City 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: CEOAddress 1515 HANCOCK ST. STE 301City 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: \_\_\_\_\_

Print Name: MELISSA HARPER

Title: CHIEF EXECUTIVE OFFICER

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

Print 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, above, 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



Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2014**Open to Public  
Inspection

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 2014 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>		
	City or town, state or province, country, and ZIP or foreign postal code <b>QUINCY, MA 02169</b>		<b>G</b> Gross receipts \$ <b>5,530,619.</b>
<b>F</b> Name and address of principal officer: <b>MELISSA HARPER</b> <b>1515 HANCOCK STREET, SUITE 301, QUINCY, MA</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number	
<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 <b>J</b> Website: <b>WWW.GOODSPORTS.ORG</b> <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>			

**Part I Summary**

<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>19</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>18</b>
	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a) <b>17</b>
	<b>6</b> Total number of volunteers (estimate if necessary) <b>90</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>0.</b>
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 <b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>3,368,456.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) <b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>100.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>365,817.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>3,734,373.</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>1,906,742.</b>
<b>Expenses</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>561,428.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>279,707.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>410,449.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>2,878,619.</b>
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>855,754.</b>
	<b>20</b> Total assets (Part X, line 16) <b>2,333,583.</b>
	<b>21</b> Total liabilities (Part X, line 26) <b>63,100.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>2,270,483.</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>		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	<b>JEFFREY D. SOLOMON, C.P.A.</b>	<b>JEFFREY D. SOLOMON,</b>	
	Firm's name <b>KATZ, NANNIS + SOLOMON, P.C.</b>	Firm's EIN <b>04-2887211</b>	
	Firm's address <b>800 SOUTH STREET, SUITE 250</b>	Phone no. <b>781-453-8700</b>	
	<b>WALTHAM, MA 02453-1480</b>		

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

432001 11-07-14

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2014)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

17241110 737065 11624000

2014.05000 GOOD SPORTS, INC.

11624001

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

THE MISSION IS TO INCREASE YOUTH PARTICIPATION IN SPORTS, FITNESS, AND RECREATIONAL PROGRAMS BY TARGETING ONE OF THE MAJOR OBSTACLES LIMITING PARTICIPATION - ACCESS TO SPORTS EQUIPMENT. GOOD SPORTS DISTRIBUTES SPORTS EQUIPMENT, FOOTWEAR, AND APPAREL TO COMMUNITY ORGANIZATIONS

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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 ☒ 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 \$ 3,043,319. including grants of \$ 2,160,891. ) (Revenue \$ 90,099. )  
 SINCE 2003, GOOD SPORTS HAS IMPACTED OVER 800,000 YOUNG PEOPLE THROUGH SPORTS EQUIPMENT DONATIONS. GOOD SPORTS HAS DONATED OVER \$9,000,000 WORTH OF EQUIPMENT TO OVER 1000 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 **3,043,319.**

**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>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>2</b> 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>	<b>3</b>	X
<b>4</b> <b>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>	<b>4</b>	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>	<b>5</b>	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>	<b>6</b>	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>	<b>7</b>	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>	<b>8</b>	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>	<b>9</b>	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>	<b>10</b>	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>	<b>11a</b> 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>	<b>11b</b>	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>	<b>11c</b>	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>	<b>11d</b>	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>	<b>11e</b>	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>	<b>11f</b> 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>	<b>12a</b> 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>	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	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>	<b>14b</b>	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>	<b>15</b>	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>	<b>16</b>	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>	<b>17</b>	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>	<b>18</b> 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>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<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> .....	<b>21</b> 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> .....	<b>22</b>	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> .....	<b>23</b>	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> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<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>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<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> .....	<b>25a</b>	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> .....	<b>25b</b>	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> .....	<b>26</b>	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> .....	<b>27</b>	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> .....	<b>28a</b>	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> .....	<b>28b</b>	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> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> 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> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	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> .....	<b>32</b>	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> .....	<b>33</b>	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> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	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>35b</b>	
<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> .....	<b>36</b>	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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b> X	

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b> 6		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	X	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 17		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?	<b>13a</b>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>		

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**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 ..... <b>1a</b> 19 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent ..... <b>1b</b> 18		
<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? .....	<b>2</b>	<b>X</b>
<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? .....	<b>3</b>	<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	<b>4</b>	<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....	<b>5</b>	<b>X</b>
<b>6</b> Did the organization have members or stockholders? .....	<b>6</b>	<b>X</b>
<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? .....	<b>7a</b>	<b>X</b>
<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? .....	<b>7b</b>	<b>X</b>
<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? .....	<b>8a</b>	<b>X</b>
<b>b</b> Each committee with authority to act on behalf of the governing body? .....	<b>8b</b>	<b>X</b>
<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 .....	<b>9</b>	<b>X</b>

