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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

Open to Public

A Fo	r the :	2012 cal	endar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31	-2012			<u> </u>	
		pplicable	C Name of organization		D Emplo	yer iden	tification number	
	dress ch		GOOD SPORTS INC		75-3:	138664		
┌ Na	me cha	nge	Doing Business As					
┌ Init	ial retu	rn	Number and street (or P O box if mail is not delivered to street address) Room/suite		_			
_	mınate		1515 HANCOCK STREET SUITE 301	2	E Teleph	one numb	er	
	ended		City or town, state or country, and ZIP + 4		(617)	471-12	213	
			OUINCY, MA 02169					
J Api	olication	n pending			G Gross i	eceipts \$	2,839,277	
			F Name and address of principal officer MELISSA HARPER		this a group	return f		
			1515 HANCOCK STREET SUITE 301	ап	iliates?		┌ Yes ✔ No	
			QUINCY,MA 02169	H(b) Ar	e all affiliate	s includ	ed?	
				If	"No," attach	alıst (see instructions)	
<u> </u>	x-exem	npt status	▼ 501(c)(3)	H(c) G	roup exempt	ion num	ber ►	
J W	ebsite	e: ► WV	VW GOODSPORTS ORG	11(0)				
K For	n of org	ganızatıon	Corporation Trust Association Other	L Year of	f formation 20	003 M S	State of legal domicile MA	
Pa	rt I	Sum	imary				-	
Governance	- ! ! - -	THE MISTARGET SPORTS PROGRA	escribe the organization's mission or most significant activities SSION IS TO INCREASE YOUTH PARTICIPATION IN SPORTS, FITNE FING ONE OF THE MAJOR OBSTACLES LIMITING PARTICIPATION - S DISTRIBUTES SPORTS EQUIPMENT, FOOTWEAR, AND APPAREL TO AMS TO DISADVANTAGED YOUTH HELPING TO LAY THE FOUNDAT:	ACCESS D COMMU ION FOR	TO SPORT JNITY ORG HEALTHY,	S EQUI ANIZAT ACTIVE	PMENT GOOD TIONS OFFERING ELIFESTYLES	
က္ သ	2 (Check ti	his box দ if the organization discontinued its operations or disposed of	more tha	n 25% of its	net ass	ets	
Activities &	3 1	Number	of voting members of the governing body (Part VI, line 1a)			3	18	
Ě	1		of independent voting members of the governing body (Part VI, line 1b)		4	17		
ţ			mber of individuals employed in calendar year 2012 (Part V, line 2a)			5	12	
Q.			mber of volunteers (estimate if necessary)			6	90	
	1		related business revenue from Part VIII, column (C), line 12			7a	0	
	1		elated business taxable income from Form 990-T, line 34			7b	0	
				Р	rior Year		Current Year	
	8	Contri	butions and grants (Part VIII, line 1h)		805,	475	2,411,475	
E E	9	Progra	am service revenue (Part VIII, line 2g)			0	0	
Ravenue	10	Inves	tment income (Part VIII, column (A), lines 3, 4, and 7d)			-16	220	
茁	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		197,	382	222,669	
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		1,002,	841	2,634,364	
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		1,002,	0	1,420,016	
	14		its paid to or for members (Part IX, column (A), line 4)			0	0	
	15		es, other compensation, employee benefits (Part IX, column (A), lines			<u> </u>		
\$		5-10			390,	949	475,954	
Expenses	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)	627			(
ੜੀ	b	Total fu	ındraısıng expenses (Part IX, column (D), line 25) ▶ 162,851					
_	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,263,	297	135,978	
	18		expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,654,		2,031,948	
	19	Reven	ue less expenses Subtract line 18 from line 12	_	-652,		602,416	
% Q4 € 08				Beginn	ing of Curre Year	nt	End of Year	
seta efem	20	Total	assets (Part X, line 16)		872,	715	1,508,137	
Net Assets or Fund Balances	21		liabilities (Part X, line 26)		60,		93,408	
2 E	22		ssets or fund balances Subtract line 21 from line 20		812,		1,414,729	
	1111		nature Block		Ü12,		-,, /	
Unde my k	r pena nowled arer ha	alties of dge and as any k	perjury, I declare that I have examined this return, including accompany belief, it is true, correct, and complete Declaration of preparer (other tha nowledge *** ature of officer					
	_		ISSA HARPER CHIEF EXECUTIVE OFFICER e or print name and title					
		F	Print/Type preparer's name Preparer's signature Date	te /	Check I if	PTIN		
Paid	d]	JEFFREY D SOLOMON CPA CVA 201	13-11-14	self-employed	P000395		
	a pare		Firm's name KATZ NANNIS SOLOMON PC	F	imm's EIN 🟲 0	4-288721	1	
	On		Firm's address > 250 FIRST AVENUE SUITE 101	1	Phone no (781	.) 453-870	00	
<u> </u>	. 0111	·y	NEEDHAM, MA 024942805					

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes ☐ No

Form	1990 (2012)					Page 2
Par		ent of Program Servion				
1	Briefly describe	the organization's mission				
O NE SPO	OF THE MAJOR (RTS EQUIPMENT	OBSTACLES LIMITING PA	RTICIPATION - ACCES REL TO COMMUNITY OR	S TO SPORT GANIZATIO	D RECREATIONAL PROGR S EQUIPMENT GOOD SPO NS OFFERING PROGRAMS	RTS DISTRIBUTES
2	the prior Form 99	tion undertake any significa 90 or 990-EZ?		g the year wh	ıch were not listed on	┌ Yes ┌ No
	If "Yes," describe	e these new services on Sc	nedule O			
3	services?			how it condu	cts, any program	⊤Yes 🔽 No
4	Describe the org		accomplishments for eac organizations are require	d to report th	largest program services, a e amount of grants and alloc	
 4a	(Code IMPACTED OVER 50 OVER 1000 PROGR		1,714,231 including grai SPORTS EQUIPMENT DONATION		1,420,016) (Revenue \$ FS HAS DONATED OVER \$8,000,00	82,072) 0 WORTH OF EQUIPMENT TO
4b	(Code) (Expenses \$	ıncludıng gran	ts of \$) (Revenue \$)
4c	(Code) (Expenses \$	ıncludıng gran	ts of \$) (Revenue \$)
4d	Other program (Expenses \$	services (Describe in Sche inclu	dule O) ding grants of \$) (Revenue \$)
4e	Total program s	ervice expenses 🕨	1,714,231			

