Extended to November 15, 2019

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

Open to Public

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		of the Treasury nue Service	Go to www.irs.gov/Forms	990 for instructions an	d the lates	t information.	_	Inspection	9
A F	or th	e 2018 calend	ar year, or tax year beginning	and	l ending				ယ
B c	heck if pplicab	C Name o	forganization			D Employer ide	ntification	on number	32
X	Addre	ss Nova	k Djokovic Foundation	USA					0
	Name chang		usiness as			45	-421	9615	0 6
	Initial return		and street (or P.O. box if mail is not delivered to	o street address)	Room/suite	E Telephone nu			79
L	Final return termir		150 Fairview Road		333	44	<u>0-54</u>	3-3310	Ö
	ated Amen	City or t	own, state or province, country, and ZIP or	foreign postal code		G Gross receipts \$		173,151.	0
\vdash	_return]Applic	MOOT	esville, NC 28117	Drioleovri a		H(a) Is this a grow		Yes X No	
	⊥tiòn pendi	F IName a	nd address of principal officer Novak I 401 Chagrin Road; #16		.11~2	for subordin			S
	ax-ex	empt status			or 527	4 ''		(see instructions)	
			kdjokovicfoundation.on		0	H(c) Group exem			
			X Corporation Trust Association		L Year			ate of legal domicile: DE	
Pa	rt I	Summary							
يو			e the organization's mission or most signific						
Activities & Governance			to <u>charitable organiza</u>						
ern			x if the organization discontinued	•	osed of more	e than 25% of its n	et assets	3	
30			ting members of the governing body (Part V	•			3	3	
જ			lependent voting members of the governing	· · ·		.,	4	3	
ties	5		of individuals employed in calendar year 20	118 (Part V, line 2a)			5	0	
ţį	6		of volunteers (estimate if necessary)				6	0	
Ac			d business revenue from Part VIII, column (•			7a	0.	
	<u>D</u>	ivet unrelated	business taxable income from Form 990-T.			Prior Year.	7b	Current Year	
	8	Contributions	and grants (Part VIII, line 1h)	RECEIVED	II	411,20	5.	305,685.	
a			ce revenue (Part VIII, line 2g)		⊐છા⊢	411,20	0.	0.	
Revenue			come (Part VIII, column (A), lines 3, 4, ar	, NOV 1 2 2019	RS-OSC	-	0.	0.	
č			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 1			429,72		<132,534.>	
			- add lines 8 through 11 (must equal Part V		r	840,92		173,151.	
			nılar amounts paıd (Part IX, column (A), line			1,943,49		1,593,794.	
	14	Benefits paid	to or for members (Part IX, column (A), line	4)			0.	0.	
S.	15	Salaries, other	compensation, employee benefits (Part IX,	, column (A), lines 5-10)		154,72	5.	147,604.	
Expenses	16a	Professional f	undraising fees (Part IX, column (A), line 11e				0.	0.	
ă	b	Total fundrais	ng expenses (Part IX, column (D), line 25)	▶ <u>171,7</u>	62.		_		
ш			es (Part IX, column (A), lines 11a-11d, 11f-24	·		303,71		288,595.	
			s Add lines 13-17 (must equal Part IX, colu	mn (A), line 25)	<u> </u>	2,401,93	1	2,029,993.	
_ 0	19	Revenue less	expenses Subtract line 18 from line 12	· · · ·		<1,561,00		<u><1,856,842.</u> >	٠
ance ance		T-4-1 4- #	2.17.1		Be	ginning of Current Y		End of Year	
Asse Bala		Total assets (F			-	4,491,00		2,615,618. 15,064.	
Net Assets or Fund Balances			(Part X, line 26) fund balances Subtract line 21 from line 20	1	<u> </u>	33,60 4,457,39		2,600,554.	
	rt II	Signature		<u>, </u>		<u> </u>	<u> </u>	2,000,334.	
			declare that I have examined this return, including	no accompanyino scheduli	es and statem	ents, and to the best	of my kno	owledge and belief, it is	
			Declaration of preparer (other than officer) is base				,		
			14-10-		•				
Sign	1	Signatur	of officer	X) .		Date	-10		
Here		I Jens	WTARPley Board	Director		05-12	-19		
		Type or p	rint name and title						
		Print/Type prej		er & signature 7k		Date Chec		PTIN	
Paid			. Pokorny	11-14	1	0/31/19 self-		P01204652	1
Prep		Firm-s name	Pokorny and Company			Firm's EIN	<u>▶ 3</u>	<u>4-1960022</u>	- [
Use (Only	Firmés address		Sui t ∳ 333			4.4.0	E 4 2 2 2 2 4 2	-
			Mooresville, NC 2/811			Phone no.	440-	543-3310	
ıvıay	tne II	っっ aiscuss thi:	s return with the preparer shown above? (se	ee instructions)				X Yes No	٧

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

See Schedule O for Organization Mission Statement Continuation

Form 990 (2018)

