Extended to November 15, 2018

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning C Name of organization D Employer identification number Check if Address change Novak Djokovic Foundation USA Name change 45-4219615 Doing business as Initial return Number and street (or P.O box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 440-543-3310 c/o 8401 Chagrin Road 16 termin ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 840,928. Amended Chagrin Falls, OH 44023 H(a) is this a group return Applica-tion pending Yes X No F Name and address of principal officer Novak Djokovic for subordinates? c/o 8401 Chagrin Road; #16, Chagrin Falls (O H(b) Are all subordinates included?) **◀** (insert no.) Tax-exempt status X 501(c)(3) 501(c) (4947(a)(1) or L If "No," attach a list (see instructions) J Website: ▶ novakdjokovicfoundation.org H(c) Group exemption number K Form of organization: X Corporation Trust Other > Year of formation: 2011 M State of legal domicile: DE Part I Summary Briefly describe the organization's mission or most significant activities. The organization intends to make Activities & Governance grants to charitable organizations described in Section 501(c)(3) of Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 О. b Net unrelated business taxable income from Form 990-T, line 34 RECEIVED **Prior Year Current Year** 2,355,746 411,205. SCANNED FEB 0 6 2019 Contributions and grants (Part VIII, line 1h) 0. Program service revenue (Part VIII, line 2g) 0 Investment income (Part VIII, Inle 2g) NOV 1 4 2018 0 0. 15,245 429 723. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10d, and 11e 2,370,991 840,928. Total revenue - add lines 8 through 11 (must equal Part VIII column (A) In Etal. UT 784,948 943,499. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 725. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 155,415 154 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 246,140. **b** Total fundraising expenses (Part IX, column (D), line 25) 590,736 303,713. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 531,099 401,937. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 839,892 <1,561,009.> Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year End of Year** 4,491,001. 6,160,448 20 Total assets (Part X, line 16) <u>142,044</u> <u>33,606.</u> 21 Total liabilities (Part X, line 26) 6,018,404. Net assets or fund balances Subtract line 21 from line 20 457,395 | Signature Block Under penalties of perjury, I deplare that I have examined this return, including-accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of property (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign Director Here Type or print name and title Date Prepare Print/Type preparer's name 11/01 P01204652 <u>James R. Pokorny</u> Paid Preparer Firm's name > Pokorny and Company Firm's EIN 34-1960022 Use Only Firm's address 8401 Chagrin Road, /Suite Phone no. 440 - 543 - 3310 Chagrin Falls, OH

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

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

Form **990** (2017)

X Yes

See Schedule O for Organization Mission Statement Continuation

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Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
•	·
	The organization intends to make grants to charitable organizations
	described in section 501(c)(3) of the U.S. Internal Revenue Code to
	improve the quality of education in Serbia and benefit underprivileged
	children in Serbia.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
2	
3	
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	(Code) (Expenses \$) (Revenue \$)
	During the year of operation, the organization remitted grants of \$
	1,943,499, which provided funds to charitable organizations in
	accordance with the organization's mission statement. These grants
	included the following:
	Novak Djokovic Foundation(Serbia)-\$ 1,943,499
4b	(Code) (Expenses \$) (Revenue \$)
4c	(Code) (Expenses \$
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
46	Total program service expenses > 2.000.222.

Form **990** (2017)

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Form 990 (2017) Novak Djokovic Foundation USA
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	<u>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_	_X_	
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_		<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		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		7.7
	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	_		17
_	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,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			7.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			77
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c_		Х
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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d_		X
	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	4 4 4		X
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f_		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	10-	х	
_	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a_	<u> </u>	
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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	х	
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		Х
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	<u> </u>	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		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		X
		Earm	ggn.	(2017)

Yes No

Form 990 (2017) Novak Djokovic Foundation USA

Part IV | Checklist of Required Schedules (continued)

20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		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		Х
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		Х
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		х
94 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
LTU	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		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C		24c		
	any tax-exempt bonds? Did the executation act as an "on helpfield" results for heads outstanding at any time during the user?			
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> X</u>
Ь	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			37
	Schedule L, Part I	25b		<u> </u>
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,"			
	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			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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)		İ	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
c	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
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 7701-37 If "Yes," complete Schedule R, Part I	33	Х	
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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			_ <u></u> -
	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?	-		
	Note. All Form 990 filers are required to complete Schedule O	38	х	
	140to. / Will oth oco moto die foquilled to complete concedure o		990	(2017)
			1	1

. u	Check if Schedule O contains a response or note to any line in this Part V						
		T	Yes	No			
12	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		163	140			
i,a b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	İ					
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	İ					
·	(gambling) winnings to prize winners?	1c					
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
Za	filed for the calendar year ending with or within the year covered by this return 2a C						
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
74	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
h	If "Yes," enter the name of the foreign country						
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
	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 organization solicit						
	any contributions that were not tax deductible as charitable contributions?	6a	- 1	X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6ь	1				
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X			
b	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 file Form 8282?	7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	,					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			-			
	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.	ł		,			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b_		_			
10	Section 501(c)(7) organizations. Enter						
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ł					
11	Section 501(c)(12) organizations. Enter						
а	Gross income from members or shareholders						
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them)						
	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						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>					
_	Note. See the instructions for additional information the organization must report on Schedule O.		1				
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans						
	Enter the amount of reserves on hand	44		v			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b					