Part IV Checklist of Required Schedule
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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^{\bullet}	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> " <i>Yes</i> ," <i>complete Schedule C, Part II</i>	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 I	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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 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? If "Yes," complete Schedule D, Part V	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, line 10? 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		No
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 and XII	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 and XII 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		No
	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, Parts I and IV	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 United States? If "Yes," complete Schedule F, Parts 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 United States? If "Yes," complete Schedule F, Parts 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 (see instructions)	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 hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "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 lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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 direct or indirect 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 M	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? If "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, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
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 11b and 19?	20	Yes	

аI	Statements Regarding Other 1RS Fillings and Tax Compliance			-
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
3	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 2		103	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
-	gaming (gambling) winnings to prize winners?	1c	Yes	
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 return			
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
ı	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
)	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	1		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N o
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		N
•	organization solicit any contributions that were not tax deductible as charitable contributions?	L		IN I
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	70		N.
	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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	1		
	file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	 7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	79		
	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.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter 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 facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
)	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	ļ		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		Νo
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 year by the following			
а	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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
l1a	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 this Form 990			
L2a	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	
L3	Did the organization have a written whistleblower policy?	13	Yes	
L4	Did the organization have a written document retention and destruction policy?	14	Yes	
L5	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		15a	Yes	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a 15b	Yes Yes	
	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official			
b	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official			No
b L6a	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15b		No
b l6a b	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15b 16a		No
b L6a b	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15b		No

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of

 $State\ the\ name,\ physical\ address,\ and\ telephone\ number\ of\ the\ person\ who\ possesses\ the\ books\ and\ records\ of\ the\ organization$

interest policy, and financial statements available to the public during the tax year

►MELISSA HARPER 1515 HANCOCK ST SUITE 301 QUINCY, MA (617) 471-1213

<u>Part VII</u> 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 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
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations	
(1) MELISSA HARPER	40 00	х		х				101,843	0	C	
CEO/DIRECTOR (2) GEOFFREY HYATT	2 00				\vdash						
•	2 00	x		х				0	0	C	
TREASURER/DIRECTOR (3) KIRSTEN HANO	2 00				\vdash						
DIRECTOR	200	х						0	0	C	
(4) MICHAEL HARRINGTON	2 00										
DIRECTOR	2 00	X						0	0	C	
(5) ANDREW LAURENCE	2 00										
		х						0	0	C	
DIRECTOR (6) KAKI MARTIN	2 00										
	2 00	Х						0	0	C	
DIRECTOR (7) DREW SAWYER	2 00										
	2 00	х						0	0	C	
DIRECTOR (8) WILBUR SWAN	2 00										
	2 00	х						0	0	C	
DIRECTOR (9) KENT WELDON	2 00										
	2 00	х		х				0	0	C	
CHAIRMAN (10) TED MANLEY	2 00										
	2 00	Х						0	0	C	
DIRECTOR (11) MICHELE MARTIN	2 00										
	2 00	х						О	0	C	
DIRECTOR (12) PETER STEVENS	2 00	-			\vdash						
	2 00	Х						0	0	C	
DIRECTOR (13) CHRISTY PUGH KESWICK	40 00	-			\vdash						
	10 00	х		Х				88,326	0	C	
CLERK/COO (14) ROB GOTTI	2 00	-			\vdash						
DIRECTOR	2 00	х						0	0	C	
(15) MICHAEL WALL	2 00										
		x						0	0	C	
DIRECTOR (16) BRYANT MCBRIDE	2 00	-			\vdash						
	2 00	х						0	0	C	
DIRECTOR (17) KATHERINE POTTER	2 00				\vdash						
	2 00	x						0	0	C	
DIRECTOR											

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more pers and	than on is	one bot	not bo: h ar	checl k, unle n office rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensati from relate organization	on d ns	(F) Estimated amount of ot compensati from the	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099 MISC)) -	organiz and re organiz	lated
(18) I	BILL MCMAHON	2 00	х						()	0		
DIREC		2.00											
` '	JOHN GATES	2 00	х								o		(
(20) I	MATTHEW CAMP	2 00	-										
DIREC			Х								0		(
	JIM CATUDAL	2 00											
DIREC	CTOR		Х	L_						<u> </u>	0		(
(22) I	DAN TOUHEY	2 00	х						(0		
DIREC	CTOR												·
											_		
41-	Cub Tabal						<u> </u>				\dashv		
1b	Sub-Total	VII Section A		•	•		<u>-</u>						
c d				•	•		⊩⊢		190,169		0		(
	Total number of individuals (including b		those	lista	d al	hove	- -	rec			<u> </u>		
_	\$100,000 of reportable compensation				Ju u	0000	., wiio	100	erved more than				
												T	
2	Did the example to blot any farmer offi							- h	-hast sammansat			Yes	No
3	Did the organization list any former offi on line 1a? If "Yes," complete Schedule J				, eli	• •bio.	, e e , o			• • •	3		No
4	For any individual listed on line 1a, is the	ne sum of report	table c	ombe	ensa	ition	and	the	r compensation fi	rom the			.,,,
-	organization and related organizations (
	ındıvıdual		•	•	•	•	•	•			4		Νo
5	Did any person listed on line 1a receive services rendered to the organization?									ndividual for	_		1
	Services rendered to the organization?	i, ics, comple		Juic	וטוכ	suc	pers	,011		[5		No
Se	ection B. Independent Contracto	ors											
1	Complete this table for your five highes	t compensated											
	compensation from the organization Re		tion for	the	cale	nda	r year	enc	ding with or within		on's T	tax year (C	
(A) (B) Name and business address Description of services									\perp	Comper			
											\dashv		
											Ŧ		
	Total number of Independent contractors	(ıncludına but ı	not lım	ıted 1	to th	iose	listed	d abo	ove) who received	d more than	\dashv		