**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? .....	<b>10a</b>	<b>X</b>
<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>10b</b>	
<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? .....	<b>11a</b>	<b>X</b>
<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 .....	<b>12a</b>	<b>X</b>
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	<b>12b</b>	<b>X</b>
<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 .....	<b>12c</b>	<b>X</b>
<b>13</b> Did the organization have a written whistleblower policy? .....	<b>13</b>	<b>X</b>
<b>14</b> Did the organization have a written document retention and destruction policy? .....	<b>14</b>	<b>X</b>
<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 .....	<b>15a</b>	<b>X</b>
<b>b</b> Other officers or key employees of the organization .....	<b>15b</b>	<b>X</b>
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? .....	<b>16a</b>	<b>X</b>
<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? .....	<b>16b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **MA, IL**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ 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: **MELISSA HARPER - 617-471-1213**  
**1515 HANCOCK ST., SUITE 301, QUINCY, MA 02169**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AMY LATIMER DIRECTOR	2.00	X						0.	0.	0.
(2) ANDREW LAURENCE DIRECTOR	2.00	X						0.	0.	0.
(3) BRYANT MCBRIDE DIRECTOR	2.00	X						0.	0.	0.
(4) DAVE BELYEA DIRECTOR	2.00	X						0.	0.	0.
(5) DAVID MISCHLER DIRECTOR	2.00	X						0.	0.	0.
(6) DAVID PACE DIRECTOR	2.00	X						0.	0.	0.
(7) EMILY MCCANN DIRECTOR	2.00	X						0.	0.	0.
(8) JIM CATUDAL DIRECTOR	2.00	X						0.	0.	0.
(9) JOEL HUGHES DIRECTOR	2.00	X						0.	0.	0.
(10) JOHN GATES DIRECTOR	2.00	X						0.	0.	0.
(11) JOHN WOLF DIRECTOR	2.00	X						0.	0.	0.
(12) KATHERINE POTTER DIRECTOR	2.00	X						0.	0.	0.
(13) KENT WELDON DIRECTOR	2.00	X						0.	0.	0.
(14) KIRSTEN HANO DIRECTOR	2.00	X						0.	0.	0.
(15) KYLE BETTY DIRECTOR	2.00	X						0.	0.	0.
(16) MATT CAMP DIRECTOR	2.00	X						0.	0.	0.
(17) MELISSA HARPER DIRECTOR	40.00	X		X				126,075.	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) MICHAEL WALL DIRECTOR	2.00	X						0.	0.	0.
(19) PETER LAWLER DIRECTOR	2.00	X						0.	0.	0.
(20) PETER STEVENS CHAIRMAN	2.00	X		X				0.	0.	0.
(21) TED MANLEY DIRECTOR	2.00	X						0.	0.	0.
(22) WILBUR SWAN DIRECTOR	2.00	X						0.	0.	0.
(23) WILLIAM MCMAHON DIRECTOR	2.00	X						0.	0.	0.
(24) CHRISTY KESWICK SECRETARY	40.00	X		X				110,625.	0.	0.
<b>1b Sub-total</b>								236,700.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								236,700.	0.	0.

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

2

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3		X
4		X
5		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		
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0	



**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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>	110,621.					
	<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>	4,860,812.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		2,813,098.					
	<b>h Total.</b> Add lines 1a-1f .....							4,971,433.
<b>Program Service Revenue</b>	<b>2 a</b> .....			<b>Business Code</b>				
	<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 .....							
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			284.			284.
<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 \$ 110,621. of contributions reported on line 1c). See Part IV, line 18 .....		<b>a</b>						
		<b>b</b> Less: direct expenses .....						
		<b>c</b> Net income or (loss) from fundraising events .....						
		<b>d</b> Net gain or (loss) .....						
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....		<b>a</b>						
		<b>b</b> Less: direct expenses .....						
		<b>c</b> Net income or (loss) from gaming activities .....						
		<b>d</b> Net gain or (loss) .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....		<b>a</b>						
	<b>b</b> Less: cost of goods sold .....							
	<b>c</b> Net income or (loss) from sales of inventory .....							
	<b>d</b> Net gain or (loss) .....							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11 a</b> ADMIN FEE ON DONATED E .....	480000		90,099.	90,099.				
<b>b</b> .....								
<b>c</b> .....								
<b>d</b> All other revenue .....								
<b>e Total.</b> Add lines 11a-11d .....				90,099.				
<b>12 Total revenue.</b> See instructions. ....				5,369,758.	90,099.	0.	308,226.	

**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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,160,891.	2,160,891.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	231,700.	139,020.	50,974.	41,706.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	409,866.	263,357.	56,662.	89,847.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	70,530.	43,735.	12,052.	14,743.
<b>10</b> Payroll taxes	53,165.	33,344.	8,919.	10,902.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	48,735.	17,469.	20,879.	10,387.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	3,251.	2,016.	556.	679.
<b>12</b> Advertising and promotion	18,174.	9,197.	530.	8,447.
<b>13</b> Office expenses	31,549.	19,062.	6,036.	6,451.
<b>14</b> Information technology	7,036.	4,362.	1,204.	1,470.
<b>15</b> Royalties				
<b>16</b> Occupancy	69,021.	61,072.	3,577.	4,372.
<b>17</b> Travel	70,669.	59,953.	3,302.	7,414.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	187.		187.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	29,402.		29,402.	
<b>23</b> Insurance	4,404.	1,407.	2,523.	474.
<b>24</b> 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.)				
<b>a</b> POSTAGE AND DELIVERY	93,966.	88,539.	693.	4,734.
<b>b</b> SPECIAL EVENTS	89,064.	20,231.	277.	68,556.
<b>c</b> INVENTORY OBSOLESCENCE	67,645.	67,645.	0.	0.
<b>d</b> WAREHOUSE COSTS	40,007.	39,143.	389.	475.
<b>e</b> All other expenses	37,092.	12,876.	15,166.	9,050.
<b>25</b> Total functional expenses. Add lines 1 through 24e	3,536,354.	3,043,319.	213,328.	279,707.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	370,686.	<b>1</b>	759,938.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	18,255.	<b>3</b>	255,005.
	<b>4</b> Accounts receivable, net .....	8,789.	<b>4</b>	16,222.
	<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 .....	1,872,847.	<b>8</b>	3,203,109.
	<b>9</b> Prepaid expenses and deferred charges .....	6,542.	<b>9</b>	17,238.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 61,327.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 41,252.	<b>10c</b>	20,075.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<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 .....	27,497.	<b>15</b>	16,081.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	2,333,583.	<b>16</b>	4,287,668.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	63,100.	<b>17</b>	174,636.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	9,145.
	<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 .....		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	63,100.	<b>26</b>	183,781.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	281,199.	<b>27</b>	416,779.
	<b>28</b> Temporarily restricted net assets .....	1,989,284.	<b>28</b>	3,687,108.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>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> <b>Total net assets or fund balances</b> .....	2,270,483.	<b>33</b>	4,103,887.
	<b>34</b> <b>Total liabilities and net assets/fund balances</b> .....	2,333,583.	<b>34</b>	4,287,668.

Form 990 (2014)

**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>	5,369,758.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,536,354.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,833,404.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	2,270,483.
<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>	4,103,887.

**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 _____		

Form 990 (2014)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization

GOOD SPORTS, INC.

