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$_{\text{Form}}990$

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Open to Public

		lendar year, or tax year beginning 01-01-2011 and ending 12 C Name of organization	2-31-2011		D Employer ide	ntification number
Add	eck if applicable dress change	GOOD SPORTS INC			75-313866	4
_	me change	Doing Business As		_	E Telephone nu	mber
– Init	tial return	Number and street (or P O box if mail is not delivered to street address)	Room/suite	_	(617)471-1	
_	rmınated	1515 HANCOCK STREET SUITE 301		_	G Gross receipts	\$ 1,079,663
	nended return plication pending	City or town, state or country, and ZIP + 4 QUINCY, MA 02169				
		F Name and address of principal officer		H(a) Is thi	s a group return	for
		MELISSA HARPER 1515 HANCOCK STREET SUITE 301		affilia	tes?	⊤Yes ▼ No
		QUINCY,MA 02169		H(b) Are al	l affiliates include	ed?
Ta	x-exempt status	✓ 501(c)(3)	527	_		(see instructions)
	<u> </u>	/W GOODSPORTS ORG	327	H(c) Grou	p exemption nu	mber 🗲
			l	1	1	
	_	✓ Corporation		L Year of fo	mation 2003 M	State of legal domicile M
ΓŒ		escribe the organization's mission or most significant activitie				_
Activities & Governance	SPORTS PROGRA	TING ONE OF THE MAJOR OBSTACLES LIMITING PARTICIS DISTRIBUTES SPORTS EQUIPMENT, FOOTWEAR, AND AF AMS TO DISADVANTAGED YOUTH HELPING TO LAY THE F	PPAREL TO	O COMMUN ON FOR HE	ITY ORGANIZA ALTHY, ACTIV	TIONS OFFERING E LIFESTYLES
త వ		of voting members of the governing body (Part VI, line 1a)			з	16
a H	4 Number	of independent voting members of the governing body (Part VI	, line 1b)		4	15
3	5 Total nu	mber of individuals employed in calendar year 2011 (Part V, Ii	ne 2a) .		5	10
4		mber of volunteers (estimate if necessary)			6	90
		related business revenue from Part VIII, column (C), line 12			7a	0
	b Net unre	lated business taxable income from Form 990-T, line 34 .	-	Drie	r Year	Current Year
	8 Contr	butions and grants (Part VIII, line 1h)		Prio	1,546,168	805,475
₹		Im service revenue (Part VIII, line 2g)		0		0
Revenue	_	ment income (Part VIII, column (A), lines 3, 4, and 7d) .			392	-16
Ť		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1	-		130,310	197,382
		revenue—add lines 8 through 11 (must equal Part VIII, columi			1,676,870	1,002,841
		s and similar amounts paid (Part IX, column (A), lines 1–3).			0	0
	14 Benef	ts paid to or for members (Part IX, column (A), line 4)			0	0
	15 Saları 5–10	es, other compensation, employee benefits (Part IX, column (A	(), lines		346,961	390,949
ø	2-10				370,301	3,0,0,7
28 28 28 28	16a Profes	sional fundraising fees (Part IX, column (A), line 11e)			361	
хрензез		sional fundraising fees (Part IX, column (A), line 11e) ndraising expenses (Part IX, column (D), line 25) \triangleright 31,131			361	
Expenses	b Total fu	sional fundraising fees (Part IX, column (A), line 11e) ndraising expenses (Part IX, column (D), line 25) $\blacktriangleright \frac{31,131}{2}$ expenses (Part IX, column (A), lines $11a-11d$, $11f-24e$) .			1,033,782	627
Expenses	b Total fu	ndraising expenses (Part IX, column (D), line 25) • 31,131	 .			1,263,297
_	b Total fu17 Other18 Total	ndraising expenses (Part IX, column (D), line 25) \blacktriangleright 31,131 expenses (Part IX, column (A), lines 11a-11d, 11f-24e).	 ine 25)		1,033,782	1,263,297 1,654,873
	b Total fu17 Other18 Total	ndraising expenses (Part IX, column (D), line 25) expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . expenses Add lines 13-17 (must equal Part IX, column (A), lines 11a-11d, 11f-24e)	 ine 25)		1,033,782 1,381,104	1,263,297 1,654,873
_	b Total for 17 Other 18 Total 19 Rever 20 Total	ndraising expenses (Part IX, column (D), line 25) assets (Part IX, column (A), lines 11a-11d, 11f-24e) . expenses Add lines 13-17 (must equal Part IX, column (A), line less expenses Subtract line 18 from line 12	 Ine 25)		1,033,782 1,381,104 295,766 Jof Current	1,263,297 1,654,873 -652,032
_	b Total for 17 Other 18 Total 19 Rever 20 Total 21 Total	ndraising expenses (Part IX, column (D), line 25) expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . expenses Add lines 13-17 (must equal Part IX, column (A), lines expenses Subtract line 18 from line 12	 Ine 25) 		1,033,782 1,381,104 295,766 g of Current ear 1,515,390 53,520	1,263,297 1,654,873 -652,032 End of Year
Net Assets or Fund Balances	b Total full 17 Other 18 Total 19 Rever 20 Total 21 Total 22 Net as	ndraising expenses (Part IX, column (D), line 25) expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . expenses Add lines 13-17 (must equal Part IX, column (A), line less expenses Subtract line 18 from line 12 exsets (Part X, line 16)	 Ine 25) 		1,033,782 1,381,104 295,766 g of Current ear 1,515,390	1,263,297 1,654,873 -652,032 End of Year 872,715 60,402
Not Assets or Fund Balances	b Total full 17 Other 18 Total 19 Rever 20 Total 21 Total 22 Net as	expenses (Part IX, column (D), line 25) expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . expenses Add lines 13-17 (must equal Part IX, column (A), lines expenses Subtract line 18 from line 12		Y	1,033,782 1,381,104 295,766 g of Current ear 1,515,390 53,520 1,461,870	1,263,297 1,654,873 -652,032 End of Year 872,715 60,402 812,313
Not Assets of Pund Balances	b Total full 17 Other 18 Total 19 Rever 20 Total 21 Total 22 Net as rt III Sign r penalties of p	ndraising expenses (Part IX, column (D), line 25) expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . expenses Add lines 13-17 (must equal Part IX, column (A), line less expenses Subtract line 18 from line 12 exsets (Part X, line 16)	ine 25)	edules and si	1,033,782 1,381,104 295,766 Jof Current ear 1,515,390 53,520 1,461,870	1,263,297 1,654,873 -652,032 End of Year 872,715 60,402 812,313
Met Assets of Me	b Total for 17 Other 18 Total 19 Rever 20 Total 21 Total 22 Net as 11 Sign repealties of pledge and belief ledge.	expenses (Part IX, column (D), line 25) expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . expenses Add lines 13-17 (must equal Part IX, column (A), line less expenses Subtract line 18 from line 12 eassets (Part X, line 16)	ine 25)	edules and si is based on a	1,033,782 1,381,104 295,766 Jof Current ear 1,515,390 53,520 1,461,870 tatements, and to all information of	1,263,297 1,654,873 -652,032 End of Year 872,715 60,402 812,313
Net Assets of Men Balances Sign	b Total full 17 Other 18 Total 19 Rever 20 Total 21 Total 22 Net as 111 Sign r penalties of pledge and beliefedge.	expenses (Part IX, column (D), line 25) expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . expenses Add lines 13-17 (must equal Part IX, column (A), line less expenses Subtract line 18 from line 12 eassets (Part X, line 16)	ine 25)	edules and si is based on a	1,033,782 1,381,104 295,766 Jof Current ear 1,515,390 53,520 1,461,870 tatements, and to all information of	1,263,297 1,654,873 -652,032 End of Year 872,715 60,402 812,313
Net Assets of Men Balances Sign	b Total full 17 Other 18 Total 19 Rever 20 Total 21 Total 22 Net as rt III Sign r penalties of pledge and belief ledge.	expenses (Part IX, column (D), line 25) expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . expenses Add lines 13-17 (must equal Part IX, column (A), line less expenses Subtract line 18 from line 12 eassets (Part X, line 16)	ine 25)	edules and si is based on a	1,033,782 1,381,104 295,766 Jof Current ear 1,515,390 53,520 1,461,870 tatements, and to all information of	1,263,297 1,654,873 -652,032 End of Year 872,715 60,402 812,313
Par Hend Balances Paid Balances	b Total full 17 Other 18 Total 19 Rever 20 Total 21 Total 22 Net as 111 Sign r penalties of p ledge and belief ledge. Prepare signatur	expenses (Part IX, column (D), line 25) expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . expenses Add lines 13-17 (must equal Part IX, column (A), line less expenses Subtract line 18 from line 12 expenses Add lines 13-17 (must equal Part IX, column (A), line less expenses Subtract line 18 from line 12 expenses Add lines 13-17 (must equal Part IX, column (A), line less expenses Subtract line 18 from line 12 expenses Add lines 13-17 (must equal Part IX, column (A), line less expenses Subtract line 12 from line 12	canying sch	edules and si is based on a	1,033,782 1,381,104 295,766 Jof Current ear 1,515,390 53,520 1,461,870 tatements, and to all information of	1,263,297 1,654,873 -652,032 End of Year 872,715 60,402 812,313 To the best of my which preparer has any which preparer has any exercise the second control of the preparer has a second control of the
Net Assets of Discounting Balances of Paid Balances	b Total full 17 Other 18 Total 19 Rever 20 Total 21 Total 22 Net as 111 Sign 1 penalties of pledge and belief 1 ledge. Prepare 1 signatur 2 regressignatur 2 regressignatur 3 regressignatur 4 regressignatur 5	expenses (Part IX, column (D), line 25) 31,131 expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . expenses Add lines 13-17 (must equal Part IX, column (A), line less expenses Subtract line 18 from line 12 expenses Add lines 13-17 (must equal Part IX, column (A), line less expenses Subtract line 18 from line 12 expenses Add lines 13-17 (must equal Part IX, column (A), line less expenses Subtract line 18 from line 12 expenses Add lines 13-17 (must equal Part IX, column (A), line less expenses Subtract line 12 from line 12 expenses Add lines 13-17 (must equal Part IX, column (A), line 25) expenses Add lines 13-17 (must equal Part IX, column (A), line 25 expenses Add lines 13-17 (must equal Part IX, column (A), line 25 expenses Add lines 13-17 (must equal Part IX, column (A), line 25 expenses Add lines 13-17 (must equal Part IX, column (A), line 25 expenses Add lines 13-17 (must equal Part IX, column (A), line 25 expenses Add lines 13-17 (must equal Part IX, column (A), line 25 expenses Add lines 13-17 (must equal Part IX, column (A), line 25 expenses Add lines 13-17 (must equal Part IX, column (A), line 25 expenses Add lines 13-17 (must equal Part IX, column (A), line 25 expenses Add lines 13-17 (must equal Part IX, column (A), line 25 expenses Add lines 13-17 (must equal Part IX, column (A), line 25 expenses Add lines 13-17 (must equal Part IX, column (A), line 25 expenses Add lines 13-17 (must equal Part IX, column (A), line 25 expenses Add lines 13-17 (must equal Part IX, column (A), line 25 expenses 24	canying sch	edules and stis based on a	1,033,782 1,381,104 295,766 of Current ear 1,515,390 53,520 1,461,870 tatements, and to all information of the second se	1,263,297 1,654,873 -652,032 End of Year 872,715 60,402 812,313 The best of my which preparer has any which preparer has a prepa
Par Hearth of Paragrams of Para	b Total full 17 Other 18 Total 19 Rever 20 Total 21 Total 22 Net as 11 Sign r penalties of p ledge and beliefledge. Prepare signatur arer's Only Firm's n if self-e	expenses (Part IX, column (D), line 25) expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . expenses Add lines 13-17 (must equal Part IX, column (A), line less expenses Subtract line 18 from line 12 expenses Add lines 13-17 (must equal Part IX, column (A), line less expenses Subtract line 18 from line 12 expenses Add lines 13-17 (must equal Part IX, column (A), line less expenses Subtract line 18 from line 12 expenses Add lines 13-17 (must equal Part IX, column (A), line less expenses Subtract line 12 from line 12 expenses Add lines 13-17 (must equal Part IX, column (A), line 26 in line 12 in	canying sch	edules and stis based on a	1,033,782 1,381,104 295,766 Jof Current ear 1,515,390 53,520 1,461,870 tatements, and to all information of	1,263,297 1,654,873 -652,032 End of Year 872,715 60,402 812,313 The best of my which preparer has any which has a preparer has any which has a preparer has a preparer has a preparer has a preparer has a

