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Extended to November 15, 2017

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Inspection

<u>A</u>	For th	e 2016 calendar year, or tax year beginning a	and ending		
В	Check if applicat	C Name of organization		D Employer identific	cation number
	Addr chan	Novak Djokovic Foundation USA			
	Name Chan	9		45-4	219615
	initia	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit	E Telephone number	
	Final	c/o 8401 Chagrin Road	16	440-	543-3310
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,370,991.
<u>_</u>	Amer	Chagrin Falls, OH 44023		H(a) Is this a group re	
<u></u>	Appli tion pend	F Name and address of principal officer NOVAK DJOROVIC		for subordinates	· · · — —
		c/o 8401 Chagrin Road; #16, Chagrin		H(b) Are all subordinates in	
		tempt status X 501(c)(3)	)(1) or 52	_	list (see instructions)
		ite: ▶ novakdjokovicfoundation.org forganization: X Corporation Trust Association Other ▶	l. Vac	H(c) Group exemption	
	art I	forganization: X Corporation Trust Association Other ► Summary		r of formation: ZUII N	State of legal domicile: DE
_	1	Briefly describe the organization's mission or most significant activities: The	e organ	ization inte	nds to make
/⊜S Governance		grants to charitable organizations desc			
rna	2	Check this box  if the organization discontinued its operations or dis			
<b>88</b>	3	Number of voting members of the governing body (Part VI, line 1a)	-,	3	3
SO	4	Number of independent voting members of the governing body (Part VI, line 1	1b)	. 4	3
Se Se	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		. 5	0
CTIVITIES & C	6	Total number of volunteers (estimate if necessary)		6	0
©ठू ४	7 a	Total unrelated business revenue from Part VIII column (C), line 12			<u> </u>
<u></u>	b	Net unrelated business taxable income from Form 990-1, line 34	<del></del>	7b	0.
<b>—</b> ;	1	Contributions and grants (Port VIII) line 415	¬ -	Prior Year	Current Year
e e	8	Contributions and grants (Part VIII, line In) Figure 1	4,141,741.	2,355,746.	
	9	Program service revenue (Part VIII, line 2g)	<i>}∦</i> ∙ •	0.	
<b>₩</b>	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2017	<i>  </i>   ·  -	0. 522.	0. 15,245.
$\sim$	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8o, 9c, 10c, and 11e)	<u>k</u> :	4,142,263.	2,370,991.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII- column (A), lines of Grants and similar amounts paid (Part IX, column (A), lines 13/2	<u>'2)</u>	550,062.	784,948.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	704,540.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-	10)	0.	155,415.
Jse	1	Professional fundraising fees (Part IX, column (A), line 11e)	'''	0.	0.
Expenses	1		,686.		
ũ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		442,680.	590,736.
	I	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	· · · . [	992,742.	1,531,099.
	19	Revenue less expenses. Subtract line 18 from line 12		3,149,521.	839,892.
Net Assets or Fund Balances				Beginning of Current Year	End of Year
aset	20	Total assets (Part X, line 16)	L	5,252,394.	6,160,448.
age Base	21	Total liabilities (Part X, line 26)	. }_	73,882.	142,044.
		Net assets or fund balances Subtract line 21 from line 20		5,178,512.	6,018,404.
	art II	Signature Block	<del></del>		
		alties of perjury, I declare that I have examined this return, including accompanying sche			y knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information	of which prepar	er nas any knowledge.	
e:a	_	Signature of officer		Date	
Sig: Her		Ryan Tarpley, Director		10/0	2/1/
1101	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	ı	James R. Pokorny		09/27/17 self-employ	P01204652
Prep	arer	Firm's name Pokorny and Company		Firm's EIN	34-1960022
Use	Only	Firm's address 8401 Chagrin Road, Suite 16			
		Chagrin Falls, OH 44029		Phone no. 44	0-543-3310
May	the I	RS discuss this return with the preparer shown above? (see instructions)		<del> </del>	X Yes No
6320	01 11-	11-16 LHA For Paperwork Reduction Act Notice, see the separate instru	uctions.		Form <b>990</b> (2016)

Form 990 (2016)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	ı		
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		1	
	public office? If "Yes," complete Schedule C, Part I	3		<u> X</u>
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? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		4,5
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		v
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			}
_	as applicable			
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		X
ь	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total	Ha		-43
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	1.0		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			Ì
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			}
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
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	000	X
		Form	990	(2016)