NBI	7£	I	OR
45-4219	615	Р	age 3
		Yes	No
	1	X	
to candidates for	2_	^	
to carididates for	3		X
1(h) election in effect			
	4_		<u>X</u>
, assessments, or	5		х
have the right to	_ _		
e Schedule D, Part I	6		X
ce,			
'as " asmalata	7		<u>X</u>
es," complete	8		х
a custodian for			
ation services?			
	9		X
wments, permanent	10		х
/I, VII, VIII, IX, or X	10		
olete Schedule D,			
ore of its total	11a		X
ne or its total	11b		Х
ore of its total			
	11c		<u>X</u>
ets reported in	11d		Х
, Part X	11e		X
at addresses			
e D, Part X	11f		<u>X</u>
complete			
?	12a		<u>X</u>
s optional	12b		Х
ориона	13		X
	14a		X
raising, business,			
alued at \$100,000			
	14b	Х	
o or for any			
	15	X	
ssistance to	16		x
on Part IX,	.0		
•	17		<u> </u>
on Part VIII, lines			
0 (6)/	18		<u>X</u> _
? If "Yes,"	19		x
	20a		X

'	is the digarization described in section 501(c)(5) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complète Schedule A	1_	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	Х	-
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_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	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, VII, VIII, IX, or X			١.
	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		_	
	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	ļ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			l .
	complete Schedule G, Part III	19		X
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		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	L
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Part IV Checklist of Required Schedules (continued)

			Yes_	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			77
	Schedule K. If "No," go to line 25a	24a		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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		_X_
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	OEL		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		
26	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	20		
	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			4
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
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		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	_33_	<u>X</u>	
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_		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
ь	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?			v
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		<u> </u>
38		20	х	
Pai	Note. All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	_^	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
10	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		169	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ŭ	(gambling) winnings to prize winners?	1c		
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			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	'		
	filed for the calendar year ending with or within the year covered by this return)		:
b	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)			!
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country. ▶		1	
	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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			1
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	İ		
	were not tax deductible?	6b		
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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c_		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			_ 12_
е		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	\vdash	\vdash
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	\vdash	\vdash
h		7h		-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			• •
9	sponsoring organization have excess business holdings at any time during the year?	8	 	
_	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a	~ ~	
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	30		-
а	Initiation fees and capital contributions included on Part VIII, line 12	•	1	1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1	'	
11	Section 501(c)(12) organizations. Enter	1		
	Gross income from members or shareholders	1.]
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		1
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		L
	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?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			. ;
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	4		;
С	Enter the amount of reserves on hand	 -		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1		l
	excess parachute payment(s) during the year?	15	 	X,
46	If "Yes," see instructions and file Form 4720, Schedule N.			- 1
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16_	 	X.
	If "Yes," complete Form 4720, Schedule O	L Ecra	000	(2018)
		FUN		(LU 10)

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			,
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			•
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			·
b	Enter the number of voting members included in line 1a, above, who are independent 1b 3			,
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2	X	-
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		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		X
7a				
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	X	
	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)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	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?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	Х	_
15	Did the process for determining compensation of the following persons include a review and approval by independent		,	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		_	1
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			;
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			_
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		,	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		_	
	exempt status with respect to such arrangements?	16b		-
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	<u>Arena Wealth - 2081041000</u>			
	Chiswick Gate, 3rd Floor; 598-608 Chiswck High Road, London UNI	TED	KI	NGD

Form 990 (2018)	Novak Djokovic Foundation USA	45-4219615	Page 7
Part VII Compe	ensation of Officers, Directors, Trustees, Key Employees, Hig	hest Compensated	
Employ	yees, and Independent Contractors		
Check if	Schedule O contains a response or note to any line in this Part VII		