\$100,000 of compensation from the organization $\blacktriangleright 0$

Form 99								Page 9
Part \	ДШ		o f Revenue ule O contains a respon	ise to any question i	n this Part VIII .			
				ise to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
<u>8</u> 2	1a	Federated cam	paigns 1a					
ant	ь	Membership du	ies 1b					
يَّةِ ق	c	Fundraising eve	ents 1c	66,100				
iffs,	d	Related organiz	zations 1d					
છં.≌	e	Government grant						
Sir				2,345,375				
iệ lệ	f	similar amounts no	ons, gifts, grants, and 1f ot included above					
를	g	Noncash contributi 1a-1f \$	ons included in lines	1,472,388				
Contributions, Giffs, Grants and Other Similar Amounts	h	Total. Add lines	s 1 a - 1 f		2,411,475			
				Business Code				
Program Service Revenue	2a							
38 38	ь		_					
ъ. Н	c							
¥	d							
ૐ ⊆	e	-	_					
li an	f	All other progra	am service revenue					
Š		Total Add lines	s 2a-2f	L				
	g 3		ome (including dividence					
		and other simil	ar amounts)	▶	297			297
	4	Income from inves	stment of tax-exempt bond p	oroceeds -				
	5	Royalties						
		Gross rents	(ı) Real	(II) Personal				
	6a b	Less rental						
	_ ا	expenses Rental income						
	C	or (loss)						
	d	Net rental inco	me or (loss)	· -				
	7a	Gross amount	(ı) Securities	(II) Other				
	′-	from sales of assets other						
	١.	than inventory Less cost or						
	b	other basis and	77					
	c	sales expenses Gaın or (loss)	-77					
	d	Net gain or (los	ss)		-77			-77
4.	8a	Gross income f						
Other Revenue		events (not inc \$ 66	,100					
 2-		of contributions	reported on line 1c)					
ď		See Part IV, lir	ne 18 a	345,433				
Т	ь	Less direct ex	penses b	204,836				
5	c		ا (loss) from fundraising (140,597			140,597
	9a	Gross income f	rom gaming activities					
		See Part IV, lir	ne 19 a					
	ь	Less directer	penses b					
	c		(loss) from gaming activ	/ities				
	10a	Gross sales of	inventory, less	·				
		returns and allo	•					
	ь	less costofa	a oods sold b					
	1		(loss) from sales of inve	entory 🛌				
		Miscellaneous		Business Code				
	11a	ADMIN FEE OI	N DONATED E	480000	82,072	82,072		
	ь							
	С							
	d	All other reven	ue					
	е	Total. Add lines	s 11a-11d		82,072			
	12	Total revenue.	See Instructions		2,634,364	82,072		140,817
	1				2,034,304	02,072	·	1 140,01/

Part		Statement of Functional Expenses				
ectio	on 501	L(c)(3) and $501(c)(4)$ organizations must complete all columns All	other organizati	ions must comp	lete column (A)	
	(Check if Schedule O contains a response to any question in this Pai	rt IX		<u> </u>	<u>г_</u>
		ude amounts reported on lines 6b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1		ts and other assistance to governments and organizations e United States See Part IV , line 21	1,420,016	1,420,016		
2		ts and other assistance to individuals in the ed States See Part IV, line 22	, ,	, ,		
3	orgar	ts and other assistance to governments, nizations, and individuals outside the United es See Part IV, lines 15 and 16				
4	Bene	fits paid to or for members				
5		pensation of current officers, directors, trustees, and employees	190,169	100,790	41,837	47,542
6	(as d	pensation not included above, to disqualified persons efined under section $4958(f)(1)$) and persons ribed in section $4958(c)(3)(B)$				
7	Othe	r salaries and wages	205,890	107,920	43,542	54,428
8		on plan accruals and contributions (include section 401(k) 03(b) employer contributions)				
9	Othe	r employee benefits	44,665	24,719	7,869	12,077
10	Payro	oll taxes	35,230	18,565	7,595	9,070
11	Fees	for services (non-employees)				
а	Mana	gement				
b	Legal	l				
С	Acco	unting	26,499	11,234	12,253	3,012
d	Lobby	yıng				
e	Profe	ssional fundraising services See Part IV, line 17				
f	Inves	stment management fees				
g	colun	r (If line 11g amount exceeds 10% of line 25, nn (A) amount, list line 11g expenses on dule O)	10,268			10,268
12		ertising and promotion	6,849	4,471	90	2,288
13		e expenses	21,359	8,056	5,180	8,123
14		mation technology	2,785	1,541	491	753
1 4 15		Ities	2,783	1,541	491	/53
			40.003	22.402	15 520	10.001
16 17		ipancy	48,983	22,482	15,520	10,981
17 18	Paym	el	26,166	16,400	8,059	1,707
19		erences, conventions, and meetings				
20		est	539		539	
21		nents to affiliates				
22		eciation, depletion, and amortization	22,532	22,532		
23		rance	1,169	619	247	303
24	Othe	r expenses Itemize expenses not covered above (List ellaneous expenses in line 24e If line 24e amount exceeds 10% e 25, column (A) amount, list line 24e expenses on Schedule O)	,			
а	<u>P</u> O S1	TAGE AND DELIVERY	42,181	38,394	3,787	0
b	SUPF	PLIES	5,449	3,236	2,213	0
c	MEAI	LS	2,778	1,012	1,766	0
d	PARK	KING	2,000	718	882	400
e	Allot	ther expenses	-83,579	-88,474	2,996	1,899
25	Total	I functional expenses. Add lines 1 through 24e	2,031,948	1,714,231	154,866	162,851
26	Joint repor	costs. Complete this line only if the organization ted in column (B) joint costs from a combined ational campaign and fundraising solicitation. Check			,	

Part X Balance Sheet

- (:	τx	Check if Schedule O contains a response to any question in this F	Part X				
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		•	175,445	1	294,069
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			83,755	3	93,323
	4	Accounts receivable, net		•		4	3,349
	5	Loans and other receivables from current and former officers, dir employees, and highest compensated employees Complete Par Schedule L			5		
Assets	6	Loans and other receivables from other disqualified persons (as section 4958(f)(1)), persons described in section 4958(c)(3)(B employers and sponsoring organizations of section 501(c)(9) vo beneficiary organizations (see instructions) Complete Part II of	contributing v employees'		6		
% %	7	Notes and loans receivable, net				7	
4	8	Inventories for sale or use			514.612		1,031,030
	9				4,825		4,930
	10a	Prepaid expenses and deferred charges		9	4,930		
	ь	Less accumulated depreciation	10a 10b	62,684 23,162		10c	39,522
	11	Investments—publicly traded securities	40,700	11			
	12	Investments—other securities See Part IV, line 11		• •		12	
						13	
	13	Investments—program-related See Part IV, line 11				14	
	14	Intangible assets			53,290		41,914
	15	Other assets See Part IV, line 11			· · · · · · · · · · · · · · · · · · ·		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			872,715		1,508,137
	17	Accounts payable and accrued expenses			60,402		93,408
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability Complete Part IV of Sched				21	
Liabilitie	22	Loans and other payables to current and former officers, director key employees, highest compensated employees, and disqualifie		tees,			
ह		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	_
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Part	X of S	chedule		25	
	26	D			60,402	26	93,408
——— دی	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽			33,102	20	30,430
ĕ		lines 27 through 29, and lines 33 and 34.			140.075	27	247.660
<u>ස</u>	27	Unrestricted net assets		•	119,075		217,660
ă	28	Temporarily restricted net assets			693,238		1,197,069
Fund Balance	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117 (ASC 958), check her complete lines 30 through 34.	re 🕨	and			
9	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund.				31	
32	32	Retained earnings, endowment, accumulated income, or other ful				32	
	33	Total net assets or fund balances			812,313		1,414,729
Net							
	34	Total liabilities and net assets/fund balances		•	872,715	34	1,508,137