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	tion A. Governing Body and Management		ı	Γ.
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3	1		
	If there are material differences in voting rights among members of the governing body, or if the governing	١,		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			٠.٠
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1b	. `	,	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	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_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
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		Х
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?	<u>7a</u>	-	Х
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	<u>7b</u>	_	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		X
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
		42	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990		Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12և	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	Х	
40	In Schedule O how this was done	12c	. ^	Х
13	Did the organization have a written whistleblower policy?	13	X	
14 15	Did the organization have a written document retention and destruction policy?	14	Α.	
13	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?	:	,	·
_		450	x	
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a 15b	X	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	130	-	
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		٠.	
ioa	taxable entity during the year?	160	-	X
_	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		· .
D	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			`
	average about the second by a second according to the	16b		
Sec	tion C. Disclosure	100	L	l
	List the states with which a copy of this Form 990 is required to be filed ▶NY			
17 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) (and 1024 if applicable).		مام	
	for public inspection. Indicate how you made these available. Check all that apply.	.vanal		
	Own website Another's website X Upon request Other (explain in Schedule O)			
10		l fina-	olal	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year	man	ciai	
20				
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	<u>Arena Wealth - 2081041000</u> <u>Chiswick Gate, 3rd Floor; 598-608 Chiswck High Road, London UNI</u>	ריבות	K T	NCT
	<u>chiswick</u> dace, blu riodij 550-000 chiswck <u>nigh</u> koad, hohdon uni	<u> </u>	-VT	<u> </u>

Form 990 (2017)	Novak D	jokovic	Foundation USA	45-4219615	Page 7
Part VII Compensation	of Officers,	Directors,	Trustees, Key Employees, I	Highest Compensated	

Employees, and Independent Contractors	
Check if Schedule O contains a response or note to any line in this Part VII	

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 -O- in columns (D), (E), and (F) if no compensation was paid

 List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(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	Key employee	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						0.	0.	0
(2) Jelena Djokovic	2.00	ļ	Ī						_	
Member and Director		X			L			0.	0.	0
(3) Ryan Tarpley	2.00							_	_	_
Member and Director		X						0.	0.	0
		-			-					
		-								
		_					_			
					_					<u>.</u>

Form 990 (2017) Novak Djokovic Foundation USA 45-421	<u> 1961</u>	<u>5</u>	Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) Name and title Average hours per week hours per week officer and a director/trustee)		(F) Estima amour othe	ated nt of
(list any hours for related organizations below line) (list any hours for related organizations below line)) o	ompens from to organizand relarganiza	the ation ated
	\perp		
	 		
c Total from continuation sheets to Part VII, Section A	0.		0.
d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable	0.		0.
compensation from the organization		Yes	S No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on		1.	
Inne 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization	3	+-	<u> </u>
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services	4	+	X
rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors	5		X
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compe	ensatio	n from	
the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) (B) Name and business address NONE Description of services		(C) pensat	tion
Name and business address NONE Description of services			
		-	
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0		۴ ,	<u>. </u>

		Check if Schedule O conf	tains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns	1a					
irar	b	Membership dues	1b					
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events	1c					
		Related organizations	1d					
		Government grants (contribut	- 					
Sign	f	A11 11 1 1 1 6						
돌	•	similar amounts not included abo		411,205.]
ξŏ	~		· · · · · · · · · · · · · · · · · · ·					}
and	_	Noncash contributions included in lines Total, Add lines 1a-1f	s ia- ii \$		411,205.			
<u> </u>		TOTAL AGG IIITES TA TI		Business Code	11172031			
a	2 a		'	Dusiness Code				
V.	2 a b							
Ser	_						·	
EŠ	c d	• • •		-				
Reg	_							
Program Service Revenue	e	All other program service reve	2010	<u> </u>				
	-	Total. Add lines 2a-2f	enue	•				
$\overline{}$	<u></u> 9	Investment income (including	duudonde intere				_	
	3	other similar amounts)	dividends, intere	st, and				
		•	v avamnt band a					
	4	Income from investment of ta	x-exempt bond p	roceeds				<u> </u>
	5	Royalties	(A Book	(i) Paraonal				
	•	C	(i) Real	(ii) Personal				
	6 a							
	b	•						
	С.	, ,		<u> </u>				
		Net rental income or (loss)	(2.0	(2.01)				
	7 a	Gross amount from sales of	(i) Securities	(ıi) Other				
		assets other than inventory						,
	b	Less cost or other basis						į į
		and sales expenses						
		Gain or (loss)	L	L				
ł		Net gain or (loss)		>				
e e	8 a	Gross income from fundraisin						
Ven		including \$	of					
B.		contributions reported on line	1c) See					
Other Reven		Part IV, line 18	а					,
8		Less. direct expenses	. b	L	-			-
ļ		Net income or (loss) from fund	-	•				
İ	9 a	Gross income from gaming ac	ctivities See					
l		Part IV, line 19	а					
		Less direct expenses	b	L	i			
l		Net income or (loss) from gan	-	▶				
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					!
İ		Less: cost of goods sold	b					
ļ	С	Net income or (loss) from sale		•				ļ
ļ		Miscellaneous Revenu		Business Code			-	
		Foreign currence		525990	317,595.	317,595.		
	b	Unrealized gair	on inv	525990	111,607.	111,607.		ļ
İ	C	Other Income		525990	521.	521.		
	d	All other revenue						
	е	Total. Add lines 11a-11d		. ▶	429,723.			
	12	Total revenue See instructions.			840,928.	429,723.	0.	0.