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)	organization compensat						(D)	(E)	(F)	
Name and Title	Average	(do	Position (do not check more than one box, unless person is both an			than	one	Reportable	Reportable	Estimated	
•	hours per week	box	, unle cer ar	ss pe id a d	rson irecto	ıs bot or/trus	h an tee)	compensation from	compensation from related	amount of other	
	(list any	į						the	organizations	compensation	
	hours for	direc				8		organization	(W-2/1099-MISC)	from the	
	related	stee o	aste			eusa	ŀ	(W-2/1099-MISC)		organization	
	organizations	al ta	onal tr		ployee	E 8				and related	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) Novak Djokovic	2.00	=	<u>=</u>	5	×	<u> </u>	2				
Member and Director	2.00	x						0.	0.	0.	
(2) Jelena Djokovic	2.00								•	•	
Member and Director	2,00	x						0.	0.	0.	
(3) Ryan Tarpley	2.00							•	-		
Member and Director		X						0.	0.	0.	
]									
					_					-	
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(A) Name and title	(B) Average hours per	(do	not c	(C Pos heck ss pe	c) ition more erson	than	one h an	(D) Reportable compensation	(E) Reportable compensation		(F) Estimate amount	
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	officer Officer		Highest compensated Sylvan Plantoyee		from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	s	other compensa from the organizat and relat organizate	e tion ted
		ļ 						,				
			-									
1b Sub-total c Total from continuation sheets to Part V	I Section A	L				l	 ▶ ▶	0.		0.		0.
d Total (add lines 1b and 1c)						->4	<u> </u>	0.	200 - (0.		0.
Total number of individuals (including but r compensation from the organization	iot iimitea to tr	ose	liste	ed at	DOV6	e) wr	10 re	eceived more than \$100	,,uuu of reportabi	e 	1,4	<u> </u>
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, ke	y er	nplo	yee,	or	highest compensated e	mployee on	-	Yes	No X
4 For any individual listed on line 1a, is the si	ım of reportab	le co	-					=	the organization	-		x
and related organizations greater than \$15 Did any person listed on line 1a receive or a	accrue compe	nsat	on f	rom	any	unr			dual for services	.	4	
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e <i>J f</i>	or su	uch ,	pers	son					5	X
Complete this table for your five highest co the organization. Report compensation for										pensat	ion from	
(A) Name and business			ONE	-				(B) Description of s		Co	(C) mpensatio	 n
				-								
				•					-			
				•								
2 Total number of independent contractors (i	_	ot lu	nıte	d to		_	sted	l above) who received m	nore than			
\$100,000 of compensation from the organi	zation >				()					000 /	

		Check if Schedule O cont	ains a response	or note to any lin	ne in this Part VIII			
•	•	· ·	amo a response	or note to any m	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	1 8	Federated campaigns	1a					
iz iz		Membership dues	1b					
Θ,Ĕ		Fundraising events	1c					
ii ii		Related organizations	1d					
aj, G		Government grants (contribut						
Sign	1	A 11 - 4 h 1 - h - 1						
her	•	similar amounts not included abo		305,685.				
₩ E			[303,003.				,
Contributions, Gifts, Grants and Other Similar Amounts	-	Noncash contributions included in lines Total. Add lines 1a 1f	14-11 \$		305,685.	'		'.
<u> </u>	<u>·</u>	Total. / Ida miles Ta Ti		Business Code		-		,
	2 8			Business Code			•	
Š								
Program Service Revenue								
	Ì	; !						
P. S.	`							
٦.	•	All other program service reve	nue					
i	,	Total. Add lines 2a-2f						
	3	Investment income (including	dividends, intere	est, and	-			
		other similar amounts)		>				
ľ	4	Income from investment of tax	x-exempt bond r	proceeds	1			
	5	Royalties .		•				
	_	,	(ı) Real	(II) Personal				
	6 a	Gross rents	· ·					'
ł	t	Less. rental expenses				,	•	
		Dt-1		i				
1		Net rental income or (loss)		>	* •	-	·	
	7 2	Gross amount from sales of	(i) Securities	(ii) Other	•			-,
l		assets other than inventory		'				i i
ŀ	ŧ	Less cost or other basis						1
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)				• •	' ' ' ' '	
e	8 8	Gross income from fundraising	g events (not	,				
		including \$	of .					
ě		contributions reported on line	1c) See					
Other Reven		Part IV, line 18	а					
¥	t	Less direct expenses	b					
١	c	: Net income or (loss) from fund	Iraising events	<u> </u>				
	9 a	Gross income from gaming ac	tivities See					
		Part IV, line 19	а					
	t	Less. direct expenses	ь		* 0* - *			
	c	Net income or (loss) from gam	ing activities					
- 1	10 a	Gross sales of inventory, less	returns	1				
		and allowances	а					
		Less cost of goods sold	b	L				;
-		: Net income or (loss) from sale						
-		Miscellaneous Revenu		Business Code		00 00:		
	11 a		on inv	525990	22,984.	22,984.		
	Ł			525990	332.	332.		
	C		y loss	525990	<122,820.	><155,850.	<u> </u>	
	C				-120 E24			
		Total Add lines 11a-11d			<132,534. 173,151.		> 0.	0.
i.	12	Total revenue. See instructions		P	T/3,T3T.	<132,534.	<u>v U.</u>	<u> </u>

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	ner organizations must c	omplete column (A)	
	Check if Schedule O contains a respon	nse or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	96,746.	96,746.		
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	1,497,048.	1,497,048.		
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)				40.004
7	Other salaries and wages	147,604.	49,202.	49,201.	49,201.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
а	Management				
þ	Legal			-	
C	Accounting			- · · <u>-</u>	
d	Lobbying Professional fundrausing converse See Part IV, Inc. 17				· · · · · · · · · · · · · · · · · · ·
e f	Professional fundraising services. See Part IV, line 17 Investment management fees				,
-	Other (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)	12,769.		347.	12,422.
12	Advertising and promotion	12,703.		347.	10, 40,00
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				
19	Conferences, conventions, and meetings				-
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance .				
24	Other expenses. Itemize expenses not covered	rom 4, -	- ···		
	above. (List miscellaneous expenses in line 24e. It line 24e amount exceeds 10% of line 25, column (A)	1.	4 m² 4		• •
	amount, list line 24e expenses on Schedule 0.)				
	Professional fees	141,830.		133,830.	8,000.
	Public relations	91,696.		40.000	91,696.
	Computer and software	10,920.		10,920.	
	Subscriptions	9,612.	4 (0)	9,612.	40 440
	All other expenses	21,768.	1,680.	9,645.	10,443.
25	Total functional expenses Add lines 1 through 24e	2,029,993.	1,644,676.	213,555.	171,762.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here I if following SOP 98-2 (ASC 958-720)				