Par	art XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				<u>Г</u>
1	. Total revenue (must equal Part VIII, column (A), line 12)			2,6	534,364
2	Total expenses (must equal Part IX, column (A), line 25)				031,948
3	Revenue less expenses Subtract line 2 from line 1			(502,416
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column ((A)) 4		8	312,313
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments				
9	O ther changes in net assets or fund balances (explain in Schedule O)	9			0
10	• Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Pa column (B))	rt X, line 33,		1,4	114,729
Par	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII $$.				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	2a Were the organization's financial statements compiled or reviewed by an independent	accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year we a separate basis, consolidated basis, or both	ere compiled or reviewed on	1		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and sepa	rate basıs			
b	b Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year we basis, consolidated basis, or both	ere audited on a separate			
	▼ Separate basis	rate basıs			
c	c If "Yes," to line 2a or 2b, does the organization have a committee that assumes respo audit, review, or compilation of its financial statements and selection of an independent		2c	Yes	
	If the organization changed either its oversight process or selection process during the Schedule O	ne tax year, explain in			
3a	As a result of a federal award, was the organization required to undergo an audit or aud Single Audit Act and OMB Circular A-133?	dits as set forth in the	3a		No
b	b If "Yes," did the organization undergo the required audit or audits? If the organization audit or audits, explain why in Schedule O and describe any steps taken to undergo si		3b		

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As Filed Data -

DLN: 93493319104453

Employer identification number

75-3138664

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

GOOD SPORTS INC

Public Charity Status and Public Support

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

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

Open to Public Inspection

	t I			blic Charity Sta						instruction	s
The o	rganı	zatıon ıs	not a privat	te foundation becaus	eıtıs (For	lines 1 thro	ough 11, chec	k only one	box)		
1	\sqcap	A chur	ch, convent	on of churches, or as	ssociation of	fchurches	described in	section 170	(b)(1)(A)(i).		
2	Γ	A scho	ol described	d in section 170(b)(1	.)(A)(ii). (At	tach Sche	dule E)				
3	\sqcap	A hosp	ıtal or a coo	perative hospital se	rvice organiz	zatıon desc	rıbed ın sect i	ion 170(b)(:	1)(A)(iii).		
4	Γ			h organization operat	ted ın conjun	iction with	a hospital de	scribed in s	ection 170(b))(1)(A)(iii).	Enter the
5	Г	hospita	il's name, ci	ty, and state erated for the benefi	t of a collogo	or univers	sity owned or	anaratad hi	, a governme	ntal unit das	cribad in
3	'			(A)(iv). (Complete P		or univers	sity owned of	operated by	a governine	iitai uiiit ues	Cribed III
6	Г			local government or	•	tal unit des	crihed in sec	tion 170(h)	(1)(A)(v)		
7	<u>'</u>		· ·	at normally receives	_					from the ger	neral nublic
•	1.	_		on 170(b)(1)(A)(vi).		•	3 Support II of	ii a goveriiii	ichtar amic or	nom the ger	iciai public
8	Γ			described in section		•	mplete Part	II)			
9	\sqcap	Anorga	anization th	at normally receives	(1) more th	an 331/3%	of its suppor	t from contr	ibutions, mer	mbershıp fee	s, and gross
		receipt	s from activ	ities related to its ex	xempt functı	ons—subje	ct to certain	exceptions,	and (2) no m	nore than 33	1/3% of
		ıts sup	port from gr	oss investment inco	me and unre	lated busır	ness taxable i	ncome (les	s section 51:	1 tax) from b	usinesses
		acquire	ed by the org	ganızatıon after June	30,1975 S	ee section	509(a)(2).(Complete P	art III)		
10	Γ	An orga	anızatıon or	ganızed and operated	dexclusively	to test for	r public safety	y See secti	on 509(a)(4)		
11	Γ	one or the box	more public that descri	ganized and operated ly supported organiz ibes the type of supp b Type II c	ations descr orting organ	ribed in sec ization and	tion 509(a)(i I complete lin	1) or section les 11e thro	n 509(a)(2) ough 11h	See section	509(a)(3). Check
e	Γ	other the section	han foundatı n 509(a)(2)	ox, I certify that the on managers and otl	her than one	or more pu	ıblıcly suppoı	rted organiz	ations descri	bed in section	on 509(a)(1) or
f			rganization this box	received a written de	etermination	from the I	KS that it is a	a iype i, iy	pe II, or I yp	e III suppor	ting organization,
g		Since A	ugust 17, 2	2006, has the organi	zation acce	oted any gi	ft or contribu	tıon from an	y of the		•
			ng persons?	rectly or indirectly o	antrole outh	ar alana ai	r to gothor wit	h narcana d	occribad in (i		Yes No
				governing body of th				ii persons u	escribed iii (i		yes No
				er of a person descri		_	011.				g(ii)
		• •	•	lled entity of a perso			\ abovo2			<u> </u>	
h				ng information about						110	J(iii)
••		FIOVICE	the following	ng miormation about	the support	eu organiza	111011(5)				
s	uppo	ne of rted ation	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see	(iv) Is organizat col (i) lis your gove docume	ion in ted in rning	(v) Did yo the organ in col (i) suppo	nization of your	(vi) Is organiza col (i) or in the	ation in rganized	(vii) A mount of monetary support
				instructions))	Yes	No	Yes	No	Yes	No	
											1
Total											