Form	1990 (2011)				Page 2
Par		ent of Program Service chedule O contains a respons		t III	.
1	Briefly describe	the organization's mission			
O NE SPO	MISSION IS TO I OF THE MAJOR O RTS EQUIPMENT	INCREASE YOUTH PARTICI DBSTACLES LIMITING PART	ICIPATION - ACCESS TO . TO COMMUNITY ORGANI	ESS, AND RECREATIONAL PROSPECTION OF SPORTS EQUIPMENT GOOD ZATIONS OFFERING PROGRATULES	SPORTS DISTRIBUTES
2	the prior Form 99	non undertake any significant 00 or 990-EZ?		year which were not listed on	「Yes ▽ No
	If "Yes," describe	these new services on Sched	lule O		
3	services?	non cease conducting, or mak		it conducts, any program	┌ Yes ┌ No
4	Describe the orga	on 501(c)(3) and 501(c)(4) or	complishments for each of it ganizations and section 494	ts three largest program service 7 (a)(1) trusts are required to re r each program service reported	port the amount of
	(Code) (Expenses \$	1,651,177 including grants of s) (Revenue \$)
-1 a	•	00,000 YOUNG PEOPLE THROUGH SP		OD SPORTS HAS DONATED OVER \$5,00	,
4b	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
4d	Other program s	services (Describe in Schedu includir	le O) ng grants of \$) (Revenue \$)
4e	Total program s	ervice expenses►\$	1,651,177		

	art IV	Checklist of	Required	Schedules
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	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💋	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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? If "Yes," complete Schedule D, Part VII.	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
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? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II $\textcircled{\textbf{5}}$	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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 owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Dart V	Statements Regarding Other IRS Filings and Tax Compliance
	Statements regarding other thou innings and rax compliance