Pai	<u>rt X</u>	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,280,217.	1	565,368
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	50,437.	3_	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,	•		i
		trustees, key employees, and highest compensated employees Complete			
i		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined un	nder		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contrib	uting		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
2		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
₹	8	Inventories for sale or use	20,000.	8_	20,000
	9	Prepaid expenses and deferred charges	2,507.	9	2,507
Ì	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a		_	
	b	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	2,137,840.	11	2,027,743
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,491,001.	16	2,615,618
	17	Accounts payable and accrued expenses	33,606.	17	15,064
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
3	22	Loans and other payables to current and former officers, directors, trustee	s,		
		key employees, highest compensated employees, and disqualified person	s		Time.
		Complete Part II of Schedule L		22	
•	23	Secured mortgages and notes payable to unrelated third parties		23	<u> </u>
ı	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		ł	
		parties, and other liabilities not included on lines 17-24) Complete Part X of	of		
		Schedule D	22 606	25	15 064
\dashv	26	Total liabilities. Add lines 17 through 25	33,606.	26	15,064
		Organizations that follow SFAS 117 (ASC 958), check here ► X a	and		
3		complete lines 27 through 29, and lines 33 and 34.	4 457 205		2 600 554
	27	Unrestricted net assets	4,457,395.	27	2,600,554
3	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets	¬	29	
		Organizations that do not follow SFAS 117 (ASC 958), check here	-		
}	00	and complete lines 30 through 34.		٠,	
;	30	Capital stock or trust principal, or current funds		30	
?	31	Paid-in or capital surplus, or land, building, or equipment fund		31	-
	32	Retained earnings, endowment, accumulated income, or other funds	4 457 205	32	2 600 554
-	33	Total net assets or fund balances	4,457,395.	33	2,600,554
	34	Total liabilities and net assets/fund balances	4,491,001.	34	2,615,618

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				\mathbf{x}
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>51.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,029	9,9	<u>93.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	<1,850	5,8	42.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,45	7,3	<u>95.</u>
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			<u>1.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	<u>2,600</u>) <u>,5</u>	<u>54.</u>
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				ᆜ
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X 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	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both				
	Separate basis X Consolidated basis Both consolidated and separate basis			k	
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 basıs,			
	consolidated basis, or both				
	Separate basis 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 audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		_2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			ĺ
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		36		<u></u>

Form **990** (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2018

Open to Public Inspection

Employer identification number

Novak Djokovic Foundation USA 45-4219615 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. J Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (iii) Type of organization (v) Amount of monetary (i) Name of supported (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2018 N	ovak Djok	ovic Fou	ndation US	SA	45-42	19615 Page 2
Part II Support Schedule for	_					• • •
(Complete only if you checke			=	on failed to qualify	under Part III If th	ne organization
fails to qualify under the tests	s listed below, plea	ase complete Par	t III)		- <u>-</u>	
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	-An Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
include any "unusual grants ")					/	
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities						
furnished by a governmental unit to					/	
the organization without charge			ļ	/		<u> </u>
4 Total. Add lines 1 through 3		<u> </u>				
5 The portion of total contributions						1
by each person (other than a						1
governmental unit or publicly						1
supported organization) included			1			
on line 1 that exceeds 2% of the						
amount shown on line 11,			/	1		1
column (f)			 			
6 Public support. Subtract line 5 from line 4 Section B. Total Support	1			<u> </u>	I	<u> </u>
· · · · · · · · · · · · · · · · · · ·	4-2 0014	(L) 0015	4-20016	(4) 0017	(-) 0010	(6 Total
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4			+/			
8 Gross income from interest,			/			
dividends, payments received on securities loans, rents, royalties,			/]			
and income from similar sources						
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carried on				1		
10 Other income. Do not include gain						
or loss from the sale of capital					1	
assets (Explain in Part VI)	/	1				
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities,	etc (see instructi	ions)			12	
13 First five years. If the Form 990 is for	,		ırd, fourth, or fıfth t	tax year as a sectio	n 501(c)(3)	
organization, check this box and stor	here /					>
Section C. Computation of Publ	ic Support Pe	rcentage				
14 Public support percentage for 2018 (ine 6, column (f) d	livided by line 11,	column (f))		14	%
15 Public support percentage from 2017	Schedule A, Part	II, line 14			15	%
16a 33 1/3% support test - 2018. If the	organization did no	ot check the box	on line 13, and line	14 is 33 1/3% or r	nore, check this b	oox and
stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			▶
b 33 1/3% support test - 2017. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check	this box
and stop here. The organization qual	fies as a publicly	supported organi	zation			▶□
17a 10% -facts-and-circumstances tes	_	=				
and if the organization meets the "fac					rt VI how the orga	anization
meets the "facts-and-circumstances"	test The organiza	ation qualifies as a	a publicly supporte	ed organization		▶□
b 10% -facts-and-circumstances tes	-					
more, and if the organization meets the						ne
organization meets the "facts-and-circ						
18 Private foundation. If the organization	n did not check a	box on line 13, 10	6a, 16b, 17a, or 17			· ·
				Sch	edule A (Form 99	0 or 990-EZ) 2018