Employer identification number

75-3138664

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1,546,168.	805,475.	2,411,475.	3,392,797.	4,860,440.	13,016,355.
<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 .....	1,546,168.	805,475.	2,411,475.	3,392,797.	4,860,440.	13,016,355.
<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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						13,016,355.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 .....	1,546,168.	805,475.	2,411,475.	3,392,797.	4,860,440.	13,016,355.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	392.	311.	220.	100.	284.	1,307.
<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.) .....	130,310.	197,382.	222,669.	365,817.	419,736.	1,335,914.
<b>11 Total support.</b> Add lines 7 through 10						14,353,576.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<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 2014 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	90.68 %
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 .....	<b>15</b>	89.88 %
<b>16a 33 1/3% support test - 2014.</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 - 2013.</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 - 2014.</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 - 2013.</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"/>

Schedule A (Form 990 or 990-EZ) 2014

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 2014 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2014.** 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 - 2013.** 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 on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<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)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<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)? If "Yes," explain in <b>Part VI</b> 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.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).		
<b>b</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</b> <b>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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).		
<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))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		



**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>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**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? If "No," describe in <b>Part VI</b> 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.		
<b>1</b>		
<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? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**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)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**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 (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<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? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
<b>2a</b>		
<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? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<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? Provide details in <b>Part VI</b> .		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		

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

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

Schedule A (Form 990 or 990-EZ) 2014

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

<b>Section D - Distributions</b>			<b>Current Year</b>
<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</b>	<b>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 2014 from Section C, line 6		
<b>10</b>	Line 8 amount divided by Line 9 amount		

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2014</b>	<b>(iii) Distributable Amount for 2014</b>
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> From 2013			
<b>f</b> <b>Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2014 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7</b> <b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> Excess from 2013			
<b>e</b> Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2014**

**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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate 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" to Form 990, Part IV, line 7.

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, 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" to 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 in Form 990, Part VIII, line 1 .....

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

2 If the organization received or held works of art, historical 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 in 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

**d** ☐ Loan or exchange programs

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

**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" to 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:

**c** Beginning balance

**d** Additions during the year

**e** Distributions during the year

**f** Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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 in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> 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 in lines 2a, 2b, and 2c should equal 100%.

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐

**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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		61,327.	41,252.	20,075.
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				20,075.

Schedule D (Form 990) 2014

**Part VII Investments - Other Securities.**

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

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

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

Schedule D (Form 990) 2014

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

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

1	Total revenue, gains, and other support per audited financial statements	1	5,556,427.
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	25,808.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	160,861.
e	Add lines 2a through 2d	2e	186,669.
3	Subtract line 2e from line 1	3	5,369,758.
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	5,369,758.

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

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

1	Total expenses and losses per audited financial statements	1	3,723,023.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	25,808.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	160,861.
e	Add lines 2a through 2d	2e	186,669.
3	Subtract line 2e from line 1	3	3,536,354.
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	3,536,354.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

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

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



**Part XIII** Supplemental Information (continued)

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

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES REPORTED IN FORM 990, PART VIII, LINE

8B 160,861.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES REPORTED IN FORM 990, PART VIII, LINE

8B 160,861.

## SCHEDULE D PART X LINE 2

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

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

**Part XIII** Supplemental Information (continued)

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

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

► 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

# 2014

**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" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ **No**

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" to 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>BOSTON LEGENDS</b>	(b) Event #2 <b>CHICAGO LEGENDS</b>	(c) Other events <b>4</b>	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	377,293.	135,922.	66,209.	579,424.
	<b>2</b> Less: Contributions .....	69,353.	40,600.	668.	110,621.
	<b>3</b> Gross income (line 1 minus line 2) .....	307,940.	95,322.	65,541.	468,803.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	12,704.	16,862.	12,500.	42,066.
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	57,705.	26,899.	34,191.	118,795.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				160,861.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				307,942.

**Part III Gaming.** Complete if the organization answered "Yes" to 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: \_\_\_\_\_

- |                                                                                                                                                                       |                              |                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>11</b> Does the organization conduct gaming activities with nonmembers? .....                                                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> 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? ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>13</b> Indicate the percentage of gaming activity conducted in:                                                                                                    |                              |                             |
| <b>a</b> The organization's facility .....                                                                                                                            | <b>13a</b>                   | %                           |
| <b>b</b> An outside facility .....                                                                                                                                    | <b>13b</b>                   | %                           |
| <b>14</b> 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).

<b>Part IV</b>	<b>Supplemental Information</b> <i>(continued)</i>
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[illegible]

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2014**

**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" to 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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AFTER-SCHOOL ALL-STARS ATLANTA ONE PARK PLACE, SUITE 1042 ATLANTA, GA 30302	58-6033185		0.	6,697.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
AMERICA SCORES CHICAGO 600 W. CERMAK RD. CHICAGO, IL 60616	36-4386992		0.	6,200.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
APPLAUSE ACCESS TO DREAM 8181 GREENFIELD DETROIT, MI 48214	80-0672258		0.	23,489.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
ARCHIMEDES/MALESKA CAMPUS 456 WHITE PLAINS ROAD BRONX, NY 10473	69-0210637		0.	15,577.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
AUTOMOTIVE HIGH SCHOOL 150 CROWN ST. BROOKLYN, NY 11225	69-0210637		0.	19,797.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BLYTHEWOOD YOUTH FOOTBALL & CHEER PO BOX 291746 COLUMBIA, SC 29229	465548187		0.	6,014.	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 ..... **46.**