	Check if Schedule O contains a response to any question in this Part V		.୮	
			Yes	No
а	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
а	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	10		
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
a	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 or securities account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		N o
h	organization solicit any contributions that were not tax deductible?			
	were not tax deductible?	6b		
_	Organizations that may receive deductible contributions under section 170(c).	. .		NI -
а	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?	7a		N o
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			N.
_	contract?	7e		No No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7f		No_
_	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		
_	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the organization make any taxable distributions under section 4966?	9a		
р 0	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
	facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
r	the states in which the organization is licensed to issue qualified health plans Enter the aggregate amount of reserves on hand			
_	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Check if Schedule O contains a response to any question in this Part VI

Se	ction A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are			
	ındependent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the			
а	year by the following The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
Re	vende Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	1.00	No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		Νo
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	165		N.o.
L	taxable entity during the year?	16a		No
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
	List the States with which a copy of this Form 990 is required to be filed▶MA, PA, IL			

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website Vpon request

- 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 See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization MELISSA HARPER
 1515 HANCOCK ST SUITE 301

QUINCY,MA 02169 (617)471-1213

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

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, and **current** key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

◆ 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

(A) Name and Title	(B) A verage hours per week (describe hours		on (d e thai	n one son er ar	e bo is bo nd a stee	x, oth)		(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
	for	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	organizations
(1) MELISSA HARPER CEO/DIRECTOR	40 00	х		х				95,142	0	1,080
(2) GEOFFREY HYATT TREASURER/DIRECTOR	2 00	Х		х				0	0	0
(3) KIRSTEN HANO DIRECTOR	2 00	Х						0	0	0
(4) MICHAEL HARRINGTON DIRECTOR	2 00	х						0	0	0
(5) ANDREW LAURENCE DIRECTOR	2 00	х						0	0	0
(6) KAKI MARTIN DIRECTOR	2 00	х						0	0	0
(7) DREW SAWYER DIRECTOR	2 00	х						0	0	0
(8) WILBUR SWAN DIRECTOR	2 00	х						0	0	0
(9) KENT WELDON DIRECTOR	2 00	х						0	0	0
(10) DANIEL TOUHEY DIRECTOR	2 00	х						0	0	0
(11) TED MANLEY DIRECTOR	2 00	х						0	0	0
(12) MICHELE MARTIN DIRECTOR	2 00	х						0	0	0
(13) PETER STEVENS DIRECTOR	2 00	Х						0	0	0
(14) ROB GOTTI DIRECTOR	2 00	х						О	0	0
(15) MICHAEL WALL DIRECTOR	2 00	х						0	0	0
(16) BRYANT MCBRIDE DIRECTOR	2 00	х						0	0	0
(17) KATHERINE POTTER DIRECTOR	2 00	Х						0	0	0 Earm 999 (2011)

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

	(A) Name and Title	(B) Average hours per week (describe	unles ar	on (d e tha	n on son er a	e bo ıs b nd a	x, oth		(D) Reportable compensatio from the organization (\) 2/1099-MIS(from related V- organizations (W- 2/1099-		(F) Estima amount o compens from t organizati	ited f other sation the on and
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)		relate organiza	
	CHRISTY PUGH KESWICK	40 00			х				81,	586	0		17,158
	,												
1b	Sub-Total							•					
c d	Total from continuation sheets Total (add lines 1b and 1c) .	to Part VII, Sec		• •	•	•		*	176,7	28	0		18,238
2	Total number of individuals (incl \$100,000 of reportable compen	udıng but not lın	nited to			ted .	<u>.</u> above) who					
										ŗ		Yes	No
3	Did the organization list any for on line 1 a? If "Yes," complete Sci							ee, o	r highest comp	ensated employee	-		N a
4	For any individual listed on line organization and related organiz	1 a, is the sum of	f report	able	com	pens	ation				3		No
5	Individual	receive or accru	e com	• nensa	• ation	• fror	nanv	• unrel	lated organization	on or individual for	4		N o
,	services rendered to the organiz									·	5		No
	ction B. Independent Con												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	the organizatio											
	Nat	(A) me and business add	dress							(B) escription of services	\prod	(C) Compen	
											_		
	Total number of independent cont \$100,000 of compensation from			ot lır	nıted	l to 1	those	liste	d above) who re	ceived more than			

Part v		Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
装装	1a	Federated campaigns 1a				
きず	ь	Membership dues 1b				
ಕ್ಟಾ	_	Fundraising events 1c 15,430				
कुं हर	С					
表表	d	Related organizations 1d				
<i>‰</i> ≣	e	Government grants (contributions) 1e				
동생	f	All other contributions, gifts, grants, and 1f 790,045				
重し	'	similar amounts not included above				
ē€	g	Noncash contributions included in				
₽ĕ		lines 1a-1f \$				
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f	805,475			
e E	_	Business Code	_			
9-	2a					
Ž.	b					
a T	c					
2						
ģ	d		ļ			
Ξ	e					
Program Serwce Revenue	f	All other program service revenue				
٥						
	g	Total. Add lines 2a-2f	ļ			
	3	Investment income (including dividends, interest				
		and other similar amounts)	311			311
	4	Income from investment of tax-exempt bond proceeds •				
	5	Royalties				
		(ı) Real (ıı) Personal				
	6a	Gross rents	1			
		Less rental	+			
	b	expenses				
	С	Rental income				
	d	or (loss) Net rental income or (loss)	-			
	u u					
	_	(I) Securities (II) Other	-			
	7a	Gross amount 2,722 from sales of				
		assets other				
	ь	than inventory Less cost or 2,162 887	_			
	ן י	other basis and				
		sales expenses Gain or (loss) 560 -887]			
	C	,		227		
	d	Net gain or (loss)	-327	-327		
	8a	Gross income from fundraising				
e n		events (not including				
-		\$15,430 of contributions reported on line 1c)				
à		See Part IV, line 18				
Œ		a 226,944				
<u> </u>	ь	220,544	1			
Other Revenue		Less direct expenses b 73,773 Net income or (loss) from fundraising events •	153,171			153,171
J	C	,	133,171			133,171
	9a	Gross income from gaming activities See Part IV, line 19				
		a				
	 k		1			
	b	Not uncome or (loss) from gaming activities	-			
	C	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances .				
	ь	Less cost of goods sold b	1			
	c	Net income or (loss) from sales of inventory	1 1			
		Miscellaneous Revenue Business Code				
	11a	40000	44,211	44,211		
		ADMIN FEE ON DONATED E 480000	,	.,		
	Ь					
	С					
	d	All other revenue				
	e	Total. Add lines 11a-11d	44.044			
	12	Total revenue. See Instructions	44,211			
	**	iotal levenue. See Instructions	1,002,841	43,884	0	153,482