(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 qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	olow, ploade comp	soco i dicii j				
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not	ı					
	ınclude any "unusual grants ")	1362545.	4141741.	2355746.	411,205.	305,685.	8576922.
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						
	are not an unrelated trade or bus- iness under section 513						
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	1362545.	4141741.	2355746.	411,205.	305,685.	8576922.
7a	Amounts included on lines 1, 2, and		_			·	
	3 received from disqualified persons	,	3621980.	1873252.	250,437.		5745669.
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	0.4.454					04.454
	amount on line 13 for the year	94,454.	2601000	1052050	050 405		94,454.
	: Add lines 7a and 7b	94,454.	3621980.	1873252.	250,437.	-	5840123.
	Public support. (Subtract line 7c from line 6)			,			2736799.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
-	Amounts from line 6	1362545.	4141741.	2355746.	411,205.	305,685.	8576922.
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						
	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	581.	522.	2,250.	521.	332.	4,206.
13	assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)	1363126.	4142263.	2357996.	411,726.	306,017.	8581128.
	First five years, if the Form 990 is for						
	check this box and stop here		, ,	• •	,	(/ ,)	
Sec	tion C. Computation of Publi	c Support Per	rcentage			· -	
	Public support percentage for 2018 (li			column (fl)		15	31.89 %
	Public support percentage from 2017		-	· · · · · · · · · · · · · · · · · · ·		16	42.74 %
	tion D. Computation of Inves						
	Investment income percentage for 20			ne 13. column (f))		17	.00 %
	Investment income percentage from 2			, (-))		18	<u>%</u>
	33 1/3% support tests - 2018. If the			on line 14, and line	ı 15 ıs more than 3 د		
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualif	ies as a publicly s	upported organiza	tion	▶□
b	33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che		-				▶ X
20	Private foundation. If the organization	n did not check a t	oox on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	<u> </u>

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.)

Section A. All Supporting Organizati	ons
--------------------------------------	-----

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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		,
3a		
3b	-	
 Зс		
4a		
4b ≟		 ,
		
4c		
		-1-4
∴ 5b		اً
5c		
•		, ,
6	- - -	
7	-	
 8	•	
9a		
 9b	r	
9c		
10a_	-	
10b 90 or 99		2018

Sche	edule A (Form 990 or 990 EZ) 2018 Novak Djokovic Foundation USA 45-42	<u> 1961</u>	5 Pa	age 5
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		
	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			
	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		-p p -
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	-	4
Sec	stion C. Type II Supporting Organizations	~		<u> </u>
	Mon of Type in cupporting organizations		Yes	No
	Were a majority of the organization's directors or trustoes during the tay year also a majority of the directors		162	MO
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			انتنا
500	the supported organization(s)	1		l
Sec	tion D. All Type III Supporting Organizations			
_	5.00		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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			٠,
	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 yea(see instructions).			
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			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see inst	ructions	<u>). </u>	
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				
a	trustees of each of the supported organizations? Provide details in Part VI.	 3a	* ~-	
ь				
-	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard	3b	-	

Sche Pa	dule A (Form 990 or 990-EZ) 2018 Novak Djokovic Foundati			45-4219615 Page 6
	Type in item i uncuentary integrated coo(a)(e) cupper int			D 11410
1	Check here if the organization satisfied the Integral Part Test as a qualifying	-		n Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E	(7) 0 (1)
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of pnor-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Mınimum 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		
<u>b</u>	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		•	一 。
	factors (explain in detail in Part VI)			· 21
_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	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		•
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y integrat	ted Type III supporting or	ganization (see
	instructions)	-		