**3** Enter total number of other organizations listed in the line 1 table ..... **43.**

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

**Schedule I (Form 990) (2014)**

**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
BOOKER T. WASHINGTON HIGH SCHOOL 45 WHITEHOUSE DR ATLANTA, GA 30314	59-3487532		0.	5,385.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOSTON BIKES 12 CHANNEL STREET BOSTON, MA 02210	046-001-380		0.	7,998.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOSTON RBI PROGRAM 17831 MURDOCK CIRCLE UNIT B PORT CHARLOTTE, FL 33948	33-1007984		0.	5,149.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS & GIRLS CLUB OF CHARLOTTE COUNTY - 21450 GIBRALTER DRIVE - PORT CHARLOTTE, FL 33952	65-0725247		0.	8,934.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS & GIRLS CLUB OF DENISON 2100 S. MIRICK DENISON, TX 75020	75-6056229		0.	5,915.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS & GIRLS CLUBS OF METROPOLITAN BALTIMORE - 11 W. MOUNT VERNON PLACE - BALTIMORE, MD 21201	26-4371125		0.	12,348.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BULLDOGS 8228 S. WOOD STREET CHICAGO, IL 60620			0.	7,789.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BUTLER COLLEGE PREP 821 E. 103RD ST CHICAGO, IL 60628	36-3559941		0.	5,288.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CALUMET MEMORIAL PARK DISTRICT 612 WENTORTH AVE CALUMET CITY, IL 60409			0.	7,729.	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
CHARLESTOWN HIGH SCHOOL FOOTBALL 250 MEDFORD ST. CHARLESTOWN, MA 02169			0.	18,491.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CHICAGO PUBLIC SCHOOLS 42 W. MADISON ST. CHICAGO, IL 60602	36-6005821		0.	5,749.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CITIES UNITED BASEBALL AND SOFTBALL - 25565 MASCH - WARREN, MI 48091	46-3664799		0.	13,335.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CITY OF SAN CLEMENTE RECREATION DIVISION - 987 AVENIDA VISTA HERMOSA - SAN CLEMENTE, CA 92673	95-6000775		0.	7,220.	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.	22,618.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CRENSHAW COUGARS YOUTH FOOTBALL 10424 S. WILTON PL LOS ANGELES, CA 90047	95-4586546		0.	5,582.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
DOWNRIVER STEELERS YOUTH SPORTS ORGANIZATION - 16178 KARIN - TAYLOR, MI 48180	45-4796157		0.	10,003.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
DURHAM TRIPLE PLAY LEAGUES, INC. 2620 DEMILLE STREET DURHAM, NC 27704	46-1448762		0.	6,043.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
EAST HARTFORD HORNETS YOUTH FOOTBALL & CHEER - 79 MOHAWK DR - EAST HARTFORD, CT 06108	46-2297298		0.	6,502.	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
EASTSIDE HAWKEYES YOUTH FOOTBALL 18438 SANTA ROSA DR DETROIT, MI 48221			0.	17,123.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
FAIRHILL OWLS YOUTH ASSOCIATION 5953 BELDEN STREET PHILADELPHIA, PA 19149	46-4905878		0.	11,753.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
FULLERTON JUNIOR ALL AMERICAN 1546 CAMDEN PLACE FULLERTON, CA 92833	27-1205735		0.	10,040.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
FULLERTON JUNIOR ALL AMERICAN 1546 CAMDEN PLACE FULLERTON, CA 92833	27-1205735		0.	9,280.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
FUTURE ENTREPRENEURS OF AMERICA 11841 S LOWE CHICAGO, IL 60628	30-0440907		0.	7,192.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
GARFIELD PARK LITTLE LEAGUE 1212 N. MASON CHICAGO, IL 60651	45-1064341		0.	26,185.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
GIFT OF A HELPING HAND CHARITABLE TR - 11101 MORANG DRIVE - DETROIT, MI 48224	38-3640111		0.	14,254.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
GLENARDEN BOYS AND GIRLS CLUB 8600 GLENARDEN PARKWAY GLENARDEN, MD 20774	52-1731475		0.	11,147.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
GOLDEN ELKS POP WARNER FOOTBALL 26 CROWN CIRCLE LAKEWOOD, NJ 08701			0.	7,526.	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
GRAND CONCOURSE COMMUNITY LITTLE LEAGUE - 3227 KINGSBRIDGE AVE - BRONX, NY 10463			0.	5,975.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
GROVE PARK INTERMEDIATE SCHOOL 20 EVELYN WAY ATLANTA, GA 30318	58-6000134		0.	7,305.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
HARTFORD HURRICANES 47 HILLSIDE STREET MANCHESTER, CT 06042	84-1701209		0.	10,626.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
HEALTHWORKS COMMUNITY FITNESS 450 WASHINGTON ST DORCHESTER, MA 02124	04-3431534		0.	5,624.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
HIGGINS COMMUNITY ACADEMY 11710 SOUTH MORGAN STREET CHICAGO, IL 60643			0.	6,413.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
HILLSIDE HURRICANES 1214 N 13TH AVE MELROSE PARK, ONTARIO, CANADA 60160	46-4552002		0.	13,868.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
INGENIUM CHARTER SCHOOL 22250 ELKWOOD STREET CANOGA PARK, CA 91304	11-3794105		0.	10,989.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
J TECH INSTITUTE DBA SOUTHERN CALIFORNIA FALCONS - 154 E. 91ST STREET - LOS ANGELES, CA 90003	77-0596900		0.	8,150.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
JEFFERSON COUNTY MIDDLE HIGH SCHOOL - 50 DAVID RD - MONTICELLO, FL 32344	32-0074462		0.	7,037.	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
JERSEY CITY RBI 216 CENTRAL AVENUE JERSEY CITY, NJ 07307	26-3321391		0.	18,340.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
JOHN DEWEY HIGH SCHOOL 50 AVE X BROOKLYN, NY 11223	69-0210637		0.	5,240.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