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) but are not required to complete columns (B), (C), and (D)

	heck if Schedule O contains a response to any question in this Part IX		(B)	I	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	324,055	285,592	16,194	22,269
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)				
9	Other employee benefits	39,560	34,859	2,723	1,978
10	Payroll taxes	27,334	23,913	1,367	2,054
11	Fees for services (non-employees)				
а	Management				
b	Legal	2,583		2,583	
C	Accounting	26,530		26,530	
d	Lobbying				
е	Professional fundraising See Part IV, line 17	627			627
f	Investment management fees				
g	Other	250	250		
12	Advertising and promotion	6,456	696	5,760	
13	Office expenses	6,792		6,792	
14	Information technology				
15	Royalties				
16	Occupancy	48,452	26,000	22,452	_
17	Travel	16,594	15,763	793	38
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,377		9,377	
23	Insurance	,			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	DISTRIBUTION OF SPORTS	1,243,918	1,243,918		
b	POSTAGE AND DELIVERY	22,325	17,529	712	4,084
c	TELEPHONE	9,089	1,104	7,985	_
d	COMPUTER SERVICES	6,852		6,852	
e					_
f	All other expenses	-135,921	1,553	-137,555	81
25	Total functional expenses. Add lines 1 through 24f	1,654,873	1,651,177	-27,435	31,131
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	_,,	-, -,-	21,120	,

Part X **Balance Sheet** (A) (B) Beginning of year End of year 205.778 175,445 1 2 2 3 22,225 3 83,755 1.910 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Schedule L 7 1.266.156 514.612 9 6.145 9 4.825 Prepaid expenses and deferred charges 52.529 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 11,741 b Less accumulated depreciation 7,724 10c 40,788 2,162 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 3,290 15 15 53,290 1,515,390 872,715 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 53,520 17 60,402 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 D 26 53,520 26 60,402 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 32,206 27 Unrestricted net assets 119,075 1,429,664 28 693.238 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 1,461,870 33 812.313 34 Total liabilities and net assets/fund balances 1.515.390 872.715 34

	Check if Schedule O contains a response to any question in this Part XI		<u></u>	. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1.0	002,84:
2	Total expenses (must equal Part IX, column (A), line 25)	2			554,873
3	Revenue less expenses Subtract line 2 from line 1	3		-6	552,032
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		1,4	161,870
5	Other changes in net assets or fund balances (explain in Schedule O)	5			2,475
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		8	312,313
Pai	The Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ıssued			
	▼ Separate basis			1	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	ne	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

GOOD SPORTS INC

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Employer identification number

75-3138664

	1.5			DIIC Charity Sta		,			,	nstruction	15		
he o	rganı			te foundation becaus			-		×)				
1	<u> </u>		-	on of churches, or a)(1)(A)(i).					
2		A scho	ol described	in section 170(b)(1	l)(A)(ii). (At	tach Schedu	ıle E)						
3		A hosp	ital or a coo	perative hospital se	rvice organiz	atıon descri	bed in sectio	n 170(b)(1)	(A)(iii).				
4	Γ			h organization operatity, and state	ted in conjun	ction with a	hospital des	cribed in sec	tion 170(b)	(1)(A)(iii).	. Entei	r the	
5	Г	An oras	anization op	erated for the benefi	t of a college	or universit	tv owned or o	perated by a	governmer	ital unit de:	scribe	_ d	
	·	_	•	A)(iv). (Complete P	_		,	,	3				
6	Г			local government or	•	al unit desc	rıbed ın secti	on 170(b)(1)(A)(v).				
7	<u> </u>	An orga describ	anızatıon tha ed ın	at normally receives	a substantia					from the ge	neral	public	
8	_			(A)(vi) (Complete P		Al(vi) (Com	anlata Bart II						
9	<u>'</u>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross											
9	'	_		rities related to its ex					•	•	-	_	,,
				oss investment inco									
		•		ganızatıon after June				•		tax) II o III i	Dusine	.5505	
10	\vdash			ganized and operated	•			•	•				
11	<u>'</u>			ganized and operated						to carry ou	t the r	ournos	ses of
	'			ly supported organiz									
				bes the type of supp						_			
	_	·	Type I	b Type I			- Functional	, -		' '	•	- Oth	
е	ı	other th	_	ox, I certify that the on managers and ot	_		•			•		•	
f				received a written de	etermination	from the IRS	S that it is a	Type I. Type	II or Type	III suppor	tına o	raanız	ation.
			this box					,, , ,,	, ,	• • •	3	,	广
g				2006, has the organi	ızatıon accep	ted any gift	or contributi	on from any	of the				
			ng persons?	rectly or indirectly c	ontrols autho	eralone ort	ogether with	narcone dae	cribed in (ii)	١	Ī	Yes	No
				governing body of th	·		-	persons des	cribed iii (ii,		1g(i)	res	140
		•		er of a person descri	• •	_	TCIOII ·				lg(ii)		
			-	lled entity of a perso			hove?			—	g(iii)		
h				ng information about							9(111)		
		TTOVIGO	. the followin	ng miormation about	тие зарроти	ca organizaci	1011(3)						
				(iii)	(iv)								
				Type of	Is the	2	(v)		(vi				
	(i)		,	organization	organızatı		Did you not		Is th			(v	ii)
	Name suppo		(ii) EIN	(described on lines 1- 9 above	col (ı) lıst		organızatı col (ı) of		organiza col (i) org			A mou	-
	ganız		LIIN	or IRC section	your gove docume	_	suppor	•	in the U	-		supp	ort?
				(see	docume	111.							
				ınstructions))	Yes	No	Yes	No	Yes	No			
											_		
						i contract of the contract of		1					

Total

Support Schedule for Organizations Described in IRC 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.)

	under Part III. If the	organization f	ails to qualify ι	inder the tests I	<u>ısted below, ple</u>	ase cor	nplete F	Part III.)
	ection A. Public Support	_	_	,				
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2	011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,276,64	5 1,179,89	L 1,353,446	1,546,168		805,475	6,161,626
_	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4 5	Total. Add lines 1 through 3 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)	1,276,64	5 1,179,89	1,353,446	1,546,168		805,475	6,161,626
6	Public Support. Subtract line 5 from line 4							6,161,626
	ection B. Total Support							
Cale	endar year (or fiscal year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
7	beginning in) A mounts from line 4	1,276,646	1,179,891	1,353,446	1,546,168		805,475	6,161,626
8	Gross income from interest,	, ,	, ,	, ,			,	· · ·
	dividends, payments received on securities loans, rents, royalties and income from similar sources	2,224	4,198	2,269	392		311	9,394
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	165,050	127,243	151,159	130,310		197,382	771,144
11	Total support (Add lines 7 through 10)					1 1		6,942,164
12	Gross receipts from related activities					12		<u>.</u>
13	First Five Years If the Form 990 is to check this box and stop here	or the organizati	on's first, second	, third, fourth, or fi	ntn tax year as a s	001(c)(3) organiz	ation, ▶☐
	ection C. Computation of Pub					, ,		
14	Public Support Percentage for 2011	•		11 column (f))		14		88 760 %
15	Public Support Percentage for 2010	•	•			15		90 060 %
	33 1/3% support test—2011. If the and stop here. The organization qua 33 1/3% support test—2010. If the box and stop here. The organization	lifies as a public organization did	ly supported orga not check the bo	nization x on line 13 or 16				► ▼
L7a	10%-facts-and-circumstances test- is 10% or more, and if the organization Part IV how the organization mee organization	tion meets the "f	acts and circums	tances" test, chec	k this box and st	op here.	Explain	ed ▶ ┌
b	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part IV how the organization	iization meets th	e "facts and circu	mstances" test, c	heck this box and	stop he	re.	•
18	supported organization Private Foundation If the organization instructions							▶□ ▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).							
	Facts And Circumstances Test							
	Explanation							