			Yes	No
<b>2</b> 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	} '		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	[		
	Schedule J	23	L	X
24a	g			
	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 25a	24a	l	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	<b> </b>
¢	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	ļ		
	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	ļ	<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	}	!	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	} ;		}
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			<b>3</b> .5
~=	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	} .		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			<b>.</b>
28	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
20	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 IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes." complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		_X_
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
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		_X_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
	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		X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			[
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			1
	Note, All Form 990 filers are required to complete Schedule O	38	X	Ĺ
		Form	990	(2016)

14a

X

13b

13c

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2016) Novak Diokovic Foundation USA 45-4219615 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3	1 1	İ	
	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 0.			
b		{		
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	X	
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	<u> </u>	<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_		X
6	Did the organization have members or stockholders?	6		X
7a	• • • • • • • • • • • • • • • • • • • •	_		**
	more members of the governing body?	7a		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
Ь		8b	X	<u> </u>
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_		<u> </u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
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	v	
11a		11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990		v	
12a		12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	_	₹-	
40	In Schedule O how this was done	12c	X	-
13	Did the organization have a written whistleblower policy?	13	77	<u>X</u> _
14 	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	(		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	<del> </del>
Þ	Other officers or key employees of the organization	15b	Х	
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	]	Ì	
юа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		v
	taxable entity during the year?	16a		<u> X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		ĺ	ļ
<u> </u>	exempt status with respect to such arrangements?	16b	L	<u> </u>
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avallab	иe	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nanit t	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	Arena Wealth - 2081041000 Chigwick Gate 3rd Floor: 598-608 Chigwak High Road London INI	.mpr	17.7	NOD
	. III WWILL BORNES - 1777 RODDE' 548-6018 L'OLEWAY HIATO MARA LANAAN UNI	10.1		

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Form 990 (2016) Novak Djokovic Foundation U	SA 45-4219615 Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Emp	oloyees, Highest Compensated
Employees, and Independent Contractors	
Check if Schedule O contains a response or note to any line in this Part VII	
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensa	ited Employees
1a Complete this table for all persons required to be listed Report compensation for the	he calendar year ending with or within the organization's tax yea
<ul> <li>List all of the organization's current officers, directors, trustees (whether individuenter -0- in columns (D), (E), and (F) if no compensation was paid</li> <li>List all of the organization's current key employees, if any See instructions for d</li> </ul>	efinition of "key employee "
<ul> <li>List the organization's five current highest compensated employees (other than a</li> </ul>	n officer, director, trustee, or key employee) who received report

able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of

reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per week				than o	one h an	ed any current officer, of (D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Novak Djokovic	2.00									
Member and Director		X	<u> </u>	<u> </u>	<u> </u>	<u></u>		0.	0.	0
(2) Jelena Djokovic	2.00		}	1					_	_
Member and Director		X	<u> </u>		<u> </u>	<u> </u>	L	0.	0.	0
(3) Ryan Tarpley	2.00		}		1					
Member and Director		X	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	0.	0.	0
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Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

		Check if Schedule O contain	ns a response	or note to any lir	e in this Part VIII		<u> </u>	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns	1a					1
ran	b		1b					
ñ,G	c		1c	<del></del>				
ifts	d	51.1	1d					
ail.	e							
Sit		All other contributions, gifts, grants,				,		
her	•	similar amounts not included above		355,746.				
o <u>f</u>	_			333,740.				
Contributions, Gifts, Grants and Other Similar Amounts	9 h	Total. Add lines 1a-1f	1- II J		2,355,746.			
		Total. Nac III is Ta 1		Business Code				<del> </del>
a	2 a	=		Dusiness Code				
Ş	b							
Program Service Revenue	c							
e a	ď							
P. S.	-		<del></del>					
Pro	f	All other program service revenu	JB					
	a	Total. Add lines 2a-2f		<b>•</b>				
$\neg$	3	Investment income (including di	vidends, intere	est. and				
		other similar amounts)	,	. •				
ļ	4	Income from investment of tax-e	exempt bond p	• •				
	5	Royalties .		•				Ī
		Ī	(i) Real	(II) Personal				
	6 a	Gross rents			]			
	b	Less rental expenses			1			
	С	Rental income or (loss)			1	<u> </u>		}
	d				1	i		
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
]		assets other than inventory						
-	b	Less: cost or other basis			]	ļ		
ł		and sales expenses						
Į	С	Gain or (loss)			]			
İ				. •	1			
a	8 a	Gross income from fundraising	events (not					
nue		including \$	of	1		ĺ		1
ě		contributions reported on line 1						
Other Rever		Part IV, line 18	a		}			1
흎	b	Less, direct expenses						
٥	С	Net income or (loss) from fundra	alsing events					
ļ		Gross income from gaming activ	_					
ļ		Part IV, line 19	, a		]	Į l		1
	b	Less direct expenses	. b		]			
1	С	Net income or (loss) from gamin	g activities	. •				<u> </u>
- 1	10 a	Gross sales of inventory, less re	turns					
		and allowances	a		]			
1	b	Less: cost of goods sold .	b		_			
Į	с	Net income or (loss) from sales	of inventory					<u></u>
		Miscellaneous Revenue		Business Code	7	i		1
-		Unrealized gain	on inv	525990	12,995.			
-	b	Other Income		525990	2,250.	2,250.		<u> </u>
ŀ	С				<u> </u>			ļ
l	đ	All other revenue		<u></u>				<del> </del>
	е				15,245.			<del> </del>
	12	Total revenue See instructions.		<u> </u>	2,370,991.	15,245.	0	<u>.                                      </u>