L.E.A.D., INC. 265 OAK GROVE WAY ACWORTH, GA 30102	06-1820196		0.	5,400.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
LAKELAND DESTROYERS 3509 LORI LANE NORTH LAKELAND, FL 33801	46-5299728		0.	6,460.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
LANDMARK'S BLACK AND BLUE ANGELS INC - 1002 NAVY BLVD - PENSACOLA, FL 32507	450696615		0.	5,136.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
MARTIN LUTHER KING HIGH SCHOOL (NY) - 122 AMSTERDAM AVENUE - NEW YORK, NY 10023			0.	7,476.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
METROPOLITAN JUNIOR BASEBALL 908 N. CONCORD AVE RICHMOND, VA 23227	52-1219409		0.	21,365.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
MISSION HILL FENWAY BUCCANEERS P O BOX 220210 DORCHESTER, MA 02122	46-5217305		0.	11,188.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
MONROE CO HIGH SCHOOL 212 TIGER DRIVE MONROEVILLE, AL 36460	636000995		0.	8,804.	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
MTS TERPS YOUTH FOOTBALL & CHEER 5828 PIMLICO ROAD BALTIMORE, MD 21209	45-4629712		0.	6,024.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
MUKILTEO KNIGHTS FOOTBALL AND CHEER - 1809 19TH DR - MUKILTEO, WA 98275	46-5583932		0.	5,880.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
NEW BEDFORD BEARS 33 RANDALL ST ACUSHNET, MA 02743	90-0732020		0.	27,036.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
NEW BEDFORD WHALERS YOUTH FOOTBALL 29 GOLDMAN AVE NORTH DARTMOUTH, MA 02747			0.	12,730.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
NORRISTOWN YOUTH EAGLES, INC. 104 ARROWHEAD CIR LANSDALE, PA 19446	90-0991979		0.	29,099.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
NORTH VALLEY MILITARY INSTITUTE 16651 A RINALDI STREET GRANADA HILLS, CA 91344	48-1276226		0.	5,534.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
NORTH YONKERS KNIGHTS INC. 223 RIDGE AVENUE YONKERS, NY 10703	45-2700998		0.	5,715.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
OMEGA FOUNDATION OF HARTFORD 140 KINGSWOOD DRIVE AVON,, CT 06001	45-3908154		0.	7,391.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
PASSAIC COACHES ASSOCIATION 196 JEFFERSON ST PASSAIC, NJ 07055			0.	9,013.	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
PAWTUCKET JR TIGERS 28 FOSTER ST PAWTUCKET, RI 02861	46-5241685		0.	8,112.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
PAWTUCKETVILLE YOUTH ORG 255 FOURTH AVE LOWELL, MA 01854	043-167710		0.	8,152.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
PROVISO EAST HIGH SCHOOL 807 S. FIRST AVE. MAYWOOD, IL 60153			0.	10,219.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SHELBY METRO YOUTH SPORTS 3081 SUMMER AVE MEMPHIS, TN 38112			0.	6,900.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SMYRNA CLAYTON LITTLE LASS 189 RIDING PATH DRIVE CLAYTON, DE 19938	522081997		0.	7,063.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SOMERVILLE POP WARNER 66 SYCAMORE STREET SOMERVILLE, MA 02145	27-2790864		0.	5,509.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SOUTH MIAMI YOUTH BASEBALL 6368 SW 31 ST MIAMI, FL 33155	23-7126774		0.	5,715.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SOUTHSIDE LITTLE COWBOYS AYL 313 E WHITE SAN ANTONIO, TX 78214	46-5325691		0.	8,504.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SOUTHWEST YOUTH SPORTS, INC PO BOX 161133 LOUISVILLE, KY 40256	271795184		0.	6,204.	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
SWITZERLAND COUNTY SCHOOL CORPORATION - 1004 W. MAIN STREET - VEVA, IN 47043			0.	8,589.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
TAMPA PARKS AND RECREATION DEPARTMENT - 3402 W. COLUMBUS DR. - TAMPA, FL 33607			0.	25,717.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
TEAM ENGLEWOOD COMMUNITY ACADEMY 6201 SOUTH STEWART CHICAGO, IL 60621			0.	8,753.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
TENNESSEE HIGH SCHOOL BASEBALL BOOSTERS - 571 BUNKER HILL ROAD - BLUFF CITY, TN 37618	62-1515414		0.	7,875.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
THE COACH JOHNSON FOUNDATION 13335 PULLMAN SOUTHGATE, MI 48195	47-3551409		0.	18,790.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
THE COBRA FOUNDATION 12 CREEKSIDE WAY NEWNAN, GA 30265	20-8441552		0.	5,285.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
THE GARDEN CITY WARRIORS 10924 GRANT RD. #439 HOUSTON, TX 77070	80-0534079		0.	12,548.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
TOMORROWS YOUTH FOUNDATION, INC 403 HOXIE AVE CALUMET CITY, IL 60409	26-2053685		0.	11,517.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
TOWNSEND HARRIS HS AT QUEENS COLLEGE - 149-11 MELBOURNE AVE. - FLUSHING, NY 11367	11-2593334		0.	6,574.	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
TRACK AND FIELD TEAM 144 MCBRIDE ST. JAMAICA PLAIN, MA 02130			0.	12,500.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
VALLEY HIGH SCHOOL 6300 EHRHARDT AVENUE SACRAMENTO, CA 95823	94-6002501		0.	6,614.	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.	7,803.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
WORCESTER TECH HIGH SCHOOL 1 SKYLINE DRIVE WORCESTER, MA 01605			0.	6,389.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
WORLD LITERACY CRUSADE OF FL, INC./GP - 6015 NW 7 AVENUE - MIAMI, FL 33127	65-0737649		0.	5,180.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
YOUNG ACHIEVERS SCIENCE AND MATH PILOT SCHOOL/FRIENDS OF YOUNG ACHIEVERS - 20 OUTLOOK ROAD - MATTAPAN, MA 06277	04-3481908		0.	7,818.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
ZUNI YOUTH ENRICHMENT PROJECT PO BOX 683 ZUNI, NM 87327	26-3259987		0.	5,200.	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