Seci	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor			mplete column (A)	
Do	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	1,943,499.	1,943,499.		
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)	154 505	F1 F0F	F1 F7F	
7	Other salaries and wages	154,725.	51,575.	51,575.	51,575.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)		-		
9	Other employee benefits Payroll taxes				
10 11	Fees for services (non-employees)				
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				_
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,	· <u>-</u>			
	column (A) amount, list line 11g expenses on Sch O.)	18,690.		17,447.	1,243.
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		<u> </u>		
19	Conferences, conventions, and meetings	· · · · · · · · · · · · · · · · · · ·			
20 24	Interest				
21 22	Payments to affiliates Depreciation, depletion, and amortization				·····
22 23	Insurance	247.			247.
23 24	Other expenses. Itemize expenses not covered	241.			241•
4	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	Professional fees	166,157.			166,157.
	Public relations	81,405.		81,405.	
	Computer and software	16,436.			16,436.
	Travel	15,444.	5,148.	5,148.	5,148.
е	All other expenses	5,334.			5,334.
25	Total functional expenses Add lines 1 through 24e	2,401,937.	2,000,222.	155,575.	246,140.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	İ			
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 2,280,217. 5,133,950. 1 Cash - non-interest-bearing Savings and temporary cash investments 2 376,443. 50,437. 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 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 employees' beneficiary organizations (see instr). Complete Part II of Sch L. 4ssets 7 Notes and loans receivable, net 20,000 20,000. 8 Inventories for sale or use 0. 2,507. Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b b Less accumulated depreciation 10c 2,137,840. 630,055 11 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 12 13 13 Investments - program-related See Part IV, line 11 Intangible assets 14 14 15 15 Other assets See Part IV, line 11 4,491,001. 6,160,448. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 142.044. 33,606. 17 Accounts payable and accrued expenses 17 18 18 Grants payable Deferred revenue 19 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 142.044 33,606. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 5,994,365 4,457,395. 27 27 Unrestricted net assets 24,039. Temporarily restricted net assets 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 6,018,404. 4,457,395. 33 Total net assets or fund balances Total liabilities and net assets/fund balances 6,160,448. 4,491,001.

-orm	1990 (2017) NOVAK DJOKOVIC FOUNDATION USA	45-4	713012	Page 1	<u>z</u>
	rt XI Reconciliation of Net Assets		<u>-</u> .		_
	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)	1		,928	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,401	,937	•
3	Revenue less expenses. Subtract line 2 from line 1	3	<1,561	009ر	•
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,018	,404	•
5	Net unrealized gains (losses) on investments	5		_	_
6	Donated services and use of facilities	6			_
7	Investment expenses	7			_
8	Prior 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	4,457	<u>,395</u>	<u>•</u>
Pa	rt XII Financial Statements and Reporting				1
	Check if Schedule O contains a response or note to any line in this Part XII				<u>_</u>
				res No	_
1	Accounting method used to prepare the Form 990 CashX Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>	_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	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				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		x	
	review, or compilation of its financial statements and selection of an independent accountant?	11- 0	2c	^	-
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	igle Audit	0-	v	
	Act and OMB Circular A-133?	rod oud:+	3a	X	-
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	irea auait			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	90 (201	<u>ー</u>
			rorm a	7 30 (20 l	1)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Nam	Name of the organization Employer identification number								
	Novak Djokovic Foundation USA 45-4219615						5-4219615		
Pa	rt I	Reason for Public	Charity Status (All organizations must co	omplete th	ıs part) Se	e instruction	s	***
The	organ	ization is not a private found	dation because it is	(For lines 1 through 12, o	heck only	one box)			ACI
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in secti	ion 170(b)(1)(A)(ıı). (Attach Schedule E (Forn	n 990 or 9	90-EZ))			()1
3		A hospital or a cooperative	hospital service org	anization described in se	ection 170)(b)(1)(A)(ii	ıı).		\vee ,
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(III). Enter	the hospital's name,
		city, and state							
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental i	unit describ	oed in
		section 170(b)(1)(A)(iv). (C	Complete Part II)						
6		A federal, state, or local gov	vernment or governr	nental unit described in :	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	illy receives a substa	intial part of its support f	rom a gov	ernmental	unit or from t	the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ıx) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	culture (see instructions)	Enter the	name, city	, and state o	f the colleg	e or
		university							
10	LXJ	An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contribution	ons, member	ship fees, a	and gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of	its support	t from gross investment
		income and unrelated busing	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the o	rganızatıon	after June 30, 1975
		See section 509(a)(2). (Cor	•						
11	닏	An organization organized a							
12		An organization organized a							
		more publicly supported or							Check the box in
		lines 12a through 12d that							
а	L				-	-			-
		the supported organization			a majority	of the dire	ctors or truste	ees of the s	supporting
		organization You must o	•						
b			· ·				-		-
		control or management o			ame perso	ons that co	ontrol or mana	age the sup	ported
	_	organization(s). You mus	•						
С		Type III functionally inte						illy integrate	ed with,
		its supported organization		•	•		-		
d		Type III non-functionally	•					-	
		that is not functionally int	-	- •	-			a an attent	iveness
	_	requirement (see instructi		•				U T U	
е		Check this box if the orga					гтурет, туре	in, Type III	
	Ento	functionally integrated, or		maily integrated support	ing organia	zation			
T -		r the number of supported or ride the following information	•	ad avacanzation(s)					
9_) Name of supported	(ii) EIN	(III) Type of organization	(iv) is the orga in your govern	nization listed	(v) Amount o	f monetary	(vi) Amount of other
		organization		(described on lines 1-10	Yes	No No	support (see i	-	support (see instructions)
				above (see instructions))					
		— .							
									