Sec	tion 501(c)(3) and 501(c)(4) organizations must com			mplete column (A).	
	Check if Schedule O contains a respon			<u></u>	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	784,948.	784,948.		
4	Benefits paid to or for members .				
5	Compensation of current officers, directors,				
_	trustees, and key employees				~
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	155 415	F1 00F	51,805.	51,805.
7	Other salaries and wages	155,415.	51,805.	51,603.	21,603.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				<del></del>
10	Payroll taxes				
11	Fees for services (non-employees)				
'' a	1				
b	Legal	12,360.	12,360.		
c	· · · · · · · · · · · · · · · · · · ·	12,500.	12,500.		
d					
e					
f	Investment management fees				
g					
•	column (A) amount, list line 11g expenses on Sch O.)	30,336.		537.	29,799.
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				<del> </del>
19	Conferences, conventions, and meetings .		<u> </u>		<del></del>
20	Interest		<u> </u>		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Foreign currency exchan	278,279.		278,279.	
	Public relations	128,038.			128,038.
	Professional fees	124,836.		124,836.	
	Travel	9,132.	3,044.	3,044.	3,044.
e	All other expenses	7,755.		7,755.	
25	Total functional expenses. Add lines 1 through 24e	1,531,099.	852,157.	466,256.	212,686.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

_		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	4,456,521.	_1	5,133,950.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	768,219.	3	376,443.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
	1	Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under	-		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	}	employers and sponsoring organizations of section 501(c)(9) voluntary		1	
ş	ł	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use	27,654.	8	20,000.
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
	}	basis Complete Part VI of Schedule D . 10a		1	
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	<u>630,055.</u>
	12	Investments other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,252,394.	16	6,160,448.
	17	Accounts payable and accrued expenses	73,882.	17	142,044.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	·
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,		1	
i		key employees, highest compensated employees, and disqualified persons.			
Lial		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	1	parties, and other liabilities not included on lines 17-24) Complete Part X of		25	
	26	Schedule D	73,882.	25 26	142,044.
	20	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ► X and	13,002.	26	144,044.
w		complete lines 27 through 29, and lines 33 and 34.			
Ç	27	Unrestricted net assets	5,178,512.	27	5,994,365.
<u>a</u>	28	Temporarily restricted net assets	3,1,0,312.	28	24,039.
Ä	29	Permanently restricted net assets		29	22,033.
ŭ	23	Organizations that do not follow SFAS 117 (ASC 958), check here		25	
r F		and complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund	<del></del>	31	
t A	32	Retained earnings, endowment, accumulated income, or other funds		32	
N	33	Total net assets or fund balances	5,178,512.	33	6,018,404.
i	34	Total liabilities and net assets/fund balances	5,252,394.	34	6,160,448.
	<u> </u>				Form 990 (2016)

<u>Forn</u>	1990 (2016) Novak Djokovic Foundation USA	45-421	961 <u>5</u>	Pag	<sub>le</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		2,370		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,532	L, 0	99.
3	Revenue less expenses. Subtract line 2 from line 1	3			92.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,178	3,5	12.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	6,018	3,4	04.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<del></del>		<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		1 1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	1 1	}	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a	1 (	l	
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		1 1	Ì	
þ	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		}	
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis		1 1	1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	1 1	}	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.	1 1	}	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii	ngle Audit			
	Act and OMB Circular A-133?		3a		<u>X</u>
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit	1	[	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	1	
			Form !	9 <b>90</b> (	2016)