Schedule I (Form 990)



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

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

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

PART I, LINE 2:

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

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2014**

Open To Public  
Inspection

- ▶ **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 ▶ ( <b>GIFTS IN KIND</b> )	X	17	2,785,848.	FAIR MARKET VALUE
26 Other ▶ ( <b>IN KIND DONAT</b> )	X	1	110,622.	FAIR MARKET VALUE
27 Other ▶ ( <b>GIFTS IN KIND</b> )	X	1	15,950.	FAIR MARKET VALUE
28 Other ▶ ( <b>GIFTS IN KIND</b> )	X	1	11,300.	FAIR MARKET VALUE

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

**29**

**30a** During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....

**b** If "Yes," describe the arrangement in Part II.

**31** Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....

**32a** Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....

**b** If "Yes," describe in Part II.

**33** If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
<b>30a</b>		X
<b>31</b>		X
<b>32a</b>		X
<b>33</b>		

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

Schedule M (Form 990) (2014)

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

**SCHEDULE M, PART I, COLUMN (B):**

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

**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

**2014**

Open to Public  
Inspection

Name of the organization

GOOD SPORTS, INC.

Employer identification number  
75-3138664

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

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

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

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

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

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

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

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

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

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

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

Schedule O (Form 990 or 990-EZ) (2014)

432211  
08-27-14

Name of the organization

GOOD SPORTS, INC.

Employer identification number

75-3138664

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

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENT AND FINANCIAL STATEMENTS  
AVAILABLE ON OUR WEBSITE AS WELL AS UPON REQUEST. IN ADDITION, THE FORM  
990 IS AVAILABLE VIA THE MA ATTORNEY GENERAL'S WEBSITE AND GUIDESTAR.

**Good Sports, Inc.**

*Financial Statements*

*Years Ended December 31, 2014 and 2013*

**Good Sports, Inc.**  
***Financial Statements***  
***Years Ended December 31, 2014 and 2013***  
***Contents***

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**Katz, Nannis + Solomon, PC**  
Certified Public Accountants

## **Independent Auditors' Report**

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

We have audited the accompanying financial statements of Good Sports, Inc. (a nonprofit organization) (the "Organization"), which comprise the statements of financial position as of December 31, 2014 and 2013, the related statement of activities and changes in net assets and statement of functional expenses for the year ended December 31, 2014 with comparative totals for 2013 and statements of cash flows for the years ended December 31, 2014 and 2013, and the related notes to the financial statements.

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

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

### ***Auditors' Responsibility***

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the 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 auditor's 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, 2014 and 2013, and changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

*Katz, Harris + Solomon, P.C.*

Waltham, Massachusetts  
September 16, 2015

	2014	2013
<b>Assets</b>		
<b>Current Assets</b>		
Cash and cash equivalents	\$ 759,938	\$ 370,686
Contributions and pledges receivable	89,005	16,755
Accounts receivable	16,222	8,789
Grants receivable	166,000	1,500
Inventory, net of allowance for obsolescence: 2014 - \$172,563; 2013 - \$103,938	3,203,109	1,872,847
Prepaid expenses	17,238	6,542
<b>Total Current Assets</b>	<b>4,251,512</b>	<b>2,277,119</b>
<b>Equipment and Improvements</b>		
Computer equipment	61,327	53,892
Leasehold improvements	-	10,155
Total	61,327	64,047
Accumulated depreciation	(41,252)	(35,080)
<b>Net Equipment and Improvements</b>	<b>20,075</b>	<b>28,967</b>
<b>Other Assets</b>		
Deposits	10,525	5,275
Intangible assets, net of accumulated amortization: 2014 - \$44,444; 2013 - \$27,778	5,556	22,222
<b>Total Other Assets</b>	<b>16,081</b>	<b>27,497</b>
<b>Total Assets</b>	<b>\$ 4,287,668</b>	<b>\$ 2,333,583</b>

**Good Sports, Inc.**  
**Statements of Financial Position**  
**December 31,**

	2014	2013
<b>Liabilities and Net Assets</b>		
<b>Current Liabilities</b>		
Accounts payable	\$ 122,706	\$ 13,356
Payroll withholdings	14,785	1,580
Accrued expenses	37,145	48,164
<b>Total Current Liabilities</b>	174,636	63,100
<b>Commitments and Contingencies (Note E)</b>	-	-
<b>Long-Term Liabilities</b>		
Deferred rent	9,145	-
<b>Total Liabilities</b>	183,781	63,100
<b>Net Assets</b>		
Unrestricted	416,779	281,199
Temporarily restricted	3,687,108	1,989,284
<b>Total Net Assets</b>	4,103,887	2,270,483
<b>Total Liabilities and Net Assets</b>	\$ 4,287,668	\$ 2,333,583

*See accompanying notes.*

**Good Sports, Inc.**  
**Statement of Activities and Changes in Net Assets**  
**Year Ended December 31, 2014**  
**(With Comparative Totals for 2013)**

	<b>2014</b>			<b>2013</b>	
	<b><u>Unrestricted</u></b>	<b><u>Temporarily Restricted</u></b>	<b><u>Total</u></b>	<b><u>Total</u></b>	
<b>Support</b>					
Contributions	\$ 72,974	\$ 13,050	\$ 86,024	\$	90,621
Corporate grants	25,564	1,233,484	1,259,048		224,111
Foundation grants	122,699	579,942	702,641		691,301
Contributed goods and services	5,600	2,833,306	2,838,906		2,256,479
Special events	579,425	-	579,425		517,940
Interest and dividend income	284	-	284		100
Other income	90,099	-	90,099		83,601
Net assets released from restrictions	2,961,958	(2,961,958)	-		-
<b>Total Support</b>	<b>3,858,603</b>	<b>1,697,824</b>	<b>5,556,427</b>		<b>3,864,153</b>
<b>Expenses</b>					
Program services	2,975,674	-	2,975,674		2,324,140
Inventory obsolescence, net	67,645	-	67,645		5,617
General and administrative	239,136	-	239,136		232,426
Fundraising	440,568	-	440,568		446,216
<b>Total Expenses</b>	<b>3,723,023</b>	<b>-</b>	<b>3,723,023</b>		<b>3,008,399</b>
<b>Change in Net Assets</b>	<b>135,580</b>	<b>1,697,824</b>	<b>1,833,404</b>		<b>855,754</b>
Net assets, beginning of year	281,199	1,989,284	2,270,483		1,414,729
<b>Net Assets, End of Year</b>	<b>\$ 416,779</b>	<b>\$ 3,687,108</b>	<b>\$ 4,103,887</b>	<b>\$</b>	<b>2,270,483</b>

*See accompanying notes.*

**Good Sports, Inc.**  
**Statement of Functional Expenses**  
**Year Ended December 31, 2014**  
**(With Comparative Totals for 2013)**