Schedule A (Form 990 or 990-EZ) 2012 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 1,179,891 1,353,446 1,546,168 805,475 2,411,475 7,296,455 include any "unusual grants ") 7 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 1,179,891 1,353,446 1,546,168 805,475 2,411,475 7,296,455 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 Public support. Subtract line 5 from 7,296,455 line 4 Section B. Total Support Calendar year (or fiscal year (a) 2008 **(b)** 2009 **(c)** 2010 (d) 2011 (e) 2012 (f) Total beginning in) 🟲 7,296,455 1,179,891 1,353,446 1,546,168 805,475 2,411,475 Amounts from line 4 Gross income from interest, dividends, payments received on 4,198 2,269 392 311 220 7,390 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 127,243 151,159 130,310 197,382 222,669 828,763 capital assets (Explain in Part IV) Total support (Add lines 7 11 8,132,608 through 10) Gross receipts from related activities, etc (see instructions) 12 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 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 89 720 % Public support percentage for 2011 Schedule A, Part II, line 14 15 **15** 88 760 % 16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ▶✓ and stop here. The organization qualifies as a publicly supported organization b 17a

b	33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this	. –
	box and stop here. The organization qualifies as a publicly supported organization	-
1	10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14	
	is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain	
	in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported	
	organization	▶□
)	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line	
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.	
	Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly	
	supported organization	► □
	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	
	Instructions	► □
	Schedule A (Form 990 or 990-Ea	Z) 2012

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Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 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						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

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

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493319104453

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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

Supplemental Financial Statements

Open to Public

Interna	l Revenue Service	► Attach to Form	m 990. ► See separate instructions.	In	spection
	me of the organ OD SPORTS INC	ization		Employer identification	number
				75-3138664	
Pa		nizations Maintaining Donor Adv		unds or Accounts. Co	omplete if t
	organiz	zation answered "Yes" to Form 990	, Part IV, line 6. (a) Donor advised funds	(b) Funds and other	raccounts
1	Total number a	at end of year	(a) Donor advised failes	(b) I alias alia other	accounts
2		tributions to (during year)			
3	33 3	nts from (during year)			
4		ue at end of year			
5	Did the organiz	zation inform all donors and donor advisor organization's property, subject to the or			Yes N
6		zation inform all grantees, donors, and do		•	
	used only for c	charitable purposes and not for the benef ermissible private benefit?		ny other purpose	Yes N
Pa	rt III Conse	rvation Easements. Complete ıf	the organization answered "Yes" t	o Form 990, Part IV, lır	ne 7.
1	Preservation Preservation	conservation easements held by the orgon of land for public use (e g , recreation of natural habitat	or education) Preservation of ar Preservation of a	n historically important land certified historic structure	d area
2		s 2a through 2d if the organization held a he last day of the tax year	a qualified conservation contribution in t	the form of a conservation Held at the End	of the Year
а	Total number o	of conservation easements		2a	Of the feat
b		restricted by conservation easements		2b	
c		servation easements on a certified histo	oric structure included in (a)	2c	
d	Number of con	iservation easements included in (c) acq ure listed in the National Register		2d	
3	Number of con	servation easements modified, transferr	ed, released, extinguished, or terminate	ed by the organization durir	ng
	the tax year ►	<u> </u>			
4	Number of stat	tes where property subject to conservati	ion easement is located be		
5	Does the organ	nization have a written policy regarding t f the conservation easements it holds?			Yes
6	Staff and volur	nteer hours devoted to monitoring, inspe	cting, and enforcing conservation easer	ments during the year	
7	-	enses incurred in monitoring, inspecting	, and enforcing conservation easement	s during the year	
_	▶ \$				
8		nservation easement reported on line 2(o 70(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	ction 170(h)(4)(B)(i)	Yes N
9	balance sheet,	lescribe how the organization reports cor , and include, if applicable, the text of the on's accounting for conservation easeme	e footnote to the organization's financia		S
Par	t III Organ Compl	nizations Maintaining Collection ete of the organization answered "Y	s of Art, Historical Treasures, es" to Form 990, Part IV, line 8.	or Other Similar Ass	ets.
1a	works of art, hi	tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse de, in Part XIII, the text of the footnote t	ts held for public exhibition, education,	or research in furtherance	
b	works of art, hi	tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse de the following amounts relating to thes	ts held for public exhibition, education,		
	(i) Revenues i	included in Form 990, Part VIII, line 1		▶ \$	
	(ii) Assets inc	luded in Form 990, Part X		▶- \$	
2	If the organiza	tion received or held works of art, histor ints required to be reported under SFAS		or financial gain, provide th	
а	_	uded in Form 990, Part VIII, line 1		► \$	

b Assets included in Form 990, Part X

►\$

Par	Organizations Maintaining Co	<u>llections of Ar</u>	t, HIS	itori	<u>cai ii</u>	<u>reasur</u>	es, or O	<u>tnei</u>	<u>r Similar As</u>	sets (c	ontinued)
3	Using the organization's acquisition, accessi collection items (check all that apply)	on, and other reco	rds, cl	neck	any of	the follo	wing that a	re a	sıgnıfıcant use	ofits	
а	Public exhibition		d	Γ	Loan	or excha	ange progr	ams			
b	Scholarly research		e	Γ	Othe	r					
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and expl	aın hov	w the	y furth	er the or	ganızatıon	's ex	empt purpose	ın	
5	During the year, did the organization solicit o									_	_
	assets to be sold to raise funds rather than t									┌ Yes	No
Par	t IV Escrow and Custodial Arrange Part IV, line 9, or reported an arr						answered	J "Y6	es" to Form S	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?		•		•		other ass	ets n	ot	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	e follov	wing	able						
									An	nount	
C	Beginning balance						L	1 c			
d	Additions during the year							1d			
e	Distributions during the year						L	1e			
f	Ending balance							1 f			
2a	Did the organization include an amount on Fo	orm 990, Part X, Iır	ne 21?)						┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	e expla	anatı	on has	been pro	ovided in P	art X	III		Γ
Pa	rt V Endowment Funds. Complete	f the organizatio	n ans	wer	ed "Ye	s" to F	orm 990,	Par	t IV, line 10.		
_		(a)Current year	(b) Prior	year	b (c) Tw	o years back	(d)⊺	hree years back	(e)Four y	ears back
1a	Beginning of year balance					<u> </u>					
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balan	ice (lir	ne 1g	, colum	nn (a)) he	eld as				
а	Board designated or quasi-endowment 🕨										
ь	Permanent endowment 🕨										
c	Temporarily restricted endowment ►										
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%									
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	zatıon	that	are hel	d and ad	mınıstered	for	the	Yes	No
	(i) unrelated organizations								3a		
_	(ii) related organizations								3a(
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the							•	31	b	<u> </u>
	t VI Land, Buildings, and Equipme					10					
ı dı	Description of property	THE SECTION S.	50, 10	Π(a) Cost	or other	(b)Cost or		(c) Accumulate	d (d) E	Book value
				ba	isis (inve	estment)	basıs (oth	er)	depreciation		
1a	Land			\top							
b	Buildings										
С	Leasehold improvements		•				10	,155	1,4	170	8,685
d	Equipment						52	,529	21,6	592	30,837
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part	X, colu	ımn (B), line	10(c).)			🛌		39,522

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		
	Form COO Dart V line	12
Part VIII Investments—Program Related. See		
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	<u> </u>	
	+	
the contract of the contract o		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line		
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	ne 15. otion	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15. otion	(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Description (b) must equal Form 990, Part X, col.(B) line 15	ne 15. ption	
Part IX Other Assets. See Form 990, Part X, lin (a) Description (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, III (a) Description (b) must equal Form 990, Part X, col.(B) line 15	ne 15. ption	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin (a) Description (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
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Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability	ne 15. ption .) c, line 25.	