Sched	ule A (Form 990 or 990-EZ) 2017 No	vak Djok	ovic Foun	dation US	SA	45-	4219615 Page 2
Part	II Support Schedule for C	Organizations	Described in	Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(vi) /
	(Complete only if you checked	the box on line 5	, 7, or 8 of Part I o	or if the organization	on failed to qualify	under Part III	If the organization
	fails to qualify under the tests l	listed below, plea	se complete Part	III)			
Sect	on A. Public Support						
Calend	ar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 201	7 (f) Total
1 G	ifts, grants, contributions, and						
m	embership fees received (Do not						
ır	clude any "unusual grants ")						
2 T	ax revenues levied for the organ-				/		
12	ation's benefit and either paid to						
0	r expended on its behalf						
3 T	ne value of services or facilities						
fL	irnished by a governmental unit to						
th	ne organization without charge						
4 T	otal. Add lines 1 through 3						
5 T	ne portion of total contributions				1	7	
b	y each person (other than a			/			
g	overnmental unit or publicly					•	
S	upported organization) included						
0	n line 1 that exceeds 2% of the						
а	mount shown on line 11,			/		ľ	
C	olumn (f)			/			
6 P	ublic support. Subtract line 5 from line 4			<i>Y</i>			
Secti	on B. Total Support				,		
Calend	ar year (or fiscal year beginning in) ➤ 🔼	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 201	7 (f) Total
7 A	mounts from line 4						
8 G	ross income from interest,						
d	vidends, payments received on						
S	ecurities loans, rents, royalties,						
а	nd income from similar sources						
9 N	et income from unrelated business		1				
a	ctivities, whether or not the						
b	usiness is regularly carried on						
10 O	ther income Do not include gain						
o	r loss from the sale of capital						
a	ssets (Explain in Part VI)		_	<u> </u>			
11 T	otal support. Add lines 7 through 10		•				
12 G	ross receipts from related activities, g	etc (see instruction	ons)			12	
13 F	irst five years. If the Form 990 is for t	the organization's	first, second, thii	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
	ganization, check this box and stop						
	on C. Computation of Public						
14 P	ublic support percentage for 2017 (lir	ne 6, column (f) d	ivided by line 11, o	column (f))		14	%
	ublic support percentage from 2016					15	%
16a 3	3 1/3% support test - 2017. If the or	ganization did no	t check the box o	n line 13, and line	14 is 33 1/3% or i	more, check t	this box and
S	top here. The organization qualifies a	s a publicly supp	orted organization	ו			▶□
b 3	3 1/3% support test - 2016. If the or	ganization did no	t check a box on	line 13 or 16a, and	d line 15 is 33 1/39	6 or more, ch	eck this box
а	nd stop here. The organization qualifi	es as a publicly s	supported organiz	ation			▶ ∟
17a 1	0% -facts-and-circumstances test	- 2017. If the org	anızatıon dıd not	check a box on lin	e 13, 16a, or 16b,	and line 14 is	10% or more,
а	nd if the organization meets the "fact:	s-and-circumstan	ces" test, check t	his box and <mark>stop</mark> I	here. Explain in Pa	art VI how the	organization
m	leets the facts-and-circumstances" to	est The organiza	tion qualifies as a	publicly supporte	d organization		▶□
b 1	0% -facts-and-circumstances test	- 2016. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line	15 is 10% or
m	ore and if the organization meets the	e "facts-and-circu	mstances" test, c	heck this box and	stop here. Explai	n in Part VI h	ow the
О	rganization meets the "facts-and-circu	umstances" test	The organization	qualifies as a publ	icly supported org	anization	▶□
18 P	/ rivate foundation. If the organization	did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box	and see instr	uctions