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

Department of the Treasury

Internal Revenue Service

Total

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 45-4219615 Novak Djokovic Foundation USA Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. \_\_\_\_ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (I) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990 or 990-EZ) 2016 Novak Djokovic Foundation USA 45-4219615 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and		]		]		
	membership fees received. (Do not			1			1
	include any "unusual grants ")			<u> </u>			
2	Tax revenues levied for the organ-		<u> </u>	1	1		
	ization's benefit and either paid to		1		1		
	or expended on its behalf		ļ	ļ		ļ	<b> </b>
3	The value of services or facilities			Ì	1		
	furnished by a governmental unit to		1	Ì	1		
	the organization without charge			<del> </del>		<del> </del>	
	Total. Add lines 1 through 3	ļ	ļ	<del>                                     </del>	ļ		ļ
5	The portion of total contributions			]	1		]
	by each person (other than a						]
	governmental unit or publicly						]
	supported organization) included						}
	on line 1 that exceeds 2% of the amount shown on line 11.						]
	column (f)			}			1
	•	ļ <del>-</del>	<del></del>	<del></del>	<del> </del>	<del> </del>	<del> </del>
Sec	Public support. Subtract line 5 from line 4 ction B. Total Support	L	<del></del>	<del></del>	L	<del></del>	L
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	<u> Ajzoiz</u>	(6) 2010	(0) 2014	10,2010	16,2010	(i) rota:
	Gross income from interest,	<del></del>	<del> </del>		<del> </del>	<del>                                     </del>	
Ŭ	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business		<u> </u>	<del>                                     </del>	†	<u> </u>	
	activities, whether or not the				ļ		ļ
	business is regularly carried on				ļ		ļ
10	Other income. Do not include gain				<del> </del>		
	or loss from the sale of capital		1				
	assets (Explain in Part VI.)			l			
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruct	ions)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	ird, fourth, or fifth t	ax year as a secti	on 501(c)(3)	
	organization, check this box and stor	here					▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2016 (I	ine 6, column (f) d	livided by line 11,	column (f)) .		14	%
15	Public support percentage from 2015	Schedule A, Part	t II, line 14		• •	15	%
16a	33 1/3% support test - 2016. If the o	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or	more, check this b	ox and
	stop here. The organization qualifies		~	• •		•	
b	33 1/3% support test - 2015. If the c	•		•	d line 15 is 33 1/3	% or more, check t	his box
	and stop here. The organization qual	• •	• •				
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			•	·	art VI how the orga	nization
	meets the "facts-and-circumstances"	-	•				▶
þ	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the				•		e 
46	organization meets the "facts-and-circ		=	· ·		=	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	oa, 16b, 17a, or 17			
					Sch	nedule A (Form 99)	0 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 Novak Djokovic Foundation USA Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

Se	ction A. Public Support	elow, please comp	nete Part II )	<del></del>			
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	<u> (a) 2012</u>	(6) 2010	(0) 2014	(0) 2010	(6) 2010	(7.5.0.
·	membership fees received (Do not			ļ			
	include any "unusual grants ")	128.050	651,968	1365795.	4141741.	2355746.	8643300.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	120,030.		13037330		2555710	
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513	1385143.	3080353.				4465496.
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1513193.	3732321.	1365795.	4141741.	2355746	13108796.
	Amounts included on lines 1, 2, and	1313133.	3732321.	1303733.	#1#1/H.	2333740.	131007301
, ,	3 received from disqualified persons	212,200.			3830000.		4042200.
t	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	212,200.			3030000		0.
c	: Add lines 7a and 7b	212,200.			3830000.		4042200.
_8_	Public support. (Subtract line 7c from line 6)						9066596.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	1513193.	3732321.	1365795.	4141741.	2355746.	13108796.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income		*			17101112	
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	371.	37,026.	581.	522.	15,245.	
	Total support. (Add lines 9, 10c, 11, and 12)	1513564.	3769347.	1366376.			13162541.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organı	
	check this box and stop here		<del>.</del>	· · · · · · · · · · · · · · · · · · ·	<u>-</u>		▶X
	tion C. Computation of Publ					<del></del>	
	Public support percentage for 2016 (I		•	column (f))		15	%
	Public support percentage from 2015					16	%
	tion D. Computation of Inves						
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2				•	18	%
	33 1/3% support tests - 2016. If the more than 33 1/3%, check this box at 33 1/3% support tests - 2015. If the	nd stop here. The	organization qual	ifies as a publicly s	supported organiz	ation .	. ▶□
	line 18 is not more than 33 1/3%, che	•					`
20	Private foundation If the organization		_	· ·			