Fell	Reconcination of Revenue per Addited Financial Statements with Revenue p	ei ketui	11
1	Total revenue, gains, and other support per audited financial statements	1	2,839,200
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	204,836
3	Subtract line 2e from line 1	3	2,634,364
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 XIII) 4b		
c	Add lines 4a and 4b	4c	(
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	2,634,364
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	urn
1	Total expenses and losses per audited financial statements	1	2,236,784
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	204,836
3	Subtract line 2e from line 1	3	2,031,948
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII) 4b		
c	Add lines 4a and 4b	4c	(
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	2,031,948
Dari	NIII Supplemental Information		

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 X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional ınformatıon

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	INCOME TAXES - THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THESE FINANCIAL STATEMENTS CONTRIBUTIONS TO THE ORGANIZATION ARE TAX DEDUCTIBLE THE ORGANIZATION MUST IDENTIFY, RECOGNIZE, MEASURE AND DISCLOSE IN ITS FINANCIAL STATEMENTS THE EFFECTS OF ANY UNCERTAIN TAX REPORTING POSITIONS THAT AN ORGANIZATION HAS TAKEN OR EXPECTS TO TAKE IS REQUIRED UNDER GAAP THE ORGANIZATION MUST RECOGNIZE AN UNRECOGNIZED TAX BENEFIT WHEN, DESPITE THE 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 2D - OTHER ADJUSTMENTS		FUNDRAISING EXPENSES REPORTED IN FORM 990, PART VIII, LINE 8B 204,836
PART XII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EXPENSES REPORTED IN FORM 990, PART VIII, LINE 8B 204,836

DLN: 93493319104453

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding

Fundraising or Gaming Activities

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. Form 990-EZ filers are not required to complete this part.

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Employer identification number

GOOD SPORTS INC					75-3138664	
Part I Fundraising Activit	i es. Complete	ıf the or	ganızatı	on answered "Yes" t	o Form 990, Part IV	', line 17.
1 Indicate whether the organization	on raised funds t	hrough an	y of the f	ollowing activities Che	eck all that apply	
a Mail solicitations		_			-government grants	
b Internet and email solicitat	ions		f	□ Solicitation of gov	= =	
c Phone solicitations			g	Special fundraising	g events	
d						
2a Did the organization have a writ or key employees listed in Form						Г _{Yes} Г _N
b If "Yes," list the ten highest pai to be compensated at least \$5,			undraiser	s) pursuant to agreeme	ents under which the fu	ndraiser is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo	rol of	(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
		Yes	No			
otal			.▶			
3 List all states in which the orgal licensing	nızatıon ıs regist	ered or lic	ensed to	solicit funds or has be	ı en notıfıed ıt ıs exempt	t from registration or

_		G (Form 990 or 990-EZ) 2012				Page 2
Pa	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contributi			
		<u> </u>	(a) Event #1 BOSTON LEGENDS (PARTY & AUCTION) (event type)	(b) Event #2 BOSTON GOLF TOURNAMENT (event type)	(c) O ther events 4 (total number)	(d) Total events (add col (a) through col (c))
Ę	1	Gross receipts	225,390	92,103	94,040	411,533
Revenue	2	Less Contributions	42,000	12,600	11,500	66,100
<u>~</u>	3	Gross income (line 1 minus line 2)	183,390	79,503	82,540	345,433
	4	Cash prizes			3,300	3,300
en.	5	Noncash prizes	61,518	43,535	18,700	123,753
Expenses	6	Rent/facility costs	5,500	11,075	13,000	29,575
ă	7	Food and beverages .				
Direct	8	Entertainment				
ā	9	Other direct expenses .	30,897	4,807	12,504	48,208
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)		(204,836)
	11	Net income summary Combine li	ne 3, column (d), and line	10	•	140,597
Par	t II	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii	rganization answered ' ne 6a.	'Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
Revenue		, , , , , , , , , , , , , , , , , , , ,	(a) Bingo	(b) Pull tabs/Instant pingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1	Gross revenue				
enses	2	Cash prizes				
Çben	3	Non-cash prizes				
Direct Exp	4	Rent/facility costs				
鱼	5	Other direct expenses				
	6	Volunteerlabor	┌ Yes	┌ Yes ┌ No	│ Yes │ No	_
	7	Direct expense summary Add line	s 2 through 5 in column (d	1)		
	8	Net gaming income summary Com	ibine lines 1 and 7 in colu	mn (d)		
9 a b	Ist	ter the state(s) in which the organizathe organization licensed to operate	gaming activities in each	of these states?		. 「Yes 「No
10a b		re any of the organization's gaming	licenses revoked, suspen	ded or terminated during	the tax year?	

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
C	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address ►			
.6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	\$ \$		
	Description of services provided	>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Г _{Yes} Г _{No}
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent
		activities during the tax year 🟲 💲		
Par	columns (III) and (v), a	mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

OMB No 1545-0047

DLN: 93493319104453

Department of the Treasury

Schedule I

(Form 990)

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

Grants and Other Assistance to Organizations,

Open to Public

Attach to Form 990 **Inspection** Internal Revenue Service Name of the organization Employer identification number GOOD SPORTS INC 75-3138664 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and √ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (a) Name and address of **(b)** EIN (d) A mount of cash (c) IRC Code (e) A mount of non-(g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization section grant cash or government if applicable assistance (book, FMV, appraisal, other) See Additional Data Table

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

Enter total number of other organizations listed in the line 1 table

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art III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Po	art IV, line 22.
	Part III can be duplicated 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

Part IV	Supplemental	Information
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Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