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990 EZ) 2017 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

50.	quality under the tests listed be	elow, please comp	olete Part II)		· · · · · · · · · · · · · · · · · · ·		
	ction A. Public Support					4 1 2047	(n.T.)
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not		4045505		0055546	444 005	0006455
	include any "unusual grants ")	651,968.	1365795.	4141741.	2355746.	411,205.	8926455.
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						
3	Gross receipts from activities that			1			
	are not an unrelated trade or bus-						
	iness under section 513	3080353.					3080353.
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	3732321.	1365795.	4141741.	2355746.	411,205.	12006808.
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			3830000.	2049756.	250,000.	6129756.
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	1550000.	402,401.	133,318.	103,100.	121,482.	2310301.
c	Add lines 7a and 7b	1550000.	402,401.	3963318.	2152856.	371,482.	8440057.
8	Public support. (Subtract line 7c from line 6)		•			<u>-</u>	3566751.
	ction B. Total Support			-		- <u>-</u> -	
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	3732321.	1365795.	4141741.	2355746.	411,205.	12006808.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	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 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)	37,026.	581.	522.	15,245.	429,723.	483,097.
13	Total support (Add lines 9, 10c, 11, and 12)	3769347.	1366376.	4142263.	2370991.	840,928.	12489905.
14	First five years. If the Form 990 is for				ax year as a sectio	n 501(c)(3) organi	zation,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage		-		
15	Public support percentage for 2017 (li	ne 8, column (f) di	vided by line 13, c	olumn (f))		15	28.56 %
	Public support percentage from 2016		•			16	%
	ction D. Computation of Inves						
17	7 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))						
18	Investment income percentage from 2	2016 Schedule A,	Part III, line 17			18	%
19a	9a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not						
	more than 33 1/3%, check this box ar 33 1/3% support tests - 2016. If the	nd stop here. The	organization qual	fies as a publicly s	supported organiza	ation	
U							▶ □
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						

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

Part IV Supporting Organizations

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

C4:-	A	All C.		A	::
Secuc	M A.	All Su	obortina	Organ	izations

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 control 500(a)(1) or (0)2 if "Von " explain in Port VI how the organization determined that the support

- 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	-	
За	,	
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
•		
7	,	
-		
8		
9a		
9b	-	-
	-	
9c		<u> </u>
10a		
1		

Sche		<u> 121961</u>	<u>5 Pa</u>	<u>age 5</u>
Pa	rt IV Supporting Organizations (continued)		,	
			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)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		1	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)			
Sec	tion D. All Type III Supporting Organizations			
	tion D. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•				
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
^	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		_
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	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 yeatsee instruction	ns).		
а	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	nstructions	$\overline{}$	
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			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			· .
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		_	
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Sche	edule A (Form 990 or 990-EZ) 2017 Novak Djokovic Foundati	on US	SA	45-4219615 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			ın Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E	
Sect	tion 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			1
	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		
С	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,			
	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	non 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	ly integrat	ted Type III supporting o	organization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2017

Sche	dule A (Form 990 or 990 EZ) 2017 Novak Djokovi			5-4219615 Page 7
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt 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	ns	
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	9	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		<u> </u>	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI) See instructions	. <u>-</u>		
3	Excess distributions carryover, if any, to 2017			
а				1
b	From 2013	<u> </u>		
С	From 2014	,		
d	From 2015			ļ
е	From 2016			· · · · · · · · · · · · · · · · · · ·
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)	<u> </u>		
i	Remainder Subtract lines 3g, 3h, and 3i from 3f		<u>-</u> .	
4	Distributions for 2017 from Section D,			
	line 7 \$			
	Applied to underdistributions of prior years	<u> </u>		
	Applied to 2017 distributable amount			,
	Remainder Subtract lines 4a and 4b from 4			,
5	Remaining underdistributions for years prior to 2017, 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 2017 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
_	Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3j		5	
_	and 4c			
	Breakdown of line 7			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
a	Excess from 2016	İ	i	

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

Part VI	Supplemental Information D. Hall Brown and L.		43-4219013 Page 8
r art vi	Supplemental Information. Provide the explanations required by Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, a line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also	and 11c, Part IV, Section B, lines 1 b, 3a, and 3b, Part V, line 1, Part V	and 2, Part IV, Section C, , Section B, line 1e, Part V,
	(See instructions)		
		·	
-			
			