### Part IV | Supporting Organizations

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

O 1 - 1	•	A 11	Supporting	•		
Jechon	<b>~</b> .	~11	SUDDUILIE	OI DAIL	///////////////////////////////////////	1115

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		<del></del>
3a		
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		<u> 21961</u>	5 Pa	age <b>5</b>
Pa	rt IV Supporting Organizations (continued)		<del></del>	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		1	
	below, the governing body of a supported organization?	11a		<del> </del> -
	A family member of a person described in (a) above?	11b		<b>├</b>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>	Ь
<u>Sec</u>	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			1
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			]
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			l
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	├	├
2	Did the organization operate for the benefit of any supported organization other than the supported		į	Į
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			Į.
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			{
	supervised, or controlled the supporting organization.	2	<u> </u>	L
Sec	ction C. Type II Supporting Organizations		1	T
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1	1	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	ł	ļ	}
	or management of the supporting organization was vested in the same persons that controlled or managed	}	İ	1
<u></u>	the supported organization(s).	1	l	L
Sec	ction D. All Type III Supporting Organizations		Т	Τ
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	{	·	1
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		1	ì
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_1_	<del> </del>	<del> </del> -
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	· I	1	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1 .	Ì	
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2	<del> </del>	├
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1	Ì	1
	significant voice in the organization's investment policies and in directing the use of the organization's	Ì	1	1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1	1	Ì
<u></u>	supported organizations played in this regard	3	L	<u> </u>
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	•		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	[	ļ	ļ
	those supported organizations and explain how these activities directly furthered their exempt purposes,	-		ļ
	how the organization was responsive to those supported organizations, and how the organization determined	-	ł	1
_	that these activities constituted substantially all of its activities.	2a	<del> </del>	<del> </del>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1	1	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		}	
	reasons for the organization's position that its supported organization(s) would have engaged in these			1
	activities but for the organization's involvement.	2b	<del> </del>	<b>├</b>
3	Parent of Supported Organizations Answer (a) and (b) below.	1		1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1	1	1
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<b>├</b> —	<b>↓</b>
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1	1	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		<u> </u>

Sche	edule A (Form 990 or 990 EZ) 2016 Novak Djokovic Foundati	on US	<u> </u>	45-4219615 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust or	n Nov. 20, 1970 (explain i	n Part VI.) <b>See instructions.</b> Al
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	_2_		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI).			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	1 1		
	see instructions)	4	·	
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ted Type III supporting o	rganization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Sche	edule A (Form 990 or 990 EZ) 2016 Novak Djokovi	<u>c Foundation U</u>	SA4	5-4219615 Page 7
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	·
Sect	tion D - Distributions	<del></del>		Current Year
1_	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	)	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	•	(i)	(ii)	(ìii)
	in E Distribution Allegations (and instruments)	Excess Distributions	Underdistributions	Distributable
eci	tion E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6		<u> </u>	
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI) See instructions			<u> </u>
3	Excess distributions carryover, if any, to 2016:			
<u>a</u>				
b				
С	From 2013			
<u>d</u>	From 2014			
е	From 2015		<u></u>	
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
_L	Carryover from 2011 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			<u> </u>
4	Distributions for 2016 from Section D,			
	line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
_c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
_a_				
b	Excess from 2013			
С	Excess from 2014			
đ	Excess from 2015			
e	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990-E	Z) 2016 NOVa	<u>ik Djokovi</u>	<u>c roundat</u>	cion USA_		45-4219615 Pag
Part VI	Part IV, Section A, line 1; Part IV, Sec Section D, lines 5,	, lines 1, 2, 3b, 3d ction D, lines 2 an , 6, and 8; and Pa	c, 4b, 4c, 5a, 6, 9a, id 3, Part IV, Sectio	. 9b, 9c, 11a, 11b on E, lines 1c, 2a,	, and 11c, Part IV 2b, 3a, and 3b; P	Section B, lines 1	17b, Part III, line 12, and 2, Part IV, Section C, Section B, line 1e, Part V, al information.
	(See instructions)	·					
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## SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Inspection

Name of the organization

Employer identification number

	Novak Djokovic Foundation USA	45-4219615
Pa		
	organization answered "Yes" on Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be use	ed only
	for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose cor	nferring
	impermissible private benefit?	Yes No
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part	t IV, line 7
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or education)	cally important land area
	Protection of natural habitat Preservation of a certified	d historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a	a conservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	. 2a
þ	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the or	ganization during the tax
	year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservations	vation easements during the year
	<b></b>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	n easements during the year
	<b>▶</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(	4)(B)(ı)
	and section 170(h)(4)(B)(ii)?	. L Yes L No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense sta	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the	organization's accounting for
	conservation easements.	
Pa	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement are	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	service, provide the following amounts
	relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	. • \$
	(ii) Assets included in Form 990, Part X	<b>&gt;</b> \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial ga	ain, provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$
	Assets included in Form 990, Part X	<b>&gt;</b> \$