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) 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 grant or assistance
ADAMS 50 USTA NJTL UNITED STATES TENNIS ASSOCIATION/NA IONAL JUNIOR TENNIS LEAGUE WESTMINSTER,CO 80030	84-1088489			20,979	FMV		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BAILEY'S COMMUNITY CENTER5920 SUMMERS LANE FALLS CHURCH, VA 22041	54-0787833			8,630	FMV		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
BC RAIN HIGH SCHOOL 3125 DAUPHIN ISLAND PARKWAY MOBILE,AL 36605	63-6000774			8,039	FM∨		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BENJAMIN FRANKLIN HIGH SCHOOL550 N BROAD ST PHILADELPHIA,PA 19130	23-6004102			6,560	FM∨		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
BEYOND SOCCER60 ISLAND STREET SUITE 508E LAWRENCE,MA 01840	45-0648718			10,775	FMV		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS & GIRLS CLUB OF SOUTHEAST GA3836 JOHNSTON STREET BRUNSWICK,GA 31521	58-0973039			10,289	FM∨		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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(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
BOYS & GIRLS CLUBS OF GREATER MEMPHIS1910 SYCAMORE VIEW MEMPHIS,TN 38134	62-0646371			6,137	FM∨		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BOYS & GIRLS CLUBS OF THE CRSA 206 MILLEDGE ROAD AUGUSTA, GA 30904	58-0610382			7,151	FMV		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
BOYS & GIRLS CLUBS OF WAKE COUNTY701 N RALEIGH BLVD RALEIGH,NC 27540	56-0863051			52,825	FM∨		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
BURKE HIGH SCHOOL60 WASHINGTON ST DORCHESTER, MA 02124	04-6001380			13,877	FM∨		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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(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
CATCH THE STARS FOUNDATION (COMMUNITY)PO BOX 53557 INDIANAPOLIS,IN 46253	05-0604202			8,999	FMV		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CITY OF SOMERVILLE RECREATION DEPARTMENT19 WALNUT ST SOMERVILLE, MA 02143	04-6001414			13,324	FM∨		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
CLUB AMERICA SOCCER ACADEMY12618 OAK ST LYNWOOD,CA 90262	71-1051819			5,586	FMV		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
CRISTO REY HIGH SCHOOL 6200 MCMAHON DR SACRAMENTO,CA 95824	04-3832927			6,467	FMV		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
CYCLE KIDS INCPO BOX 381459 CAMBRIDGE,MA 02238	20-1169399			8,248	FMV		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
DALLAS EAST SOCCER ASSOCIATION1800 BARNES BRIDGE DALLAS,TX 75228	75-2660998			9,833	FMV		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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(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
EDUSPORTS INCPO BOX 51086 BOSTON,MA 02205	20-8003598			5,586	FMV		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
GOMPERS PREP1005 47TH ST SAN DIEGO,CA 92102	27-0500180			6,966	FMV		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
GREATER DALLAS LEGAL AND COMMUNITY DEVELOPMENT FOUNDATION INC3114 CLYMER STREET DALLAS,TX 75212	74-2240536			21,169		EQUIPMENT	INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
GRIDIRON LETTERMEN CLUB318 PINE DRIVE CLARION,PA 16214	25-6003246			5,121		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
HIRSCH HIGH SCHOOL 7740 S INGLESIDE CHICAGO,IL 60619	36-6005821			8,557	FMV		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
INDIANAPOLIS BROAD RIPPLE MAGNET HS1115 BROAD RIPPLE AVE INDIANAPOLIS,IN 46220	35-6002486			7,988	FMV		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
IRVIN C MOLLISON ELEMENTARY4415 S MARTIN LUTHER KING DRIVE CHICAGO,IL 60653	36-6005821			6,515	FMV		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
IRWIN COUNTY RECREATION DEPTARTMENT207 SOUTH IRWIN AVENUE OCILLA,GA 31774	58-6000844			5,076	FMV		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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(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
JACKSON COUNTY HIGH SCHOOL4372 HWY 3630 ANNVILLE,KY 40402	61-6001324			11,172	FMV		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
JAMAICA PLAIN REGAN YOUTH LEAGUEPO BOX 302418 JAMAICA PLAIN,MA 02130	22-2906486			18,078	FMV	,	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
JEFF DAVIS YOUTH CENTER9 YOUNG STREET HAZLEHURST,GA 31539	58-2123240			6,172	FMV		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
JOE DIMAGGIO LITTLE LEAGUE16 KELSEY DRIVE WORCESTER,MA 01604	22-2743928			14,874	FM∨		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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(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
JORDAN BOYS AND GIRLS CLUB30 WILLOW STREET CHELSEA,MA 02150	04-2103922			7,232	FM∨		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
JORDAN FAMILY SPORTS FOUNDATION (COMMUNITY)875 NORTH MICHIGAN AVENUE CHICAGO,IL 60611	26-2516641			50,277	FMV		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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(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
JULIA DE BURGOS ELEMENTARY SCHOOL401 WEST LEHIGH AVE PHILADELPHIA,PA 19133	23-6004102			21,883	FMV		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
KIPP DELTA PUBLIC SCHOOLS415 OHIO STREET HELENA,AR 72342	31-1807400			5,069	FMV		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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(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
LANGSTON HUGHES ACADEMY2050 WEST LANE STOCKTON,CA 95205	94-3311088			16,399	FMV		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
LEGACY YOUTH SPORTS 8407 GLEN REGAL DR DALLAS,TX 75243	14-2001214			9,800	FMV		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
LYNN YMCA 20 NEPTUNE BLVD LYNN, MA 01970	04-2105883			45,563	FMV		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
MACON COUNTY RECREATION DEPARTMENT700 VIENNA HIGHWAY MONTEZUMA,GA 31063	58-6000858			5,431	FMV		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
MADISON MIDDLE SCHOOL230 SUNRISE DRIVE KEY BISCAYNE,FL 33149	59-6000572			11,609	FMV		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
MARK TRAIL ATHLETIC ASSOCIATION 2898 ROYAL PATH COURT DECATUR, GA 30030	20-0332223			6,149	FMV		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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(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
MATTAPAN PATRIOTS FOOTBALL AND CHEERLEADING71 GLENCLIFF RD BOSTON, MA 02131	01-0780870			19,599	FMV		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
METRO BOSTON ALIVEBOSTON HOUSING AUTHORITY116 ROXBURY STREET ROXBURY,MA 02115	22-3064084			11,522	FMV		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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(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
METROPOLITAN JUNIOR BASEBALL LEAGUEPO BOX 9841 RICHMOND,VA 23228	52-1219409			18,090	FMV		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
METROPOLITAN PONY BASEBALLPO BOX 26979 LOS ANGELES,CA 90026	26-3695538			16,599	FMV		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
MINNEAPOLIS PARK AND RECREATION BOARD1801 JAMES AVE N MINNEAPOLIS, MN 55411	41-6005375			9,800	FMV		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
NATIONAL JUNIOR TENNIS AND LEARNING PROGRAM 420 CHARLES E YOUNG DRIVE WEST LOS ANGELES,CA 90024	95-1243600			7,682	FMV		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
NATIVITY PREPARATORY SCHOOL BOSTON39 LAMARTINE STREET JAMAICA PLAIN,MA 02130	04-3063140			13,168	FMV		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
NEW MISSION HIGH SCHOOL67 ALLEGHANY ST ROXBURY,MA 02120	04-6001380			6,016	FMV		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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(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
NEW YORK POLICE ATHLETIC LEAGUE INC34 1/2 EAST 12TH STREET NEW YORK,NY 10003	13-5596811			36,758	FM∨		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
NORWALK HEALTH DEPARTMENT137 EAST AVENUE NORWALK,CT 06851	06-6011881			8,178	FM∨		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
OXFORD HIGH SCHOOL 495 MAIN STREET OXFORD,MA 01540	04-6001260			11,946	FMV		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
PARKWAY POP WARNER 675 VFW PARKWAY BOX 135 CHESTNUT HILL, MA 02467	26-4678109			19,599	FM∨		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
RHODE ISLAND SPORTS HEROES8 MOSS LANE COVENTRY,RI 02816	33-1101516			8,062	FM∨		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
ROBBINSCALPARK EAGLES 726 W 61ST STREET CHICAGO,IL 60621	52-1656301			8,624	FM∨		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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(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
ROCKFORD RAVENS YOUTH FOOTBALL & CHEER127 LOPEZ LANE POPLAR GROVE,IL 61065	45-3634536			5,570	FMV		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SALESIAN BOYS & GIRLS CLUB150 BYRON STREET EAST BOSTON, MA 02128	04-2558218			6,498	FMV		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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(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
SOUTH END BASEBALL30 BELLEVUE ROAD BELMONT,MA 02478	04-3053210			18,189	FMV		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SOUTH END TITANS POP WARNER FOOTBALL TEAM 103 BIGELOW STREET BRIGHTON, MA 02135	34-1985841			7,688	FMV		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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(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
SOUTH GEORGIA POP WARNER283 WIREGRASS WAY ALBANY,GA 31721	23-1582287			5,280	FM∨		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
SOUTHERN CALIFORNIA CROSSROADSPO BOX 2474 DOWNEY,CA 90242	20-3187437			18,000	FM∨		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
SOUTHSIDE LITTLE COWBOYS814 SAIPAN PLACE SAN ANTONIO,TX 78221	74-2556628			13,719	FMV		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
ST LOUIS DEVILS YOUTH ASSOCIATION639 FOXTAIL DRIVE FLORISSANT, MO 63034	26-4566341			9,016	FMV		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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(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
TEXAS WOMEN AND CHILDREN'S ADVOCACY SERIES4409 RAWLEY STREET HOUSTON,TX 77020	27-1103005			23,519	FM∨		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
TEXAS WRANGLERS2520 WIDGEON WAY MESQUITE,TX 75181	26-2171670			6,657	FMV		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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(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
TOBIN COMMUNITY CENTER14871 TREMONT ST ROXBURY CROSSING,MA 02120	04-3103865			9,169	FMV		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
UNION CITY FIGHTING COCKS31141 BRIER ST UNION CITY,CA 94587	27-2881349			5,841	FMV		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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(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
URBAN PERFORM575 TRAVIS ST NW ATLANTA,GA 30318	27-3220686			5,998	FMV		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
WEST BROAD STREET YMCA1110 MAY ST SAVANNAH,GA 31415	58-0616558			5,507	FMV		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 WARNER 22 GRANT STREET LYNN,MA 01902	10-0667071			9,800	FMV		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
WEST PHILADELPHIA HIGH SCHOOL4901 CHESTNUT STREET PHILADELPHIA,PA 19139	23-6004102			5,734	FM∨		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