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493289013272

OMB No 1545-0047

Open to Public

Inspection

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization GOOD SPORTS INC Employer identification number

				3138664	
ar	TI Organizations Maintaining Donor A		milar Funds	or Account	t s. Complete if th
_	organization answered "Yes" to Form 99	(a) Donor advised funds		(b) Funds and	other accounts
	Total number at end of year	(a) Bollot davised failes	,	(B) Fullus und	other decounts
	Aggregate contributions to (during year)				
	Aggregate grants from (during year)				
	Aggregate value at end of year				
	Did the organization inform all donors and donor adv funds are the organization's property, subject to the			rised	┌ Yes ┌ N
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber	_ _			ΓYes ΓN∈
	conferring impermissible private benefit Conservation Easements. Complete	if the organization answered	"Voc" to For		<u> </u>
	· ·			11 990, Part 1	iv, iiie 7.
	Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreat			rıcally importa	ntly land area
	Protection of natural habitat	·	tion of a certifie	, ,	•
	Preservation of open space				
	Complete lines 2a–2d if the organization held a qual	lified conservation contribution in	the form of a c	onservation	
	easement on the last day of the tax year				
				Held at th	e End of the Year
	Total number of conservation easements		2a		
	Total acreage restricted by conservation easements		2b		
	Number of conservation easements on a certified his	• •	2c		
	Number of conservation easements included in (c) a	cquired after 8/17/06	2d		
	Number of conservation easements modified, transfe	erred, released, extinguished, or t	terminated by t	he organizatio	n durıng
	the taxable year 🗠				
	Number of states where property subject to conserv	ation easement is located 🛌			
	Does the organization have a written policy regardin enforcement of the conservation easements it holds	g the periodic monitoring, inspect		f violations, ar	nd Yes N
	Staff and volunteer hours devoted to monitoring, ins	necting and enforcing conservation	on easements o	furing the year	· b -
	Amount of expenses incurred in monitoring, inspecti				-
	►\$	ng, and emoreing conservation ea	asements dum	g the year	
	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requiremen	nts of section		□Yes □N
					, ,
	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's			
rt	Organizations Maintaining Collection Complete if the organization answered			her Similar	Assets.
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	l for public exhibition, education o	or research in fi		
	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or re			
	(i) Revenues included in Form 990, Part VIII, line 1	•		► \$	
	(ii) Assets included in Form 990, Part X			► \$	
	If the organization received or held works of art, hist following amounts required to be reported under SFA		assets for finar		
	Revenues included in Form 990. Part VIII. line 1			. \$	

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	<u>:, His</u>	tori	<u>cal Tre</u>	asur	<u>es, or Otl</u>	<u>ner Sim</u>	<u>nilar Asse</u>	ets (co	ontinued)
	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing th	at are	a sıgnıfıcan	t use of ı	ts collectio	n	
а	Public exhibition		d	Γ	Loan or	excha	ange prograi	ms			
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ıın hov	w the	/ further	the or	ganızatıon's	exempt	purpose in		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t							ımılar	Г	Yes	┌ No
Part	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answered	"Yes" to	Form 99	0,	
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	forc	ontributi	ons or	other asset	s not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving t	able		_		Amo	unt	
c	Beginning balance						1	_	Aillo	unc	
d	Additions during the year						10	_			
e	Distributions during the year						10				
f	Ending balance						1	_			
	Did the organization include an amount on Fo	orm 990 Part V lin	ر 110				L <u>+</u>	•		Yes	□ No
	If "Yes," explain the arrangement in Part XIV	•	e ZI'						1	1 63	1 140
b Par			n ans	N/O r	d "Voc'	' to Fo	orm 990 E	art IV	line 10		
rai	Endownient i unus. Complete i	(a)Current Year)Prior '						e)Four Y	ears Back
1a	Beginning of year balance			-				<u> </u>		-	
b	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as		•		•		•		
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨										
c	Term endowment ►										
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	ation	that a	are held a	and ad	mınıstered f	or the		Yes	No
	(i) unrelated organizations								. 3a(i)		
	(ii) related organizations								3a(ii)		<u> </u>
	If "Yes" to 3a(II), are the related organizatio	•							. 3b		
4	Describe in Part XIV the intended uses of th					`					
Part	Land, Buildings, and Equipme	ent. See Form 95	70, Pa							T	
	Description of property				a) Cost or o		(b)Cost or ot basis (other		Accumulated epreciation	(d) B	ook value
1- 1	أدعاء						ı	1		1	
Ia L	and		•								
	Buildings										
b E		· · · · · · · · · · · · · · · · · · ·	· ·								
b E c L	Buildings	· · · · · · · · · · · · · · · · · · ·	· · ·				52,5	529	8,021		44,508
b E c L d E e C	Buildings	· · · · · · · · · · · · · · · · · · ·						529	8,021 3,720	+	44,508 -3,720

(a) Description of security or category	(b)Book value		od of valuation
(including name of security)	(b)Book value	Cost or end-o	f-year market value
(1)Financial derivatives (2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se			od of valuation
(a) Description of investment type	(b) Book value		f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. See Form 990, Part X, II	ne 15.	_	
(a) Descri			(b) Book value
(1) DEPOSITS			3,290
(2) WEBSITE IN CONSTRUCTION			50,000
Total. (Column (b) should equal Form 990, Part X, col.(B) line 3	15.)		53,290
Part X Other Liabilities. See Form 990, Part X		<u> </u>	33,230
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
See Additional Data Table			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 🕨			
(2) Should equal to this soo, that A, cor (b) mic 25)	İ		

Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,002,841
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,654,873
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-652,032
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	-
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	2,475
9	Total adjustments (net) Add lines 4 - 8	9	2,475
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-649,557
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue		
1	Total revenue, gains, and other support per audited financial statements	1	1,077,582
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	74,741
3	Subtract line 2e from line 1	3	1,002,841
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	C
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,002,841
Par	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Retu	ırn
1	Total expenses and losses per audited financial statements	1	1,727,139
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
	Prior year adjustments		
Ь			
b C	Other losses		
c d	Other losses 2c Other (Describe in Part XIV)		
c		2e	74,741
c d	Other (Describe in Part XIV) 2d 74,741	1 _	74,741 1,652,398
c d e	Other (Describe in Part XIV)	2e	
c d e 3	Other (Describe in Part XIV)	2e	
c d e 3 4	Other (Describe in Part XIV)	2e 3	
c d e 3 4	Other (Describe in Part XIV)	2e 3	

Complete this part to 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 XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

additional information					
Identifier	Return Reference	Explanation			
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	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 ORGANIZATIONS 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 ORGANIZATIONS 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 ORGANIZATIONS FINANCIAL STATEMENTS			
PART XI, LINE 8 - OTHER ADJUSTMENTS		ADDITIONAL TAX DEPRECIATION 2,475			
PART XII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT COSTS 73,770 LOSS ON DISPOSAL OF FIXED ASSET 887 PURCHASE DISCOUNTS 84			
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT COSTS 73,770 LOSS ON DISPOSAL OF FIXED ASSET 887 PURCHASE DISCOUNTS 84			
PART XIII, LINE 4B - OTHER ADJUSTMENTS		BOOK TAX DEPRECIATION ADJUSTMENT 2,475			