Sche	edule D (Form 990) 2016 Novak D	jokovic Fo	unda	tion U	SA			<u>45-42</u>	1961	5 Pa	ıge <b>2</b>
Pa	rt III   Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures, o	or Othe	r Simil	ar Asse	<b>ts</b> (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following that	at are a siç	gnificant	use of its	collection	items	3
	(check all that apply).										
а	Public exhibition	C			hange progra						
b	Scholarly research	•	• [	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							ose in Parl	XIII		
5	During the year, did the organization solicit o					er sımılar	assets		٦.,		1
Par	to be sold to raise funds rather than to be mirt IV Escrow and Custodial Arran					937 11	00/		Yes		No
I a	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pal		ete ii the	organizatio	n answered	res on	Form 990	o, Part IV,	line 9, or		
12	is the organization an agent, trustee, custod		diany for	contribution	ne or other as	seats not	ıncluded				
ıa	on Form 990, Part X?	an or other interme	ulary ioi	CONTINUERO	is or other as	ssets not	included		Yes	X	No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	Nowing t	ahle.					1 163		1110
J	Too, explain the arrangement fire are xin	and complete the re	Jiiowing (	abic.					Amount		
c	Beginning balance						. 1c				
d	Additions during the year	•	•		••		1d				
	Distributions during the year			• •	• •	•	1e				
f	Ending balance		•		•		1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	escrow or c	ustodial acco	ount liabili	ty? .		Yes		No
	If "Yes," explain the arrangement in Part XIII										]
Par	rt V Endowment Funds. Complete	f the organization ai	nswered	"Yes" on Fo	orm 990, Par	t IV, line 1	0			_	
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (	d) Three	years back	(e) Four	years	<u>back</u>
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses		ļ								
d	Grants or scholarships		ļ		L						
е	Other expenditures for facilities										
	and programs		-		ļ						
f	Administrative expenses		<u> </u>				<del></del> _				
g	End of year balance			<del></del>	<u> </u>						
2	Provide the estimated percentage of the curr	rent year end balan	•	g, column (a	a)) neid as:						
a	Board designated or quasi-endowment	%	%								
D	Permanent endowment	<del></del>									
С	Temporarily restricted endowment ▶  The percentages on lines 2a, 2b, and 2c sho	% wild agual 100%									
32	Are there endowment funds not in the posse	•	ration the	at are bold a	and administr	ared for th	oe organi	zation			
Sa	by:	sssion of the organiz	Zauon un	at ale Held a	unu auniminate	ered for tr	ie Organii	Zation	ſ	Yes	No
	(i) unrelated organizations								3a(i)	163	110
	(ii) related organizations		• • •	•		• ••		••	3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requ	red on S	Schedule R?	 )		•		3b		
4	Describe in Part XIII the intended uses of the	· · · · · · · · · · · · · · · · · · ·			••	••		•	ــــــــــــــــــــــــــــــــــــــ		
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 99	0, Part I	√, line 11a. \$	See Form 990	0, Part X,	lıne 10.				
	Description of property	(a) Cost or o			t or other	Γ	cumulat	ed	(d) Bool	k value	 Э
		basis (invest		1	(other)	, , ,	reciation	- 1			
1a	Land										
b	Buildings										
C	Leasehold improvements										
đ	Equipment										
е	Other .										
<u>Total</u>	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Par	t X, colur	nn (B), line	10c.)			▶			0.

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016

	dule D (Form 990) 2016 Novak Djokovic Foundation				<u> 219615</u>	Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue pe	r Return.	•	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a			<u>.</u>	
1	Total revenue, gains, and other support per audited financial statements			1	2,370	,991.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
þ	Donated services and use of facilities	2b				
c	Recoveries of pnor year grants	2c				
d	Other (Describe in Part XIII )	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1	• ••	•	3	2,370	,991.
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				
G	Add lines 4a and 4b	<u></u>		4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		•	5	2,370	
Pai	t XII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses p			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total expenses and losses per audited financial statements	<u>.                                    </u>		1	1,531	099
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			<del></del>	1,331	<u>, 0                                   </u>
2		10-1				
a	Donated services and use of facilities	2a				
ь	Prior year adjustments	2b		$\dashv$ $\vdash$		
¢	Other losses	. <u>2c</u>				
d	Other (Describe in Part XIII.)	. <u>2d</u>		_		•
e	Add lines 2a through 2d			2e	4 524	0.
3	Subtract line 2e from line 1			3	1,531	<u>, 099.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 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		0.
5_	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  t XIII Supplemental Information.		·	5	1,531	<u>,099.</u>
ines	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any ad	ditional inform	nation.			
					,	
	<del></del>					
		<del></del> -	<del></del>			
				7		