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		. <u>-</u>	
			
			
		· · · · · · · · · · · · · · · · · · ·	
		•	-

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

	Novak Djokovic Fou	indation USA		45-4219615
Pai		ed Funds or Other Similar Fund	s or Acco	ounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir			
		(a) Donor advised funds	(b) Fo	unds 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 advi	sed funds	
	are the organization's property, subject to the organization's	s exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	conferring	
	impermissible private benefit?			Yes No
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line	7
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply)		
	Preservation of land for public use (e.g., recreation or	education) Preservation of a his	torically imp	ortant land area
	Protection of natural habitat	Preservation of a cer	tified histori	c structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	of a conse	
	day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		_2b	
С	Number of conservation easements on a certified historic sti	, ,	<u>2c</u>	;
ď	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struc		.
_	listed in the National Register		_ <u>2d</u>	
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by tr	e organizati	on during the tax
	year >			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the peviolations, and enforcement of the conservation easements	- · ·		Yes No
6	·		sean/ation e	
0	Staff and volunteer hours devoted to monitoring, inspecting,	, riandling of violations, and emorcing cor	isei valion e	asements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easem	ents during the year
•	S	diring of violations, and emorning conserv	ation cascin	ionis during the year
8	Does each conservation easement reported on line 2(d) abor	ve satisfy the requirements of section 17)(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?	to balloty the requirement of escalent try	5(··)(··)(-)(·)	Yes No
9	In Part XIII, describe how the organization reports conservat	tion easements in its revenue and expens	e statement	
-	include, if applicable, the text of the footnote to the organiza	•		
	conservation easements		G	 3
Par	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or C	ther Sim	nilar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and b	alance sheet works of art,
	historical treasures, or other similar assets held for public ex	chibition, education, or research in further	ance of pub	lic service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	nbes these items		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	nt and balan	ce sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pi	ublic service	e, provide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		•	· \$
	(ii) Assets included in Form 990, Part X		•	· \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financi	al gaın, prov	ride
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items.		
а	Revenue included on Form 990, Part VIII, line 1		•	· \$
h	Assets included in Form 900, Part Y		_	· ·

		<u>jokovic Fo</u>						<u>45-42</u>	_		<u>age 2</u>
Par	t III Organizations Maintaining C	Collections of A	<u>rt, Hist</u>	torical Tr	easures, or Otl	her S	<u>imil</u>	ar Asse	ts (conti	าued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check	k any of the	following that are a	signif	icant i	use of its	collectio	n item	s
	(check all that apply)										
а	Public exhibition	c	ı 🔲 1	Loan or exc	hange programs						
b	Scholarly research	e	, 🔲 (Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further tl	he organization's ex	kempt	purpo	se in Par	t XIII		
5	During the year, did the organization solicit of										
_	to be sold to raise funds rather than to be ma		•		•				Yes	[No
Par	t IV Escrow and Custodial Arran					on For	m 990). Part IV.		,	
ستست	reported an amount on Form 990, Pa							, , ,			
12	Is the organization an agent, trustee, custod		diary for i	contribution	s or other assets n	ot incl	uded				
	on Form 990, Part X?	ian or other intermet	2.a.y .o.	00111110011011		OO.			Yes	X	No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	downa t	ahla					_ 163		J 140
U	in res, explain the arrangement in rant Alli	and complete the ic	mowing t	.abie		Γ	I		Amoun	+	
_	Paginging balance					ŀ	1c		Amoun	<u>. </u>	
	Beginning balance Additions during the year					F	1d				
	- ·					F	1				
e	Distributions during the year					F	1e 1f				
η -	Ending balance	arm 000 Dart V lina	01 for a		interdial apparent hal	L Custural	11]		Yes	$\overline{}$	No
	Did the organization include an amount on F-					-		<u> </u>	_ res	<u> </u>	סאונ ר
Par	t V Endowment Funds. Complete in										
<u> </u>	Endownient i dids. Complete i		I		(c) Two years back		hraa v	roarc back	(e) Fou		hack
4-	Regioning of year balance	(a) Current year	(6) -	rior year	(C) TWO years back	1(0)	ili ee y	tais back	(e) i oui	years	Dack
	Beginning of year balance	•				+					
b	Contributions			····		+					
C	Net investment earnings, gains, and losses					+					
	Grants or scholarships				l	+					
е	Other expenditures for facilities										
_	and programs					+					
	Administrative expenses					+					
	End of year balance		L		<u></u>						
2	Provide the estimated percentage of the cur	rent year end baland	•	g, column (a	a)) held as						
			_%								
	Permanent endowment	%									
С	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c sho	·									
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	it are held a	nd administered for	r the o	rganız	ation	1		
	ph.									Yes	<u>No</u>
	(i) unrelated organizations								3a(ı)		
	(ii) related organizations								3a(11)		
b	If "Yes" on line 3a(ii), are the related organization	•							3b		
4	Describe in Part XIII the intended uses of the		owment f	funds							
Par											
	Complete if the organization answere	<u> </u>									
	Description of property	(a) Cost or o			' '	Accur		1	(d) Boo	k value	9
		basis (investr	ment)	basis	(other) d	leprec	ation				
1a	Land						·				
b	Buildings										
С	Leasehold improvements										
d	Equipment										
e	Other										
<u>Total</u>	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	10c)						0.