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DLN: 93493289013272

OMB No 1545-0047

2011

0011

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

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. See separate instructions.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public Inspection

Name of the organization GOOD SPORTS INC				Employer ide	ntification number
GOOD SPORTS INC				75-3138664	1
Part I Fundraising Act	tivities. Complete	e ıf the organız	ation answered "Yes"	to Form 990, Part IV	/, line 17.
 Indicate whether the organ Mail solicitations Internet and e-mail so Phone solicitations In-person solicitations Did the organization have a or key employees listed in If "Yes," list the ten highes to be compensated at leas 	licitations s a written or oral agre Form 990, Part VII st paid individuals or	ement with any ii) or entity in coni entities (fundrais	Solicitation of no Solicitation of no Solicitation of go Special fundraisi ndividual (including office nection with professional sers) pursuant to agreem	n-government grants vernment grants ng events ers, directors, trustees fundraising services? nents under which the fu	
(i) Name and address of Individual or entity (fundraiser) Total	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes No	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
3 List all states in which the licensing	organization is regis	stered or licensed	I to solicit funds or has b	een notified it is exemp	t from registration or

Pai	rt II	Fundraising Events. Com more than \$15,000 on Form	plete if the organization 990-EZ, line 6a. List o	on answered "Yes" to events with gross rece	Form 990, Part IV, line into the state of th	e 18, or reported
			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through
			BOSTON LEGENDS (PARTY & AUCTION) (event type)	BOSTON GOLF TOURNA MENT (event type)	5 (total number)	col (c))
ξ	1	Gross receipts	133,229	39,955	69,190	242,374
Revenue	2	Less Charitable contributions	9,835	4,720	875	15,430
	3	Gross income (line 1 minus line 2)	123,394	35,235	68,315	226,944
	4	Cash prizes				
မွာ	5	Non-cash prizes				
Expenses	6	Rent/facility costs	18,945	14,530	439	33,914
	7	Food and beverages	0	153	10,349	10,502
Drea	8	Entertainment	30		800	830
Δ	9	Other direct expenses .	20,339	1,692	6,496	28,527
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)		(73,773)
	11	Net income summary Combine III				153,171
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		'Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
Ses	2	Cash prizes				
ben	3	Non-cash prizes				
Direct Expenses	4	Rent/facility costs				
<u></u>	5	Other direct expenses				
	6	Volunteer labor		┌ Yes	┌ Yes	
	7	Direct expense summary Add lines	s 2 through 5 in column (o	d)		()
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)	•	
9 a b	Is th	er the state(s) in which the organiza he organization licensed to operate No," Explain	gaming activities in each	of these states?		· Fyes Fno
10a b	 Wer	re any of the organization's gaming l	icenses revoked, suspen	ded or terminated during	the tax year?	· · Fyes FNo

Sche	dule G (Form 990 or 990-EZ) 20	11			Page 3
11	Does the organization operate ga	aming activities with nonmembers? .		Г _{Yes} Г	- No
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity		
	formed to administer charitable (gamıng?		· · · · F Yes F	- No
13	Indicate the percentage of gamii	ag activity operated in		1 1	
a				13a	
b					
14		f the person who prepares the organiza		<u> </u>	
	Name ►				
	Address ►				
	revenue?	ntract with a third party from whom the			- No
		ed by the third party 🟲 \$			
С	If "Yes," enter name and address	S			
	Name 🟲				
	Address ►				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation I	\$ \$			
	Description of services provided	>			
17 a		Employee er state law to make charitable distribu		· · ·	- No
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		-
_		activities during the tax year > \$		hadala C /	
Par	t IV Complete this part to proceed instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see	
	Identifier	ReturnReference	Explana	tion	
		•	•		

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

Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

OMB No 1545-0047

Employer identification number

DLN: 93493289013272

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

Inspection

Schedule I (Form 990) 2011

GOOD SPORTS INC							
GOOD SPORTS INC						75-3138664	
Part I General Information	n on Grants and	d Assistance				•	
Does the organization maintain r the selection criteria used to awa	ard the grants or as	sistance?			the grants or assist	ance, and	「Yes ▼ I
2 Describe in Part IV the organiza	tion's procedures fo	or monitoring the use o	f grant funds in the Unite	ed States			
Part II Grants and Other As Form 990, Part IV, line Part IV and Schedule I	e 21 for any recip	nent that received r	nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000	. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Additional Data Table							
2 Enter total number of section 50	1(c)(3) and govern	<u> </u>	ted in the line 1 table .				53
3 Enter total number of other organ	nızatıons lısted ın th	ne line 1 table				- -	22

Cat No 50055P

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.										
(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance					

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Gentifier Return Reference Explanation

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	,	SCHEDULE I, 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

Software ID:

Software Version:

EIN: 75-3138664

Name: GOOD SPORTS INC

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFTER SCHOOL ALL-STARS4542 RUFFNER ST SUITE 130 SAN DIEGO, CA 92111	33- 0687576			14,001	FM∨	SPORTS EQUIPMENT	
BALDI MIDDLE SCHOOL8801 VEREE ROAD PHILADELPHIA,PA 19115	20- 0153451			24,001	FMV	SPORTS EQUIPMENT	

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BATTERY CREEK HIGH SCHOOL42 PELICAN CIRCLE BEAUFORT, SC 29906	57- 6000310			10,035	FMV	SPORTS EQUIPMENT	
BEST ACADEMY HIGH SCHOOL 1890 DONALD LEE HOLLOWELL PKWY ATLANTA, GA 30318	26- 1085879			6,350	FMV	SPORTS EQUIPMENT	

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIRD STREET COMMUNITY CENTER500 COLUMBIA ROAD DORCHESTER, MA 02125	04- 2708670			52,522	,	SPORTS EQUIPMENT	
BODY BY BRANDY 4 KIDZ2181 WASHINGTON STREET ROXBURY, MA 02119	40- 1516020			7,865	FMV	SPORTS EQUIPMENT	

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSTON RBI PROGRAMDISTRICT B-3/1165 BLUE HILL AVE BOSTON, MA 02124	04- 6001380			32,715	FMV	SPORTS EQUIPMENT	
BOYS & GIRLS CLUBS OF PHILADELPHIA 1518 WALNUT STREET SUITE 605 PHILADELPHIA, PA	23- 1966756			14,476	FMV	SPORTS EQUIPMENT	

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROCKTON PUBLIC SCHOOLS 43 CRESCENT STREET BROCKTON, MA 02301	04- 3532228			9,466	FM∨	SPORTS EQUIPMENT	
BUFFALO ACADEMY OF SCIENCE CHARTER SCHOOL190 FRANKLIN ST BUFFALO, NY 14202	20- 0723492			6,416	FM∨	SPORTS EQUIPMENT	