### **SCHEDULE F** (Form 990)

Department of the Treasury Internal Revenue Service

**Statement of Activities Outside the United States** 

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

OMB No 1545-0047 Open to Public

Name of the organization

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

Inspection

Employer identification number

No	vak Djokovic	Foundati	on USA		45-421961	.5
				tside the United States. Comple	ete if the organization answered "Y	es" on
	Form 990, Part I	V, line 14b.				
1	For grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of its gra	ants and other assistance,	
	the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance?	Yes X No
_						
2	United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and other assistance outs	side the
3		he following Port	t line 2 table of	an be duplicated if additional space is i	nandad \	
	(a) Region	(b) Number of	(c) Number of			(f) Total
	(a) Neglen	offices in the region	employees, agents, and independent contractors in the region	(by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	is a program service,	expenditures for and investments in the region
			in the region		Improvement in the	
		, i			quality of education,	t e
					and to benefit the	
Serl	bia	<u> </u>		•	underprivileged children	0.
					Improvement in the	
				Grant of \$ 42,654 to the	quality of education,	
				Novak Djokovic Foundation	and to benefit the	-
Ita:	ly			(Italy)	underprivileged children	0.
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3 a	Sub-total	0	0			0.
b	Total from continuation					
	sheets to Part I	0	0			0.
C	Totals (add lines 3a					
	and 3b)	l o	0	1	1	0.

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Novak Djokovic Foundation USA

Schedule F (Form 990) 2016

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Serbia	To improve the quality of education in Serbia and benefit underprivileged	488.250.Check	Ch Ch Ch	o		Book
		Italy	To improve the quality of education in Italy and benefit underprivileged	42,654,Check	Check	0		Воок
2 Enter total number of the IRS, or for which t	recipient organization	ns listed above that are el has provided a sectio	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country,	recognized as tax-ey	empt by		

See Part V for Column (d) descriptions

Enter total number of other organizations or entitles

က

Schedule F (Form 990) 2016

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Page 3

Novak Djokovic Foundation USA

Schedule F (Form 990) 2016

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

Part III can be duplicated if additional space is needed.

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

Schedule F (Form 990) 2016

Sched	ule F (Form 990) 2016 Novak Djokovic Foundation USA	45-4219615	Page 4
Part			
	Weether appropriate a 110 to a first of the		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the		
	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		[ <del>1</del> ]
	Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
	may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign		
	Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign	_	_
	Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	. Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund		
	(see Instructions for Form 8621)	. Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; do not file with Form 990)	Yes	X No
		Schedule F (Fori	m 990) 2016

Schedule F (Form 990) 2016 Novak Djokovic Foundation USA 45-4219615 Page 15-4314 April 1990 2016 Novak Djokovic Foundation USA
Part V Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method; amounts of
investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions
Part I, Line 2:
Directors ensured that the organization was a charitable organization
that is described in section 501(c)(3) of the U.S. Internal Revenue Code.
Part I, line 3, Column (e):
Region: Serbia
(e) Specific Types of Services in Region: Improvement in the quality of
education, and to benefit the underprivileged children of Serbia.
Region: Italy
(e) Specific Types of Services in Region: Improvement in the quality of
education, and to benefit the underprivileged children of Italy.
Part II, Column (d):
rate 11, corum (a).
Region: Serbia
(d) Purpose of Grant: To improve the quality of education in Serbia and
Tay raipose or orane. To improve the quarrey or caucacton in sersia and
benefit underprivileged children in Serbia.
Region: Italy
(d) Purpose of Grant: To improve the quality of education in Italy and
benefit underprivileged children in Italy.