Schedule A (Form 990 or 990-EZ) 2018

	edule A (Form 990 or 990 EZ) 2018 Novak Djokovi			<u>5-4219615 Page 7</u>
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	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	<u></u>		
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Dıstributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
	Underdistributions, if any, for years prior to 2018 (reason-			
_	able cause required- explain in Part VI) See instructions			
3				
	From 2013			
	From 2014			
	From 2015			
	From 2016	,		4
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Carryover from 2013 not applied (see instructions)			
÷	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
L 4	Distributions for 2018 from Section D.			
-	line 7 \$			•
_	Applied to underdistributions of prior years			ο.
	Applied to 2018 distributable amount	-	".	
	Remainder Subtract lines 4a and 4b from 4			·
<u> </u>				
J	Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2. For result greater			
6	than zero, explain in Part VI. See instructions Remaining underdistributions for 2018 Subtract lines 3h			
0	-			
	and 4b from line 1 For result greater than zero, explain in			
7	Part VI See instructions			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c			
8	Breakdown of line 7.			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
е	Excess from 2018			I

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-E	<u>Z) 2018 Nova</u>	<u>k DJOKOVI</u>	c Foundati	lon USA		<u> </u>
Part VI	Part IV, Section A, line 1, Part IV, Sec	lines 1, 2, 3b, 3c tion D, lines 2 and 6, and 8, and Pa	, 4b, 4c, 5a, 6, 9a, d 3; Part IV, Sectio	9b, 9c, 11a, 11b, a n E, lines 1c, 2a, 2t	nd 11c, Part IV, Secti o, 3a, and 3b; Part V,	I, line 17a or 17b, Part on B, lines 1 and 2, Pa line 1, Part V, Section I any additional informa	rt IV, Section C, B, line 1e, Part V,
	•						
	_						
					<u>-</u>		
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		·····		· · · · · · · · · · · · · · · · · · ·			
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		<u> </u>	<u>.</u>				
			1				
			<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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	Novak Djokovic Fou		45-4219615
Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, III		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		·
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor 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	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		
	Preservation of land for public use (e.g., recreation or		orically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic st	, ,	2c
d	Number of conservation easements included in (c) acquired listed in the National Register.	after 7/25/06, and not on a historic struct	
2	listed in the National Register Number of conservation easements modified, transferred, re	placed extinguished or terminated by th	2d
3	year	eleased, extinguished, or terrimated by th	e organization during the tax
4	Number of states where property subject to conservation ea	esement is located	
5	Does the organization have a written policy regarding the pe		
Ŭ	violations, and enforcement of the conservation easements	• • • • • • • • • • • • • • • • • • • •	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
•	>	,,,	
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	tion easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organization's accounting for
	conservation easements		
Pai			ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (A	•	
	historical treasures, or other similar assets held for public ex	· ·	ince of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (A		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pu	iblic service, provide the following amounts
	relating to these items		.
	(i) Revenue included on Form 990, Part VIII, line 1		5
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical tre		ai gain, provide
_	the following amounts required to be reported under SFAS 1	i to (ASC 938) relating to these items	*
	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		
D	Assets included in FOITH 330. Fall A		- ∪

		jokovic Fo						<u>45-42</u>			<u> де 2</u>
Pai	t III Organizations Maintaining C		•								
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that are	a sign	ificant	use of its	collection	ıtems	
	(check all that apply)										
а	Public exhibition	c			change programs						
p	Scholarly research	e	• 📖	Other							
С	Preservation for future generations							_			
4	Provide a description of the organization's co	•		-	-			ose in Par	t XIII		
5	During the year, did the organization solicit of					nılar as	sets		٦		
Do	to be sold to raise funds rather than to be m								Yes		No
rai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa	•	ete ii the	e organizatio	on answered "Yes	on Fo	rm 991	u, Part IV,	line 9, or		
			diani far		an ar athar assata	not inc	Judad				—
ıa	Is the organization an agent, trustee, custod on Form 990, Part X?	lan or other intermed	ulary lor	Contribution	is or other assets	not inc	luueu		Yes	X	No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table				_	_ 1es		140
b	ii res, explain the analigement in rait Alli	and complete the ic	Mowning	labie					Amount		
С	Beginning balance						1c		Amount		
	Additions during the year						1d				
	Distributions during the year						1e		-		
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or co	ustodial account !	ability'	7		Yes		No
	If "Yes," explain the arrangement in Part XIII										
Par											
		(a) Current year	(b) F	Prior year	(c) Two years bac	k (d)	Three	years back	(e) Four	years b	ack
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses					_ _					
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses .										
g	End of year balance								<u></u>		
2	Provide the estimated percentage of the cur	rent year end balanc	ce (line 1	g, column (a	a)) held as.						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	•						_			
За	Are there endowment funds not in the posses.	ession of the organiz	ation th	at are held a	ind administered f	or the	organi	zation	Г		
	by									Yes	<u>No</u>
	(i) unrelated organizations								3a(ı)		
	(ii) related organizations If "Yes" on line 3a(ii), are the related organizations	ations listed as resul	rad an C	Sahadula D2					3a(ii)	-+	—
4	Describe in Part XIII the intended uses of the	•							3b		—
Par			<u> </u>	Turius							
	Complete if the organization answere		0 Part I	V line 11a S	See Form 990 Par	t X lin	e 10				
	Description of property	(a) Cost or o				ACCL		ed	(d) Book	value	—
	2 docupaction of property	basis (investr			(other)	•	ciation		(=, ===	,	
	Land	<u> </u>				<u>:</u>					
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										_
Total	. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, colur	mn (B), line 1	10c.)			ightharpoons			0.