	<b>2014</b>					<b>2013</b>	
	<b><u>Program Services</u></b>	<b><u>Inventory Obsolescence</u></b>	<b><u>General and Administrative</u></b>	<b><u>Fundraising</u></b>	<b><u>Total</u></b>	<b><u>Total</u></b>	
Salaries and related taxes	\$ 435,721	\$ -	\$ 116,555	\$ 142,455	\$ 694,731	\$	513,258
Bad debt expense	-	-	-	-	-		1,425
Computer services	4,362	-	1,204	1,470	7,036		2,867
Depreciation and amortization	-	-	29,402	-	29,402		28,585
Distribution of equipment	2,160,891	-	-	-	2,160,891		1,908,795
Employee benefits	43,735	-	12,052	14,743	70,530		48,170
Insurance	1,407	-	2,523	474	4,404		2,847
Interest expense	-	-	187	-	187		611
Inventory obsolescence	-	67,645	-	-	67,645		5,617
Loss on disposal of asset	-	-	3,591	-	3,591		-
Marketing	9,197	-	530	8,447	18,174		18,288
Membership dues	1,591	-	439	537	2,567		1,975
Merchant account fees	229	-	989	2,938	4,156		1,375
Office expenses	12,652	-	4,370	4,414	21,436		11,461
Payroll expense	2,016	-	556	679	3,251		3,361
Postage and delivery	88,539	-	693	4,734	93,966		62,610
Professional fees	17,469	-	46,687	10,387	74,543		53,691
Rent	61,072	-	3,577	4,372	69,021		58,426
Sales tax	3,856	-	-	-	3,856		1,488
Special events	20,231	-	277	229,417	249,925		239,978
Supplies	7,200	-	10,147	5,575	22,922		4,900
Telephone	6,410	-	1,666	2,037	10,113		7,520
Travel	59,953	-	3,302	7,414	70,669		28,314
Warehouse Costs	39,143	-	389	475	40,007		2,837
<b>Total Expenses</b>	<b>\$ 2,975,674</b>	<b>\$ 67,645</b>	<b>\$ 239,136</b>	<b>\$ 440,568</b>	<b>\$ 3,723,023</b>	<b>\$</b>	<b>3,008,399</b>

*See accompanying notes.*

**Good Sports, Inc.**  
**Statements of Cash Flow**  
**Years Ended December 31,**

	2014	2013
<b>Operating Activities</b>		
Change in net assets	\$ 1,833,404	\$ 855,754
Adjustments to reconcile change in net assets to net cash operating activities:		
Depreciation and amortization	29,402	28,585
Reserve for inventory obsolescence	67,645	5,617
Contributed goods, net	(1,397,907)	(847,434)
Loss on disposal of asset	3,591	-
Increase (decrease) in cash from:		
Contributions and pledges receivable	(72,250)	3,175
Accounts receivable	(7,433)	(5,440)
Grants receivable	(164,500)	71,893
Prepaid expenses	(10,696)	(1,612)
Deposits	(5,250)	(2,250)
Accounts payable	109,350	(27,582)
Payroll withholdings	13,205	(2,641)
Accrued expenses	(11,019)	(85)
Deferred rent	9,145	-
<b>Net Cash Operating Activities</b>	<b>396,687</b>	<b>77,980</b>
<b>Investing Activities</b>		
Acquisition of computer equipment	(7,435)	(1,363)
<b>Net Change in Cash and Cash Equivalents</b>	<b>389,252</b>	<b>76,617</b>
Cash and cash equivalents, beginning of year	370,686	294,069
<b>Cash and Cash Equivalents, End of Year</b>	<b>\$ 759,938</b>	<b>\$ 370,686</b>

*See accompanying notes.*

**A. Description of Organization**

Good Sports, Inc. (a nonprofit “Organization”) was incorporated in November 2003 with a 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 youths helping to lay the foundation for healthy, active lifestyles. The Organization partners with sporting goods manufacturers to ensure that disadvantaged youths are getting the equipment they need to participate.

**B. Summary of Significant Accounting Policies**

1. Basis of presentation - Financial statement presentation follows accounting principles generally accepted in the United States of America (GAAP). Under GAAP, the Organization is required to report 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.
2. Use of estimates - The preparation of financial statements in conformity with GAAP requires the use of estimates and assumptions regarding certain types of assets, liabilities, revenues and expenses. Such estimates relate primarily to unsettled transactions and events as of the date of the financial statements. Accordingly, upon settlement, actual results may differ from estimated amounts.
3. Cash and cash equivalents - For purposes of financial statement presentation, cash and cash equivalents consist of cash on deposit, certificates of deposit, money market accounts, and Treasury Bills that are readily convertible to cash and have an original maturity of three months or less. Certificates of deposit and Treasury Bills with an original maturity greater than three months, but less than one year, are classified as short-term investments.
4. Contributions, pledges, grants and accounts receivable - The Organization carries its receivables at cost less an allowance for doubtful accounts. On a periodic basis, the Organization evaluates its receivables and establishes an allowance for doubtful accounts, based on a history of past write-offs and collections and current credit conditions. All receivables are due in less than one year.
5. Inventory - Inventory consists of sports equipment and goods and is stated at the lower of cost or market, for purchased inventory, on a first-in, first-out basis. Donated inventory is stated at the lower of market value on the date of donation or date of financial statements. Consideration is given to obsolescence, excessive levels and other factors in evaluating net realizable value. Contributed inventory is recorded at fair value on the date of receipt.