## **SCHEDULE O** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ➤ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization  Novak Djokovic Foundation USA	Employer identification number 45-4219615
Form 990, Part I, Line 1, Description of Organization Mis	sion:
the U.S. Internal Revenue Code of 1986 to improve the qua	lity of
education in Serbia and benefit underprivileged children	in Serbia.
Form 990, Part VI, Section A, line 2:	
Directors Novak Djokovic and Jelena Djokovic are married.	
Form 990, Part VI, Section B, line 11b:	
Form 990 is reviewed by the organization's directors befo	re it is filed
with the IRS.	
Form 990, Part VI, Section B, Line 12c:	
Each director annually signs a statement which affirms th	e director has
received a copy of the conflict of interest policy; has r	ead and
understands the policy; and agrees to comply with the pol	icy.
Form 990, Part VI, Section B, Line 15:	
The board of directors may retain and fix the compensation	n to be paid to an
Executive Director, which shall not be a member of the Bo	ard, and who shall
serve at the pleasure of the members of the Board.	
Form 990, Part VI, Section C, Line 19:	
Upon request, the organization's governing documents, con	flict of interest
policy, and financial	
statements are made available to the public.	

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990.

2016

OMB No 1545-0047

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

Novak Djokovic Foundation USA

Open to Public Inspection

Employer identification number 45-4219615

Direct controlling

Identification of Related Tax-Exempt Organizations. Complete If the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. End-of-year assets Total income ਉ Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) UNITED KINGDOM Primary activity Receive charitable contributions Novak Djokovic Foundation UK - 98-1119100 Name, address, and EIN (if applicable) 3rd Floor Chiswick Gate 598-608 of disregarded entity London, UNITED KINGDOM Part II Part

(g) Section 512(b)(13) å controlled entity? Yes Direct controlling entity status (if section 501(c)(3)) Public charity Exempt Code section ছ Legal domicile (state or foreign country) Primary activity Name, address, and EIN of related organization

For Paperwork Reduction Act Notice, see the Instructions for Form 990. See Part VII for Continuations

Schedule R (Form 990) 2016

Page 2

Schedule R (Form 990) 2016 Novak Djokovic Foundation USA

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	Predomini (related, excluded fro sections	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets		ritionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or x managing e partner? 5) Yes No	(i) (k) General or Percentage managing partner? Yes No
				,								
Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year	ganizations Taxable a	is a Corpo g the tax y	oration or Trust. Co	omplete if th	or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related	n answered "	res" on Form	990, Part IV,	, line 34 b	oecause it had	l one or m	ore related
(a) Name, address, and EIN of related organization	Z. c	Prim	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income		(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
		i										
632162 09-06-18										Sched	ule R (Fo	Schedule R (Form 990) 2016

Page 3"

# Schedule R (Form 990) 2016 Novak Djokovic Foundation USA

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Note: Complete line 1 if any entity is listed in Darts II III or IV of this school is				┺
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	nth one or more re	lated organizations listed	ın Parts II:IV?	Les No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		•		1a
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b
c Gift, grant, or capital contribution from related organization(s)				10
d Loans or loan guarantees to or for related organization(s)				1d
e Loans or loan guarantees by related organization(s)				1e
f Dividends from related organization(s)				*
				=  .
				19
h Purchase of assets from related organization(s)				42
i Exchange of assets with related organization(s)				<b>;=</b>
j Lease of facilities, equipment, or other assets to related organization(s)				1;
k Lease of facilities, equipment, or other assets from related organization(s)				1k
I Performance of services or membership or fundraising solicitations for related organization(s)	ation(s)			1
m Performance of services or membership or fundraising solicitations by related organization(s)	ation(s)			1m
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s			1n
				10
p Reimbursement paid to related organization(s) for expenses				10 10
r Other transfer of cash or property to related organization(s)				1-
s Other transfer of cash or property from related organization(s)				15
2 If the answer to any of the above is "Yes," see the instructions for information on who r	must complete th	is line, including covered	lation on who must complete this line, including covered relationships and transaction thresholds.	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved
(1)				
(2)				
(3)				
(4)				
(5)				
(6) 842-143 08-08-14			Schedule	Schedule R (Form 990) 2016

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Schedule R (Form 990) 2016 Novak Djokovic Foundation USA

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

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(h) (i) (j) (k)  Dispropor- Loring amount in box 20 managing ownership  ves No (Form 1065) ves No						
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(j) General managi partnei Yes N						 <u> </u>
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(g) Share of end-of-year assets						
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(f) Share of total income						
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(e) Are all partners sec 501(c)(3) orgs? Yes No	,					
(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)						
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Schedule R (Form 990) 2016 Novak Djokovic Foundation USA	45-4219615 Page 5
Part VII Supplemental Information.	
	·
Part I, Identification of Disregarded Entities:	
Name, Address, and EIN of Disregarded Entity:	
Novak Djokovic Foundation UK	
EIN: 98-1119100	
3rd Floor Chiswick Gate 598-608	
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London, UNITED KINGDOM	
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