Schedule D (Form 990) 2017

Novak	Dioko	wic	Foundation	n IISA

Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	(b) Book value	(0)	Method of v	aluation Co	st or and	of-vear me	arket value
	(b) DOOK VAIUE	(c)	ca lou oi v		- OI 6110	- year ille	ALTICE VALUE
) Financial derivatives							
) Closely-held equity interests						 -	
Other							·
(A)	_						
(B)	_						
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
tal (Col. (b) must equal Form 990, Part X, col. (B) line 12.)							
art VIII Investments - Program Related.							
Complete if the organization answered "Yes" o							
(a) Description of investment	(b) Book value	(c)	Method of v	aluation Co	st or end	-ot-year ma	arket value
(1)							
(2)							
(3)							
(4)							
(5)					_		
(6)	<u> </u>						
(7)							
(8)							
(8) (9) tal (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			· · · · · · · · · · · · · · · · · · ·				
(8) (9) tal (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o	n Form 990, Part IV	/, line 11d Se	e Form 990,	Part X, line	15	(b) Bo	ook value
(8) (9) tal (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o		/, line 11d Se	e Form 990,	Part X, line	15	(b) Bo	ook value
(8) (9) tal (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o		/, line 11d Se	e Form 990,	Part X, line	15	(b) Bo	ook value
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Sche	dule D (Form 990) 2017 Novak Djokovic Foundation	USA	45-	4219615 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per R	eturn	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total revenue, gains, and other support per audited financial statements		1	411,205.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior 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	411,205.
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 429,723.		
С	Add lines 4a and 4b		4c	429,723.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	840,928.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total expenses and losses per audited financial statements		1	2,401,937.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a]	
b	Prior year adjustments	2b]	
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d]	
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,401,937.
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		
С	Add lines 4a and 4b		4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	2,401,937.
Pa	t XIII Supplemental Information.			
Prov	de 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 add	itional information		
<u>Par</u>	ct XI, Line 4b - Other Adjustments:			
<u>Int</u>	terest income			
For	reign currency exchange gain			
Uni	realized gains on investments			
				

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Open to Public Inspection

Name of the organization

Employer identification number

יסע	vak Djokovic	Foundati	on IISA		45-43	219615
	rt I General Info	rmation on A	ctivities Ou	tside the United States. Comple		
	Form 990, Part I				or and organization and	
1			n maintain recor	ds to substantiate the amount of its gra	ants and other assistance	· · · · · · · · · · · · · · · · · · ·
	-	-		the selection criteria used to award the		Yes / No
2	-	cribe in Part V the	organization's	procedures for monitoring the use of its	s grants and other assista	ance outside the
	United States					
3				an be duplicated if additional space is i	· · · · · · · · · · · · · · · · · · ·	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activity listed in is a program servic describe specific ty of service(s) in the re	re expenditures for and investments
				`	Improvement in the	
				Grant of \$ 1,943,499 to	quality of education	on,
		1		Novak Djokovic	and to benefit the	
erl	oia			Foundation(Serbia)	underprivileged chi	ldren 0.
			,		-	
	,					
3 a	Sub-total	0	0			0.
b	Total from continuation			`		•
	sheets to Part I	o	0			0.
С	Totals (add lines 3a				1	
	and 3b)	0	0			0.

45-4219615

Novak Djokovic Foundation USA

Schedule F (Form 990) 2017

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)
					,			
								-
,								
9 Enter total pumber of	Total property	r are test aways botal are	Esserted number of regions expansions listed shows that are recognized as charities by the foreign country recognized as tay availant	foreign country	vo.vet as besideonar	tomo.		

Enter rotal number of recipient organizations instead above that are recognized as criatings by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entitles

Schedule F (Form 990) 2017

Page 3

45-4219615

Novak Djokovic Foundation USA

Schedule F (Form 990) 2017 NC

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

•	1	1	1	ı	ı	1	•	1		1 8-
(h) Method of valuation (book, FMV, appraisal, other)										Schedule F (Form 990) 2017
(g) Description of noncash assistance							·		-	Sched
(f) Amount of noncash assistance					-					
(e) Manner of cash disbursement										
(d) Amount of cash grant										1
(c) Number of recipients								·		
(b) Region										
(a) Type of grant or assistance (b) Region										

	ule F (Form 990) 2017 Novak Djokovic Foundation USA	45-4219615	Page 4
Part	IV Foreign Forms		
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 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, don't 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, don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2017

Part V Supplemental Information Schedule F (Form 990) 2017 NOVAK D TOKOVIC FOUNDACTION USA 45-4219015 Page 5
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 T line 2.
Part I, Line 2:
Directors ensured that the organization was a charitable organization
that is described in mortion [01/m//2] of the U.G. Internal December Godo
that is described in section 501(c)(3) of the U.S. Internal Revenue Code.
Part I, line 3, Column (e):
Region: Serbia
/a) Granifia Maran of Garriera in Parion. Improvement in the quality of
(e) Specific Types of Services in Region: Improvement in the quality of
education, and to benefit the underprivileged children of Serbia.
D