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BULLDOGS8228 SOUTH WOOD STREET CHICAGO,IL 60620	36- 3626812			8,471	FM∨	SPORTS EQUIPMENT	
CAMBRIDGE POP WARNERPO BOX 390086 CAMBRIDGE, MA 02139	43- 2056763			5,892	FMV	SPORTS EQUIPMENT	

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 BOYS AND GIRLS CLUB15 GREEN STREET CHARLESTOWN, MA 02129	04- 2103922			9,687	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CHARLESTOWN HIGH SCHOOL250 MEDFORD STREET CHARLESTOWN, MA 02129	22- 2514422			30,571	FMV	SPORTS EQUIPMENT	

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHELSEA LITTLE LEAGUE BASEBALLPO BOX 6434 378 REVERE BEACH PARKWAY CHELSEA, MA 02150	04- 3295573			17,257	FM∨	SPORTS EQUIPMENT	
CHICAGO BULLS COLLEGE PREP 2040 W ADAMS ST OFFICE 309 CHICAGO,IL 60654	36- 4241970			19,395	FMV	SPORTS EQUIPMENT	

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	· ,	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLARA BARTON ELEMENTARY7650 SOUTH WOLCOTT AVENUE CHICAGO,IL 60620	36- 6005821			14,050	FM∨	SPORTS EQUIPMENT	
CPD FRANKLIN PARK4320 WEST 15TH STREET CHICAGO,IL 60624	36- 6005822			12,218	FMV	SPORTS EQUIPMENT	

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DANIEL WEBSTER ELEMENTARY SCHOOL4055 W ARTHINGTON CHICAGO,IL 60624	36- 4094830			22,089	FM∨	SPORTS EQUIPMENT	
DOHERTY HIGH SCHOOL299 HIGHLAND STREET WORCESTER, MA 01605	04- 6001418			8,233	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST BAKER HISTORICAL SOCIETYPO BOX 738 156 ROOSEVELT AVE NW NEWTON, GA 39870	01- 0677281			6,566	FM∨	SPORTS EQUIPMENT	
EAST BOSTON HIGH SCHOOL86 WHITE ST EAST BOSTON, MA 02128	22- 2514422			5,323	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDUSPORTS INC PO BOX 51086 BOSTON, MA 02205	20- 8003598			12,659	FM∨	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
ESSENCE SCHOOL590 SHEFFIELD AVE BROOKLYN,NY 11207	13- 6400434			7,024	FM∨	SPORTS EQUIPMENT	

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FALCONS YOUTH & FAMILY SERVICES154 E 91ST STREET LOS ANGELES, CA 90003	77- 0596900			13,215	FMV	SPORTS EQUIPMENT	
FANTASTIC KIDS 771 ALBANY STRET DOWLING BUILDING ROOM 4410 BOSTON, MA 02118	04- 3314093			6,910	FM∨	SPORTS EQUIPMENT	

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FARRAGUT HIGH SCHOOL2345 SOUTH CHRISTIANA CHICAGO,IL 60623	36- 4094830			8,850	FMV	SPORTS EQUIPMENT	
FRANCISVILLE A'S 769 NORTH UBER STREET PHILADELPHIA,PA 19130	23- 2319735			6,009	FMV	SPORTS EQUIPMENT	

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRANKLIN PARK TENNIS ASSOCIATION1542 COLUMBUS AVENUE ROXBURY, MA 02119	04- 3430253			10,724	FMV	SPORTS EQUIPMENT	
GIRLS INCORPORATED OF HOLYOKE52 NICK COSMOS WAY PO BOX 6812 HOLYOKE, MA 01041	04- 2748244			5,248	FMV	SPORTS EQUIPMENT	

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER LAWRENCE TECHNICAL SCHOOL57 RIVER ROAD ANDOVER, MA 01810	04- 2373134			14,682	FMV	SPORTS EQUIPMENT	
HARTRANFT ELEMENTARY ATHLETICS HARTRANFT ELEMENTARY PHILADELPHIA,PA 19133	20- 0153451			6,487	FMV	SPORTS EQUIPMENT	

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HYATTSVILLE HAWKS FOOTBALL & CHEER6114 PARKWOOD ROAD HYATTSVILLE, MD 20785	83- 0364265			10,857	FM∨	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
HYDE PARK POP WARNER24 FULTON STREET HYDE PARK, MA 02136	14- 1753222			38,209	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IMPACT SPORTS & ACADEMIC SERVICES47109 SORREL DR LEXINGTON PARK, MD 20653	27- 0449477			5,370	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
JOHN D O'BRYANT HIGH SCHOOL63 WHITTEN STREET 2 DORCHESTER, MA 02122	22- 2514422			6,897	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JORDAN BOYS AND GIRLS CLUB 30 WILLOW STREET CHELSEA, MA 02150	04- 2103922			10,796	FM∨	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
JORDAN FAMILY SPORTS FOUNDATION875 NORTH MICHIGAN AVENUE CHICAGO,IL 60611	26- 2516641			87,579	FM∨	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LADIES INVITATIONAL TEAM ENTERPRISE 40 MARKET ST CAMBRIDGE, MA 02319	04- 3420677			9,064	FMV	SPORTS EQUIPMENT	
LAWNCREST LIONS 6286 SOUDER ST PHILADELPHIA, PA 19149	27- 1259538			12,730	FMV	SPORTS EQUIPMENT	

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEHIGH COUNTY YOUTH ASSOCIATION1845 WATKINS ST G9 BETHLEHEM, PA 18017	23- 2015652			5,207	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
MADE ORGANIZATION28 E JACKSON SUITE 10-M26 CHICAGO,IL 60607	36- 4446536			20,102	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MADISON PARK HIGH SCHOOL75 MALCOM X BLVD ROXBURY, MA 02121	22- 2514422			14,940	FM∨	SPORTS EQUIPMENT	
MASS YOUTH COMMITTED TO WINNING184 DUDLEY STREET SUITE 182 LL ROXBURY, MA 02199	04- 3542980			7,948	FMV	SPORTS EQUIPMENT	

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	· ,	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MATTAHUNT ELEMENTARY SCHOOL100 HEBRON ST MATTAPAN, MA 02126	22- 2514422			9,473	FM∨	SPORTS EQUIPMENT	
MERRITTING ATTENTIONPO BOX 180544 BOSTON, MA 02118	11- 3740748			8,431	FMV	SPORTS EQUIPMENT	

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
METRO ATHLETIC NETWORK2355 RANDALL LITHONIA,GA 30058	20- 4494431			7,794	FMV	SPORTS	
METRO BOSTON ALIVE116 ROXBURY STREET ROXBURY,MA 02119	22- 3064084			26,039	FMV	SPORTS	

(a) Name and address of organization	(b) EIN	(c) IRC Code section	(d) A mount of cash grant	` '	(f) Method of valuation	(g) Description of	(h) Purpose of grant or assistance
or government		ıf applıcable		assistance	(book, FMV, appraisal, other)	non-cash assistance	
MIRACLE FIELDS OF DFWPO BOX 1600 MANSFIELD,TX 76063	20- 2093993			9,655	FMV	SPORTS EQUIPMENT	
MOTIVATION HIGH SCHOOL MOTIVATION HIGH SCHOOL PHILADELPHIA, PA 19153	20- 0153451			9,303	FMV	SPORTS EQUIPMENT	