**B. Summary of Significant Accounting Policies (continued)**

6. Equipment, improvements and depreciation - Computer equipment is carried at cost if purchased, or fair value if contributed. The Organization capitalizes assets over \$1,000 that have an estimated useful life of more than one year. Depreciation is calculated using the straight-line method over the estimated useful lives of the assets, which is five years. Depreciation for the years ended December 31, 2014 and 2013 was \$12,736 and \$11,918, respectively.
7. Intangibles - Intangibles consist of a website that was donated to the Organization in 2012. The cost of this website is being amortized using the straight-line method over 3 years. Total amortization expense for the years ended December 31, 2014 and 2013 was \$16,666 and \$16,667, respectively.
8. Fair value of financial instruments - The Organization's financial instruments are cash and cash equivalents, accounts receivable, marketable securities and accounts payable. The recorded values of these financial instruments, except for marketable securities, approximate their fair values based on their short-term nature. The fair value of marketable securities is based on quoted market prices. Marketable securities, consisting of shares of common stock of one company, are classified as "available for sale" and are carried in the financial statements at fair value in accordance with GAAP. Unrealized holding gains and losses are included in the Organization's earnings.
9. Contributions - Unconditional contributions received are recorded as unrestricted, temporarily restricted or permanently restricted support depending on the existence and nature of any donor imposed restrictions when received. Temporarily restricted contributions are reclassified to unrestricted net assets upon expiration of the donor imposed restrictions. Conditional promises to give are not recorded as support until the conditions are substantially met.
10. Contributed goods and services - The Organization records contributed goods and services at their estimated fair value on the date of receipt. During the years ended December 31, 2014 and 2013, the Organization received contributed sports equipment valued at \$2,785,848 and \$2,188,888, respectively and contributed services valued at \$37,108 and \$44,041, respectively. Additionally the organization received \$15,590 and \$23,550 worth of credits from vendors for the years ended December 31, 2014 and 2013, respectively. Contributed sports equipment is recorded as inventory and is expensed when distributed.
11. Functional expenses - The costs of providing the Organization's various programs and other activities have been summarized on a functional basis. Accordingly, certain costs have been allocated among the programs using various allocation methods.
12. Marketing costs - The Organization expenses marketing costs when incurred. During the years ended December 31, 2014 and 2013, marketing costs were \$18,174 and \$18,288, respectively.



**B. Summary of Significant Accounting Policies (continued)**

13. Income taxes - The Organization is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. The Organization is also exempt from state income taxes under various state laws. Accordingly, no provision for federal or state income taxes has been provided for the accompanying financial statements. Contributions to the Organization are tax deductible.

In accordance with GAAP, the Organization identifies, recognizes, measures and discloses in its financial statements the effects of any uncertain tax reporting positions it has taken or expects to take. The Organization recognizes an unrecognized tax benefit when, despite the Organization's belief that its tax return positions are supportable, it is possible that certain positions may not be fully sustained upon review by tax authorities. To the extent that the final tax outcome of these matters is different than the amounts recorded, such differences impact income tax expense in the period in which such determination is made. Interest and penalties, if any, related to accrued liabilities for potential tax assessments are included in income tax expense. Management has analyzed the Organization's tax positions taken for all open tax years (2011-2014), and has concluded that no provision for unrecognized tax benefits from uncertain tax positions is required in the Organization's financial statements.

14. Prior year information - The financial statements include certain prior year summarized comparative totals in the statements of activities and functional expenses. Such information does not include sufficient detail to constitute a presentation in conformity with GAAP. Accordingly, such information should be read in conjunction with the Organization's financial statements for the year ended December 31, 2013, from which the summarized totals were derived.
15. Subsequent events - The Company has evaluated all subsequent events through September 16, 2015, the date the financial statements were available to be issued.

**C. Line of Credit, Bank**

In February 2014, the Organization entered into a line of credit with a bank for borrowings up to \$250,000 and is payable on demand. The interest rate on the line of credit is floating at Prime plus 1%. The line of credit renews annually. At December 31, 2014 there were no outstanding borrowings on the line of credit.

**D. Temporarily Restricted Net Assets**

Temporarily restricted net assets consist of the following at December 31:

	<u><b>2014</b></u>	<u><b>2013</b></u>
Equipment donation program	\$ 3,184,813	\$ 1,858,520
Equipment purchase program	<u>476,487</u>	<u>130,764</u>
	\$ <u><b>3,661,300</b></u>	\$ <u><b>1,989,284</b></u>

**E. Commitments and Contingencies**

The Organization leased its office under a five year non-cancelable lease, which was set to expire in July 2015. In November 2014 the Organization signed a letter of intent for new office space with the same management company, relocated to a temporary office space at the landlord's expense and paid no rent during the relocation period. Subsequent to year end, in March 2015 the Organization moved into their new office space. As of the issuance date of these financial statements there is no signed lease and the Organization is a tenant at will. The Organization pays monthly rental payments plus a proportionate share of certain operating expenses.

The Organization also leases a warehouse for its inventory under a lease agreement which expired in July 2011 and was renewed until July 2014. The lease agreement provides for monthly rental payments plus a proportionate share of certain operating expenses and contains a two year extension option. In April 2014, the Organization entered into a new 5 year warehouse lease commencing May 1, 2014. The lease agreement provides for monthly rental payments of \$5,250, plus certain operating expenses.

Total rent expense under these leases for the years ended December 31, 2014 and 2013, was \$69,021 and \$58,426, respectively.

Future minimum base rental payments under non-cancelable leases are as follows:

	<u><b>Amount</b></u>
2015	\$ 63,000
2016	63,000
2017	63,000
2018	63,000
2019	<u>31,500</u>
Total	\$ <u><b>283,500</b></u>

**F. Concentrations**

1. Uninsured cash deposits - The Organization maintains cash in bank deposit accounts that, at times, exceed federally insured limits. The Federal Deposit Insurance Corporation ("FDIC") provides a \$250,000 guarantee per depositor for accounts held at insured banks. At December 31, 2014, the Organization had \$321,622 of uninsured cash or cash equivalents held in a commercial bank. Management believes that the Organization is not exposed to significant credit risk in these accounts.
2. Support - For the years ended December 31, 2014 and 2013, the Organization received approximately 78% and 93%, respectively, of its total contributed equipment from three and two contributors, respectively. For the years ended December 31, 2014 and 2013, approximately 48% and 19%, respectively, of total cash contributions were received from one contributor. At December 31, 2014 and 2013, three donors accounted for approximately 69% and 90%, respectively, of gross contributions and pledges receivable.

**G. Retirement Plan**

Effective April 1, 2013, the Organization began offering a 401(k) defined contribution retirement plan (the "Plan") to all eligible employees over 21 years of age and who have been employed with the Organization for more than 90 days. The Plan allows employees to voluntarily elect to contribute and also allows the employer to make a discretionary contribution. There were no employer contributions to the plan for the years ended December 31, 2014 and 2013.

**H. Reclassification**

Certain items in the 2013 financial statements have been reclassified to conform to the current year presentation. There was no change in previously reported net assets as a result of these reclassifications.