Schedule D (Form 990) 2018

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)

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

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 Novak Djokovic Foundation			615 Page 4
Part XI Reconciliation of Revenue per Audited Financial State	ements With Revenue	e per Return.	
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	305,685.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	. 2b		
c Recoveries of prior year grants	. 2c		
d Other (Describe in Part XIII)	2d		_
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1		3	305,685.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	I t		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII)	4b <132	534.	400 504
c Add lines 4a and 4b			<u> </u>
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	tomonto With Evene	5	<u>173,151.</u>
Part XII Reconciliation of Expenses per Audited Financial Sta	•	es per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a	1.1	
1 Total expenses and losses per audited financial statements		1	0.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d	·	•
e Add lines 2a through 2d			0.
3 Subtract line 2e from line 1		. 3	0.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	0.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	0.
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,			
lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any Part XI, Line 4b – Other Adjustments:			
Interest income			332.
Foreign currency exchange loss		-	-155,850.
Unrealized gains on investments			22,984.
			-132,534.
Total to Schedule D, Part XI, Line 4b		-	-132,53

832054 10-29-18

Schedule D (Form 990) 2018

SCHEDULE F (Form 990)

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.

2018
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

Nova	ak Djokovic	Foundati	on_USA		45-42196	15
Part				tside the United States. Comple		
	Form 990, Part IV	/, line 14b				
1 i	For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra		, —
t	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance?	Yes No
2 1	For grantmakers, Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and other assistance ou	tside the
	United States.			procedures for morning the dee or it	o granio and outlot doctoration of	10.00 11.0
3 /	Activities per Region (T	he following Part	I, line 3 table ca	an be duplicated if additional space is r	needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a program service,	(f) Total expenditures for and investments in the region
			in the region			In the region
Serbi	a			Grant of \$ 1,497,048 to Novak Djokovic	Improvement in the quality of education, and to benefit the underprivileged children	0.
CIDI	<u> </u>			Todalacton(belbla)	MINISTER CHILDREN	<u> </u>
						
	.					
				•		
			<u> </u>			+
			ı			
	Subtotal	0	0		•	0.
-	Total from continuation				•	
	sheets to Part I	0	0			0-
	Fotals (add lines 3a and 3b)		- n	,		

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

Schedule F (Form 990) 2018

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45-4219615

Page 2

Novak Djokovic Foundation USA

Schedule F (Form 990) 2018

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)
			Improvement in the quality of education, and to benefit the underprivileged	1497048,		o		
	,							
,								
	,							
2 Enter total number of	recipient organization	ns listed above that are	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt	foreign country,	recognized as tax-ex	cempt		

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 entities

See Part V for Column (d) descriptions

Schedule F (Form 990) 2018

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45-4219615

Page 3

Novak Djokovic Foundation USA

Part III Crants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Schedule F (Form 990) 2018

Part III can be duplicated if additional space is needed

				-		
(h) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2018
(g) Description of noncash assistance						Schedu
(f) Amount of noncash assistance					-	
(e) Manner of cash disbursement						
(d) Amount of cash grant		 				-
(c) Number of recipients						
(b) Region						
(a) Type of grant or assistance						

ched	ule F (Form 990) 2018 Novak Djokovic Foundation USA	<u>45-4219615</u>	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		
	Corpolation (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) 2018

Schedule F (Form 990) 2018 Novak Djokovic Foundation USA	45-4219615 Page 5
Part V Supplemental Information	
Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (acco	ounting method, amounts of
investments vs. expenditures per region); Part II, line 1 (accounting method), Part III (accounting method)	
(estimated number of recipients), as applicable. Also complete this part to provide any additional in	
,	
Part I, Line 2:	
-	
Directors ensured that the organization was a charitable	organization
that is described in section 501(c)(3) of the U.S. Inter	rnal Revenue Code.
Part I, line 3, Column (e):	
Region: Serbia	
(e) Specific Types of Services in Region: Improvement in	the quality of
education, and to benefit the underprivileged children of	of Serbia.
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Schedule F (Form 990) 2018

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete of the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

Employer identification number Name of the organization

Novak Djokovic FC	Novak Djokovic Foundation ation on Grants and Assistance	<u>ndation USA</u>					45-4219615
Sec	s to substantiate th		s or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	sistance? rocedures for moni	toring the use of grant	funds in the United	d States			X Yes No
Part II Grants and Other Assistance to Domestic Organizations and	o Domestic Organi	zations and Domesti	c Governments. C	complete if the orga	Inization answered "Y	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	IV, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	1 \$5,000 Part II car	be duplicated if addit	ional space is need	Jed			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Harvard Graduate School of							
Education and the Center on the							
Developing Child - 50 Church Street 4th Floor - Cambridge MA		501(c)(3)	96 476	C			
1							
			,				
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	ganizations listed in the	ne line 1 table				1.
3 Enter total number of other organizations listed in the line 1 table	ns listed in the line	1 table					•
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2018)