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

2017
Open to Public Inspection

Name of the organization

Novak Diokovic Foundation USA

Employer identification number 45-4219615

NOVAR D JOROVIC FOUNDACTION USA 43-4219013
Form 990, Part I, Line 1, Description of Organization Mission:
the U.S. Internal Revenue Code of 1986 to improve the quality 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 before it is filed
with the IRS.
Form 990, Part VI, Section B, Line 12c:
Each director annually signs a statement which affirms the director has
received a copy of the conflict of interest policy; has read and
understands the policy; and agrees to comply with the policy.
Form 990, Part VI, Section B, Line 15:
The board of directors may retain and fix the compensation to be paid to an
Executive Director, which shall not be a member of the Board, 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, conflict of interest
policy, and financial
statements are made available to the public.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete If the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

inswered "Yes" on Form 990, Part IV, line ▼ Attach to Form 990.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Open to Public

OMB No 1545-0047

Employer identification number 45-4219615Parti___identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Novak Djokovic Foundation USA Name of the organization

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Novak Djokovic Foundation UK - 98-1119100 3rd Floor Chiswick Gate 598-608 London, UNITED KINGDOM	Receive charitable contributions	UNITED KINGDOM			
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	stions. Complete if the organization ar	nswered "Yes" on Form 990, Pa	rt IV, line 34, becau	se it had one or more rel	ated tax-exempt

Part II organizations during the tax year

				1
12(b)(13) olled ty?	No			
(g) Section 512(b)(13) controlled entity?	Yes			
(f) Direct controlling entity				
(e) Public charity status (if section	501(c)(3))			
(d) Exempt Code section				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) 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) 2017

45-4219615 Page 2

Schedule R (Form 990) 2017 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

•			
(J) (k) General or Percentage managing ownership partner Yes No			
(J) General or managing partner?	-		
BI Soox Aule 70			
Code V-UBI amount in box amount in box 20 of Schedule V-K-1 (Form 1065)		5	
(h) Disproportionate allocations?			
(g) Share of end-of-year assets			
(f) Share of total income			
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			
(d) Direct controlling entity			
(c) Legal domicile (state or foreign country)			
(b) Primary activity			
(a) Name, address, and EIN of related organization			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related the configuration or trust during the tax year

=	ction (b)(13) rolled itty?	No					 				_
	Section 512(b)(13) controlled entity?	Yes	 								
ε	Percentage ownership									-	
(6)	Share of end-of-year	22222		1							
	Share of total income										
(e)	Type of entity (C corp, S corp, or trust)	(100)									
(p)	Direct controlling Type of entity (C corp, S corp,										
(3)	Legal domicile (state or foreign	country)									
(q)	Primary activity										
(a)	Name, address, and EIN of related organization										

Schedule R (Form 990) 2017

515 Page 3

	or 36
	34, 35b,
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	Part IV, I
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	Form.
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	Tran
t	Part V

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes No
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?	ns with one or more re	elated organizations listed	ın Parts II-IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a
b Gift, grant, or capital contribution to related organization(s)				1b
c Gift, grant, or capital contribution from related organization(s)				100
d Loans or loan guarantees to or for related organization(s)				1d
e Loans or loan guarantees by related organization(s)				16
f Dividends from related organization(s)				11
g Sale of assets to related organization(s)				19
h Purchase of assets from related organization(s)				14
i Exchange of assets with related organization(s)				; -
j Lease of facilities, equipment, or other assets to related organization(s)				1j
k Lease of facilities, equipment, or other assets from related organization(s)				
I Performance of services or membership or fundraising solicitations for related organization(s)	lanization(s)			=
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			1m
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			1n
o Sharing of paid employees with related organization(s)				10
				-
p Reimbursement paid to related organization(s) for expenses				1p
q Reimbursement paid by related organization(s) for expenses				19
r Other transfer of cash or property to related organization(s)			o	
s Other transfer of cash or property from related organization(s)				1s
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete t	his 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	nvolved
(1)				
6				
(8)			- manufacture of the state of t	
(4)				
(5)				
(b) 732163 09-11-17			Schedule	Schedule R (Form 990) 2017

Page 4

Novak Djokovic Foundation USA Schedule R (Form 990) 2017 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

(h) (i) (k) (k) Dispropor- User and amount in box 20 managing ownership allocations of Schedule K-1 Pariner? Ves. No (Form 1065)						
General or Pe managing partner? Ov		-	 			
Bl Gen 0x 20 mar K-1 Par 5) Yes				_	_	
(i) ode V-Ui unt in bo						
por- C amo ons of S						
(h) Disproportionate allocations?	8					
(g) Share of end-of-year assets						
(f) Share of total income						·
Are all Are all Sol(c)(3) Orgs?						
(d) Predominant income (related, unrelated, sexiluded from tax under sections 512-514)						,
(c) Legal domicile (state or foreign country)						
(b) Primary activity						
(a) Name, address, and EIN of entity						

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Part VII Supplemental Information.	
Provide additional information for responses to questions on Schedule R. See instructions	
Part I, Identification of Disregarded Entities:	
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	<u>. </u>
Name, Address, and EIN of Disregarded Entity:	
Novak Djokovic Foundation UK	
EIN: 98-1119100	
3rd Floor Chiswick Gate 598-608	
JIG FIOOI CHISWICK Gate 370 000	
London, UNITED KINGDOM	
	
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