4	<u>•</u>			_			
(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
WNY MARITIME CHARTER SCHOOL266 GENESEE STREET BUFFALO,NY 14204	20-0700915			8,816	FMV		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH
YOUTH SERVICE LEAGUE INC181 A 29TH ST BROOKLYN,NY 11232	11-1973738			6,270	FMV		INCREASE ACCESSIBILITY OF YOUTH SPORTS PROGRAMS TO DISADVANTAGED YOUTH

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SCHEDULE M (Form 990)

Department of the Treasury

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

Noncash Contributions

Internal Revenue Service Name of the organization GOOD SPORTS INC

Employer identification number

D-	Turner of Ducarouty				75-3138664			
Pa	rt I Types of Property	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of d noncash contrib	etermı	_	ts
1	Art—Works of art			J				
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
	Real estate—Other							
18	Collectibles							
	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
25	SPORTS Other►(EQUIPMENT)	Х	16	1,469,913	FAIR MARKET VAL	UE		
26	LEGAL Other►(<u>SERVICES</u>)	x	1	2,475	SERVICES PROVII	DED		
	Other ►()							
	Other►()							
	Number of Forms 8283 received	by the orga	inization during the tax year	r for contributions				
	for which the organization comple				29			
							Yes	No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold for at least three year	s from the o	date of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	period?			30a		No
b	If "Yes," describe the arrangeme	ent in Part 1	II					
31	Does the organization have a gif	t acceptano	ce policy that requires the r	eview of any non-standard	contributions?	31		No
32a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell	noncash • • •	32a		Νo
b	If "Yes," describe in Part II							
33	If the organization did not report	: an amount	: in column (c) for a type of	property for which column (a) ıs checked,			
	describe in Part II			, 	•			

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

hamber of items received of a combination of bean 71100 combines and pare for any additional information					
Identifier	Return Reference	Explanation			
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	· · · · · · · · · · · · · · · · · · ·	THE NUMBER OF CONTRIBUTIONS IS BASED ON THE NUMBER OF CONTRIBUTORS			

Schedule M (Form 990) (2012)

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Supplemental Information to Form 990 or 990-EZ

2012

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE 0

(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 FORM 990 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 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENT AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST IN ADDITION, THE FORM 990 IS AVAILABLE VIA THE MA ATTORNEY GENERAL'S WEBSITE AND GUIDESTAR				