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEVADA HIGH SCHOOL282 NEVADA 8 WALDO,AR 71770	71- 0616591			6,437	FMV	SPORTS EQUIPMENT	
NEW ENGLAND NORTH BASKETBALL LEAGUE221 ROBBINS STREET MILTON, MA	06- 1769121			27,271	FMV	SPORTS EQUIPMENT	

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OAK CLIFF JETS YOUTH SPORTS 326 W HOBSON DALLAS,TX 75224	20- 3155868			12,062	FMV	SPORTS EQUIPMENT	
ORCHARD GARDENS BOYS & GIRLS CLUB50 CONGRESS STREET SUITE 730 BOSTON, MA 02109	04- 2103922			5,000	FMV	SPORTS EQUIPMENT	

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	` -	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OXFORD HIGH SCHOOL495 MAIN STREET OXFORD,MA 01540	04- 6001260			7,295	FM∨	SPORTS EQUIPMENT	
PREP CHARTER HIGH SCHOOL346 OWEN AVENUE LANDSDOWNE,PA 19050	56- 2428125			5,493	FMV	SPORTS EQUIPMENT	

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RANDOLPH HIGH SCHOOL70 MEMORIAL PARKWAY RANDOLPH, MA 02038	04- 6001275			7,847	FM∨	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
RDEDC28 FOSTER ST PAWTUCKET,RI 02861	76- 0767080			13,424	FM∨	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REVERE POLICE ACTIVITIES LEAGUE15 EVERARD ST REVERE, MA 02151	04- 6001412			13,272	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
ROCK MINISTRIES OF PHILADELPHIA 2755 KENSINGTON AVENUE PHILADELPHIA, PA 19134	20- 0471983			6,956	FMV	SPORTS	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

(a) Name and address of organization	(b) EIN	(c) IRC Code section	(d) Amount of cash grant	` '	(f) Method of valuation	(g) Description of	(h) Purpose of grant or assistance
or government		ıf applıcable		assistance	(book, FMV, appraisal, other)	non-cash assistance	
ROXBURY PREPARATORY CHARTER SCHOOL 120 FISHER AVE ROXBURY, MA 02120	22- 3850778			6,167	FM∨	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SAN ANTONIO REFUGEE YOUTH SPORTS AMERICA 10935 WURZBACH ROAD SUITE 303 SAN ANTONIO,TX 78230	27- 1454515			17,050	FM∨	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	, · ·	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAVIN HILL BASEBALL28 HIGH ST DORCHESTER, MA 02122				5,602	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SEEDS IN THE MIDDLE153 WARREN STREET BROOKLYN,NY 11201	27- 1847142			18,562	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOCCER IN THE STREETS2323 PERIMETER PARK DRIVE NE ATLANTA, GA 30341	58- 1874451			7,896	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SOUTH END YOUTH ATHLETIC ASSOCIATION221 BROCK AVENUE NEW BEDFORD, MA 02744	33- 1196286			5,186	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST PATRICK'S YOUTH SOCCER 185 MILTON ST DORCHESTER, MA 02124	04- 2115507			6,580	FMV	SPORTS EQUIPMENT	
SWISH DREAMS 8137 S KING DRIVE CHICAGO,IL 60619	27- 1025710			7,722	FM∨	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SWISSVALE ATHLETIC ASSOCIATIONPO BOX 8414 SWISSVALE,PA 15218	43- 7719560			9,490	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
THE HOPE INSTITUTE LEARNING ACADEMY1628 WEST WASHINGTON BLVD CHICAGO,IL 60612	37- 0768616			5,793	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST LYNN POP WARNER13 MICHIGAN TERRACE LYNN,MA 01902	10- 6670710			6,746	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
WEST PHILLY TARHEELS4921 N 9TH ST PHILADELPHIA,PA 19141	23- 2794911			5,501	FM∨	SPORTS	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WNY MARITIME CHARTER SCHOOL266 GENESEE STREET BUFFALO,NY 14204	20- 0700915			9,184	other)	SPORTS	
YMCA LONG ISLAND CITY32- 23 QUEENS BLVD LONG ISLAND CITY.NY 11101	13- 1624228			5,119	FMV	SPORTS	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNGSTOWN POLICE ATHLETIC LEAGUE116 W BOARDMAN STREET YOUNGSTOWN,OH 44503	33- 1159467			13,921	FMV	SPORTS EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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DLN: 93493289013272

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Name of the organization GOOD SPORTS INC

Employer identification number

	o of ordina				75-3138664			
Pa	Tt I Types of Property	1		<u> </u>				
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	(d Method of de contribution	etermı	_	
	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional Interests							
	Books and publications							
	Clothing and household goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic							
14	structures							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—O ther							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	SPORTS Other►(<u>EQUIPMENT</u>)	Х	5	58,436	FAIR MARKET VAL	UE		
26	WEB SITE Other►(<u>CONSTRUCTION</u>)	Х	1	50,000	SERVICES PROVIC	DED		
	LEGAL	v	,	2.502	CEDVICES DROVIE	\		
	Other ► (SERVICES)	X	1	2,583	SERVICES PROVIC	עפע		
20 29	Other ► () Number of Forms 8283 received	by the ora	anization during the tax ver	r for contributions				
23	for which the organization compl				29		ا ء۔ ا	
30-	During the year, did the organiza	tion ross	a hy contribution any pro-	arty reported in Dart I lines	1_28 +hat it		Yes	No
30a	must hold for at least three year							
	·			on, and winch is not require	u to be useu			No
	for exempt purposes for the entire					30a		No
6 31	If "Yes," describe the arrangement Does the organization have a gif			review of any non-standard	contributions?	31		No
32a	Does the organization hire or use contributions?	e third parti	ies or related organizations	to solicit, process, or sell	non-cash	32a		No
h	If "Yes," describe in Part II							
33	If the organization did not report	revenues	n column (c) for a type of p	roperty for which column (a) is checked.			
-	describe in Part II		(-//F- o/ b	, ,	,			

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493289013272

Open to Public Inspection

OMB No 1545-0047

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization GOOD SPORTS INC

Employer identification number

75-3138664

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	BEFORE FILING THE FORM 990, THE CHIEF EXECUTIVE OFFICER REVIEWS THE TAX RETURN IN DETAIL IT IS THEN SUBMITTED TO AUDIT COMMITTEE, THEN DISTRIBUTED TO THE BOARD OF DIRECTORS, WHO NOTIFY THE CEO OF ANY CHANGES THAT SHOULD BE MADE UPON FINAL DISCUSSION, THE CEO SIGNS AND FILES THE FORM 990 WITH THE AUTHORITIES
	FORM 990, PART VI, SECTION B, LINE 12C	IF ANY ONE 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 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 18	GUIDESTAR
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST THE ORGANIZATION ALSO HAS ITS ANNUAL REPORT AVAILABLE ELECTRONICALLY VIA THEIR WEBSITE
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	ADDITIONAL TAX DEPRECIATION 2,475 TOTAL TO FORM 990, PART XI, LINE 5 2,475

Additional Data

Software ID: Software Version:

EIN: 75-3138664

Name: GOOD SPORTS INC

Form 990, Special Condition Description:

Special Condition Description