Page 2 Schedule I (Form 990) (2018) (f) Description of noncash assistance 45-4219615 (e) Method of valuation (book, FMV, appraisal, other) Procedures are in place to ensure that the organization receiving the grant Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance adheres to the mission of Novak Djokovic Foundation USA. (c) Amount of cash grant Novak Djokovic Foundation USA (b) Number of recipients (a) Type of grant or assistance Part I, Line 2: Schedule I (Form 990) (2018) 832102 11-02-18 Part III

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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.

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

2018
Open to Public Inspection

Name of the organization

Novak Diokovic Foundation USA

Employer identification number 45-4219615

110 1411 2 10110 120 1 041144 0201 0211 121 121 121 121 121 121 121 1
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 O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization Novak Djokovic Foundation USA	Employer identification number 45-4219615
Form 990, Part XI, line 9, Changes in Net Assets:	
Rounding	1.
,	
· <u>-</u>	

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

2018	Open to Publ	nontron

Employer identification number

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

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OMB No 1545-0047

45-4219615 [Part I] Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Novak Djokovic Foundation USA

(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				
Part II , Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	ations. Complete if the organization ar	nswered "Yes" on Form 990,	Part IV, line 34, bed	cause it had one or	more related tax-exe	mpt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section s	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(bX13) controlled entity?
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.	,			Schedule R	Schedule R (Form 990) 2018

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

See Part VII for Continuations

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45-4219615 Page 2

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Schedule R (Form 990) 2018 Novak Djokovic Foundation USA

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 Part III

General or Percentage managing ownership 3 Yes No Code V-UBI amount in box 720 of Schedule -K-1 (Form 1065) Ξ ŝ Disproportionate allocations? Ξ Yes Share of end-of-year assets 6 Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d)
| Direct controlling | (c)
Legal
domicile
(state or
foreign Primary activity 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 as a corporation or trust during the tax year

ı			ı		ı		ı		ı		ı		
Ξ	Section 512(b)(13) controlled entity?	Yes No											
	Set 512(conf	Yes				_							
(h)	p d									•			
(6)	Share of end-of-year	5555											
(j)	Share of total income									,			
(e)	ညီဂ္ဂင	(365)				 			•••		_	-	
(p)	Legal domicile Direct controlling Ty (State or foreign												
(0)	Legal domicile (state or foreign	country)											
(q)	Primary activity												
(a)	Name, address, and EIN of related organization												

Schedule R (Form 990) 2018

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Schedule R (Form 990) 2018 Novak Djokovic Foundation USA

t IV, line 34, 35b, or 36
Par
90
on Form 9
es.
e organization answered "Y
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Complete If
lated Organizations.
atec
Rel
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≷ S
Transaction
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art

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 r	elated organizations listed	ın Parts II-IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	.			1a
 Gift, grant, or capital contribution to related organization(s) 				1b
c Gift, grant, or capital contribution from related organization(s)				1c
d Loans or loan guarantees to or for related organization(s)				1d
e Loans or loan guarantees by related organization(s)				1e
f Dividends from related organization(s)				#
g Sale of assets to related organization(s)				1g
h Purchase of assets from related organization(s)				‡
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)	anization(s)			1
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
Commence of (s) and the state of the state o				
				dı
 Reimbursement paid by related organization(s) for expenses 				19
r Other transfer of cash or property to related organization(s)				- 1r
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	
(а) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	nvolved
(F)				
(2)				
(6)				
(4)				
(5)				
(9)				
832163 10-02-18			Schedul	Schedule R (Form 990) 2018

Page 4

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Schedule R (Form 990) 2018 Novak Djokovic Foundation USA

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

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

(k) Percentage ownership				
(j) neral or anaging artner?				
(h) (i) (j) (k) (k) Dispropor- Uonale amount in box 20 managin amount in box 20 managin of Schedule K-1 managin ownership yes No (Form 1065) yes No				
(h) spropor- ionate a cations?				
Disp tio alloca				
(g) Share of end-of-year assets				
(f) Share of total				
Are all partners sec 501(c)(3) orgs?				
(d) Predominant income procession (related, unrelated, excluded from lax under sections 512-514)				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 Novak Djokovic Foundation USA	45-4219615 Page 5
Part VII Supplemental Information.	
Provide additional information for responses to questions on Schedule R. See instructions	
Part I, Identification of Disregarded Entities:	
•	
Name, Address, and EIN of Disregarded Entity:	
Novak Djokovic Foundation UK	
Novak Djokovic Foundation UK	
EIN: 98-1119100	
3rd Floor Chiswick Gate 598-608	
London, UNITED KINGDOM	
	
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